



National Health and Nutrition Examination Survey (NHANES)

National Youth Fitness Survey (NYFS)
Mobile Center (MC)
Operations Manual



April 2012

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1. OVERVIEW OF THE NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY

This manual provides information to assist the NHANES National Youth Fitness Survey (NYFS) staff in understanding the background, design, and daily operations of NHANES since many of the NYFS operations and procedures run in parallel or in conjunction with NHANES. The mobile center (MC) for the NYFS will be located adjacent to the four trailers that comprise the NHANES mobile exam center (MEC). The field office (FO) staff will provide the same support for NYFS as for NHANES. Supplies will be obtained from the NHANES warehouse and the NHANES facilities and equipment specialist (FES) will oversee the maintenance, operation, and transport of NYFS trailers along with the NHANES MEC.

1.1 History of the National Health and Nutrition Examination Programs

The National Health Survey Act, passed in 1956, provided the legislative authorization for a continuing survey to provide current statistical data on the amount, distribution, and effects of illness and disability in the United States. To fulfill the purposes of this act, it was recognized that a data collection effort needed to be implemented that would involve at least three sources: (1) the people themselves by direct interview; (2) clinical tests, measurements, and physical examinations on sample persons; and (3) places where persons received medical care such as hospitals, clinics, and doctor offices.

The NHANES surveys were created to fulfill this information need. They are unique in that interview and physical examination data are obtained from national samples of the U.S. population. The examination component is conducted in mobile examination centers (MECs) that travel to fifteen survey locations per year. NHANES data have been the cornerstone for numerous national health and nutrition policy and surveillance activities.

To comply with the 1956 act, between 1960 and 2004, the National Center for Health Statistics (NCHS), a branch of the Centers for Disease Control and Prevention (CDC), in the U.S. Department of Health and Human Services, conducted seven separate examination surveys to collect interview and physical examination data. In 1999, NHANES became a continuous survey with year-round data collection.

The first three of these national health examination surveys were conducted in the 1960s:

1. 1960-62—National Health Examination Survey I (NHES I);
2. 1963-65—National Health Examination Survey II (NHES II); and
3. 1966-70—National Health Examination Survey III (NHES III);

NHES I focused on selected chronic disease of adults aged 18-79. NHES II and NHES III focused on the growth and development of children. The NHES II sample included children ages 6-11, while NHES III focused on youths ages 12-17. All three surveys had an approximate sample size of 7,500.

Beginning in 1970 a new emphasis was introduced. The study of nutrition and its relationship to health status had become increasingly important as researchers began to discover links between dietary habits and disease. In response to this concern, under a directive from the Secretary of the Department of Health, Education and Welfare, the National Nutrition Surveillance System was instituted by NCHS. The purpose of this system was to measure the nutritional status of the U.S. population and changes over time. A special task force recommended that a continuing surveillance system include clinical observation and professional assessment as well as the recording of dietary intake patterns. Thus, the National Nutrition Surveillance System was combined with the National Health Examination Survey to form the National Health and Nutrition Examination Survey (NHANES). Five surveys of this type have been conducted since 1970:

4. 1971-75—National Health and Nutrition Examination Survey I (NHANES I);
5. 1976-80—National Health and Nutrition Examination Survey II (NHANES II);
6. 1982-84—Hispanic Health and Nutrition Examination Survey (HHANES); and
7. 1988-94—National Health and Nutrition Examination Survey (NHANES III).

NHANES I, the first cycle of the NHANES studies, was conducted between 1971 and 1975. This survey was based on a national sample of about 28,000 persons between the ages of 1-74. Extensive data on health and nutrition were collected by interview, physical examination, and a battery of clinical measurements and tests from all members of the sample.

NHANES II began in 1976 with the goal of interviewing and examining 28,000 persons between the ages of 6 months to 74 years. This survey was completed in 1980. To establish a baseline for assessing changes over time, data collection for NHANES II was made comparable to NHANES I. This

means that in both surveys many of the same measurements were taken, the same way, on the same age segment of the U.S. population.

While the NHANES I and NHANES II studies provided extensive information about the health and nutritional status of the general U.S. population, comparable data were not available for many of the ethnic groups within the United States. HHANES, fielded from 1982 to 1984, aimed at producing estimates of health and nutritional status for the three largest Hispanic subgroups in the United States—Mexican Americans, Cuban Americans, and Puerto Ricans—that were comparable to the estimates available for the general population. HHANES was similar in design to the previous HANES studies, interviewing and examining about 16,000 people in various regions across the country where there are large Hispanic populations.

NHANES III, conducted between 1988 and 1994, included approximately 40,000 persons selected from households in 81 counties across the United States. As previously mentioned, minority groups can have very different health status and characteristics, and thus black Americans and Mexican Americans were selected in NHANES III in large proportions. Each of these groups comprised separately 30 percent of the sample. It was the first survey to include infants as young as 2 months of age and to include adults with no upper age limit. For the first time a home examination was developed for those persons who were unable or unwilling to come into the exam center but would agree to an abbreviated examination in their homes. To obtain reliable estimates, children (1-5 years) and older persons (60+ years) were sampled at a higher rate. NHANES III also placed an additional emphasis on the effects of the environment upon health. Data were gathered to measure the levels of pesticide exposure, the presence of certain trace elements in the blood, and the amounts of carbon monoxide present in the blood.

In 1999, NHANES resumed data collection and became a continuous survey. Every 2 years, and any combination of consecutive years of data collection, comprises a nationally representative sample of the U.S. population. This design allows for statistical estimates for groups and specific race-ethnicity groups as well as flexibility in the content of the questionnaires and exam components. New technologic innovations in computer-assisted interviewing and data processing resulted in rapid and accurate data collection, data processing, and publication of results.

The number of people examined in a 12-month period was about the same as in previous NHANES—about 5,000 a year from 15 different locations (called a Stand) across the Nation. The data from the NHANES have been used by government agencies, state and community organizations, private researchers, consumer groups, companies, and health care providers.

In addition to NHANES I, NHANES II, Hispanic HANES, and NHANES III, several other HANES projects have been underway since 1982. These projects have been a part of the HANES Epidemiologic Follow-up Survey, a multiphase project that has been conducting follow-up interviews with the NHANES I survey population in order to provide a longitudinal picture of the health of the U.S. population.

1.2 NHANES Exam Activities

NHANES is designed to collect information about the health and diet of people in the United States. These data are used to fulfill specific goals. **The overall goals of NHANES are to:**

- Estimate the number and percent of persons in the U.S. population and designated subgroups with selected diseases and risk factors;
- Monitor trends in the prevalence, awareness, treatment, and control of selected diseases;
- Monitor trends in risk behaviors and environmental exposures;
- Analyze risk factors for selected diseases;
- Study the relationship between diet, nutrition, and health;
- Explore emerging public health issues and new technologies; and
- Establish a national probability sample of genetic material for future genetic testing.

Each year, a nationally representative sample of the civilian, noninstitutionalized U.S. population, all ages, is interviewed and examined. NHANES data are released in 2-year cycles. One-year estimates may be produced if there is a compelling public health need and if one year of data can provide a reliable estimate. Data from the 2-year cycle NHANES 1999 – 2008 are posted on the NHANES website. The URL is <http://www.cdc.gov/nchs/nhanes.htm>. A major advantage of continuous NHANES data collection is the ability to address emerging public health issues and provide objective data on more health conditions and issues.

Westat has been contracted to conduct the study through 2014. Each year nearly 7,000 individuals of all ages in households across the United States are randomly selected to participate. The study respondents include whites/others as well as an oversample of blacks, Hispanics, and starting in 2011, Asians. The study design also includes a representative sample of these groups by age, sex, and income level. Older persons will also be oversampled.

Selected persons are invited to take part in the survey by being interviewed in their homes. Household interview data is collected via computer assisted personal interviewing (CAPI) and includes demographic, socioeconomic, dietary, and health-related questions. Upon completion of the interview, sample persons are asked to participate in a physical examination. The examination is conducted in a specially equipped and designed mobile examination center (MEC), consisting of four trailers. The MEC houses all of the state-of-the-art equipment for the physical exam and the tests conducted. The trailers are divided into rooms to assure the privacy of each study participant during the examination and interview. This examination includes a physical examination conducted by a physician and laboratory tests, X-rays, and other health measurements and interviews conducted by highly trained medical personnel. The household interviews and MEC exams combined collect data in the following important health-related areas:

- Cardiovascular and respiratory disease;
- Diabetes mellitus;
- Oral health;
- Hearing;
- Infectious diseases and immunization status;
- Obesity, growth, and development;
- Dietary intake and behavior;
- Nutritional status;
- Physical activity;
- Mental health;
- Environmental exposures; and
- Other health-related topics.

1.2.1 National Youth Fitness Survey

In the summer of 2011, NCHS conducted the Children's Physical Activity Feasibility study to test physical activity and fitness exam components for children ages 3-15 years. The study was conducted with 169 volunteers in Gaithersburg, Maryland, from late June through July, in a specially-equipped trailer. Based on the results of the feasibility study, NHANES designed a year-long study of

children's physical fitness called the National Youth Fitness Survey. These data will be combined with NHANES data to provide a comprehensive picture of the physical health of children in the U.S.

NYFS data collection will occur during 2012 and include a sample of approximately 1,500 scientifically-selected children and adolescents residing in the same fifteen geographical locations as the 2012 NHANES survey. The exams will be conducted in a trailer, similar to the NHANES MEC, but configured to accommodate physical activities. The NYFS MC usually will be located adjacent to the NHANES MEC. Prior to full implementation in 2012, there were two dress rehearsal stands at the end of 2011 that served to further train staff and standardize procedures.

1.3 National Center for Health Statistics

The Division of Health and Nutrition Examination Surveys (DHANES) is one of the survey divisions at the CDC's National Center for Health Statistics (NCHS).

DHANES is responsible for planning, operations, informatics, analysis, and reporting activities related to the family of health and nutrition examination surveys. These surveys range from the capstone cross-sectional National Health and Nutrition Examination Survey, to longitudinal studies, and more recent efforts with community-based studies. DHANES is comprised of more than 60 Federal employees who have training and expertise in diverse areas including public health, informatics, survey methodology, and statistics. The Federal staff are augmented by contractor staff working on- and off-site.

The Division consists of four branches and the Office of the Division Director. The DHANES Office of the Director coordinates the major activities in the Division. Each of the four branches consists of a multidisciplinary team with specific duties and responsibilities.

1.4 Field Organization for NHANES / NYFS

There are two levels of field organization for the study - the home office staff and the field staff. See Attachment A at the end of this chapter for a more detailed list of field office staff responsibilities.

- **Home Office Staff from Westat** – Project staff from Westat are responsible for overseeing the field teams and field work.

- **Field Office (FO) Staff** – An office is opened at every survey location (stand). Each field office has a study manager (SM), office manager (OM), a field manager (FM), and one assistant office manager (AOM).
 - The **Study Manager (SM)** is responsible for the overall management of operations at a stand.
 - The **Office Manager (OM)** is responsible for the stand office operations and is the main conduit for the flow of work and information between the MEC, the MC and the household interviewing staff. She or he supervises one or more local office clerks hired to assist with office activities. The OM reports to the SM.
 - The **Field Manager (FM)** has primary responsibility for the supervision of the household interviewers. The FM also assists the SM and supervises the activities of the assistant office managers. She or he deals with administrative issues, problems related to the computer systems, and preparations for the next stand.
 - The **Field Administrative Manager (FAM)** has primary responsibility for the administrative issues at the stand. The FAM also assists the SM and supervises the activities of the assistant office managers. She or he deals with timesheets, staff lodging, vehicles, and other administrative items at the stand.
 - The **Assistant Office Managers (AOMs)** are primarily responsible for data entry into the Integrated Survey Information System (ISIS), editing data collection materials, and verification of interviewer work. The AOMs report to the FM and also work closely with the FAM and OM.
- **Facilities Specialist (FES)** – One facilities and equipment specialist travels with each field office team and caravan to oversee the maintenance and operation of the trailers.
- **Household Interviewers** – These staff members are primarily responsible for identifying and enrolling the survey participants, conducting the household interviews, and appointing the study participants for the NHANES MEC and NYFS MC exams. Specifically, household interviewers locate occupied residential dwelling units, administer the screener to select eligible sample persons, obtain signed consents to the household interview, conduct the interviews, set up examination appointments, obtain consents for the MEC and MC exam, conduct field reminders for MEC and MC appointments, and assist in rescheduling broken, cancelled, and no-show appointments.
 - Several times a week, household interviewers visit the field office and report to the field manager. During the course of the study, interviewers also interact on a daily basis with other field office staff and home office staff.
- **MEC Staff** – These health professionals conduct the health exams. The survey includes two exam teams. There are 16 individuals on each traveling team: 1 MEC manager, 1 MEC coordinator, 1 licensed physician, 3 medical technologists, 4 health technologists, 1 dentist, 2 MEC interviewers, 2 dietary interviewers, and 1

phlebotomist. In addition, local assistants are recruited, trained, and employed at each stand to assist the exam staff.

- **TB Readers** – These staff are responsible for conducting TB readings with survey participants who received the TB antigens during their MEC exam, making reminder calls, and entering results into the FFMS. The survey includes two TB teams and each team has 3 TB Readers traveling on the team. The TB Readers report to the home office but do help with tasks in the field office, MEC, or MC as time permits.
- **NYFS MC Staff** – This staff of 2 nurse practitioners and 2 exercise technicians conducts the fitness exams with study participants in the MC. The staff travels to all 15 stands during the year. The NYFS team reports to the home office.

1.5 The NHANES Mobile Examination Center (MEC) and NYFS Mobile Center (MC)

NHANES examinations and interviews are conducted in a mobile examination center (MEC), which is composed of four specially equipped trailers. Each trailer is approximately 48 feet long and 8 feet wide. The trailers are set up side-by-side and connected by enclosed passageways. During the main survey, detachable truck tractors drive the trailers from one geographic location to another. There are three identically-equipped sets of MECs. The trailer for the NYFS is called the Mobile Center (MC) and is not physically connected to the other four trailers at the stands. There also are three identically-equipped MC trailers.

Exhibit 1-1 shows a floor plan for the MEC. The interior of the MEC is designed specifically for the NHANES study. For example, the trailers are divided into specialized rooms to assure the privacy of each study participant during exams and interviews. Many customized features have been incorporated including an audiometry room that uses a soundproof booth, a wheelchair lift, and a wheelchair-accessible bathroom. Exhibit 1-2 shows the locations of the various exams within the MC.

Exhibit 1-1. Floor plan of the MEC

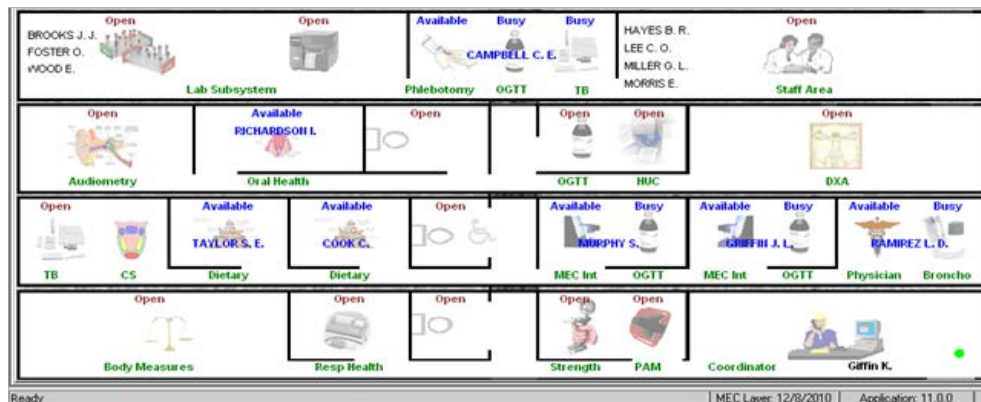
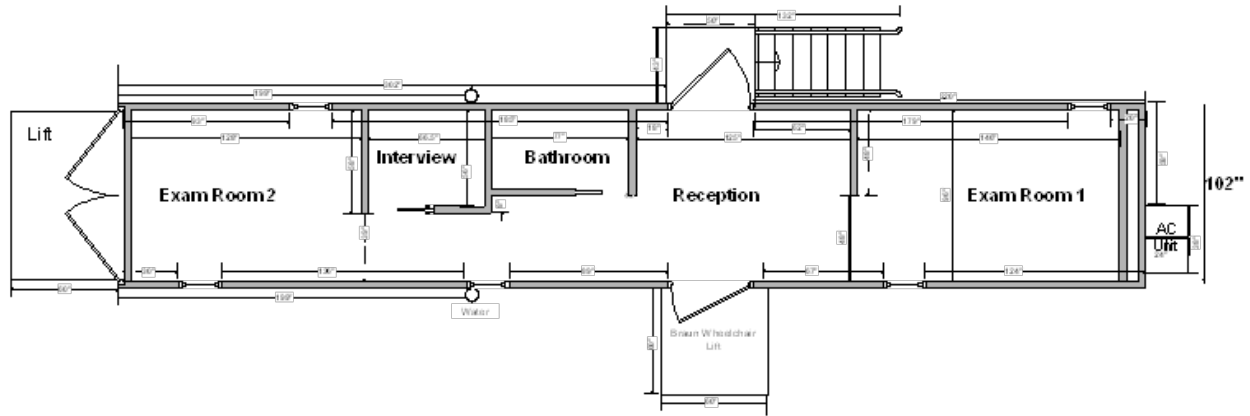


Exhibit 1-2 shows the floor plan for the NYFS MC, which has been designed specifically for this survey. The trailer also includes a wheelchair lift, and a wheelchair-accessible bathroom.

Exhibit 1-2. Floor plan of the MC



1.6 Sample Selection and Eligible Participants

A sample is defined as a representative part of a larger group. Since it is impossible to interview and examine everyone in the United States for NHANES/NYFS, a representative sample is taken of the U.S. population. By studying a representative sample of the population, it is assumed that the findings would not have been too different had every person in the U.S. been studied. Because generalizations about the population will be made, it is extremely important that the sample be selected in a way that accurately represents the whole population. Statisticians calculate the size of the sample needed and take into consideration the geographic distribution and demographic characteristics of the population, such as age, gender, race, and income.

An introductory letter is sent to each household in the sample. A few weeks after the letter goes out, interviewers visit each listed household and use carefully designed screening procedures to determine whether any residents are eligible for the survey. These procedures include the following.

1. Contact an adult who lives in the selected household (occupied residential dwelling unit) and administer the screener using a laptop computer.
 - The screener is an interview that lists all the individuals who live in the household, divides the household into families, and collects all the demographic characteristics necessary to immediately determine if there are persons in the household eligible for further interviewing.

- All instructions necessary to determine eligibility and to select sample persons (SPs) are programmed in the CAPI screener.
- 2. If all children in a household are ineligible, no further work is done with the case. If eligible children are identified, interviewers continue to conduct all the necessary tasks associated with the case.
- 3. Obtain a signed interview consent form prior to completing the family questionnaire.
- 4. Administer the CAPI medical history and physical activity questionnaire to the parent of the SP. Sampled youth 12 – 15 years old will answer the physical activity questionnaire themselves.
- 5. Administer the family questionnaire to one adult family member from each eligible family in the household.
- 6. Obtain signed consent form from the parent for each child that is eligible to participate. All SPs aged 12 years and older must sign their name on the same consent form that their parent or guardian signed. SPs aged 7-11 years old are asked to sign a separate assent form. A refusal to sign the NYFS consent or assent form is considered a refusal to participate in the examination phase of the survey. Examinations will be not be performed on a SP whose parent/guardian do not sign a consent form.
- 7. Schedule an exam appointment for each SP, coordinating the MC schedule with the SP's availability and give each SP an appointment slip.
- 8. Record the result of each contact or attempted contact with the household on the Call Record located in the Household Folder.

Interviewers also support the survey by conducting field reminders prior to MC appointments and reschedule broken, cancelled, or no-show MC appointments

1.7 Exam Sessions

The NHANES MEC operates 5 days a week and includes weekday, evening, and weekend sessions. Two 4-hour sessions are scheduled each day with approximately 10-12 SPs per session. During a stand, workweeks rotate to offer a variety of MEC appointments on weekday mornings, afternoons, and evenings, and every weekend.

The NYFS MC also operates 5 days a week on approximately the same schedule as the MEC. However, four 2-hour sessions are scheduled throughout the day with a target of three SPs appointed for each session. This also can vary depending on the ages of the children, size of family units, and other factors.

1.8 Set-up and Dry Run Day

The first day that the NYFS team arrives at a new stand is spent unpacking supplies, calibrating instruments, and testing equipment. This dry run day is scheduled immediately before the first exam day of every stand to make sure that all equipment is operational, supplies are adequate, and the facility is working properly. Staff test procedures and equipment using fabricated SP data preloaded into the appointment schedule (see Chapter 5 for details). This differs from the NHANES MEC which uses volunteers to run through the testing of operations and procedures. Volunteers may include local residents, local officials, or field employees or guests of NCHS.

1.9 Integrated Survey Information System (ISIS)

The Integrated Survey Information System (ISIS) is a computer-based infrastructure designed to support all survey operations including sample management, data collection, data editing, quality control, analysis, and delivery of NHANES/NYFS data. With a collection of customized subsystems, the ISIS links the field office, mobile examination center, Westat home office, and NCHS during field operations. Each component in NHANES/NYFS, such as Dietary Interview, has a computer application for direct data entry. Data collected on laptops in the mobile center is directly entered in the ISIS system computers.

1.10 Confidentiality and Professional Ethics

All information regarding this study must be kept strictly confidential except as required by law. This includes location of survey sites. Since this study is being conducted under a contract with the National Center for Health Statistics, the privacy of all information collected is protected by two public laws: Section 308(d) of the Public Health Service Act (42 U.S.C.242m) and the Privacy Act of 1974 (5 U.S.C. 552a).

Each person working on the study must be continuously aware of the responsibility to safeguard the rights of all the individuals participating in the study. Each participant should be treated courteously, not as a sample number. Never divulge names or any other information about study participants except to the research team. Refrain from any discussions about study participants, in or out of the MC, which might be overheard by people not on the survey staff. All of the members of the research team are under the same legal, moral, and ethical obligations to protect the privacy of the SPs

participating in the survey. No participant names will be included in any reports prepared about the survey and neither the NCHS nor the contractor is allowed to release information that would identify study participants without the consent of the participants.

Cooperation from the public is essential to the success of survey research. A great deal of effort is expended in obtaining cooperation from many national, regional, state, and local officials and the general public. It is the responsibility of every field employee to build on the integrity of the survey to encourage continued access to study participants during current and future surveys. Professional conduct, both on and off the job, is extremely important.

Each staff member has a responsibility for promoting good public relations. The Public Health Service and the contractor will be judged by the actions of the staff both on and off duty; consequently staff must be discreet in speech and action. Personal appearance and behavior must be governed by these same considerations. Please be aware of the audience at all times and avoid statements or actions that could shed an unfavorable light on the survey.

Staff are asked to sign a pledge of confidentiality before the survey begins. This pledge states that staff are prohibited by law from disclosing any information while working on the survey to anyone except authorized staff of the NCHS and the contractor, and that they agree to abide by the contractor's Assurance of Confidentiality.

Attachment A

National Health and Nutrition Examination Survey
(NHANES)

Field Staff Organization

ATTACHMENT A. FIELD STAFF ORGANIZATION

A.1 Field Organization for NHANES

There are two levels of field organization for this study—the home office staff and the field staff.

- **Home Office Staff from Westat**—Project staff from Westat are responsible for overseeing the field work.
- **Field Staff**—The field staff consists of three groups of employees: The stand office staff, the interviewers, and the MEC staff.
 - *Stand Office Staff*—For the main study, there are three office staff teams. Each team will work at an office opened at a specific site (i.e., stand). Each stand office will be headed by a study manager (SM) and will include a field manager (FM), a field administrative manager (FAM), an office manager (OM), an assistant office manager (AOM), and a data equipment specialist (DES).

The study manager (SM) is responsible for the overall management of operations at a stand. She or he will also have primary responsibility for supervision of the household interviewers (health representatives).

The field manager's (FM) primary responsibility is to assist the SM and supervise the activities of the AOM. She or he will deal with administrative issues and ISIS and CAPI problems.

The field administrative manager (FAM) is responsible for processing all payroll forms for accuracy and submitting them to the SM for signature. He or she also manages all aspects of staff lodging, vehicle fleet care, the inventory of supplies, and develops the emergency response plan for each stand.

The office manager is responsible for the stand office operations and is the main conduit for the flow of work and information between the MEC and the household interviewing staff. She or he supervises one or more local office clerks hired to assist with office activities.

The assistant office manager is primarily responsible for quality control including data entry into the Integrated Survey Information System (ISIS), editing data collection materials, and verification of interviewer work.

The facilities equipment specialist is primarily responsible for the set up and maintenance of the field office computer systems and the MEC physical plant. She or he reports to the home office advance team staff.

- *Interviewers*—This staff is primarily responsible for identifying and enrolling the survey participants, conducting the household interviews, and appointing the study participants for health examinations.

Several times a week interviewers visit the stand office and report to the study manager. During the course of the study interviewers also interact with the other field office staff as well as home office staff.

- *MEC Staff*—This staff of health professionals conducts the physical examinations. The main study includes two exam teams traveling from stand to stand. There are 15 individuals on each traveling team: 1 MEC manager, 1 MEC coordinator, 1 licensed physician, 3 medical technologists, 4 health technicians, 2 MEC interviewers, 2 dietary interviewers, TB techs, and 1 phlebotomist. In addition, local assistants are recruited, trained, and employed at each stand to assist the exam staff.

A.2 Responsibilities of the Managers

Study Manager

The major responsibilities of the study manager (SM) include the following:

- Supervise FO staff and interviewers
 - Work directly with FES and MEC manager
 - Work directly with HO support staff and supervisors
 - Communicate with HO supervisors on FI and FO staff performance issues
 - Motivate staff for peak performance
 - Hold weekly staff meetings with FO staff
 - Write annual performance reviews
 - Review quarterly or semiannual performance reviews sent from HO with interviewing staff
 - Coordinate with HR on Worker’s Compensation claims for field employees
- Responsible for obtaining and managing stand response rates and goals
 - Select and manage subsample releases
 - Working with local dignitaries, health departments, AAoA
 - Communicate weekly with NCHS on stand performance

- Communicate with HO supervisors on stand challenges
- Set goals for FIs to achieve stand expectations
- Work refusal cases via telephone when necessary
- Help FIs in field/at respondent's home with computer issues
- Meet with MEC manager and staff on setup day
- Review reports daily
 - Daily stats, work by interviewer, race/ethnicity, age/gender, stop rule, broken appointments, etc.
- Manage media efforts
 - Communicate with NCHS for special media requests
 - Provide copies of all media to HO and NCHS when obtained
 - Extend media efforts to small/local papers, radio stations when necessary
 - Prepare media packets, letters, B-Rolls, PSA for delivery to media outlets
 - Follow-up on media leads and the media list provided by NCHS
- Meet with FI's to review work assignments – CAPI reporting
 - Discuss case assignments and challenges
 - Assign and unassign cases as necessary
 - Discuss outreach needs and refer to FM for letters and documentation
 - Discuss goals and production requirements
 - Approve all vacants, not a DU, and neighbor information dispositions
 - Discuss challenges, i.e., listing errors, unable to locate addresses, languages, etc.
 - Schedule check-in and check-out dates and times
- Cruise county to determine case assignments
 - Review areas for challenges, i.e., locked buildings, gated communities, rural areas, direction issues, ethnicity, all challenges that could be encountered when working in a segment
 - Review all segments for safety and security issues
 - Prepare interviewer meeting notes and assignments

- Maintain a working knowledge of ISIS and CAPI applications used by field staff
 - Managing refusal cases and unassigned case work
 - Approving and communicating with HO on cascade delete cases
 - Approving and communicating with HO on all neighbor complete with SP cases
 - Communicating with HO and ISIS group on problematic cases that require clean-up

- Review and manage field office responsibilities of subordinate staff
 - Validations and validation report
 - Editing and Scanning
 - Adjudication process
 - Petty cash - audits
 - Payroll

- Review and approve Time and Expense statements weekly
 - Missing consents
 - VOC
 - Audiotaping requirements
 - Staff exams
 - Broken appointments – nonresponse
 - Outreach efforts

- Respond to calls from SPs, FIs, NCHS and anyone seeking management assistance
 - Providing support to FIs by calling respondents with concerns
 - Communicating with Dr. Porter for assistance with medical professionals
 - Fielding calls from NCHS on respondents who have received advance letters
 - Dealing with respondents with complaints or concerns

- Prepare Emergency Plan at each stand
 - Communicate plan to all staff at initial meeting
 - Communicate plan to MEC manager and FES
- Prepare end of stand documentation
 - Send all required EOS documentation via email or hard copy to appropriate HO staff
 - EOS report
 - AA reports
 - Media reports
- Review preparation for next stand
 - Original segment folders and maps are obtained and cruising in planned
 - All endorsement letters are obtained – discuss special requests with NCHS and HO
 - Advance letters are received from NCHS
 - Media list is received
 - Preparation for interviewer meeting
 - Conference call with advance team is conducted and all plans finalized for FO and MEC locations
- Challenges are discussed and addressed
- Special needs are addressed
- Overlaps and overlap staff is communicated with appropriately
- Participate in weekly conference calls with NCHS
- Participate in Task Leader conference calls
- MEC responsibilities
 - Supervise MEC scheduling
 - Obtain approval from HO and NCHS for scheduling exceptions
 - Authorize additions that exceed scheduling protocol

- Supervise SP incentive payments
- Monitor recruitment of dry run, staff exams, and guests for MEC schedule

Field Manager

The major responsibilities of the Field Manager (FM) include the following:

- Outreach letters and materials, media packets, manager and open house packets
- Print reports for study manager
- Perform 10 percent of all editing
- Monitor validations and perform 10 percent of validations
- Prepare travel documents for all staff leaving stand – Trip tics
 - Obtain travel plans from all field staff prior to summer and winter breaks
 - Obtain mail preferences and send to Lisa for summer and winter breaks
 - Make sure as interviewer movement occurs, tablets, interviewer packets, and travel notices are all in order
- Three cash audits per stand on surprise basis with OM – two after MEC begins
- Monitor all taping of interviews and send to Nora for review
 - Follow-up on audio reviews from NCHS and give feedback from FI to Nora and Kay
- Preparation for next stand
 - Order segment folders and maps from Betsy
 - Prepare book for next stand
 - Transportation incentive
 - No number information
 - MEC calendars
 - Interviewer kits
 - Prepare list from advance letters with local for open house invitations
 - Follow up on endorsement letters

- Prepare now in your area flyers
- Email furniture list to Linda Atcheson
- Work with SM on floor plan
- Assist interviewers with tablet issues
- Monitor and inventory all tablets
 - Tracking spares and keeping inventory reports for Terri Jones
 - Configure tablets
- Staff exams – coordinate scheduling
- Create award flyers to be posted in the office for incentives and recognition
- Field calls from SP's and interviewers
- Assist with reminder calls when necessary
- Schedule appointments
- Prepare open house mailings from advance list (can assign to local)
- Perform bilingual duties, to include translation or interviewing if necessary
 - Assist in recruiting translators and readers
 - Scheduling readers and translators
- Work with home office on any items that are required at the FO
- Assist OM with address editing
- Monitor editing and assist in training of AOM
- Assist NCHS with calls they receive
- Community Certificates of Appreciation
- Coordinate mail with home office staff
- Assign cases in CM as needed
- Produce FO schedule annually
- Supervise AOMs in daily activities
- Maintain stand reference materials, glance book, media and endorsement references

- Prepare cut and paste media materials
- If a pilot is being conducted, performing any role required of this position
- CAPI reporting with FIs when necessary
- Assist in creating missed DU's and structures with FIs
 - Monitor the missed structure forms at each stand
 - Perform cascade delete cases when necessary
 - Work with ISIS staff on tablet and system issues
- Pull subsample cases when released
- Send EOS media report
 - Assist in coordinating end of stand activities.
 - Verifying all adjudication and materials are prepared to ship to HO
- Interviewer training – continued training once new FIs come to the stand
- Cruising with the SM and making assignment suggestions for the stand
- Complete all field observations on interviewer's as requested by NCHS
- If necessary, cover all morning MEC sessions for OM on split days
- Set gas prices for stand for validation reimbursement

Field Administrative Manager

- Collect/review all payroll forms for accuracy and completeness and submit to SM for signature
- Manage all aspects of staff lodging
- Stand Info Sheet – email to all FMS and the MEC manager
- Handle all car issues
 - Accidents
 - Recording of mileage prior and after holiday breaks
 - Perform car inspections when requested from HO

- Develop emergency response plan for each stand
- Manage/ inventory supplies

Office Manager

The major responsibilities of the Office Manager (OM) include the following:

- Monitor MEC sessions
 - Reminder calls
 - Reminder letters
 - Follow-up on no shows and cancellations, document on nonresponse card, HH folder and promptly notify FI if still at stand
 - Prepare letters as requested by interviewers for employers or principals
 - Field reminders
 - Schedule MEC appointments
 - Schedule appointments from field staff
 - Schedule dry run quests
 - Schedule guests throughout the stand
 - Schedule partial or return SPs
 - Schedule staff exams
 - Confirm all appropriate consents are obtained
 - Review comments and work with MEC if required, i.e., wheelchair, translators required, etc.
 - Schedule and monitor taxi transportations
 - Deal with special taxi needs, wheelchair requirements
 - Review MEC session schedules and monitor for appropriate age mix, special needs and translators; close sessions or change session status when necessary
 - Perform refusal conversion techniques with SPs
 - Follow-up with FIs regarding no-shows to current MEC sessions

- Assigning cases in CM
 - Broken appointments –preparing nonresponse card(s)
 - Reassigning broken appointments in CM if requested by SM
- Petty cash
 - Manage translator, reader, and escorts payment; advance cash and documentation to FI
 - Manage prompt return and reconciliation from FI
 - Paying remuneration/cashing checks for follow-up studies, i.e., Dietary Phone Follow-up, Flexible Consumer Behavior Phone Follow-up, etc.
- Monitor and purchase office supplies and gifts for incentives
- Monitor and order inventory from the warehouse
- Maintaining EVM and logging all stand visitors
- Assist with tablets and computer issues
 - Assist in configuring tablets when necessary
- Field calls from SPs and interviewers
 - Schedule MEC appointments and reschedule appointments
- Monitor editing of addresses in AM and CM
- Deal with vendors
 - Work with FES on vendor issues and challenges
 - Work with FES on MEC issues and challenges
 - Place signage if required to help locate MECs
- Check 10 percent of editing
- Check 10 percent of validations
- Supervise and monitor work schedule for local receptionist
- Deal with SPs regarding follow-up studies, i.e., FCBS, Dietary, etc.

- Perform bilingual duties, to include translation or interviewing when necessary
 - Manage assessment process of bilingual applicants and readers
 - Manage \$600 reader, translator, and escort limit
 - Provide and manage Westat application process for readers, translators, and escorts who will exceed \$600 limit
- Preparation for opening and closing stands
 - Schedule vendor pick-ups for furniture and equipment
 - Reserve U-Haul truck
 - Schedule manual labors
 - Work with temp agency to obtain a local for next stand
 - Assist in creating the MEC map
- Take interviewer work and review CAPI reports
 - Assist in checking FI's in and out on weekends
 - Take reports on weekends, when subsamples are being picked up by FI's
 - Assist in creating missed structures and DU's
 - Performing cascade delete on cases
 - Pull subsample release cases for SM
- If stand is conducting a pilot, performing and monitoring any role required of this position

Assistant Office Manager

The major responsibilities of the Assistant Office Manager (AOM) include the following:

- Review and edit all interviewer assignment hard-copy material including HH folders, nonresponse cards, and consent forms
 - Document on CAPI report any noted problems (i.e., virtual SPs from incomplete relationships, outstanding consents, emancipated minor form required, etc.)

- Check each interviewer's work for all nonsampled households
- Review all vacant, not a DU and neighbor cases, code case on tablet, and send to SM for final approval and removal from FI's tablet
- VOC procedures
 - Collect water samples from FIs during CAPI reporting
 - Scan water collected into ISIS IntraWeb system
 - Prepare VOC for transportation to MEC
 - Monitor missing VOC water samples and follow-up with FI, keeping SM informed
- Perform phone and field validations
- Edit interviewer's questionnaires in editing and scanning
 - Perform back end edit when required
- Assist interviewers in producing conference reports
- Assist interviewers with creating missed DUs and Structures, including preparing the hard copy materials for these cases
 - Going to the field and verifying addresses and structures if there is a question or dispute by the FI from the listing sheets
- Set up and maintain the field office central filing system
- Assist with training of the local clerical staff on duties such as barcoding and filing consents
- Perform ongoing adjudication of records and statistics in preparation for closing the stand
 - Scan all documents
 - Monitor all missing consent forms, keep status updated on HH folder and AM
- Assist in setting up and tearing down the field office
 - Prepare cut and paste of media documents
 - Prepare MEC maps
 - Prepare transportation incentives for next stand
 - Final adjudication of all folders and consents, packed and sent to HO at the end of the stand

- Initialize and set up computers, including data transfer of assigned work and printing a conference report for new interviewers reporting to the stand.
- Assist OM with reminder calls to SPs and verify transportation and consents
 - Field reminders – perform if necessary
- Answer SP questions and exercise conversion techniques for those who are reluctant to participate in the study.
 - Document call on nonresponse card
 - Promptly advise FI of call if still at stand
 - File nonresponse card for SM follow-up
- Monitor MEC scheduling to assure appropriate number of SPs by age and special consideration is adhered to
 - Scheduling MEC appointment for field staff
- Document changes on HH folder
- Promptly advise FI of reschedules if still at stand
 - Monitor MEC sessions if requested by OM and SM
- If a pilot is being conducted, performing any role required of this position
- Cruising with SM
 - Developing pictures and preparing cruising book
- Print reports for the study manager, if requested
- Assist with audiotape reviews when requested
- Pull subsample release cases, when requested
- Perform bilingual duties, i.e., translation and interviewing when necessary

Field Office Local

The major responsibilities of the Field Office (FO) Local include the following:

- Receptionist duties
 - Answer phones
 - Filing
 - Folders
 - Consents
 - Notating the following on HH folders and marking off when task is completed

Initial	Meaning	Task	Task for:
B	Barcodes	Match barcode stickers with SPID on each consent	Local
C	Certificates	Produce & mail Certificate of Appreciation for each SP	Local
H	Household Composition	Print copy of Household Composition	AOM
S	Stickers	Fill out stickers to assure all appropriate consents and signatures have been collected	AOM

- Barcodes
 - Provide barcodes to interviewers
 - Barcode Consents – For **Household Consents** that have more than one SPID # make enough copies so each SPID # can get barcoded
- Certificates
- Print labels
- Prepare mailings to SPs as directed by OM or AOM
- Sort weekly mail
- Have visitors sign log when entering building
- Locate local Post Office and closest FedEx drop box and verify last pick up time
- Assist in mailing reminder letters as instructed by office manager
- Update hotel room list and cell phone list
- Thank you cards after SP MEC examined

- Help pack and unpack field office
- Enter information into Advance Contacts list
- Help with duties as needed by field staff

Assignment of the above tasks are made based on the skills and experience of the individual hired to work as a local at a NHANES stand.

Generally, one person does the tasks listed above, but there are several tasks that everyone assists in. Some of these tasks include checking household folders, preparing stand maps for use by the FO and the interviewers, occasionally transporting SPs to and from the MEC, and performing other manager's tasks due to off-site assignment, illness, days off, etc.

2. NYFS TEAM AND EXAM COMPONENTS OVERVIEW

Four persons, two with medical degrees and two with exercise physiology degrees, make up the NYFS exam team. This team of professionals is charged with specific assignments that must be completed in order to accomplish the overall objective of the survey. Each individual must be aware of and respect the job demands placed upon other staff members, maintain an attitude of tolerance and consideration for fellow members of the team, and willingly perform extra tasks to support other staff members in the performance of their duties.

2.1 NYFS Exam Team Responsibilities

The duties of the team are summarized below. Staff are cross trained on the exam protocols and many of the daily procedures and activities.

- Greet each sample person and verify critical SP data such as name, date of birth, and age.
- Check SPs into the current examination session after critical items and consent/assent items are confirmed.
- Use the SP profiles on the automated coordinator application to track and manage the flow of SPs.
- Administer the physical exam components summarized in Exhibit 2-1.
- Check that any medical referral letters are completed and print the Report of Findings when the SP's exams are complete.
- Pay SPs and ensure that transportation is arranged or reimbursed.
- Maintain appearance of reception area and exam rooms.
- Assist with the set up of the MC at the start of the stand and pack up for travel at the end of the stand.
- Assist with inventory management.

The nurse managers have additional responsibility for managing and coordinating the team and exam operations, including the following.

- Ask the health-related proxy questions (Nurse Review).
- Be available to assist with health-related incidents related to the Treadmill exam.
- Responsible for the compensation and petty cash accounts.
- Review and sign-off on the staff Time and Expense reports.
- Responsible for managing incidents and emergencies.

2.2 NYFS Exam Components

Sample persons (SPs) selected for the NYFS are 3 to 15 years old and are eligible for specific exam components based on their age as shown in Exhibit 2-1. The asterisk next to the component indicates that this exam also is done with the NHANES MEC sample. The length of the examination depends on the SP’s age, but takes approximately 1½ to 2 hours. A procedures manual has been written for each of these components, describing how to prepare for and conduct the exam, monitor quality control operations, and maintain and calibrate the supplies and equipment.

Exhibit 2-1. MC exam components by age

Examination	Age group
*Body Measures	All ages
Plank	All ages
Modified Pull-up	Ages 5-15
Muscle Strength – Lower Body	Ages 6-15
*Dietary Day 1 Interview+	All ages
TGMD	Ages 3 - 5
Treadmill	Ages 6 - 15
*PAM	All ages
*Muscle Strength – Hand Grip	Ages 6 - 15
*Interview – Physical Activity Questionnaire (PAQ)	Ages 12 - 15
*Self – Administered Questionnaire (SAQ) on Drugs/Alcohol/Smoking	Ages 12 - 15

* This exam, or some version of it, is also being done on the NHANES MEC.

+ The MEC dietary interview includes a Day 2 recall.

- **Body Measures or Anthropometry**—All SPs have body measurements taken. The exam includes height, weight, upper arm, mid-arm, mid-calf, and waist circumferences, and subscapular, triceps, and calf skinfold measurements. These measurements will be used to assess growth, obesity, and body fat distribution, and will provide information that can be used as a reference for later studies. Measurements of height and weight will allow for a revision of the child growth charts now in widespread use. Measuring body fat is important because it is associated with hypertension, adult diabetes, cardiovascular disease, gallstones, arthritis, and some forms of cancer. Furthermore, obesity and overweight can have an effect on the mental, physical, and social well-being of individuals.
- **Plank**—Muscular endurance and core strength are assessed through the plank. The exercise works core muscles around the trunk and pelvis. Good core strength improves balance and stability and helps to prevent lower back injury. The plank will provide the first nationally representative data on core strength for children and adolescents.
- **Modified Pull-up**—Upper body muscle strength is measured through the modified pull-up, one of the exercises in FitnessGram, a program used in over 50 percent of U.S. schools to evaluate youth on a battery of health-related fitness items scored using criterion-referenced standards. The modified pull-up component will provide the first nationally representative data against which schools can compare results from their districts. Lifting body weight against gravity is a test of strength, irrespective of size; the modified pull-up uses about 30 percent of body weight for resistance. The modified pull-up develops back, shoulder, forearm, and arm strength.
- **Lower Body Muscle Strength** – The goals of this component are to provide: (1) nationally representative data on muscle strength; (2) prevalence estimates of persons with poor muscle strength; and (3) data to study the association between muscle strength and other health conditions and risk factors in children such as obesity, diabetes, activity, and dietary patterns. A handheld dynamometer, used to assess lower body muscle strength through maximum knee extension force, measures quadriceps strength. The participant sits in a chair and is restrained by a series of belts while pushing their legs as hard as possible against a stable resistance with force measured by the dynamometer.
- **Dietary Interview**—Dietary information has been collected in NHANES since the 1970s. Researchers and policymakers rely on NHANES data for detailed information about the foods and beverages that are consumed by the U.S. population. In addition to providing important national reference data on food and nutrient intakes that are obtained on all survey participants, the data help us to learn about food patterns of ethnic subgroups, the adequacy of diets consumed by young children and older persons, and the contribution of food to total nutrient intakes. Total nutrient intakes from food and dietary supplements can be computed by combining NHANES Dietary Recall data with the dietary interview supplement and antacid recall information. Many Federal agencies use NHANES data to evaluate Federal regulations in the areas of food fortification and human risk assessment analyses that are used to measure human exposure to contaminants that are found in food.
- The goal of the dietary component is to estimate total intake of food energy (calories) and nutrients, and non-nutrient food components from foods and beverages that were consumed during the 24-hour period prior to the interview (midnight to midnight). Following the dietary recall, which is conducted using a computer-assisted dietary

data entry system, a short questionnaire will be administered to ascertain whether the person's intake on the previous day was usual or unusual, the source of tap water consumed, use of salt, and special diets.

- For NHANES, a second dietary interview is conducted by phone from the home office 4-11 days later. This follow-up interview is not planned for NYFS.
- **TGMF-2**—The gross motor skills component will provide the first nationally representative data on locomotor and object control skills in young children. Gross motor skills involve the large muscles of the body that enable major body movement such as walking, maintaining balance, coordination, jumping, and reaching. Gross motor skills depend on both muscle tone and strength. Children with poorer motor skill development have been found to be less active than children with better-developed motor skills.

The TGMD-2 is made up of 12 skills (six for each subtest) that are age dependent.

- Locomotor: run, gallop, hop, leap, horizontal jump, slide
- Object Control: striking a stationary ball, stationary dribble, kick, catch, overhand throw, and underhand roll
- **Treadmill**—The treadmill has been used to measure aerobic capacity in children as young as 4 years of age. The treadmill was used previously in NHANES 1999-2006 to measure aerobic capacity and cardiovascular fitness in ages 12-49 years. The treadmill test performed in NYFS will provide nationally representative data on endurance performance for ages 6-11 years and on cardiovascular fitness for ages 12-15 years. Evaluation of cardiovascular fitness will: (1) provide nationally representative data on cardiovascular fitness for ages 12-15 years; (2) estimate the prevalence of adolescents at risk due to poor physical fitness; and (3) provide data to study the association between cardiovascular fitness and other health conditions and risk factors, such as obesity and dietary patterns.
- **PAM**—The Physical Activity Guidelines for Americans, issued by the Federal Government, states that being physically active is one of the most important steps that Americans of all ages can take to improve their health. The physical activity monitor (PAM) or accelerometer is used to monitor the physical activity levels of participants by recording body movement during everyday activities such as walking. The PAM for measuring physical activity is currently being fielded for ages 6 and older in NHANES. The SP will wear the monitor 24 hours a day and return it in a prepaid envelope to Westat after 7 days.
- **Hand Grip Muscle Strength**—The goals of this component are to provide: (1) nationally representative data on muscle strength; (2) prevalence estimates of persons with poor muscle strength; and (3) data to study the association between muscle strength and other health conditions and risk factors in children such as obesity, diabetes, activity, and dietary patterns. A handgrip dynamometer is used to measure isometric grip strength in a standing position.
- **MC (Health) Interview**—Participants aged 12-15 will be asked questions about health behaviors (tobacco, drug, and alcohol use) on a computer to ensure privacy. SPs enter their responses by touching the computer screen.

2.3 Sample Person Remuneration

Youth ages 12-15 receive a \$60 payment for participating, and children under age 12 receive \$40. A \$20 incentive is provided if the parent/guardian accompanies the child to the trailer. Children and youth under the age of 16 must be accompanied by a person at least 18 years old in order to participate. If participants must hire a sitter to care for other children, they are reimbursed at an hourly rate set by the field office based on local standards. Participants also receive a transportation allowance for driving to the MC, or a taxi is provided. When the physical activity monitor is returned to Westat, a \$40 check is mailed to the child. Much of this information is entered into the ISIS by the field interviewer so that when the SP is checked out, the computer screen shows the amount of remuneration that is owed. Occasionally there will be last minute changes to the remuneration that need recalculation at check-out.

2.4 Report of Exam Findings

Participants receive the results for some of the exams conducted at the MC. For most of the exams, however, no findings are reported because there are no established standards against which to evaluate the results. Before the SP's departure from the MC, the coordinator prints the Report of Findings (RoF) that include height, weight, BMI, and the results from grip strength (ages 6-15), modified pull-up (ages 5-15), and cardiovascular fitness from the treadmill exam (ages 12-15).

Included in the check-out package is a letter signed by Dr. Kathryn Porter, the Medical Officer at NCHS for the NHANES and NYFS studies. The letter includes an 800 toll-free number for SPs and their parents to call during regular business hours if they have questions about the exams. The response team members include a physician, a nurse with a doctorate degree, and other staff who are trained to answer specific questions.

2.5 Referral Letter

Tests and procedures conducted in the MC are not considered diagnostic exams and are not a substitute for an evaluation by a medical professional. No clinical treatments or health interventions of any type are performed in the MC. If a health problem is discovered during the course of the MC exam, the nurse offers to recommend a local physician or clinic for follow-up care and to provide a referral letter. If a SP is found to have a serious condition requiring immediate attention, the local rescue squad may be summoned or the SP will be advised to seek immediate medical treatment.

3. DAILY MC OPERATIONS

The team will share responsibilities for maintaining the trailer environment, equipment, and supplies, and making preparations necessary to conduct and manage smooth examination sessions. A brief introduction to these responsibilities is provided in Chapter 2, but this chapter describes each responsibility with its related activities. Detailed coordinator computer application instructions are provided in Chapter 4, but also are introduced in this chapter.

This chapter has three sections:

1. Preparations for the daily examination session;
2. Management of exams; and
3. End of daily examination activities.

3.1 Preparations for the Examination Session

The nurse manager at the stand is responsible for managing the team to make sure all of the examination session preparations are completed before the start of the exam session. The following activities must be completed in advance of the session.

- Ensure that the coordinator work station and reception areas are neat and clean.
- Maintain a sufficient inventory of supplies for each daily session, including all exam components, coordinator duties, and incentive gifts.
- Review the MC Appointment Schedule (MAS) for specific information about each SP, including medical issues, and determine if consent forms need to be signed.
- Print the Session Preview for the day, along with the ROF SP Labels and SP Verification Sheets.
- Make arrangements with the FES, if necessary, regarding operation of the wheelchair lift if a SP scheduled for that day needs it.
- Review the SP remuneration preview report, paying careful attention to travel and child/adult care remunerations; prepare SP payment envelopes.
- Transfer the approximate amount of cash needed for the day from the safe to the petty cash drawer.

Please see Attachment A, the Nurse manager Daily Operations Hand Card, at the end of this chapter.

The following sections describe these activities.

3.1.1 Appearance of the Coordinator and Reception Area

The exam staff is responsible for preparing the reception area and coordinator's station before SPs arrive and during exam sessions. The reception area is the first impression SPs and their families receive of the MC and is the place where SPs wait between exams. Therefore, it is important that the reception area and coordinator station appear orderly and professional.

The sitting bench and storage areas should be wiped clean once per day, and washed with soapy water at the beginning of every stand.

Magazines and books are available for SPs and family members to read while waiting between exams. These should be appropriate for the general public and stored in the racks when not being read. The coordinator should keep the desk free of food, newspapers, magazines, and any other items not needed for the management of the exam session. Posters, pictures, signs, and any other materials must be reviewed and approved by NCHS and home office staff before being placed or hung in the exam center.

No smoking is permitted anywhere in the MC; therefore visitors, parents of SPs, and staff must step outside to smoke.

3.1.2 Inventory Maintenance

Supplies must be closely monitored to assure that sufficient inventory is readily available. Each component manual contains the list of supplies needed to conduct the exam. Make sure that there are enough supplies to do the number of exams scheduled for the day. The coordinator area should be equipped with enough paper for the printer, pens and other office supplies, envelopes for remuneration money, envelopes for the report of findings and incentive gifts.

If supplies will be depleted before the end of the stand, send a "UFO" to the warehouse requesting an additional number of items. A mid-stand inventory procedure may also be used to request additional supplies (see Chapter 6 for Inventory Management). Also, in the case of an emergency, some supplies are also used on the NHANES MEC and therefore could be borrowed if needed.

3.1.3 Review of the MC Appointment Schedule Report

The MC Appointment Schedule Report must be reviewed in advance of the MC daily session. The MC Appointment Schedule can be accessed from the Reports menu in the Coordinator application. The Appointment Report (Exhibit 3-1) is a detailed list of sample persons scheduled for the day, including SP name, age, gender, arrival time, consent status, address, phone number, and sample person identification numbers, transportation arrangements, special consideration codes, and preferred language. The schedule also identifies SPs who need special considerations, such as wheelchair access. The nurse manager should review the schedule before the session begins to make sure arrangements are in place for SPs requiring assistance.

Exhibit 3-1. Appointment Schedule Report

Appointment Report
Stand 291 - Richmond, VA
Monday, 11/14/2011

Page 1 of 7 02/01/2012 03:36 PM

Morning (8:30 AM - 9:00 PM) - Session ID - 291074

Session Comments: None

Participant No.	Name	SP ID	Age	Gender	Arrival Time	Fasting Req	Fasting Incentive	Interviewer	Appt Type
291-02-2009-15-01	V3, Sp1	504298	11	Female	08:30 AM	No Fasting Required	\$40 - No, child	1956: Smisko, Pearl	Primary

Phone
Home (301) 564-8749
Home (234) 235-3463

Street Address:
582 Belvedere St
Richmond, VA 23173

Mailing Address:
582 Belvedere St
Richmond, VA 23173

Language:

Incentives
Transportation : Yes
Child/Adult Care : Yes
Non-SP Payment : Yes

Assigned Fasting Req

Spec Cons IN

Transportation
To and From Appt: Self

Consents
No - MEC Consent/Assent Signed By Parent?
No - Child Assent Signed By SP?
No - Authorization for Transportation Form Signed?

Relationships

Name	SP's Relation to
Martha Watson 291-02-2009-01-50 Age: 45	
Greta Watson 291-02-2009-01-01 Age: 10	
Primary Scheduled	10/16/2011

Total Number of Appointments in Morning Session on 11/14/2011: 7

3.1.4 Sample Person Identification Numbers

The sample person identification (SPID) is a six-digit unique identifier that is randomly assigned to each SP. The random number assignment helps protect the identity of the SPs and assures the confidentiality of their participation in the survey. The number has no particular meaning other than to identify the SP without using the SP's name.

3.1.5 Verifying Informed Consent Forms

Typically, the nurse manager is responsible for confirming that each sample person scheduled for the session has a signed consent form on file in the field office (Exhibit 3-1), as indicated on the Appointment Schedule “Consents” field; however, other MC staff may do so if the nurse manager is busy when the sample person checks in. Parents or guardians must sign the consent, giving permission for their child to participate in the survey. In addition, SPs 12-15 years of age must sign the same consent form that their parent signed. All SPs 7-11 years of age also must sign their own individual assent form **before** any MC exam activities can begin.

Table 3-1. Signatures required on NYFS consent/assent forms

SP	Name of Form			Consent/Assent to Audiotape
	Consent/Assent and Parental Permission for Exam at the MC	NYFS Assent	Assent for PAQ	
Parent	✓		✓	✓
12-15 Years	✓		✓	✓
7-11 Years		✓		
3-6 Years				

Only occasionally should the parent consent or assent forms need to be signed at the MC since the signing most likely will occur during the home visit by the field interviewer. Information from the Appointment Schedule and the check-in application on the coordinator computer (Exhibit 3-5) will indicate whether or not the parent and/or SP has signed the appropriate consent forms by the appearance of a “✓” mark in the box next to the required consent(s). If both the consent and assent form both do not have a “✓” and there is no comment “obtain at MC,” the nurse manager should call the field office to verify that the consents have not been obtained previously.

The exception to this is the consent (signed by all parents and SPs ages 12-15) that will be signed at the MC when the examiner is requested to audiotape the dietary interview for purposes of quality control.

3.1.6 Special Consideration Codes

The field office uses Special Consideration codes to convey important information that might impact the SP's experience at the exam center; for example, if the SP has a physical or mental handicap (e.g., is extremely overweight or requires wheelchair). Obviously, some of these items will touch on sensitive areas, and staff must use discretion about what is said in front of the SP.

The field office indicates the special considerations by entering one of the following codes shown in Table 3-2 into the Special Considerations field of the MC Appointment Schedule.

Table 3-2. Special Consideration codes

BL	Blind	SP is either blind or some visual impairment exists.
CN	Cane Needed	Rarely used, but this implies the SP has some mobility limitations.
CR	Crutches	(Rarely used).
DF	Deaf	SP has total hearing loss.
HI	Hearing impaired	Some form of hearing impairment may be present.
LN	Lift needed	The SP may be disabled or ambulatory, but needs to use the lift.
MI	Mental impairment	This term might imply cognitive disabilities due to dementia, developmental disabilities, or a chronic mental illness such as schizophrenia or severe bipolar disorder.
OB	Obese	Important to note due to the weight limitations in some exams.
OP	Other physical impairment	General term to alert the MC that there is some specific problem with the SP, i.e., recent surgery, amputation(s), recent chemotherapy.
SA	Substance abuse	SP has confided that there is a current history of alcoholism or other substance abuse. This informs the staff in the event that there may be potential health or behavioral issues with this SP on the MC.
WL	Walker	SP will bring a walker.
WC	Wheelchair	SP will arrive in a wheelchair.

The field office may also enter additional text remarks in the Comments field if there is a situation that does not fit a preexisting Special Considerations code.

3.1.7 Medication Information

The household interview that is completed by the SP's parent before the MC exam includes a list of medications, vitamins, and mineral supplements that the SP currently is taking. The medication list can be viewed in the Nurse Review application under the Review menu and is provided in the event the SP has a medical emergency and the medication history might provide useful information. The

medical history also is used by ISIS to automatically block the SP’s participation in an exam component if the medication excludes him or her from the activity.

3.1.8 Session Preview Report

The Session Preview Report (Exhibit 3-2) is an abbreviated list of each SP scheduled in the session. This report is available in the MC component applications as well as the Coordinator workstation and is useful for the exam staff to use throughout the session. The report includes the name, SP ID number, age, gender, and special consideration codes for each SP per exam session.

Exhibit 3-2. Session Preview Report

SP Name	Arrival	Status	Ref	G	Age	NR	BM	PL	PU	MS	TG	DR	MI	PM	TM
Smith, Son D	9:00	✓		M	13										
Miller S, F10 S	10:00			F	10										
Miller, M10 S	10:00			M	10										

Although the MC Appointment Schedule is available weeks in advance of the session, the schedule can change overnight. Therefore, it is important that the exam team review the Session Preview Report at the beginning of each day to organize their workload for the day.

3.1.9 Printing the Session Package

Both the MC Appointment Schedule Report and the Session Preview Report can be printed for use during the daily session. The session package is an option under the “Reports” menu. When the session package is printed, the following documents are automatically generated for every SP in the session,

1. Session Preview Report;
2. SP Verification Form; and
3. Label for the SP’s monetary compensation envelope.

All hard-paper copies of the Appointment Schedule or Session Preview Reports must be shredded at the end of each exam session to protect SP confidentiality and should never be accessible for public viewing. No hard copies of the MC Appointment Schedule or the Session Preview Reports should leave the MC at any time.

3.1.10 Management of Petty Cash

The nurse manager is responsible for the accounting of the cash payments to the SPs and parent for exam participation, transportation, or other expenses such as babysitting. The field office issues cash advances to the nurse manager to pay for these expenses.

Upon receipt of money at the field office, the nurse manager verifies the amount of money received, signs a receipt for the money, and immediately takes the funds to the MC and locks it in the safe. The safe combination is available only to the nurse manager. The nurse manager allocates sufficient funds to the cash drawer for the daily dispersal. At the end of the day, she reconciles expenses with the money remaining in the cash drawer and then reconciles the petty cash drawer with the money in the safe. The ISIS Petty Cash application communicates with the field office Petty Cash application and with the Coordinator application to track MC expenditures.

Excess cash should be kept locked in the safe at all times, including during exam sessions. The SP Payment Information Report, described in Chapter 4, can be printed before the start of the daily session to help prepare for and track payments needed for SPs during the session. Refer to the NHANES Petty Cash overview document for detailed procedures.

3.1.11 Visitors to the MC

The exam staff is responsible for maintaining the visitor log which all guests must sign at the time of their visit to the MC. Family members who accompany the SP to the MC are not considered visitors.

The completed log should be turned over to the field office staff at the end of the stand so the Master Visitor Log maintained by the FO staff can be updated. The log serves as a record of all non-exam staff and non-SPs who enter the MC during a stand. Visitors are not permitted to view the MC or observe exams without the express permission of NCHS staff.

Unexpected visitors should be reported to the field office manager (FOM) immediately and should not tour the MC until the FOM receives the necessary approvals from NCHS or unless they are on the NCHS list of personnel who are permitted to visit the MC unannounced.

3.2 Conducting the Exam Session

After completing the preparations for the session, the exam team is ready to start the exams. The procedures discussed in this section are primarily concerned with the general flow of events during an exam, from SP check-in to check-out. See Chapter 4 for computer-related functions for managing the examination and SP flow in the ISIS Coordinator application.

This section includes the following protocol procedures for the examination:

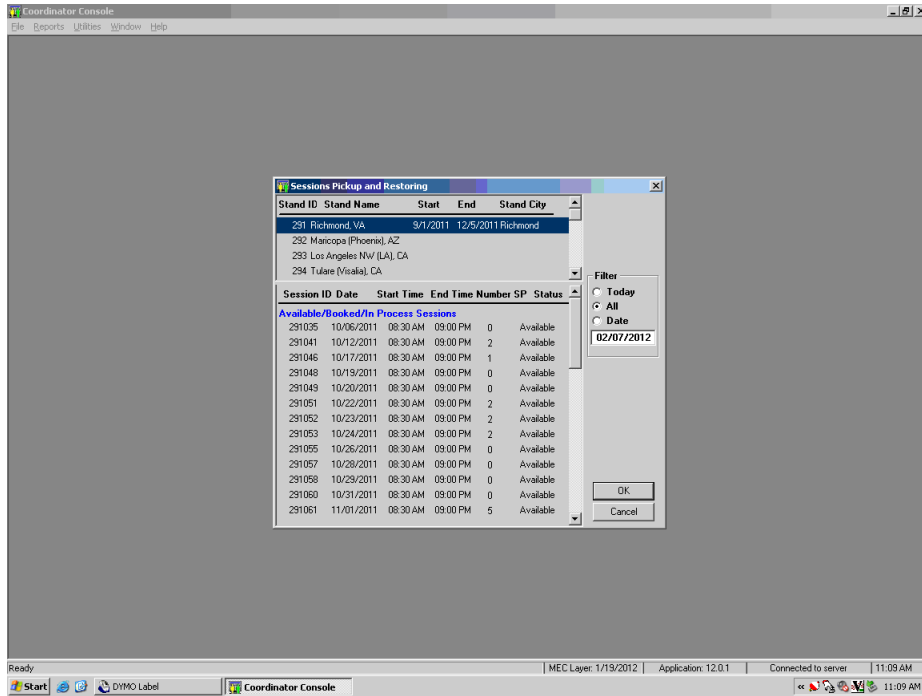
- Greet and check in the SP;
- Prepare SP for exams;
- Manage the examination session;
- Changes, cancellations, or additions to the exam session;
- Manage SP transportation arrangements; and
- SP check out.

3.2.1 Opening the Session in the Coordinator Application

The first step required to open a session is to access the Coordinator application. The nurse manager should open the session in the Coordinator application at least 15 minutes prior to the start of the session. This is necessary so the exam staff have time to conduct the ISIS quality assurance activities for the exam equipment as outlined in the component manuals.

After the Coordinator application is opened, ISIS will display a pickup-list of exam session dates (Exhibit 3-3). **Please exercise extra care when selecting the correct session to open.** The manager will select the current session and review the list of scheduled SPs to check for any changes. Exam appointments are created by the field office application and transmitted electronically to the Coordinator application.

Exhibit 3-3. Pick-up list of exam sessions



After accessing the Coordinator application, opening the exam session, reviewing the schedule, and conducting QC procedures, the process of checking in SPs can begin. The SP verification forms should be printed prior to the arrival of the SPs.

3.2.2 SP Verification

A staff member should acknowledge SPs as they arrive and proceed with introductions. The parent or guardian of SPs should be addressed formally, using Mr., Mrs., Miss, or Ms., until they indicate otherwise. The staff should hand the verification form (Exhibit 3-4) to the parent and ask that they review and confirm that:

1. The name and spelling of the SP name is correct;
2. The date of birth is correct; and
3. The gender is correct.

It is essential that the exam staff confirm the name, age, date of birth, and gender of the SP. If any of this data is incorrect, data reporting is impacted.

Exhibit 3-4. Verification Form

WELCOME/BIENVENIDO
National Youth Fitness Survey
Encuesta Nacional de Estado Físico de los Niños y Adolescentes

Your participation is important to us. Please check all of the information shown below to ensure it is accurate. If you find mistakes, please tell the Coordinator or write the correct information on this form and return it to the Coordinator.
Su participación es importante para nosotros. Por favor revise toda la información que se muestra abajo para asegurarse de que es precisa. Si encuentra errores, por favor díganoslo al Coordinador escribiendo la información correcta en este formulario y devuélveselo al Coordinador.

Name: Nombre:	CHRIS TORRES	_____
Date of Birth: Fecha de Nacimiento:	10/1/2000	_____
Gender: Sexo:	Male	_____
Consent Required:		_____

Check this box if the above information is correct.
Marque este casilla si la información de arriba es correcta.

Thank you!
¡Gracias!

Form Terms 5/2003 February 01, 2011
1010 National Center for Health Statistics, 321 Toledo Road, P.O. Box 4423, Hyattsville, Maryland 20780

Parents should correct any errors on the sheet, which is then used by the staff to edit the SP information in the check-in screen. The coordinator should be discreet and diplomatic during this process because it must be completed in the coordinator area where there is no privacy. Revised Verification Forms should be returned to the field office; the remaining unrevised forms must be shredded.

3.2.3 SP Log-in

To begin processing the SP in the computer, right click the SP's name on the Session Preview list and click on Log-in. The Check-in Screen (Exhibit 3-5) appears where changes to the SP's name, birth date, and gender made on the Verification Form should be entered. The staff may correct only name, date of birth, age, and gender. If a revision is made, the "Corrected by" drop-down box needs to be clicked and a selection made regarding the person who made the change (i.e., mother, father, SP). The check-in process will not advance unless this source is selected. Once the SP check-in is completed, these key items of information cannot be modified again. The Age at Screener should not need to be changed

unless the originally entered birthdate was grossly incorrect. Be cautious if you determine that the Age at Screener needs revising.

Exhibit 3-5. Check-in Screen

Age	NR	BM	PL	PU	MS	TG	DR	MI	PM	TM
13			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>
10			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>
10			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>

The check-in screen also indicates whether or not the parent consent and assent forms have been obtained. If not, the examiner must proceed with the informed consent process and ask the SP's parent and/or SP to sign the form(s). After the consents are signed, the appropriate boxes in the MC Exam Consent section need to be checked. The application will not progress unless these boxes are checked. **If the SP refuses to sign the consent form, the person cannot, under any circumstances, receive any portion of the MC examination.**

3.2.4 The Informed Consent/Assent Process

If an assent or consent needs to be signed, the examiner should give the SP and family copies of the consent brochure and health measurements list to review. After ensuring that the SP and family understand and agree to the exam, the examiner shows them where to sign their name and date on the consent form(s).

The NYFS Consent Brochure, printed in English and Spanish, describes the purpose of the survey and the activities. The Health Measurements List explains each exam component procedure according to the SP’s eligible age group and is the “informed” portion of the consent process. Additional details regarding the informed consent process are contained in Attachment B, Consent Procedures. The nurse must deliver all signed consent forms, including consents for audiotaping the dietary interview, to the field office during his or her next visit.

3.2.5 SP Check-in

After any revisions are made, click the “Check-in” button. Completing the check-in procedure will enter the SP into the system and allow the staff to access the SP information for data entry on the exam component laptops. The automated system will record the time the SP was logged in and checked into the session. In Exhibit 3-6 below, the “✓” mark indicates that Carissa Torres has been checked-in. The symbols under Status and RoF and darkened exam component boxes for Chris Torres show that he has completed the exams and has been checked-out.

Exhibit 3-6. Coordinator console showing check-in and completed SPs

SP Name	Arrival	Status	RoF	G	Age	NR	BM	PL	PU	MS	TG	DR	MI	PM	TM
V2, Sp1	9:00	●	F	11											
V2, Sp2	10:00	●	M	12											
Torres, Carissa	11:30	✓	F	9											
Torres, Chris	11:30	●	M	7											

Youth belonging to the same family should be checked in at the same time to facilitate flow in the exam center. SPs who arrive on time should be checked in immediately and their exams started as soon as possible. SPs who arrive off-time should be handled as efficiently as possible, with the acknowledgement that all of their exam components may not be completed. The exam team’s first responsibility is to those SPs who have been scheduled and arrive on time.

If a SP arrives on the wrong day or at the wrong time, call the field office which will work with the family to have them return at their scheduled time or attempt to reschedule their visit. In order to proceed with SPs that are not listed in the current session, the field office must add the SP to the daily session and the exam staff must upload the data.

Sometimes people are merely curious about the trailers and enter the MC to inquire about the activities and how to become involved. These “walk-ins” can be told about the study but it must be explained that only youth who were selected by a scientific sampling process are eligible to participate.

3.2.6 No-Shows and Late SPs

If a SP does not arrive by approximately 10 minutes after the scheduled appointment, the exam staff should contact the field office. The field office staff will attempt to reach missing SPs and arrange to get them to the MC or reschedule them for another appointment. If the field office is closed or unable to make the call, the nurse manager or other MC staff member should attempt to call the SP/parents using the telephone number printed on the MC Appointment Schedule Report. If the SP/parent is reached and is not coming, the nurse manager will communicate the situation via email or phone call to the field office. The field office will work with the interviewer to reschedule the SP for another session.

If the SP cancels the appointment, the field office will indicate the cancellation with an “X” next to the SP’s name in the Coordinator’s system and the examination profile will gray out so it cannot be accessed. Until the SP is cancelled, the profile will remain open and the SP can be examined upon arrival at the MC. The coordinator should maintain contact with the field office about late SPs until a final status for the session is determined. At the end of the session, SPs who did not show up are coded as “No Shows” when the Coordinator application is closed.

Sample persons may arrive late for a variety of reasons. The staff should assume that all SPs who do not arrive on time for their appointment are still en route until the field office staff contacts the SP and confirms a cancellation or reschedules an appointment. The staff should be prepared for the arrival of a late SP and have a plan for managing the late SP if possible. Exam staff should not end the daily session until they confirm with the field office that no other examinees are en route.

3.2.7 Transportation Arrangements

Information about the SP’s transportation arrangements is contained in the MC Appointment Schedule. SPs generally provide their own transportation or take a cab provided by the survey staff. Occasionally, field interviewers will bring the SP and family to the MC. Other arrangements unique to a particular stand may also be made to assist SPs. In these instances, the field office should notify the exam staff that specific arrangements have been made.

The field office usually makes arrangements with a local taxicab company to provide transport for SPs when necessary. When checking in with the field office at the beginning of a stand, the nurse manager should ask for the specific details related to taxis. If the taxi requires a cash payment for transporting SPs, the manager should use petty cash and must obtain a hard-copy receipt for the fare from the taxi driver.

As part of the check-in process, the staff should verify the SP's transportation arrangements and make sure that a ride home is available. If no arrangement was made, or if the plan has changed, the staff should call and reserve a taxi or notify the field office manager to assist with some other form of transportation.

3.2.8 Using Interpreters

While it is assumed that some parents will need the assistance of an interpreter in order to answer the nurse review questions and dietary recall interview, most of the children and youth should understand English since they are of school age. If an interpreter is indicated as being used in the household questionnaire, an "interpreter required" flag is set to indicate that an interpreter needs to be scheduled for the MC appointment. When the MC appointment is made, the field office will assign an interpreter to that SP. When this SP arrives, the staff accesses the interpreter module to check in the interpreter. The Coordinator application has a window that allows the staff to view the interpreters that are scheduled to come to the MC for the current session and for whom they will interpret. The interpreter window is only activated if the field office indicates that an interpreter is required when the appointment is made. While the name of the assigned interpreter is listed, the staff has the option to change that if a different interpreter arrives with the SP. The "arrived at MC" checkbox allows the coordinator to indicate that the interpreter for the SP has arrived at the MC.

To make sure that study participants are not excluded because an interpreter is not available, the NCHS has purchased a telephonic interpreter service, "Pacific Interpreters." This service may be called if an SP's parent or guardian needs an interpreter in order to answer the Nurse Review questions at the MC exam check-in. Also, sometimes the SP's parents will arrive with other family members or friends. They are permitted to be interpreters for the parents and SP as long as they are 18 years or older. However, the CASI section of the MC Interview may not be completed using an interpreter. See Chapter 8, Interpretation Guidelines and Procedures, for further instructions.

3.2.9 Managing the SP's Exam Process

The nurse is responsible for directing and maintaining the flow of SP's being examined in the MC. The Nurse Review process must be completed, and the SP information sheet that lists the SP's eligible components printed, before any of the exams that involve physical exercise are conducted. If the SP is eligible, the hand grip strength must be completed *prior* to the pull-up exercise, and the treadmill exertion test for 6-11 year olds must be their *last* physical activity exam. Youth, ages 12-15, may perform the CV Fitness Treadmill exam any time *after* the Nurse Review, Lower Body Muscle exam, and Body Measures exam.

Table 3-3. Activities requiring completion of Nurse Review

Nurse Review Required Prior to Testing	
NO	YES
Dietary Interview	Treadmill
Body Measures	Muscle Strength (Grip)
Physical Activity Monitor (PAM)	Modified Pull-up
MEC Interview (PAQ, if needed, and CASI)	Plank
	Test of Gross Motor Development (TGMD)
	Lower Body Muscle Strength (LBMS)

To make the flow of exams as flexible as possible, several of the components can take place in different areas of the MC. The computer workstations in these areas have been loaded with the component applications to allow for data entry (Table 1-4).

Table 3-4. MC work stations and their applications

WORK STATION	COMPONENT APPLICATION							
Coordinator	Nurse Review	PAM	Coordinator	ROF				
Exam Room 1	Nurse Review	PAM	Body Measures	Plank	Muscle Strength (Grip)	Pull-up & Video	LBMS	TGMD
Interview	Nurse Review	PAM	Dietary	MEC Interview (PAQ and CASI)				
Exam Room 2	Nurse Review	PAM	Body Measures	Plank	Muscle Strength (Grip)	Treadmill		

3.2.10 Nurse Review Questionnaire

The Nurse Review questionnaire includes questions designed to exclude SPs based on safety reasons from the muscle strength, LBMS, modified pull-up, treadmill, plank, and TGMD components. The nurses are the persons on the exam staff who can conduct the Nurse Review questionnaire, which should be done in private, usually with the parent of the SP who knows the most about the SP's health. Occasionally, an adult who does not know about the SP's health issues may bring the SP to the MC. If there are questions that this person cannot answer, try to contact the parent or other adult family member who may be able to answer them by telephone. If not, continue administering the Nurse Review and enter "Don't Know" as needed. The application has skips for "Don't Know" which may cause the SP to be excluded from some components.

As stated above, the nonphysical components may be conducted prior to administering the Nurse Review questionnaire if the nurse is busy with another SP, or if the areas (exam rooms or interview room) are occupied. The physical activity components cannot be opened on the computer for a SP until the Nurse Review has been administered and eligibility has been determined.

3.2.11 Exam Blocking in the Coordinator System


The ISIS includes a feature that allows information to be shared between components in the MC, including between the household questionnaire and the MC components. Because information can be shared between components, the Coordinator application is designed to allow this information to update the Coordinator application and to post blocks for exams that no longer need to be obtained for an SP. For example, a particular medication that was listed from the household questionnaire is posted to the Coordinator application and updates the exam profile so that the SP cannot be assigned to the treadmill exam.

Information about medical exclusions and physical injuries is also shared between components that have the same exclusion criteria. Positive answers to these exclusion questions in one component are transferred to all other components that ask those questions, and the SP is then also excluded from those components. The first component to get a positive response to these questions updates the other exam and blocks it. The exam is also coded as Not Done due to safety exclusion. The exam on the SP profile turns blue and appears as a completed exam and the coordinator receives a message indicating the block. The workstations also will be unable to open the exam component for that SP.

3.2.12 SP Information Sheet

In addition to components being blocked by answers to the Nurse Review questionnaire, a Study Participant Information sheet will be printed at the coordinator's computer as soon as the interview is completed (Exhibit 3-7). The team member assigned to examine that SP should retrieve this sheet and refer to it in order to guide the components that the SP is eligible for. Any comments that the nurse notes in the computer during the nurse review that are relevant to the SP's physical condition also will be printed on the SP Information Sheet. The SP information Sheet also includes the SPID in barcode format that should be scanned when opening a component on the MC workstations to ensure that the exam results are associated with the correct SP.

Exhibit 3-7. SP Information Sheet

Study Participant Information Sheet			
Date:	2/21/2012		
SP ID:	453190		
Name:	Carl Macy		
Age:	6		
Component	Status	Comments and Observations Reason	Examine
<input type="checkbox"/> Nurse Review	complete		
<i>Scalp laceration is 3 weeks old and well healed; Albuterol 2 puffs taken at 11:10 AM for exercise induced asthma.</i>			
<input type="checkbox"/> Body Measures	complete		
<input type="checkbox"/> Grip Strength			
<input type="checkbox"/> Lower Body Muscle Strength			
<input type="checkbox"/> Plank			
<input type="checkbox"/> Pull-Up			
<input type="checkbox"/> Treadmill			
<input type="checkbox"/> Dietary			
<input type="checkbox"/> Physical Activity Monitor			

3.2.13 Component Status Codes

The outcome of every exam or interview component scheduled for an SP in the MC must be recorded in the ISIS and is displayed in the Coordinator application.

The system automatically codes the outcome of exams and interviews as one of three status codes: Complete, Partial, and Not Done. Exams that are coded Partial or Not Done require a comment code to explain the reason the exam was not completed. Comment codes are standardized although most component applications also contain specific codes to make them relevant to the component. Refer to the component manuals for specific comment codes.

The table below (Table 3-5) lists the standard comment codes to explain the reasons why an exam is coded Partial or Not Done. It is important to use the appropriate code since codes are closely monitored to determine reasons components are not completed.

Table 3-5. Standard Comment Codes

Safety Exclusion	The examinee was excluded from the component for safety reasons as defined by the protocol for the component.
SP Refusal	This is an SP initiated response due to refusal. The SP refuses the component for any reason other than an illness or emergency. If the SP refuses in the reception area, the coordinator can code the exam. If the SP refuses after starting the exam, the examiner will code the refusal.
No Time	The SP comes on time and stays for the entire session, there is adequate staff in the MEC but at the end of the session there is no time to do the examination.
Physical Limitations	SP is unable to have the test due to physical problems. For example, the SP is unable to lie flat for the bone density scan.
Communication Problems	SP is unable to understand and follow the instructions for the component due to cognitive impairment or other problem, and is unable to complete the test.
Language Barrier	SP is unable to understand and follow the instructions for the component due to language and interpreting difficulties, and is unable to complete the test.
Equipment Failure	The component equipment malfunctioned and the test could not be performed on the SP.
SP Ill/ Emergency	The SP became ill or an emergency occurred and the test was not performed on the SP.
Interrupted	An exam is interrupted, usually for a MC-wide emergency, and cannot be completed by the SP.
Came Late/ Left Early	SP arrived late for the scheduled appointment time or left early, resulting in an incomplete exam.
Other, specify	If one of the above comment codes does not explain the above reason for a status code of partial or not done, the examiner must choose Other, specify and record a comment in the text field.

Use the following definitions to determine when to apply the CL/LE, No Time, and SP Refusal codes. If further explanation is needed when using these codes, follow up with a UFO or email. Use of the “Other, specify” code should be limited.

- Came Late/Left Early (CL/LE – Use when the SP or parents refuse to give you the full 2 hours for the exam. This could occur either because the SPs came late and they need to be checked out because the next group of SPs is arriving, or because the SPs are only willing to stay for a short period of time; i.e., they tell you they must leave after giving you less than the 2 hours.
- No Time – The SP comes on time and stays for approximately 2 hours. There is adequate staff in the MC but at the end of the 2 hours, there is no time to complete the remaining components because it is the end of the workday or the next group of SPs is arriving.
- SP Refusal – Use SP refusal if the SP or the parent refuses the component for any reason other than an illness or emergency.

The staff can check the status code and comment for any exam by clicking on the SP exam and selecting “Component Status.” Refused exams will appear as red bars so the staff know which exams the SP is refusing to complete. Exams coded by examiners as “Partial – Interrupted” or “Not Done – Equipment Failure,” will appear as light-blue boxes.

3.2.14 Partial Exam Check-in Procedures

Occasionally, due to equipment malfunction, staff illness, or other reasons, a component or group of components for an SP is unable to be performed. If possible, it is desirable to bring the SP back to the MEC to complete their examination profile. When SPs are brought back to the MEC to complete their exam profile, it is termed a partial exam.

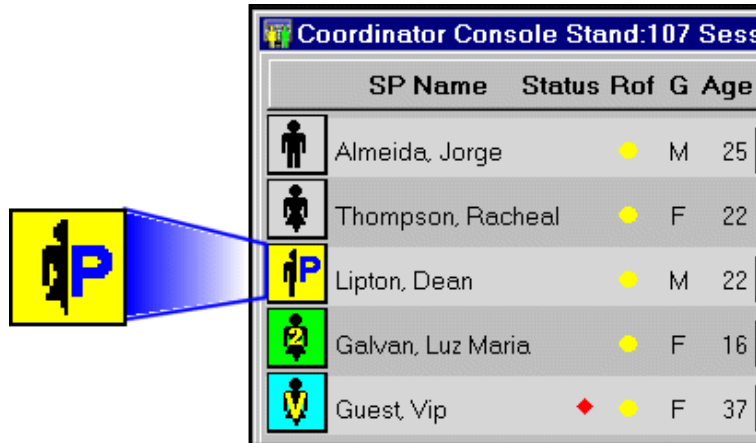
When SPs are brought back to the MEC for a partial exam, their original exam profile will be redisplayed but will have the following differences:






1. Upon check-in, SP information can only be verified, and changes to age or gender or update to consent information are allowed.
2. Exams completed during the original examination will be displayed as blue to indicate that they were already performed. In addition, exams that were not done with comment codes of safety exclusion will also be displayed as blue and exams with comments of SP refusal will be displayed with red. All other partial and not done exams will be displayed

as white and the SP will be allowed to go to the components to complete these examinations.

3. A partial view of the coordinator screen reflecting the SP identification area and partial exam SP icon is shown below.

Exhibit 3-8. Partial exam SP icon in Session Preview



	SP Name	Status	Rof	G	Age
	Almeida, Jorge	●		M	25
	Thompson, Racheal	●		F	22
	Lipton, Dean	●		M	22
	Galvan, Luz Maria	●		F	16
	Guest, Vip	◆	●	F	37

When the SP arrives, check-in the SP as usual. In addition, make sure to do the following.

1. Use the Nurse Review application to review the SP's history and medications. Note that this can be done prior to the SP's arrival.
2. Print the SP Information Sheet so that you know what components were previously missed. All components will be displayed and will include the status and comment code from their last visit. Do not complete any components with a prior status of Not Done, Safety exclusion.
3. Meet with the parent and the SP and review the activities to be completed during the current visit. During this discussion, ask the parent if the SP has started taking any new medications or if there has been any change in health since their last visit that may exclude him or her from completing the components planned for this visit.

3.3 Check-Out Procedures

Concluding the exam session is divided into procedures for (1) exiting SPs and (2) activities for closing the MC exam center after the daily session.

3.3.1 SP Check-out

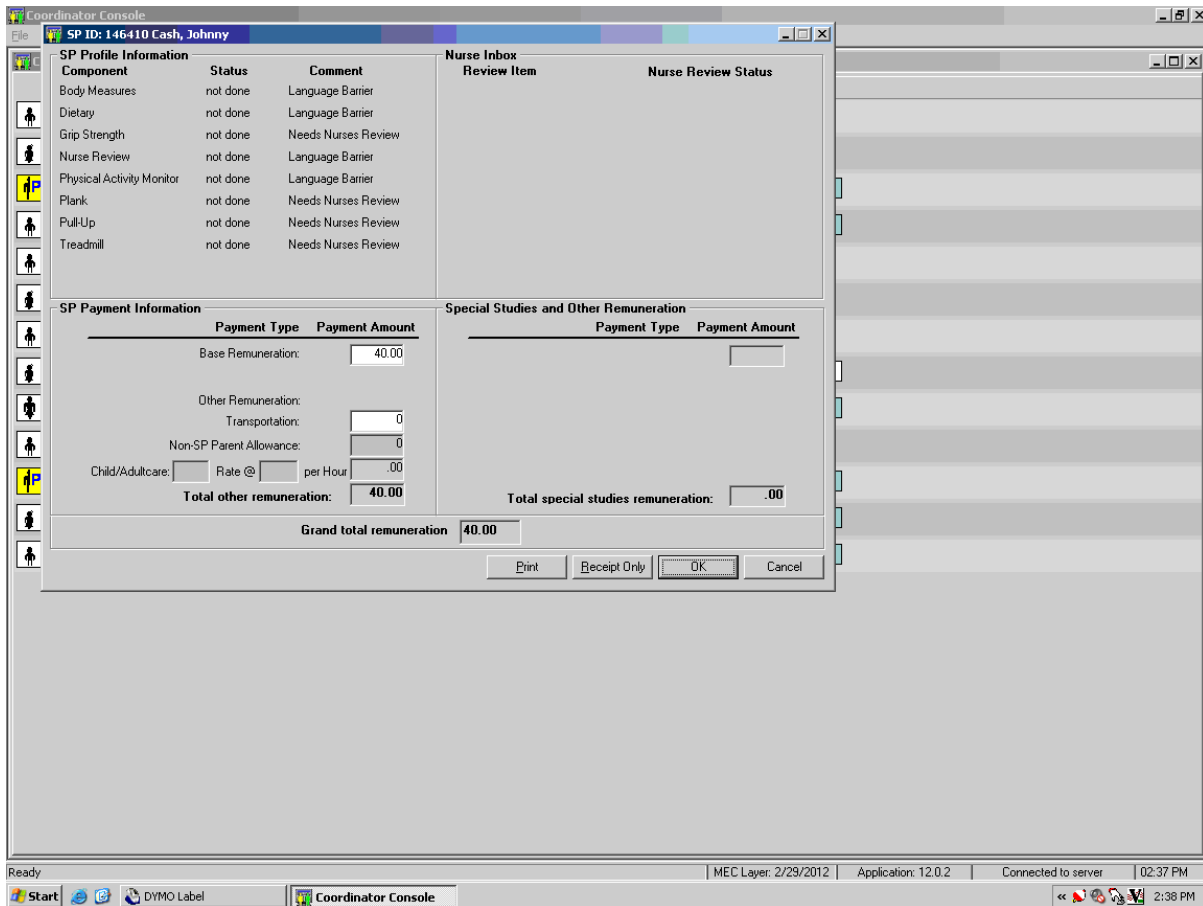
The exam profile bars should be filled for all SPs except those for whom exams could not be completed. When the staff has confirmed that all components are completed or cannot be completed within the session, the check-out process may be initiated by selecting the SP Check-Out screen from the SP menu on the Coordinator application. If exam components have not been completed, the staff will be presented with the Pre-Check-Out component status window and the component status will be shown as Not Done. If the incomplete components were not completed for the same reason, the staff should select the appropriate Comment code and proceed with Check-Out. If the components were not completed for different reasons, the staff will need to select a Comment code for each component separately before proceeding to the Check-Out screen. If the Pre-Check-Out method is used, all incomplete components will update to Not Done, with the comment code selected by the staff.

The Check-Out screen (Exhibit 3-9) contains four areas of interest. In the upper left-hand area of the screen, a profile of the SP exams and Status and Comment codes will be displayed. This serves as a final check that all exams received a Status and Comment code. The upper right-hand area of the screen contains the Nurse Review drop-down and displays items referred for review and the review status of those items. Items with an incomplete review status will prevent the Check-out screen from proceeding. The staff will need to discuss the status of any incomplete review items with the nurse to resolve the situation.

The lower left-hand area of the Check-Out Screen contains the remuneration information for the SP. This pane shows the base payment to the SP, the transportation allowance, parent payment, and child-care/adult care fields.

The transportation field will show a specific payment amount if the SPs provided their own transportation to the MC instead of using prepaid taxi service. The parent payment field will show an amount to be paid when the parent accompanies the child to the MC. **Only one SP parent payment per family is allowed.** The child-care/adult-care field will show a payment due if the field office made an arrangement to pay the SP for child-care or adult-care services needed for the exam visit. A basic hourly rate is established for each stand. The staff will ask for the number of hours of care and enter the reported number of hours. A maximum of 4 hours is allowed. The system will produce a total child-care/adult-care amount in the Payment Amount column. The grand total remuneration is displayed at the bottom of this pane.

Exhibit 3-9. Check-out screen



The lower right hand area of the screen is not currently used for the NYFS.

3.3.2 Transportation Arrangements

The last responsibility in the exit process is to ensure that the SP has transportation home. Most SPs have their own transportation and will leave the exam center as soon as their exit process is completed. SPs using taxis provided by the study may have to wait for the taxi to arrive after completing the exit process. If the taxi does not arrive in a timely fashion the staff should try one more time to request the taxi. Further delay should be reported to the field office manager, who can assist in resolving the problem through a company representative. In addition, should the staff encounter a problem with the driver of the taxi regarding the destination of examinee or payment of the fare, the field office manager should be notified of the disagreement and a resolution, or be asked to intervene in solving the problem.

The team members must remain in the exam center until all SPs have exited the MC. The staff should make a point to thank all SPs and parents for their participation. If the exams end early, the staff are responsible for verifying with the field office that no more SPs are expected for that day.

3.3.3 Referrals

While no medical diagnostics are being performed, some SPs may require a referral to local physicians if they incur an injury during the exams or had an unexpected incident resulting from the physical activity. The nurse manager is responsible for discussing these findings with the SP and parent, and for making a medical referral to the SP's physician. Parents of SPs may elect to seek follow-up care from their own physicians. Parents of SPs without care providers may elect to accept a referral to a local provider who has agreed to accept SPs referred from the survey. The nurse will discuss the need and recommendation for the referral, and will assist the SP's parent in contacting the care provider. Arrangements for making referrals are completed as part of the advance arrangement activities for the stand. The exam team will be briefed on the procedures at the start of the stand.

If indicated, the nurse will produce a referral letter for the SP to take to his or her health care provider. The referral letter is printed at the coordinator station with the Report of Findings (RoF) and should be included in the RoF envelope. Refer to the *Nurse Review Program Manual* for more details.

Problems with the referral process should be reported immediately to the MEC manager, the field office, and the home office so that the issues can be addressed quickly. Delays in addressing referral problems may interfere with the ability to provide sample persons with timely information and could result in an inefficient referral process.

3.3.4 Coordinator SP Check-Out Package

When the SP is checked out of the session, the Check-out Package is printed which includes several documents.


1. NCHS cover letter;
2. Report of Findings;
3. Reminder for returning the PAM;

4. Any referral letters generated by the treadmill exam or other SP incidents; and
5. Receipt for remuneration.

3.3.5 NCHS Cover Letter

A letter from NCHS thanking the SP for their participation is printed, which includes instructions to contact Dr. Kathryn Porter at a toll-free telephone number if the parent and/or SP have any questions or concerns. It is printed on CDC/Dept. of Health and Human Services letterhead (Exhibit 3-10).

Exhibit 3-10. NCHS ROF cover letter

	DEPARTMENT OF HEALTH & HUMAN SERVICES	Centers for Disease Control and Prevention
	National Health and Nutrition Examination Survey	National Center for Health Statistics 3311 Toledo Rd. Hyattsville, Maryland 20782

2/2/2012

Carissa Torres
574 Belvedere St
Richmond, VA 23173

Dear Parent or Guardian,


We appreciate your child's participation in the National Youth Fitness Survey conducted by the National Health for Statistics, part of the Centers for Disease Control and Prevention. By taking part in this study, your child has helped add to our knowledge about the physical fitness of children and adolescents living in the United States. The information we collect will be used to evaluate guidelines for physical activity and to improve programs that promote healthy lifestyles for American children.

The attached report contains your child's height, weight and body mass measurements and the results of the physical activities that were tested today.

If you have any questions about the evaluation of your child's physical activity level listed in the report, you can reach me on one of our toll-free numbers below between 8:30 AM and 6:00 PM Eastern Time, Monday through Friday.

English: 1-800-452-6115, press "2"	Chinese: 1-866-887-7996, press "1"
Spanish: 1-800-452-6115, press "3"	Korean: 1-866-887-7996, press "2"
	Vietnamese: 1-866-887-7996, press "3"

Sincerely,



Kathryn S. Porter, M.D., M.S.
Medical Officer

Enclosure

737108

3.3.6 Report of Findings (ROF)

SPs will receive a report with findings from the examination. Test results that are given to the SP include height, weight, BMI, muscle strength, cardiac for 12-15-year-olds, and number of pull-ups.

The Report of Findings may be printed at any time by clicking on the “Print” button at the bottom of the Check-out screen. A flag on the coordinator screen indicates when all exams that comprise the Report of Findings are complete. If the SP does not want a copy of his or her findings, the report should not be printed and the nurse manager should record this decision on the RoF screen.

Exhibit 3-11. Report of Findings

The screenshot displays a report titled "NHANES National Youth Fitness Survey Report of Findings" for participant Carissa Torres. It includes a disclaimer, personal information, body measurements (Height: 3 ft. 3 in., Weight: 176.4 lbs., BMI: 80.0), muscle strength (50.7 lbs.), and modified pull-up results. The report is dated 10/21/2011 and includes the NCHS logo and contact information at the bottom.

NHANES National Youth Fitness Survey
Report of Findings

These measurements were obtained as part of a survey and do not represent a medical diagnosis. Interpretation of these measurements must be made by a physician.

Date of Examination: 10/21/2011
Participant Name: Carissa Torres
Participant Age at Interview: 9 years
Participant Age at Exam: 10 years
Participant Gender: Female
SP ID: 737108

Body Measurements

Height: 3 ft. 3 in.
Weight: 176.4 lbs.
Body Mass Index (BMI): 80.0

Based on your child's age, gender and height, her weight is above the range of a healthy weight, and she may be obese.

Muscle Strength

Your grip strength measured by a dynamometer was 50.7 lbs. Compared with other people of your age and sex, your muscle strength level is below average.

The classification is based on reference data from the Canada Fitness Survey Longitudinal Study.

These test results are just for your personal information. They cannot be used to diagnose any disease. The results depend on how you did today, and on your level of physical fitness. Sometimes reduced hand muscle strength may be caused by pain or arthritis in the hands or other health problems.

Modified Pull-up

The fitness level of muscles is important for injury prevention and overall body function. A minimum level of fitness for the modified pull-up based on your child's age and gender begins at 4. Your child completed 4 pull-ups. To be healthy and fit, it is important that your child do some physical activity every day.

nchs Carissa Torres, 9 years, Female, 737108, 10/21/2011
Centers for Disease Control and Prevention, NCHS 3311 Toledo Road, Room 4323, Hyattsville, Maryland 20782 Page 1

3.3.7 Referral Letters

Referral letters are printed at the coordinator computer: one letter is printed and signed by the nurse and placed in the RoF envelope. This copy is intended for the SP to share with their health care provider. The second copy is printed with the Check-out package for the SP's record.

3.3.8 PAM Reminder


The Check-out package also includes a reminder for the SP's parent to mail the physical activity monitor (PAM) back to Westat on the 8th day after the MC exam. A self-addressed padded envelope is given to the parent at the time the SP is fitted for the PAM. A check for \$40 is sent in the SP's name as soon as the monitor is received by Westat.

3.3.9 Remuneration Receipt

The remuneration receipt (Exhibit 3-12) is the only form from the Check-out package that is retained at the MC. Payment is made in cash directly to the SP's parent. The nurse manager asks the SP's parent to sign the receipt at the time the cash for remuneration is provided. The receipts for each session are filed together and the nurse manager takes these receipts to the field office.

The Check-out documents are placed (with the exception of the remuneration receipt) in a large opaque envelope. The check-out examiner collects any vouchers and obtains a signed receipt for each SP's payment from the SP's parent.

Exhibit 3-12. Remuneration Form

	National Health and Nutrition Examination Survey
SP: 977009	
SP Name: SONO SMITH	
Date of Exam: 02/02/2012	
Payment Type	Payment Amount
Basic Remuneration:	\$500.00
<hr/>	
Total Payment:	\$500.00
<hr/>	
Please sign here to acknowledge receipt of payment	
<small>200912 10:00:00</small>	

3.3.10 Check-out Partial Examinations

When checking out an SP who is at the MEC for a partial exam you will need to manually enter several incentive amounts. Only the transportation incentive will be prefilled on the check-out screen if it has been authorized by the field office. The incentive amounts for the partial exams are as follows.

1. Base Remuneration = Will be determined by the field office in advance;
2. Transportation = Amount will be prefilled, if authorized by the field office;
3. Non-SP Parent Amount = \$20 if authorized by the field office; and
4. Child/Adult Care = If authorized by the field office, ask for the number of hours of care and enter the reported number of hours up to a 4-hour maximum.

Exhibit 3-13. Check-out screen for partial exam

The screenshot shows the 'Coordinator Console' application window. The main area is titled 'SP Payment Information' and is divided into several sections:

- SP Profile Information:** A table with columns 'Component', 'Status', and 'Comment'. The components listed are Body Measures, Dietary, Grip Strength, Lower Body Muscle Strength, Nurse Review, Physical Activity Monitor, Plank, Pull-Up, and Treadmill, all with a status of 'complete'.
- Physician Inbox:** A table with columns 'Review Item' and 'Physician Review Status', currently empty.
- SP Payment Information:** A table with columns 'Payment Type' and 'Payment Amount'.

Payment Type	Payment Amount
Base Remuneration:	25.00
Other Remuneration:	
Transportation:	5.00
Non-SP Parent Allowance:	0
Child/Adult Care: 0 Hr @ 0 per Hour	.00
Total other remuneration:	55.00
- Special Studies and Other Remuneration:** A table with columns 'Payment Type' and 'Payment Amount'.

Payment Type	Payment Amount

Total special studies remuneration: .00

At the bottom of the 'SP Payment Information' section, the 'Grand total remuneration' is displayed as 55.00. Below this are buttons for 'Print', 'Receipt Only', 'OK', and 'Cancel'.

The Windows taskbar at the bottom shows the 'Start' button, 'Coordinator Console' application, and system tray icons including the time '11:09 AM'.

3.3.11 Thank You Gifts for Participants

In addition to the monetary remuneration which is given as an incentive for participating, the SPs are given a small gift as a parting “thank you.” The MC is stocked with one of several items for this purpose. The coloring books and crayons are appropriate for up to about ages 8 or 9. They may be given out earlier in the visit if the flow is backed up and the young SP is waiting for the next component as an activity to occupy the time. Depending on what has been stocked on the particular MC, other items that are available to hand out include a Frisbee, a water bottle, and a soft backpack.

3.3.12 End of Day Procedures

If the last exam for the day goes longer than expected, the nurse manager and at least one other member of the team should remain until the SP has been checked out and left. After all SPs and parents have departed the MC, the nurse manager should complete the following activities.

- Check the MC computer applications to make sure the proper status is set and equipment is turned off.
- Close the session in the Coordinator application **after** the last SP is closed-out at the end of the daily schedule.
- Print the SP Check-out Payment from the Reports menu.
 - Reconcile the petty cash drawer using the SP Check-out Payment report.
 - Add the total amount of additional payments to the total amount of SP remuneration on the report.
 - Subtract the total amount of money paid from the beginning total of the cash box. The amount (beginning total minus total paid) should equal the amount of cash on hand.
 - If there is a discrepancy between the cash on hand and the account of cash in the cash box, the discrepancy should be found before staff leave the MEC. If the discrepancy is not found, the nurse manager must close the Petty Cash application without balancing and notify the field office and the home office about the problem. The ISIS petty cash system is described in further detail in Chapter 4 and Appendix C.
- Gather the following forms: the SP Check-out payment report with the payment receipts; SP verification forms that were amended with corrections; other receipts/vouchers that may have been generated during the session.

- Shred any printed materials containing SP identifying information, including verification forms that were not amended with corrections, session preview reports, unused consents.
- Assure that the petty cash drawer and cabinet door to the safe are locked and secure. If a session package was prepared for the next day, lock it in the safe.
- Put the removable step inside the MC and **MAKE SURE THE MC DOOR IS LOCKED!**

Attachment A

National Health and Nutrition Examination Survey
(NHANES)

Nurse Manager
Daily Operations Hand Card

Attachment A

Nurse Manager-Daily Operations Hand Card

Start of Session Activities – Completed in the morning before SPs arrive

Coordinator Application

- Appointment Schedule - Review the report online to see if new SPs were scheduled since you printed the materials for the day.
- If new SPs:
 - Print the following session reports:
 1. Appointment Schedule;
 2. SP Remuneration Review;
 3. Session Preview – print a new one or make notes on the old one; and
 4. Call the MEC and tell them the name(s) of the new SP(s) to add to their copy of the Session Preview Report.
 - Print the following for each new SP:
 1. ROF SP Labels – 2; and
 2. SP Verification Sheet.

Petty Cash

- If new SPs, create incentive envelopes and adjust Cash Distribution notes.
- Lock incentive envelopes and cashbox money in the desk.

Staffing Flow

- Nurse Manager
 - Coordinate check-in, flow, and check-out when possible.
 - Document missing or late MC staff - email details to Lucy Leuchtenburg.
- Non-Manager Nurse
 - Conduct the first nurse review.
 - Help coordinate check-in, flow, and check-out as needed.
- Techs
 - Determine which technologist will take the first SP and then alternate. Swap first tech daily.
 - Help coordinate check-in, flow, and check-out as needed.
 - Restock supplies throughout the MC - if not done the day before.
 1. Gifts (backpacks, water bottles, Frisbees);
 2. Coloring books and crayons;
 3. Exam room supplies;
 4. Charge PAM monitors;
 5. Water Cooler and Cups; and
 6. Bathroom supplies (paper towels, toilet paper).

Preparations for Next Session – Completed the Day Before the Session

Coordinator Application

- Print the following reports and labels.
 - Session Package – which includes:
 1. ROF SP Labels;
 2. SP Verification Sheets; and
 3. Session Preview.
 - ROF SP Labels – 2nd set to put on the incentive envelopes
 - Session Preview – 2nd copy for the MEC coordinator
 - SP Remuneration Review
 - Appointment Schedule

**Session Preview to/from MEC – Coordinate with the MEC Coordinator to Swap Reports
Appointment Schedule - Review Report**

Check for the following items:

- Special considerations – blind, wheelchair, lift needed, etc. and comments;
- Lift – coordinate with the FES in advance if the lift will be needed;
- Consents – see if you will need to consent any SPs;
- Interpreters – the field office will manage and pay interpreters but be aware that you will have an interpreter and make sure that you have the interpreter manuals handy; and
- Taxi – see if any SPs will need a taxi.

**Prepare Incentives Envelopes – Use the SP Remuneration Review to Prepare Envelopes
Restock Supplies Throughout the MC**

- Gifts (backpacks, water bottles, Frisbees);
- Coloring books and crayons;
- Exam room supplies;
- Charge PAM monitors;
- Water Cooler and Cups; and
- Bathroom supplies (paper towels, toilet paper) – cleaning crew should do this but let FES know if you are running low.

End of Session Activities (Nurse Manager)

These are completed at the end of each day, but may be done the next morning if no appointments are scheduled for the first few hours.

Coordinator

- Print the SP Checkout Payment Report.

Petty Cash Reconciliation

- Using the SP Checkout Payment Report, confirm all receipts are accounted for.
- Count all cash to determine your Cash on Hand. Make sure to include:
 - Incentive Envelopes (unused) – leftover from No Show SPs;
 - Incentive Envelopes (next session) – envelopes created for the next day;
 - Cashbox – unused cash still in the box; and
 - Safe Cash – additional cash in the MC safe.
- In the PC application, click the Reconcile menu option:
 - Review Balance Account box and make sure amounts match your notes and expectations.
 - Make sure that you have receipts for all entries.
 - Enter your Cash on Hand.
 - Make sure that the difference is 0, if not recount.
 - Click Finish to complete the reconciliation. Two reports (Reconciliation Summary and Reconciliation Details) will print.
 - Staple together the following and give to OM when you go to the FO:
 1. Reconciliation Summary Report;
 2. Reconciliation Details Report;
 3. Receipts reconciled during this transaction; and
 4. Receipts for any petty cash expenditures.

- Cashbox – Set aside cashbox money to use for unexpected expenses (new SPs added at the last minute and childcare). Start with a total of \$380 in the following denominations, if possible:
 - \$50 = 2
 - \$20 = 10
 - \$10 = 5
 - \$5 = 5
 - \$1 = 5
- Record Cash Distribution – Note how much cash you have in the following categories each time you reconcile. Make two copies, one that you leave in the safe and one for the nurse manager to keep.
 - Incentive Envelopes;
 - Cashbox; and
 - Safe Cash – additional cash that you have in the MC safe.

Appointment Schedule

Assess the upcoming Appointment Schedule for the next several days and determine if you are going to need addition petty cash. If more money is needed, contact the OM to discuss possible amounts and to set up a time to pickup more cash.

Attachment B

**National Health and Nutrition Examination Survey
(NHANES)**

Consent Procedures

ATTACHMENT B. CONSENT PROCEDURES

B.1 Consent Brochure and Forms for Parents/Guardians and SPs

The purpose of the consent brochure is to provide selected participants an overview of the National Youth Fitness Survey (NYFS), the activities they will be asked to participate in, and to answer questions that they might have about confidentiality, costs, and safety. The brochures contain pictures of a diverse group of people in various interview and examination situations. The brochure informs the parents and youth SPs about the voluntary nature of the survey to ensure that they agree to participate.

You should give the brochure to both the parents and youth. The text of the brochure must be reviewed by the youth OR, if the youth cannot read, the interviewer must review the brochure with him or her.

Other materials reviewed during the consent administration process include:

- The Health Measurements List – An explanation of the exam components in the NYFS, including the specific exams SPs in each age category will receive and for which ones they will get their results;
- The Consent/Assent and Parental Permission for the Examination at the Mobile Exam Center – This form is signed by the parent or guardian of every survey participant and survey participants between the ages of 12 and 15 years old;
- The Assent Form – This contains the same information, but in simpler language, as the Consent/Assent and Parental Permission form and is signed by survey participants between the ages of 7 and 11 years old.
- Home Interview Assent for Physical Activity Questions for Participants 12-15 years Old – This form, signed by both the parent or guardian and the SP 12-15 years old provides permission for the SP to be interviewed about his or her level of physical activity. [This does not need to be administered on the mobile center (MC).]

B.2 The Health Measurements List

The parent/guardian and SP should be shown the Health Measurements List (Exhibit B-1) along with the Consent Brochure. You should explain that the youth will only do those activities described for his or her age category and will receive the results for those activities marked with a diamond (◆). The parent will be asked for information for those items marked with a “P.”

B.3 Consent/Assent and Parental Permission for the NYFS Examination

The Consent/Assent form (Exhibit B-2) has several areas for signatures. Use the following guidelines to complete the signature process for the parent or guardian of 3 to 6 year olds.

For SPs 3-6 Years Old

- **Print** the name of the SP on the line provided.
- Have the **parent or guardian** of the SP read the statement, and **sign** and date the form in the area labeled **“Parent or Guardian of the Survey Participant who is Under 18 Years Old.”**
- Sign your name on the line entitled “Name of staff member.”
- “Witness (if required)” refers to any witness used during the consent process. For example, if a respondent cannot read, read the whole brochure to him or her in the presence of a witness. If a respondent cannot read or write, have a witness testify that the respondent has been read the form information and consents to participate in the examination. In both cases, print the full name of the witness on the appropriate line and date the form.
- Record the SPs 6-digit SP ID number.

Exhibit B-1. NYFS Health Measurements List

National Youth Fitness Survey Health Measurements List

You will receive the results of health measures shown with a black diamond (◆).
The adult accompanying the child will provide information shown with a (P). The adult accompanying the child will be asked questions about the child to make sure all measurements are safe.

Children ages 3-5 years will receive:

- Height, weight, and other measures of growth and development ◆
- A physical activity monitor to wear for 7 days to be mailed back in a prepaid envelope
- A measurement of abdominal or core muscle strength
- A measurement of upper body muscle strength (age 5 years only) ◆
- An assessment of coordination and balance
- An interview related to your child's eating habits (P)

Children ages 6-11 years will receive:

- Height, weight, and other measures of growth and development ◆
- A physical activity monitor to wear for 7 days to be mailed back in a prepaid envelope
- A measurement of abdominal or core muscle strength
- A measurement of lower body muscle strength
- A measurement of grip strength (ages 7-11 years only) ◆
- A measurement of upper body muscle strength ◆
- A treadmill fitness measure consisting of walking and running
- An interview related to your child's eating habits (P)

Children ages 12-15 years will receive:

- Height, weight, and other measures of growth and development ◆
- A physical activity monitor to wear for 7 days to be mailed back in a prepaid envelope
- A measurement of abdominal or core muscle strength
- A measurement of lower body muscle strength
- A measurement of grip strength ◆
- A measurement of upper body muscle strength ◆
- A treadmill fitness measure consisting of walking ◆
- An interview related to your child's eating habits
- An interview related to your child's physical activity
- Questions about smoking, alcohol and drug use

[You will answer these questions on a touch screen computer that does not include your name.]

If you have questions about getting your results, please call 1-800-452-6115.

Exhibit B-2. Consent/Assent and Parental Permission for the Examination at the Mobile Examination Center

NYFS

OMB # 0920-0237

NATIONAL YOUTH FITNESS SURVEY

CONSENT/ASSENT AND PARENTAL PERMISSION FOR EXAMINATION AT THE MOBILE EXAMINATION CENTER

Print name of participant _____
First Middle Last

PARENT OR GUARDIAN OF SURVEY PARTICIPANT WHO IS UNDER 18 YEARS OLD:

For the Parent or Guardian of the Survey Participant who is a minor (unless the participant is an emancipated minor):

I have read the Examination Brochure and the Health Measurements List which explain the nature and purpose of the survey. I freely choose to let my child take part in the survey.

Signature of parent/guardian Date

SURVEY PARTICIPANT WHO IS 12 YEARS OLD OR OLDER:

I have read the Examination Brochure and the Health Measurements List which explain the nature and purpose of the survey. I freely choose to take part in the survey.

Signature of participant Date

I observed the interviewer read this form to the person named above and he/she agreed to participate by signing or marking this form.

Witness (if required) Date

Name of staff member present when this form was signed:

Assurance of Confidentiality – All information which would permit identification of an individual, a practice, or an establishment will be held confidential, will be used only by NCHS staff, contractors, and other agents authorized by NCHS to perform statistical activities, only when required and with necessary controls, and will not be disclosed or released to other persons without the consent of the individual or establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m) and the Confidential Information Protection and Statistical Efficiency Act (PL-107-347). By law, every employee as well as every agent has taken an oath and is subject to a jail term of up to five years, a fine of up to \$250,000, or both if he or she willfully discloses ANY identifiable information about you.

SP ID

October 2011

For SPs 12-17 Years Old

- Have the **parent or guardian** of the SP read the statement, and **sign** and date the form in the area labeled “**For the Parent or Guardian of the Survey Participant who is Under 18 Years Old.**” This form must be signed by the parent or guardian unless the SP is an emancipated minor (check with your supervisor about the rules for determining emancipation in the state where you are working). If the SP is an emancipated minor, the “emancipated minor” box **must** be checked. This box appears next to the statement in parentheses that says, “Unless the participant is an emancipated minor” under the general heading for the parents and guardian signature.
- Have the SP sign and date the form in the space labeled “**Survey Participant Who is 12 Years Old or Older.**” Remember that the SP must sign the form in the presence of the interviewer or after being led through the consent process by the exam staff on the MC. The form cannot be left with the respondent for the child to sign and bring to the MC. If the form was not signed by the 12-15 year old at the home visit, the field office staff will provide the copy that the parent signed at the time the SP arrives at the MC for the exam.

For SPs 7-11 Years Old

Follow the rules mentioned above for gaining parental/guardian permission for SPs 7-11 to be examined and obtaining their signature on the Consent form. However, an SP who is 7-11 years old has a separate assent form, the NYFS Assent Form (Exhibit B-3) that he or she needs to read and sign. You may need to help some young children who don't read well to get through it.

Remember the **parent or guardian** of the child must read the SP Consent/Assent/Parental Permission brochure and sign the Consent/Assent and Parental Permission form (Exhibit B-1) before you can approach the child for his or her assent or permission to be examined. The Assent form must be signed in the presence of the interviewer or the MC staff. It **cannot** be left with the parent for the child to sign and bring to the MC.

Allow the SP adequate time to read the brochure including the Assent Form **thoroughly**. After the SP has completed the form, review it carefully to assure that all appropriate information has been filled out completely.

Exhibit B-3. NYFS Assent Form

NYFS

OMB # 0920-0237

National Youth Fitness Survey

ASSENT FORM

Your parent says that you can take part in the National Youth Fitness Survey, a study that measures strength and skills that are part of exercising. It is important that kids are able to take part in physical activities so that they have good health when they are young and when they grow up. We will weigh and measure you, ask you to walk and run on a treadmill, do exercises, and wear a special monitor for a week to record your body movement. You may feel tired or sore after the study, like you do after you exercise or play.

Only you, your parents, and the people who work on the study will know your individual results.

This part of the study will take about 1 and a half hours.

You do not have to do this study if you do not want to. You can stop at any time and during any part of the study. If you have questions about this study, or if you have any questions during the study, please ask any adult who is working on this study.

If you want to take part in the study, write your name below.

Print first, middle, last name of participant

Signature of participant 7-11 years old

Date

I observed the examiner read this form to the person named above and he/she agreed to participate by signing or marking this form.

Witness

Date

Name of staff member present when this form was signed:

SP ID

October 2011

Use the following guidelines to complete the signature process:

- Have the child sign the form on the line entitled “Signature of participant 7-11 years old” and complete the date;
- Print the full name of the child on the lines provided;
- Sign your name on the line entitled “Name of staff member present”;
- Print the child’s 6 digit SP ID in the space provided; and
- Note that SPs who are 7-11 years old must sign the form in the presence of the interviewer or exam staff on the MC. The form cannot be left with the respondent for the child to sign and bring to the MC.

4. INTEGRATED SURVEY INFORMATION SYSTEM (ISIS) USER GUIDE

4.1 Network Overview

ISIS provides the automated data collection and reporting of interviews and examinations from geographically dispersed locations, referred to as “stands,” across the U.S. ISIS supports up to three active field offices (FO), two active NHANES mobile examination centers (MECs) one active NYFS mobile center (MC), the Westat home office (HO), and the Division of Health and Nutrition Examination Survey (DHANES).

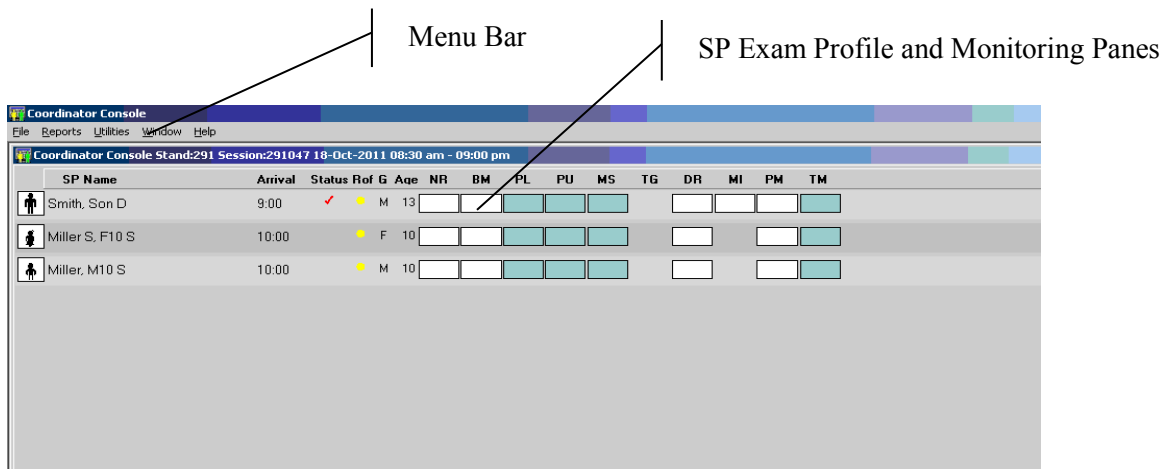
ISIS links the MC workstations in the exam rooms with the coordinator station to enable management of SPs and exam components.

4.2 MC Coordinator Overview

The MC Coordinator application is designed to manage survey participants (SPs) from the time they enter the MC, through their exams, and finally check-out. The MC Coordinator application receives appointments scheduled by the field office’s Appointment Management Subsystem (AMS) and determines the appropriate examination program, called a “profile,” based on gender and age at the time of the household interview. The Coordinator tracks each SP through the MC by monitoring exam component status using responses from the examination workstations This enables the nurse manager to manage the flow of SPs to the next component assignment. The Coordinator also uses information from the AMS for managing the check-out procedures.

The Coordinator screen, illustrated below (Exhibit 4-1), is organized into two major panes and a menu bar.

Exhibit 4-1. Coordinator screen



- The Menu Bar provides access to options detailed in the following sections of this user guide.
- The SP Exam Profile and Monitoring panes display each SP exam profile, current status, and examination progress. (The exhibit screen shows three scheduled SPs). The Examination Profile pane is designed to assist the coordinator to assess the availability of examination components against the required examination profiles for each SP, and to manage the movement of SPs and staff.

4.2.1 System Blocking and Exclusions

Based on the household interview and nurse review with the SP at the MC, specified examinations may be “blocked” or excluded for the SP due to medical, SP nonconsent, or safety considerations. Some examinations may become “unblocked” when medical conditions are verified as not an exclusion.

4.3 MC Workstations

4.3.1 Workstation Start-up

The workstation start-up procedures are rarely necessary since the workstations will remain powered and running for the stand duration. However, at times the workstation must be completely shut down and restarted to resolve connectivity and other operating issues.

In the event that a workstation requires a startup, follow these procedures.

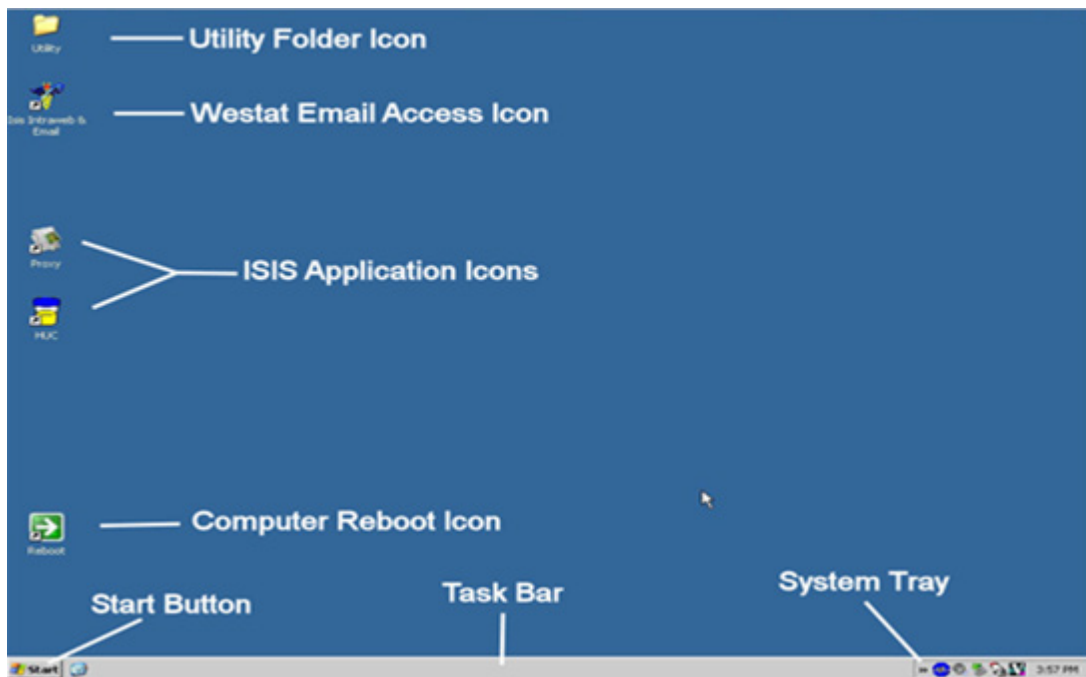
1. Locate and press the power button on the hard drive.
2. Turn on the monitor.
 - Locate and press the power button.
 - A small green light located near the power button will light if the monitor's power line is connected.

4.3.2 Workstation Desktop

A workstation laptop is located in each of the three exam rooms in addition to the coordinator workstation. After workstation startup, the MC desktop appears. The desktop is specially tailored to support the specific MC examinations or functions conducted in the room where it is located.

The desktop holds “shortcuts” to frequently used programs, such as the examination components. Shortcuts are icons that represent a file or program located within the computer or network. Descriptions of the items that appear on all examination workstations are shown as Exhibit 4-2.

Exhibit 4-2. MC desktop

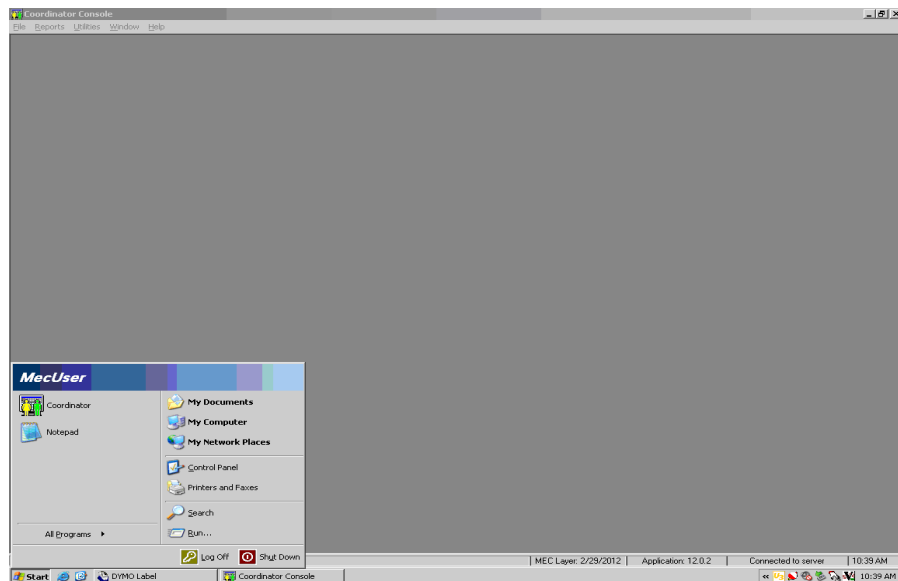


- **Utility Folder Icon** – Double click the Utility Folder icon to access important resources for use in the MC, including icons for applications linked to the training database and stand-alone mode.
- **Westat Email Access Icon** – Double click this icon to open a page to log into the Westat email system.
- **ISIS Application Icons** – Such as Proxy, Plank, Modified Pull-up, and Treadmill.
 - Each examination has its own tailored icon. Double-click on the icon to open the examination program.
- **Start Button** – Displays a menu containing Windows files, applications, and options.
- **Task Bar** – Displays any currently running applications, the Start button, and the system tray.
- **System Tray** – Holds icons for applications that run in the background. These applications usually automatically run when the computer is turned on. The PrintKey allows examiners to make a copy of screen displays to document database or program error messages.

4.3.3 The Start Button

Click the Start button to view a menu containing everything needed to begin using Windows (Exhibit 4-3).

Exhibit 4-3. Desktop showing menu options MC User



The menu options include:

- **Shut Down** – Shuts down menu options.
- **Log Off** – Logs the current user off the computer.
- **Search** – Searches for and locates files.
- **Run** – A way to start an application (not commonly used).
- **My Documents** – Displays a list of previously opened documents.
- **My Computer** – Displays a list of network resources including different drives on the computer.
- **My Network Places** – Displays a list of networks connected to the computer.
- **Control Panel** – Contains settings and options for the computer.
- **Printers and Faxes** – Displays a list of printers available to the computer.
- **ISIS Application Icons** – Such as Nurse Review, Plank, and Modified Pull-up; an alternate way to start ISIS applications.
- **Reboot** – Reboots the computer.
- **All Programs** – Expands to display more options available to the user.

The Start button menu expands as programs are added to the system. Note the highlighted selections. The Start button menu expands when a small black arrow is shown on the right margin of the menu (Exhibit 4-4).

4.3.4 Right Mouse Button Menus

The right mouse menu on the desktop appears when right-clicked anywhere on the desktop, as shown in Exhibit 4-5.

Exhibit 4-4. The MEC User tray

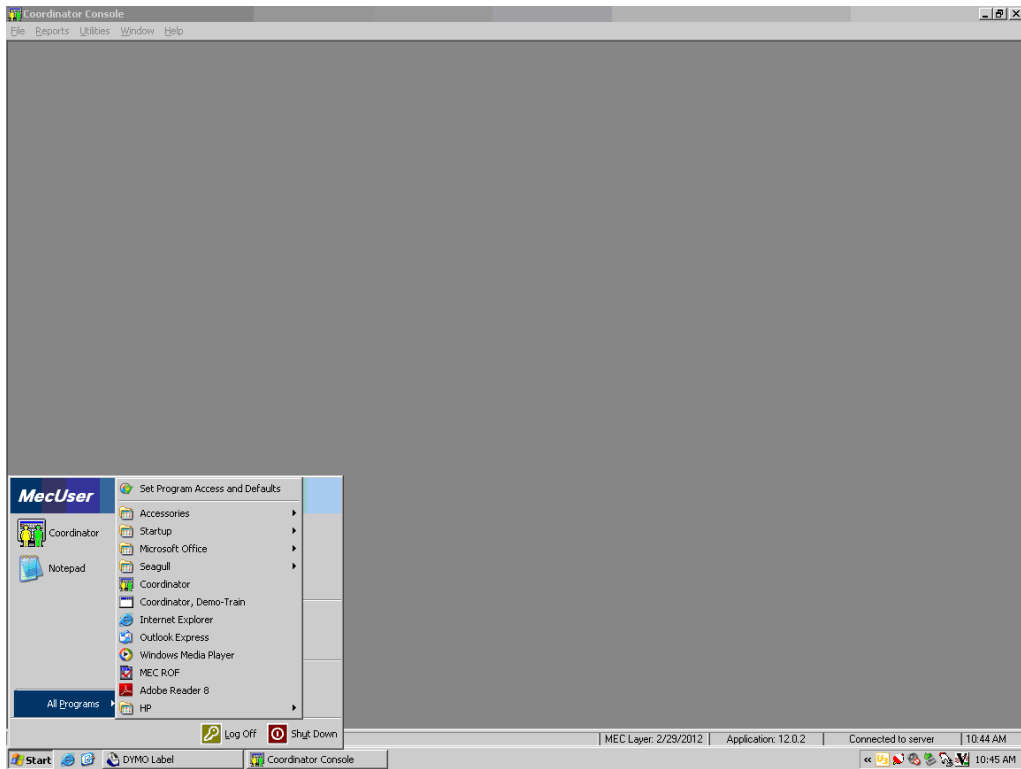
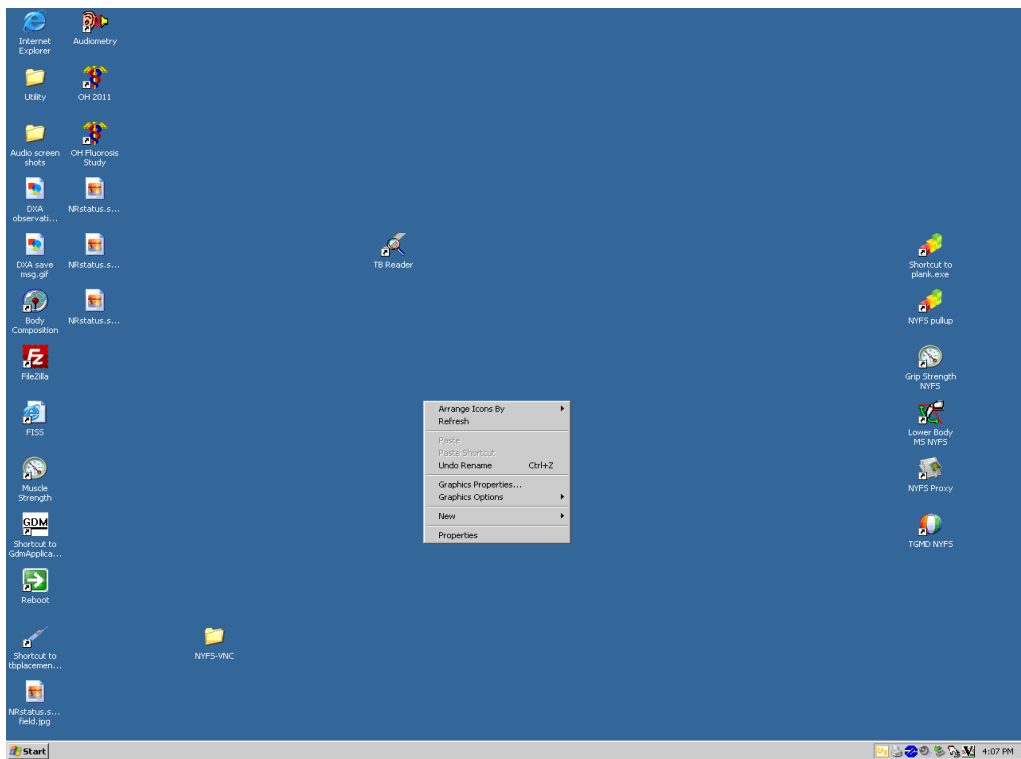


Exhibit 4-5. Right mouse button menus



- **Arrange Icons** – Expands to provide options to display the icons.
- **Refresh** – Visually refreshes the desktop.
- **Paste** – Will place the contents of the clipboard onto the desktop. Not used in MC environment
- **Paste Shortcut** – Places a shortcut of the item in the clipboard on the desktop. Not used in MC environment.
- **Graphics Properties** – Requires two displays to be connected to the computer to be used.
- **Graphics Options** – Changes orientation of icons on desktop.
- **New** – Provides a menu of items from which to create, such as a new folder or document.
- **Properties** – Shows the Display Properties window to view and change several properties, such as window appearance, background, and colors. Some, if not all properties, will be disabled to ensure consistent appearance of all MC workstations.

4.3.5 End of Day Procedures

Reboot the computer at the end of each workday. To reboot the computer, click on the Reboot icon (Exhibit 4-6) and wait for the system to shut down.

Exhibit 4-6. Reboot icon



The system can malfunction, such as when it fails to respond to keyboard or mouse commands. Contact the data manager who will provide further instructions.

To Shut Down or Restart the Workstation (Exhibit 4-7):

- Click on the “Start” button on the Taskbar.
- Select “Shut down” from the Start Menu.

Exhibit 4-7. Shut down Windows

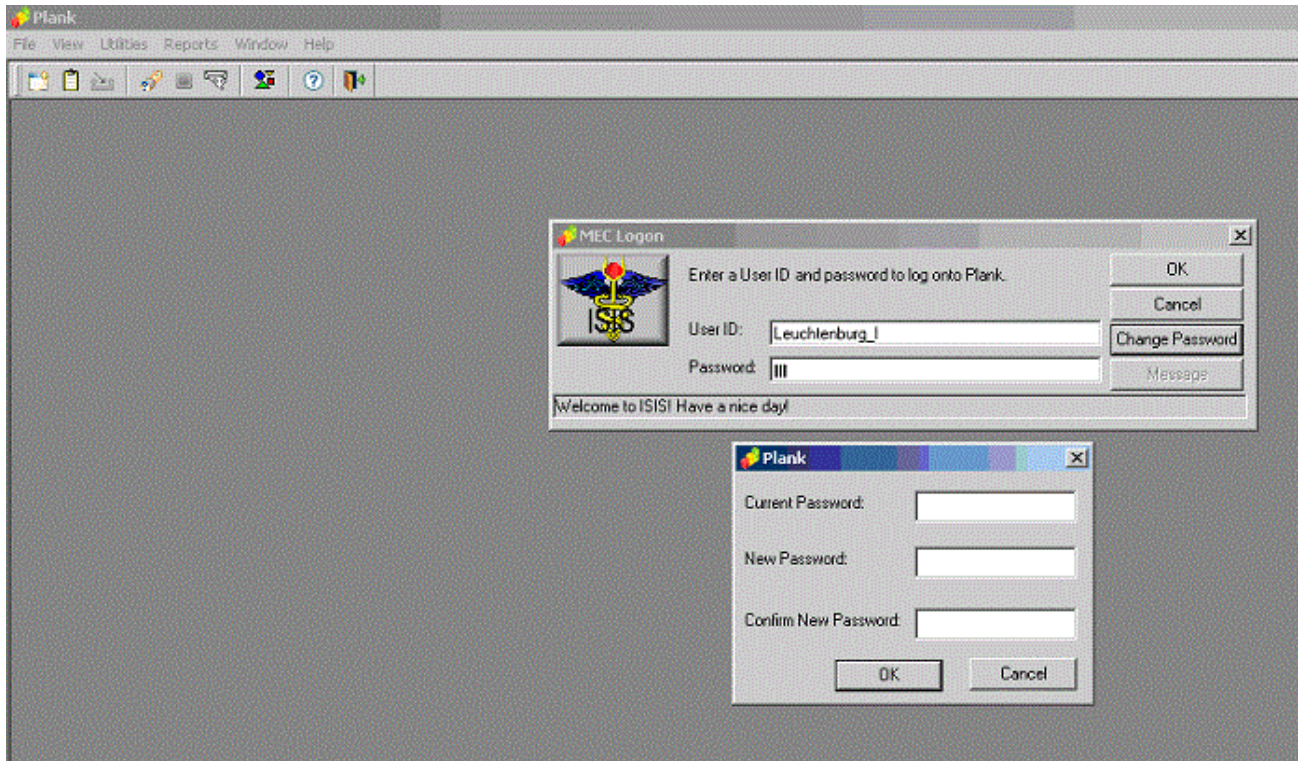


- The dialog box, shown below, appears.
- To shut down the system completely, select “Shut down.”
- Wait for the message indicating that it is safe to turn off the computer.
- To restart the system without shutting down, select “Restart.”
- The system will restart automatically.

4.3.6 Changing Personal Passwords

All examination actions within the MC are traced with the Logon User ID and Password. Protecting personal passwords prevents unauthorized entry and malicious actions to the ISIS system. Do not share passwords for any reason as this could jeopardize much more than study data. After entering the password and before pressing OK, change the password by clicking on the “Change Password” button. The Change Password dialog box appears (Exhibit 4-8).

Exhibit 4-8. Password change



Enter the current password for access verification, followed by the new password. Confirm the new password and press OK.

4.4 MC Exam Applications

MC applications are custom built for each specific component but have the same “look and feel.” These features and characteristics are described below.

4.4.1 Examiner Logon

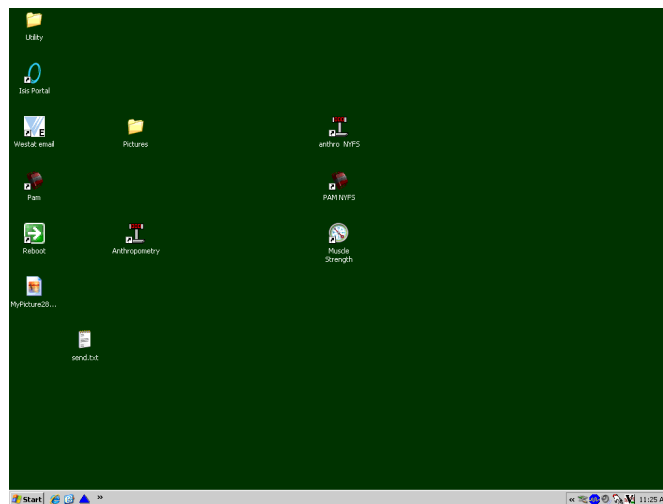
Each examiner is required to logon for each component that they are testing with an SP. Body Measurements and Treadmill also have a second log-in option that records the “operator” (for treadmill) and “recorder” (for Body Measures).

Type last name, underscore, first initial in the User ID space, and [Tab] or [Enter]. Enter the password using the keyboard keys and press [Tab], [Enter], or direct the arrow to the OK button and left click. To exit this screen without entering a password, direct the arrow to the Cancel button and left click. Examiner logoff is automatic at the end of the session.

4.4.2 Open Component Applications

The responses to the Nurse Review will open the applications that the SP is eligible for on the relevant workstations. Click on the application shown on the screen that the SP is eligible for to begin the exam (Exhibit 4-9).

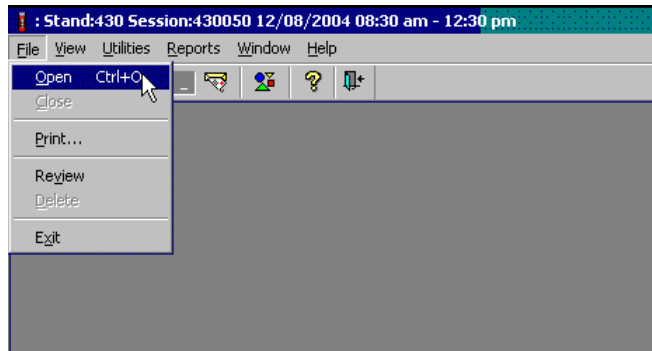
Exhibit 4-9. Application icon



4.4.3 Open an Exam

To open an exam (Exhibit 4-10), direct the mouse arrow to File in the menu bar, left click, drag the arrow to Open and left click, or type [Alt] [F/f], [O/o], or [Ctrl] [O/o].

Exhibit 4-10. Opening exam



Log the SP into the exam component (Exhibit 4-11).

Exhibit 4-11. SP Logon

A screenshot of a dialog box titled 'SP Login'. It contains the following fields and controls:

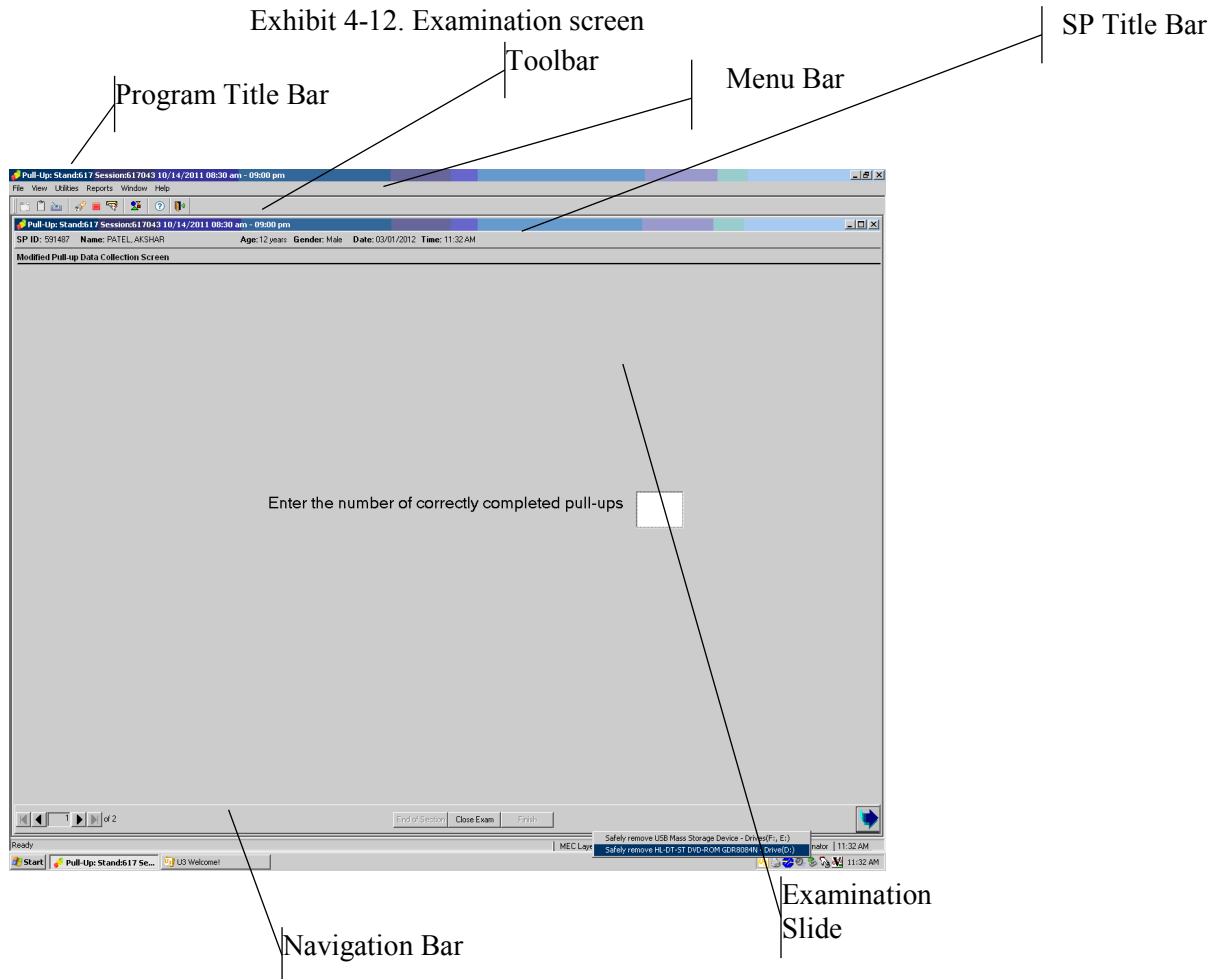
- Sample Person ID:** Text box containing '840864'.
- Sample Person Name:** Dropdown menu showing '840864 - Training20'.
- Last Name:** Text box containing 'TRAINING20'. **Suffix:** Empty text box.
- First Name:** Text box containing 'SARAHMC'. **Middle Name:** Empty text box.
- Date of Birth:** Text box containing '07/01/1999'.
- Gender:** Text box containing 'Female'. **Age at Interview:** Text box containing '12 years'.
- Special Considerations:** Empty text box.
- Buttons at the bottom: 'Retrieve', 'OK', and 'Cancel'.

The SP Logon window displays for the SP assigned to the component. To log the SP into the component, make sure the cursor is positioned in the Sample Person ID field and then wand the SP barcode from the SP Information Sheet. To continue, select [Enter] or direct the mouse arrow to the OK button and left click. To cancel the Logon process and to remove the window, direct the mouse arrow to the Cancel button and left click.

Verify all information that appears on the SP Logon window. If there is an error in any of this information, inform the nurse manager immediately. The manager will verify and correct the information as necessary.

4.4.4 Examination Screen Overview

The first examination screen appears after an SP is logged in or an existing record is opened. This example screen, shown as Exhibit 4-12, displays the basic visual appearance and design used throughout all MC components.



- **Program Title Bar** – Shows the component program title, stand, session, and date time information.
- **Menu Bar** – Displays the commands, functions, options, and information available during an examination.
- **Toolbars** – Holds buttons that execute common commands and other actions available in the menu bar. Buttons that are dimmed are not available.
- **SP Title Bar** – Displays SP information during the course of the examination.
- **Examination Slide** – Captures the measurements and other information.

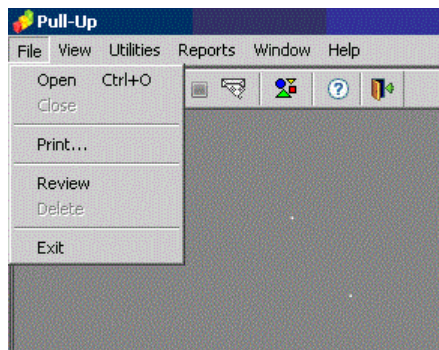
- **Navigation Bar** – Is used to move forward or back in the examination and displays the examination’s relative location.
- **Microhelp and Status Bar** – Displays the status of the computer, completion percentage message to the coordinator, and other information triggered by events.

4.4.5 Menu Bar Options

Each MC application has menu options to support the specific examination (Exhibits 4-13 to 4-19). The options marked with an asterisk appear on all MC examination programs. Options are grayed (inverted) or not present when they are not available for a specific subsystem.

Note the underlined letters in both the Menu and Menu Option. These underlined letters, used in conjunction with the Alt key, provide keyboard access to the menu selection without using the mouse. For example, pressing Alt+F+O will open a file. The Ctrl+*keystroke*, such as Ctrl+O, will also open a file.

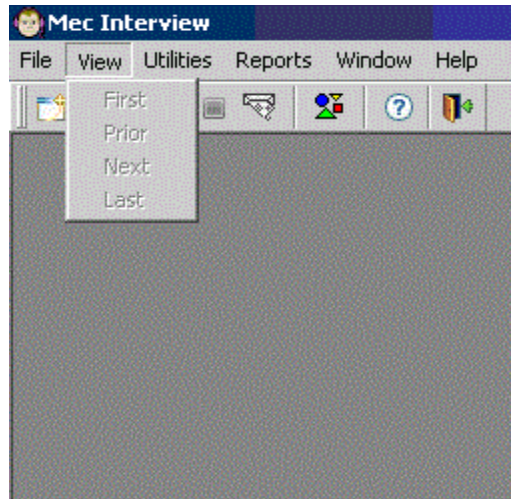
Exhibit 4-13. File menu options



All components have a common set of files; these are listed below. Some components have additional component-specific files.

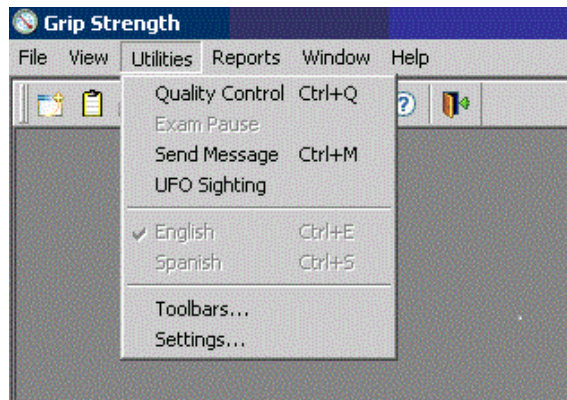
<u>F</u> ile	
<u>O</u> pen Ctrl+O	Opens a new, partial, or not done SP exam; the SP must be assigned by coordinator if the application is not in stand-alone mode.
<u>C</u> lose	Closes the current examination.
<u>P</u> rint	Prints the current examination screen or report.
<u>R</u> eview	Displays the screens with data in a read-only mode. Use to reprint labels.
<u>D</u> elete	Not applicable.
<u>E</u> xit	Exits the application.

Exhibit 4-14. View menu options



View Menu	
<u>F</u> irst	Returns examination screen to first slide.
<u>N</u> ext	Advances to next examination slide.
<u>P</u> rior	Displays previous slide in the skip pattern.
<u>L</u> ast	Advances to last slide.

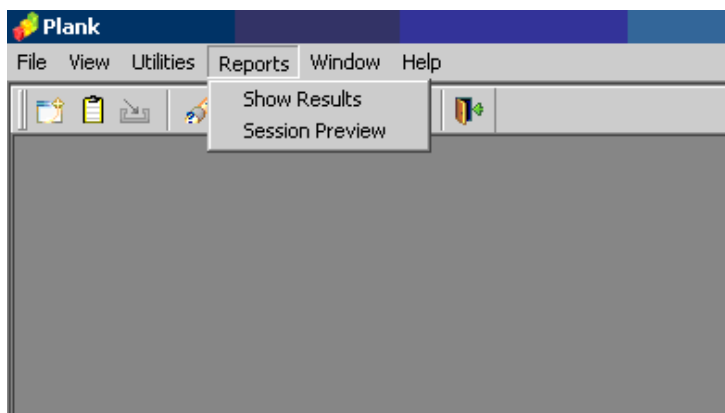
Exhibit 4-15. Utilities menu options



All components have a common set of utilities; these are listed below. Some components have additional utilities.

Utilities Menu	
<u>Quality Control</u> Ctrl+Q	Opens the quality control dialog box to initiate quality control procedures. Not used in MEC Interview Environment.
<u>Exam Pause</u>	Used in case of an emergency in the MC, such as an ill SP. Pauses the exam temporarily to stop the exam timer (in NH_Exam); sends “Exam paused” message to coordinator.
<u>Observation</u>	Submits an observation to the nurse manager for possible referral.
<u>Send Message</u> Ctrl+M	Opens a dialog box to send messages to the coordinator.
<u>UFO Sighting</u>	Opens the Unusual Field Occurrence utility to document unusual equipment, SP, protocol, trailer, or supply issues.
<u>English</u> Ctrl+E	Toggle option to set exam language to English.
<u>Spanish</u> Ctrl+S	Toggle option to set exam language to Spanish. Not used in MC environment.
<u>Toolbars</u>	Configures placement of toolbars.
<u>Settings</u>	Indicates if the application is connected to the coordinator application and displays the Winsock Server address.

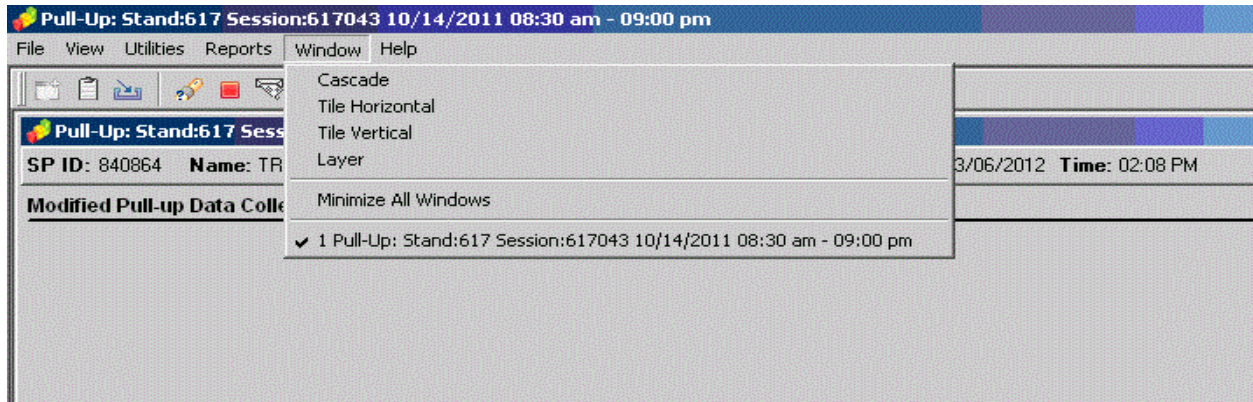
Exhibit 4-16. Reports menu options



All components have a common set of reports; these are listed below. Some components have additional reports.

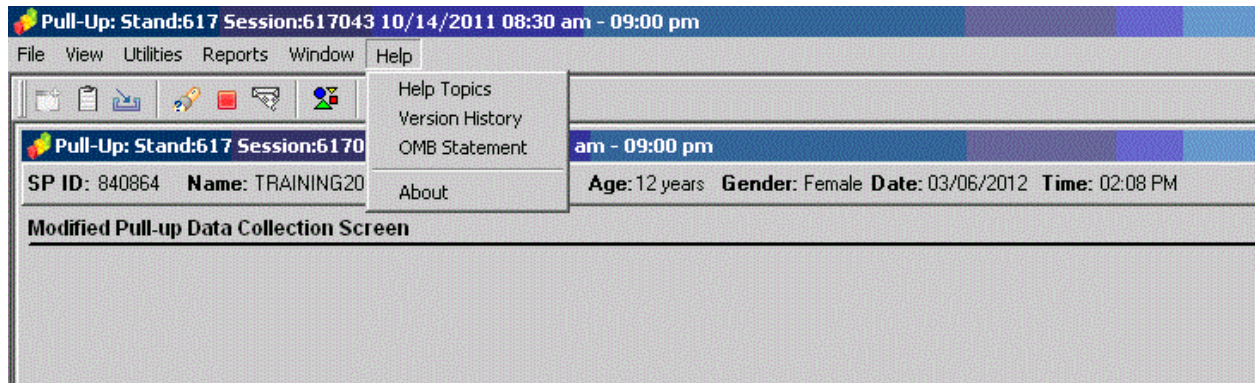
Reports Menu	
<u>Show Results</u>	One way to review an exam.
<u>Session Preview</u>	Lists all SPs in current session.

Exhibit 4-17. Window menu options



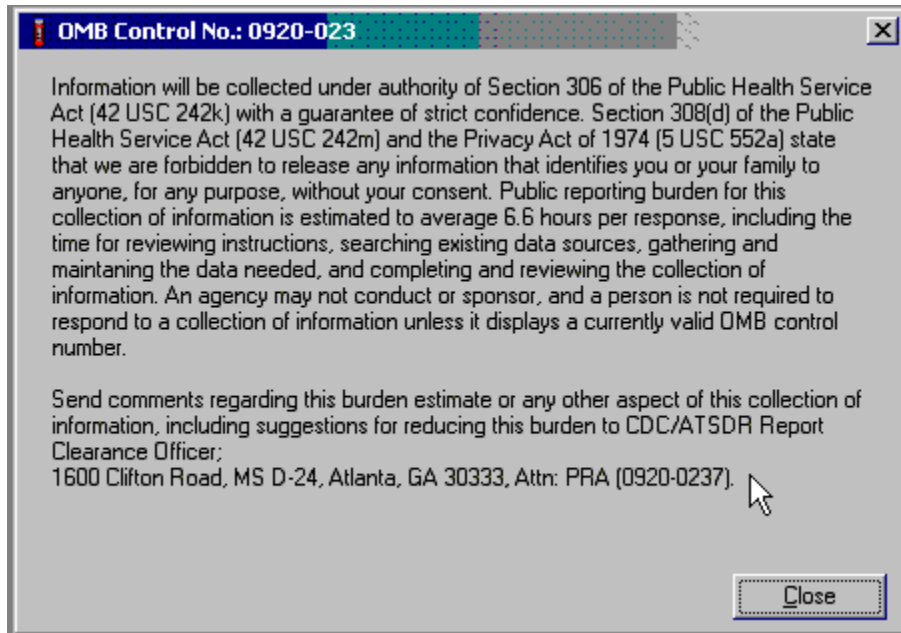
Window Menu	
<u>C</u> ascade	Displays multiple windows overlapped and slightly offset as to show the title bar of each open window.
Tile <u>H</u> orizontal	Displays open windows on top of each other and sized to fit all in the main program window.
Tile <u>V</u> ertical	Displays open windows next to each and sized to fit in the main program window.
<u>L</u> ayer	Displays open windows stacked over each other.
<u>M</u> inimize All Windows	Reduces all windows to a button in the lower portion of the main program window.

Exhibit 4-18. Help menu options



Help Menu	
<u>H</u> elp Topics	Not applicable.
<u>V</u> ersion History	Displays the current version number, a list of modifications by ITS (Issue Tracking System) number and text notes, and the date the latest version was deployed.
<u>O</u> MB Statement	Displays the OMB Confidentiality Statement.
<u>A</u> bout	Displays the About dialog box.

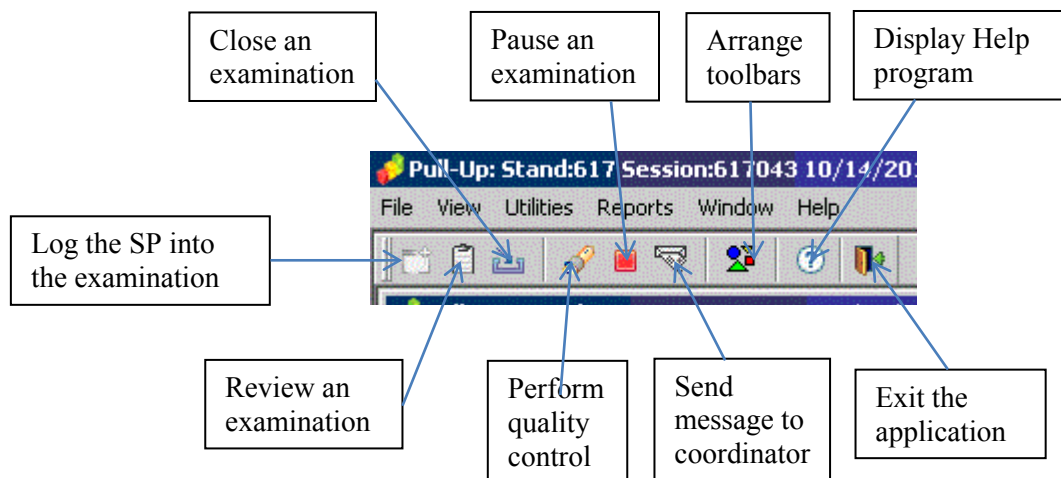
Exhibit 4-19. OMB Confidentiality Statement



4.5 Toolbars

Toolbar buttons display when the program first opens to provide an easy way to access menu commands. Buttons are dimmed to signify that the action is temporarily unavailable, such as a dimmed Print button when no examination is open. The toolbar buttons are listed below.

Exhibit 4-20. Toolbar Buttons



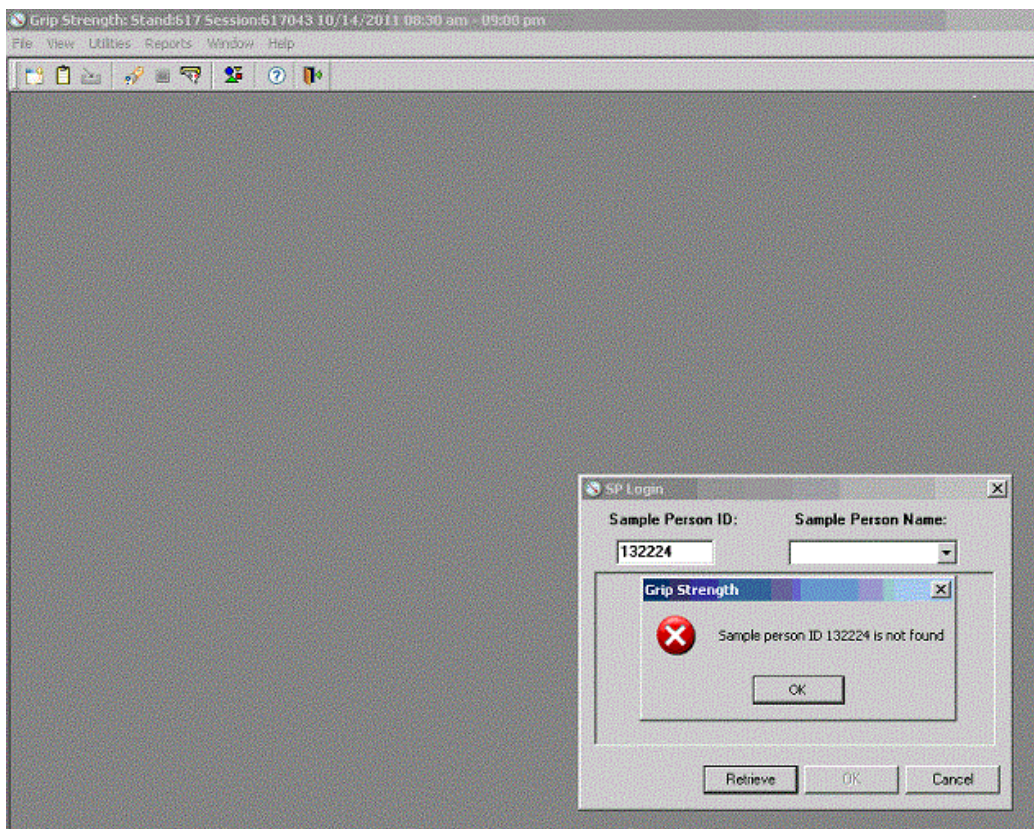
4.5.1 Quality Control

Several components have equipment that requires periodic maintenance and inspection. Each component manual of operations has detailed procedures on how to conduct the specific inspection and quality control checks. The subsystem notifies the examiner if QC inspections have not been performed when the exam application is started.

4.6 Warning and Error Messages

Warning and error messages (Exhibit 4-21) may appear when a data entry or other action is made that the application program cannot execute or requires confirmation to continue. The message normally appears with statements explaining the error condition. Complying with the error message statement normally remedies the error. When required to confirm an action, such as deleting records, be sure the action is necessary because in most cases the action is irreversible.

Exhibit 4-21. Warning and error messages

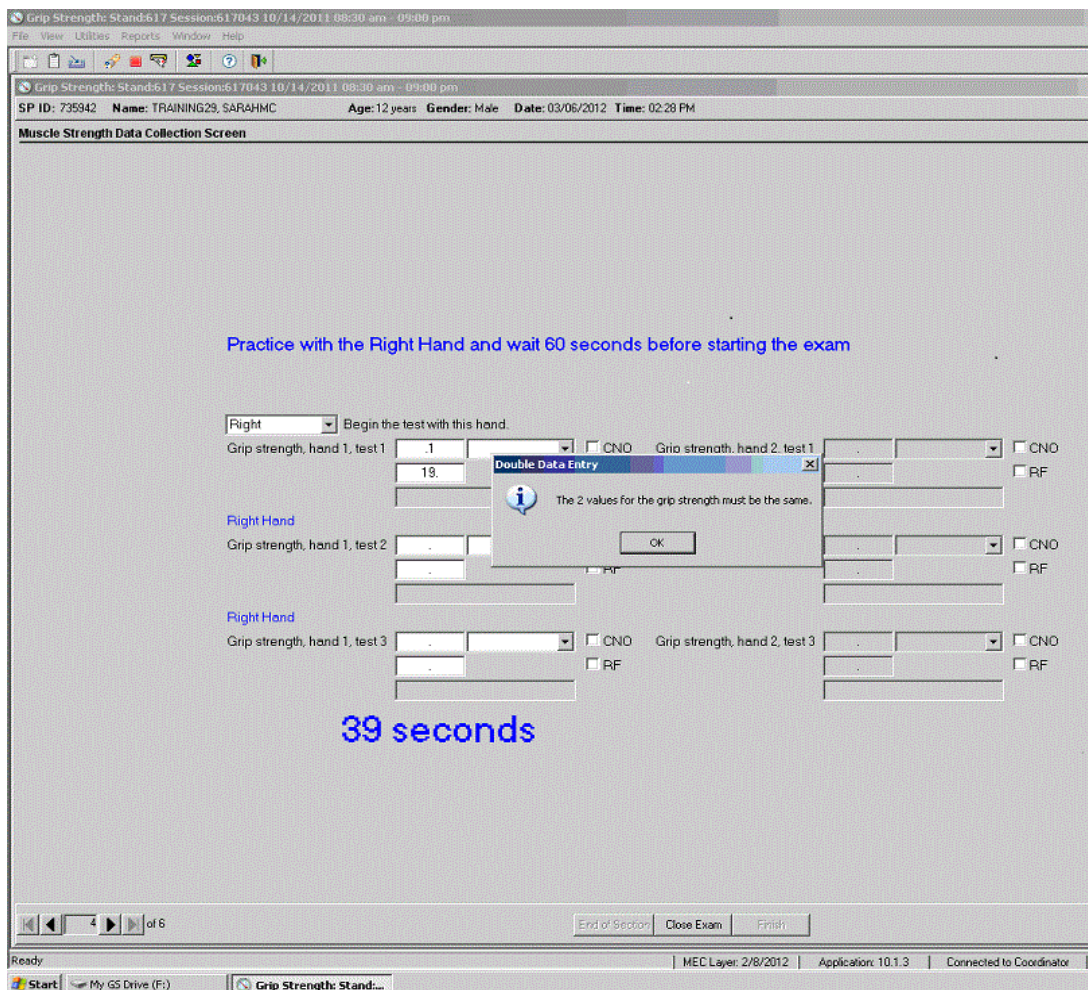


For example, if the Sample Person ID is incorrect in the SP Logon window, a warning message box displays indicating the problem and remedial instructions. To remove a warning message box, direct the mouse arrow to the OK button and left click.

4.7 Hard and Soft Edits

Data entry fields may have limitations on the acceptable range of values. The limitations imposed on these values are called **hard** and **soft edits** (Exhibits 4-22 and 4-23). **Hard edits** impose a strict limitation on values entered in a data field.

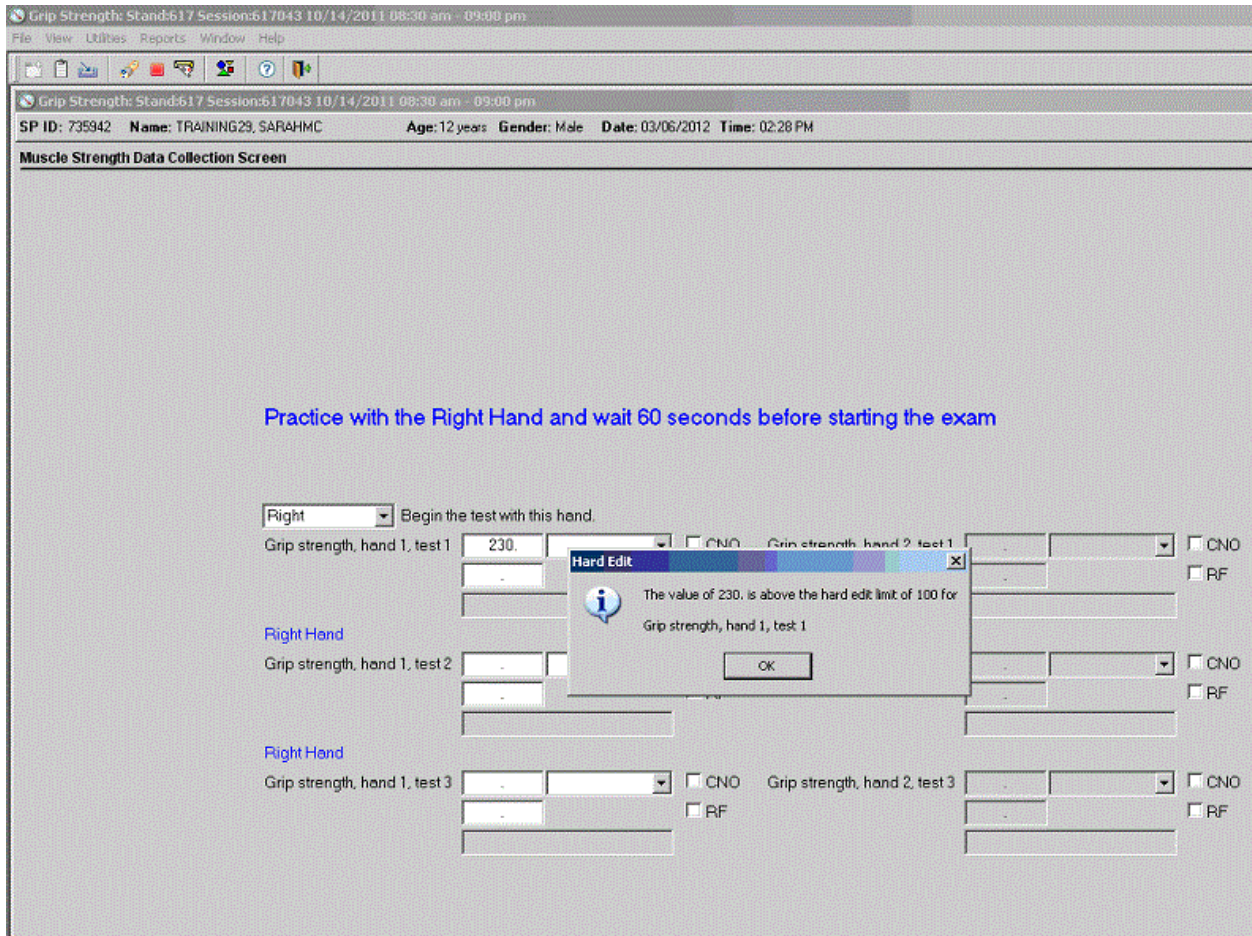
Exhibit 4-22. Hard edit



A data value entered outside of the hard edit range is not accepted and a program warning displays. To proceed, use the mouse to direct the mouse arrow to the OK button and right click or press [Enter.] Go back to the data entry field and reenter the correct value.

Soft edits are flexible limitations on values but prompt a confirmation if a value exceeds the limit.

Exhibit 4-23. Soft edit



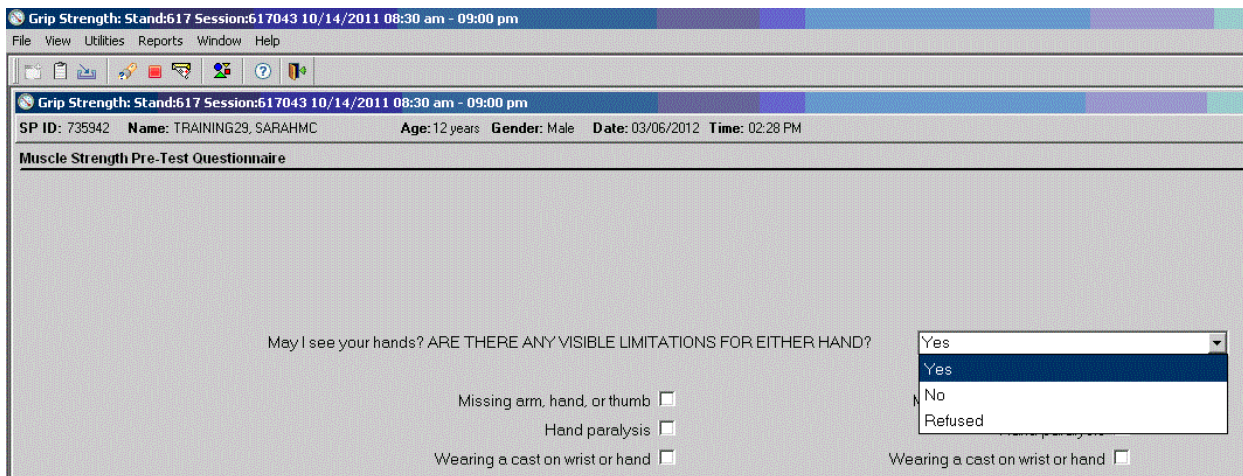
To proceed, use the mouse to direct the mouse arrow to the OK button and right click or press [Enter.]

4.8 Data Entry

The examination slides use a variety of methods to capture acquired data. The methods include the following data control devices (Exhibits 4-24 and 4-25).

The drop-down list provides a method to select a desired response from a fixed set of possible responses. To drop down the list of possible responses, click on the down arrow button. A scroll bar may appear on the window's right side to enable you to scroll down the list. Click to select the desired response. The selection will appear in the upper list window.

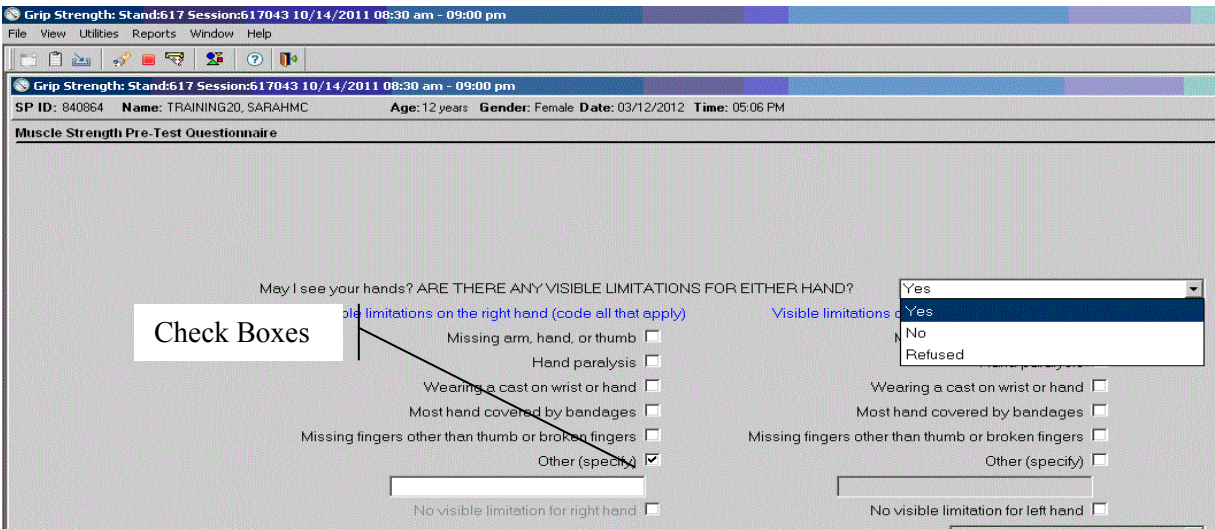
Exhibit 4-24. Drop-down list



The screenshot shows a software window titled "Grip Strength: Stand:617 Session:617043 10/14/2011 08:30 am - 09:00 pm". The window has a menu bar with "File", "View", "Utilities", "Reports", "Window", and "Help". Below the menu bar is a toolbar with various icons. The main content area displays patient information: "SP ID: 735942 Name: TRAINING29, SARAHMC Age: 12 years Gender: Male Date: 03/06/2012 Time: 02:28 PM". The title of the form is "Muscle Strength Pre-Test Questionnaire". The question displayed is "May I see your hands? ARE THERE ANY VISIBLE LIMITATIONS FOR EITHER HAND?". To the right of the question is a drop-down list with a downward arrow. The list is open, showing three options: "Yes", "No", and "Refused". The "Yes" option is highlighted in blue. Below the question are four checkboxes, each with a label: "Missing arm, hand, or thumb", "Hand paralysis", "Wearing a cast on wrist or hand", and "Wearing a cast on wrist or hand". The first three checkboxes are unchecked, and the last one is checked.

Marking a check box enables all corresponding applicable responses. The responses are not mutually exclusive. To select a response, simply click on the appropriate box. The selected box will appear with a black check in the center of the box. Click on a selected box to deselect. Clicking a check box, or selecting an answer from the drop-down box, often will open another question box which turns clear to indicate that an answer is required.

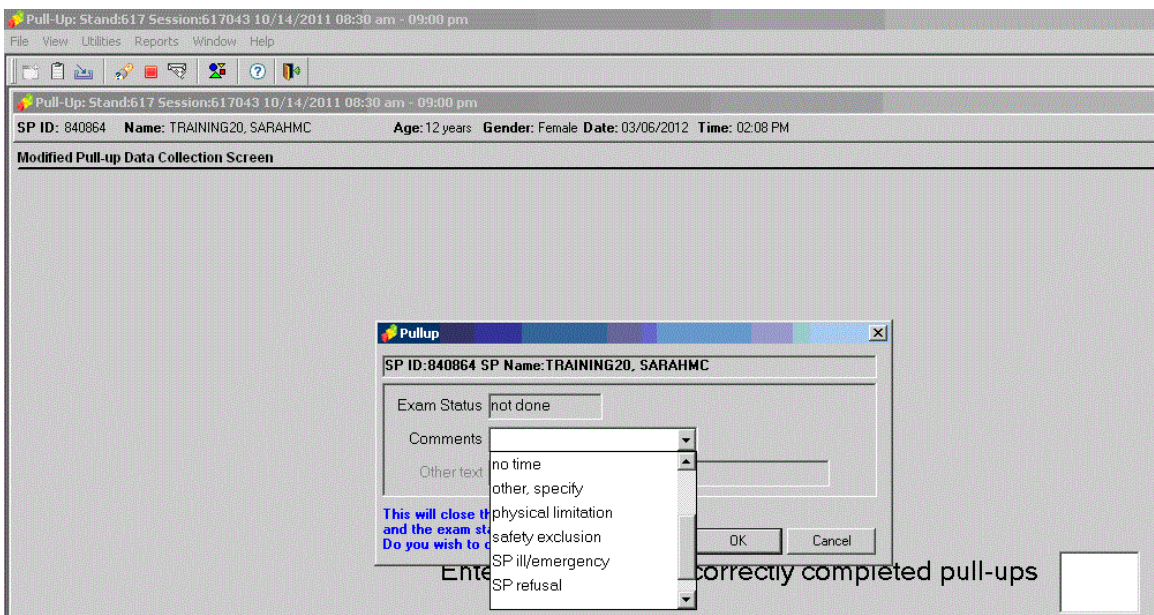
Exhibit 4-25. Check boxes



4.9 Section or Component Status

The section or component Status screen (Exhibit 4-26) displays the status of the examination—**Complete**, **Partial**, or **Not Done**. The status automatically displays and cannot be edited. Comment codes are used to explain partial or not done status codes. Select the comment from the Comments drop-down list and type [Enter].

Exhibit 4-26. Section Status screen



Comment codes defined in Exhibit 4-27 are common to all exams. Other specific components and section comment codes are defined in the specific exam component manuals of operations.

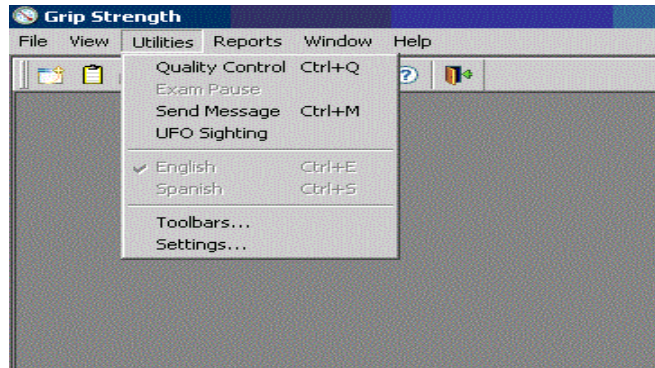
Exhibit 4-27. Comment codes

Safety Exclusion	The examinee was excluded from the component for safety reasons as defined by the protocol for the component.
SP Refusal	This is an SP initiated response due to refusal. The SP refuses the component for any reason other than an illness or emergency. If the SP refuses in the reception area, the coordinator can code the exam. If the SP refuses after starting the exam, the examiner will code the refusal.
No Time	The SP comes on time and stays for the entire session, there is adequate staff in the MEC but at the end of the session there is no time to do the examination.
Physical Limitations	SP is unable to have the test due to physical problems. For example, the SP is unable to lie flat for the bone density scan.
Communication Problems	SP is unable to understand and follow the instructions for the component due to cognitive impairment or other problem, and is unable to complete the test.
Language Barrier	SP is unable to understand and follow the instructions for the component due to language and interpreting difficulties, and is unable to complete the test.
Equipment Failure	The component equipment malfunctioned and the test could not be performed on the SP.
SP Ill/ Emergency	The SP became ill or an emergency occurred and the test was not performed on the SP.
Interrupted	An exam is interrupted, usually for a MC-wide emergency, and cannot be completed by the SP.
Came Late/ Left Early	SP arrived late for the scheduled appointment time or left early, resulting in an incomplete exam.
Other, specify	If one of the above comment codes does not explain the above reason for a status code of partial or not done, the examiner must choose Other, specify and record a comment in the text field.

4.10 The Messaging Subsystem

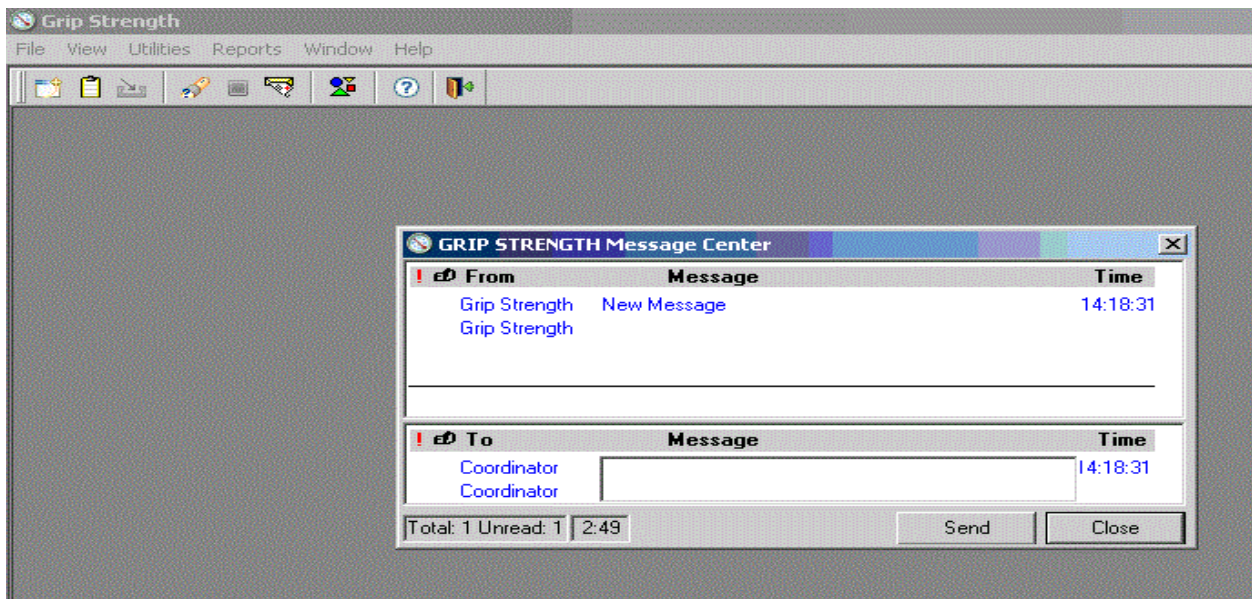
Communication between the coordinator and staff in the examination components is available through the Utilities menu or the Send Message button on the toolbar (Exhibit 4-28). Review the instructions in the Message Center text box and follow the directions. Enter a text message and, to send the message to the coordinator, direct the mouse arrow to the Send button, and left click.

Exhibit 4-28. Send Message on toolbar



To access the Send Message subsystem, Direct the mouse arrow to utilities in the menu bar, drag the mouse arrow to Send Message, and left click or type [Alt] [U/u], [M/m]. The Message Center transmittal box appears (Exhibit 4-29).

Exhibit 4-29. Message Center transmittal box



Messages sent to the coordinator appear in the message center window on the Coordinator screen. Messages received from the coordinator will remain visible on the screen for approximately 30 seconds.

Messages that have been flagged as “Read” (click the Read Flag column next to the read message) will be removed from the Messages Received pane during the system update, usually every 30 seconds.

4.11 Reports

The Reports menu option includes the Results report and Session Preview Reports (Exhibit 4-30). Some components have additional component-specific reports. Most reports display on screen and all reports can be printed (Exhibit 4-31).

Exhibit 4-30. Reports menu

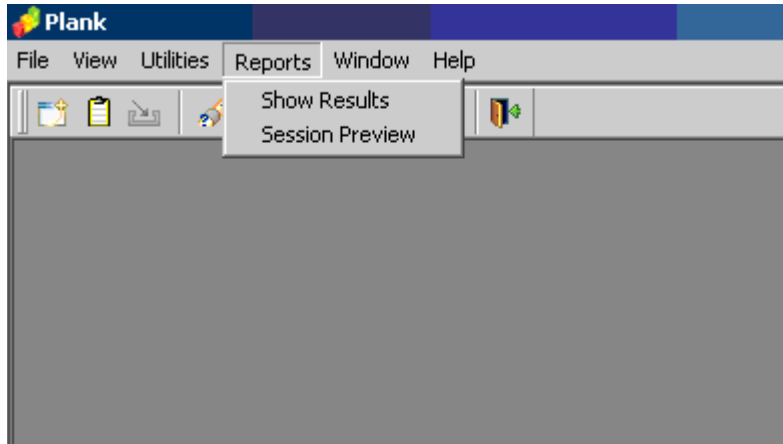
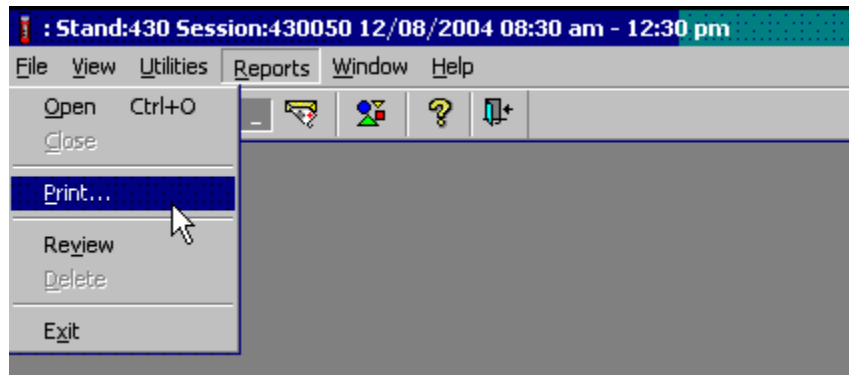


Exhibit 4-31. Printing a report

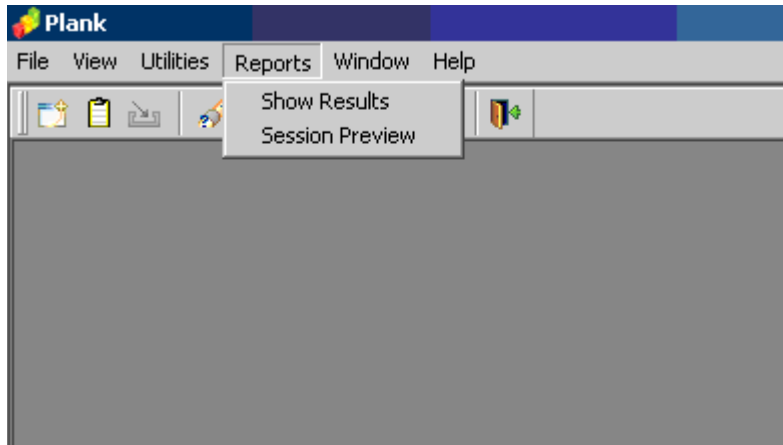


Open the report. Direct the mouse arrow to {File} in the menu bar, drag the mouse arrow to Print, and left click or type [Alt] [F/f], [P/p]. The report or print capable window is automatically sent to the printer at the coordinator's desk.

4.11.1 Session Preview Report

Access the Session Preview report (Exhibit 4-32) to view all SPs scheduled into any session including the current session.

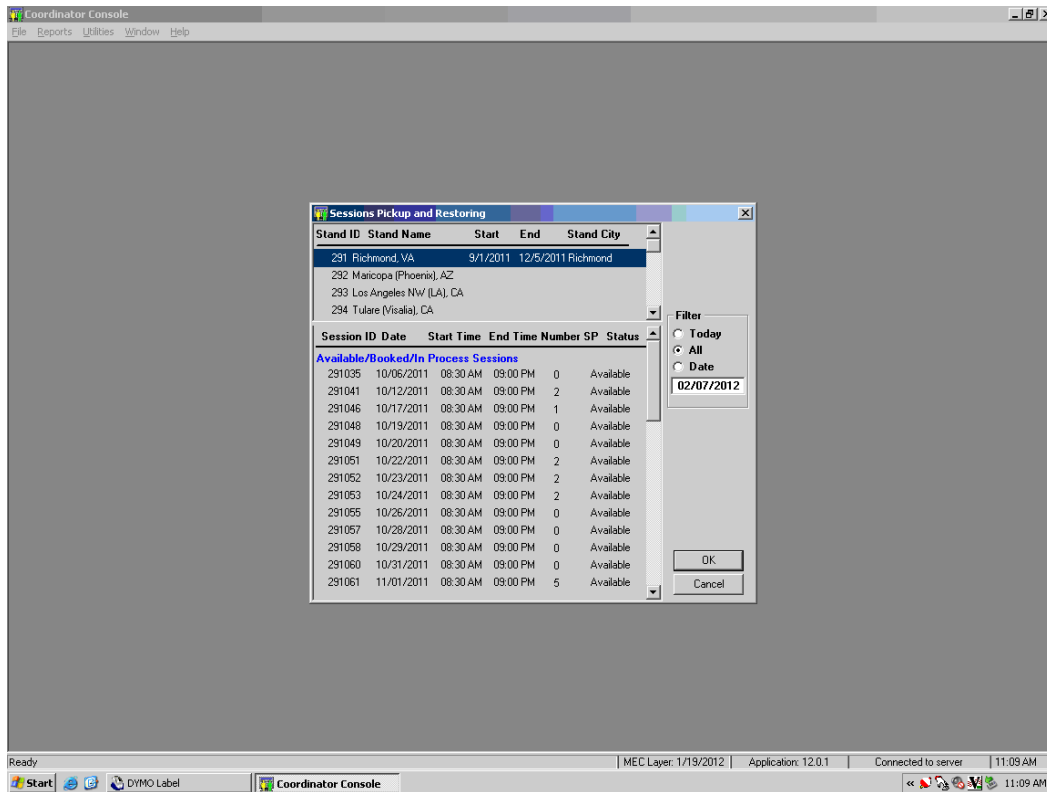
Exhibit 4-32. Accessing the Session Preview Report



To access the Session Preview Report, use the mouse to direct the mouse arrow to Reports in the menu bar, drag the mouse arrow to Session Preview, and left click or type [Alt] [R/r], [V/v]. Select the session.

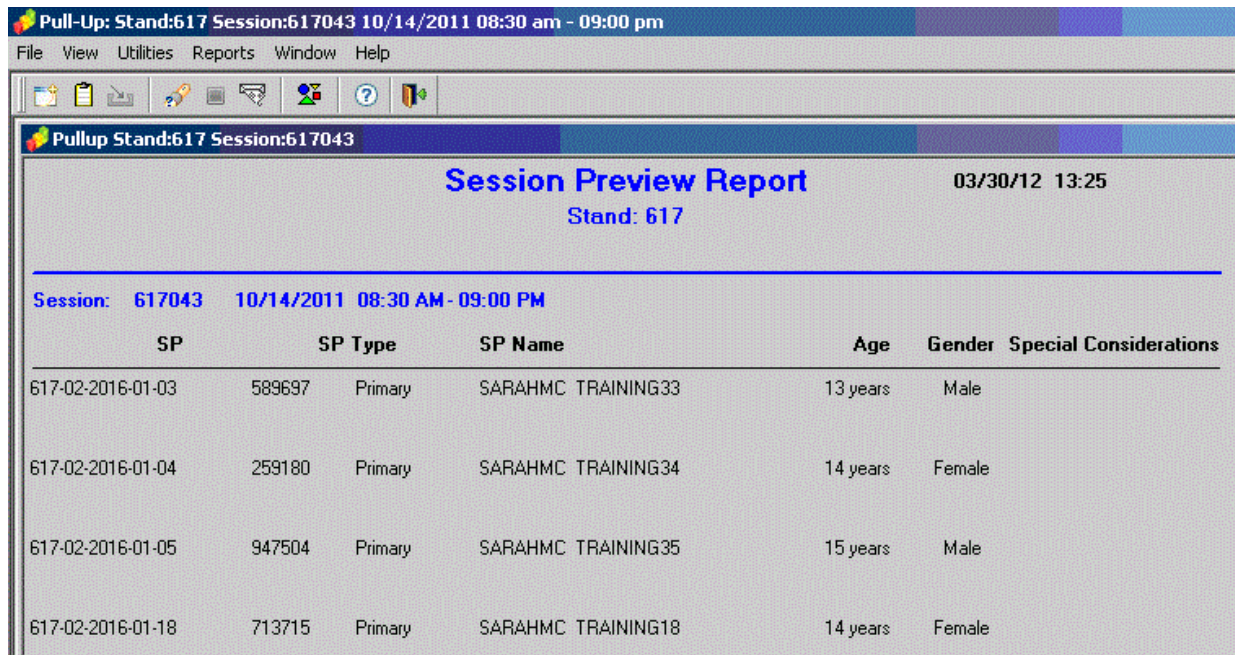
The Session PickUp list (Exhibit 4-33) displays and defaults to the current session. To select a different MC session, direct the mouse arrow to the correct session date and time, and right click to highlight the selection. To proceed, direct the mouse arrow to the OK button, and right click or press [Enter.] To cancel, use the mouse to direct the mouse arrow to the Cancel button, and right click.

Exhibit 4-33. Session Pickup



The Session Preview Report (Exhibit 4-34) displays.

Exhibit 4-34. Session Preview Report

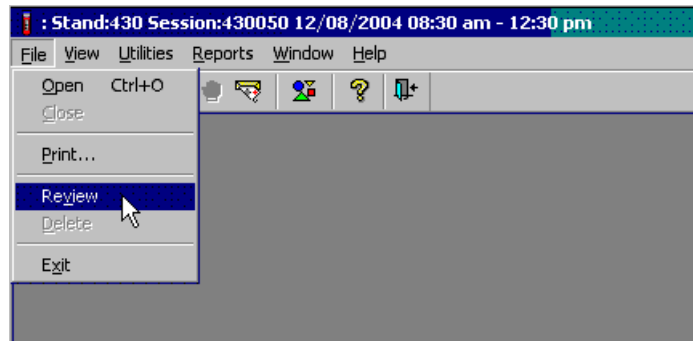


The Session Preview Report includes the session number, date, and time, and lists the SP ID, SP Type, SP Name (first, last), Age, Gender, and any Special Considerations or Consent Comments. To close the screen, direct the mouse arrow to the X box in the upper right hand corner of the Session Preview Report (close window button), and left click. To minimize the Session Preview Report, direct the mouse arrow to the _ box in the upper right corner of the Session Preview Report (minimize window button), and left click.

4.11.2 Review an Exam

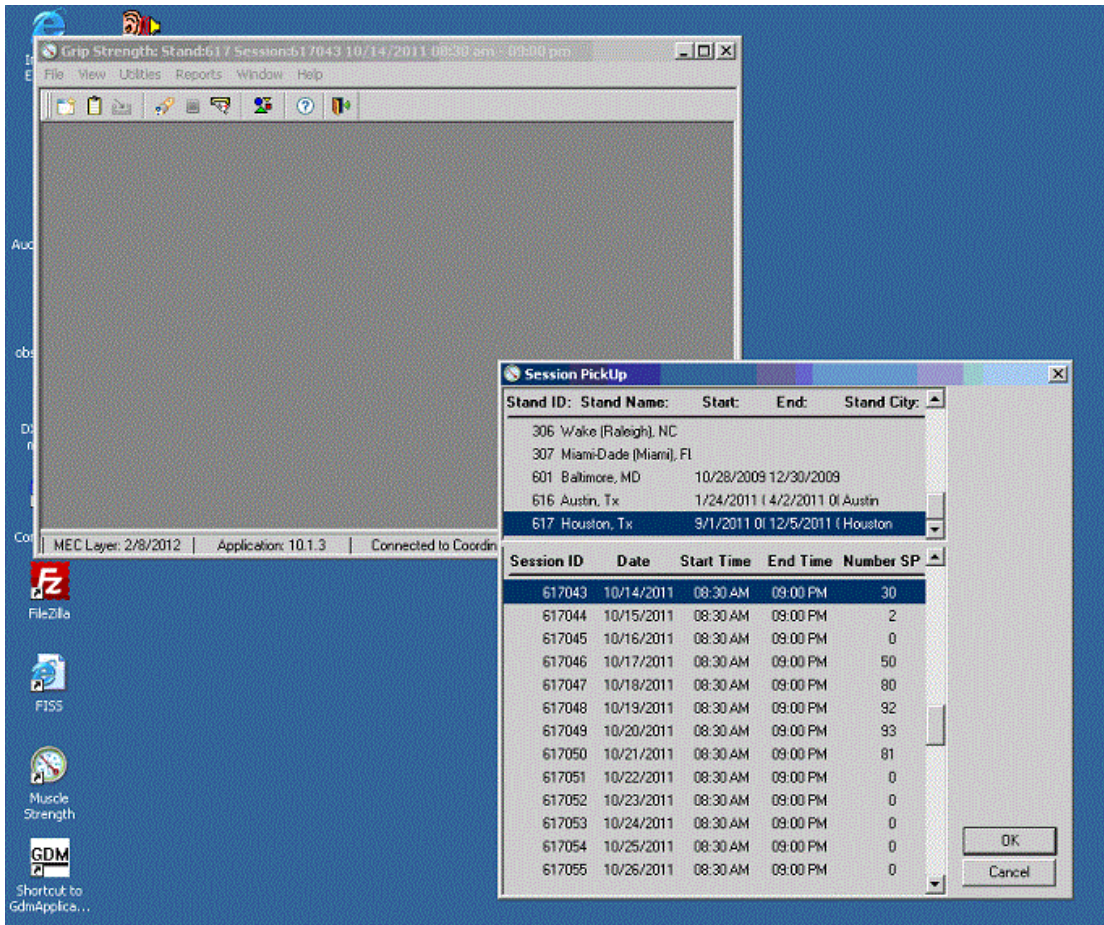
To review a completed exam, access the Review module as shown in Exhibit 4-35.

Exhibit 4-35. Review module



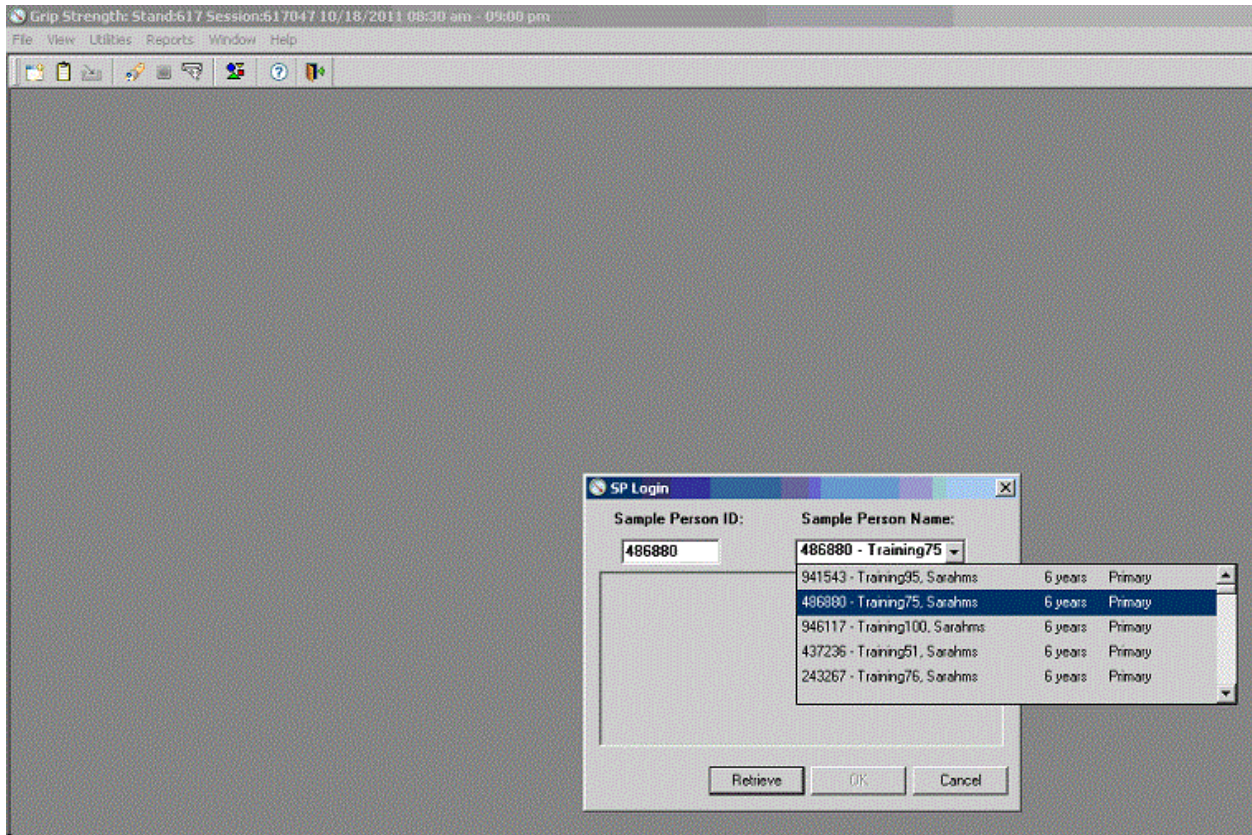
To access the Review module, use the mouse to direct the mouse arrow to File in the menu bar, left click, drag the mouse arrow to Review and left click, or type [Alt] [F/f], [V/v]. The Session Pickup list displays (Exhibit 4-36). Select the session.

Exhibit 4-36. Session PickUp list



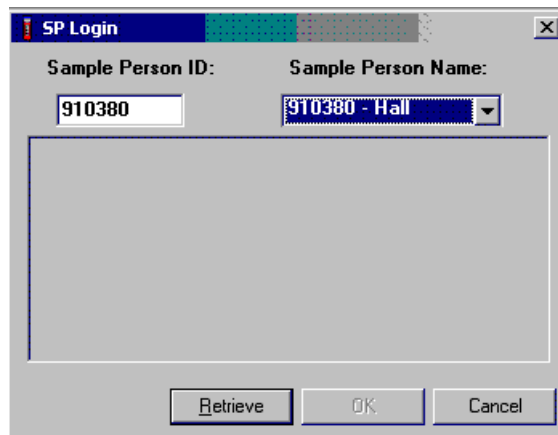
The Session PickUp list displays and defaults to the current session. To select a different MC session, direct the mouse arrow to the correct session date and time and right click to highlight the selection, or use the up and down arrows to move up and down the list and press Enter. Direct the mouse arrow to the OK button and left click, or press Enter. Select the SP as shown in Exhibit 4-37.

Exhibit 4-37. SP selection



The SP Login window displays. To view a list of previously examined SPs, direct the mouse arrow to the drop-down arrow on the Sample Person Name text box, and left click. To select or identify a specific SP, drag the mouse arrow to the correct SP, and left click (Exhibit 4-38). Continue to select the SP.

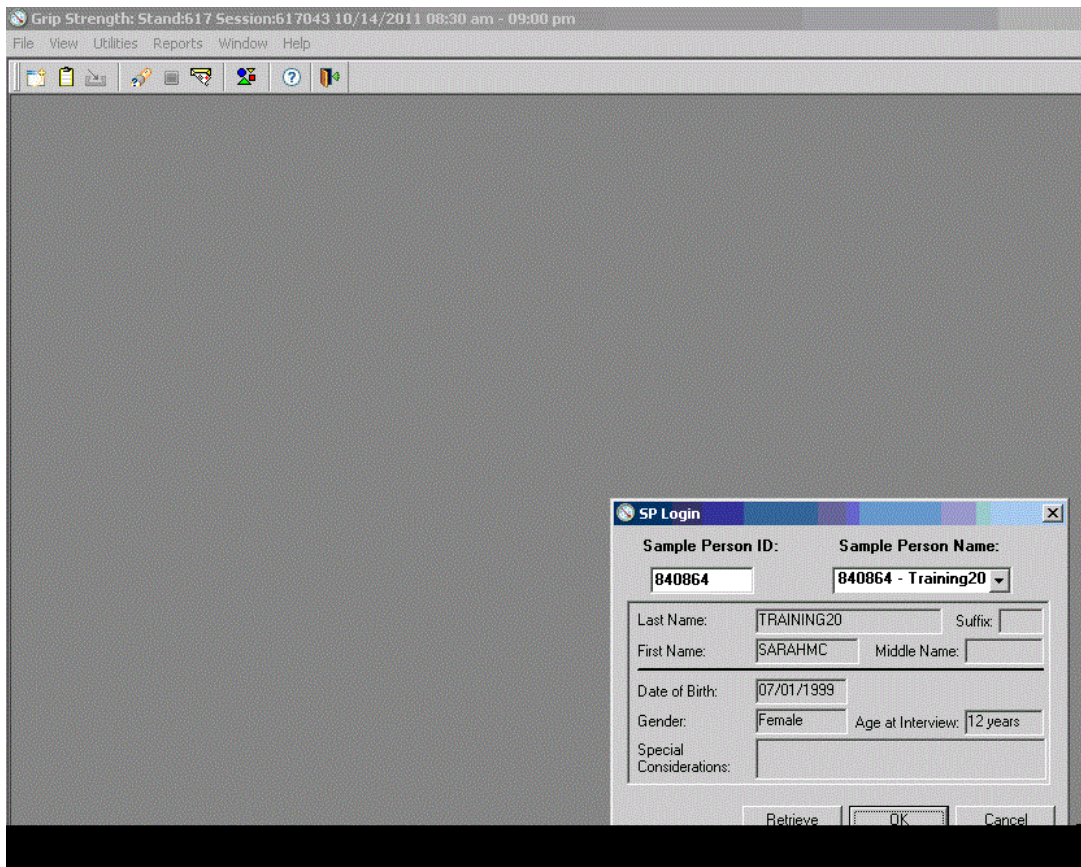
Exhibit 4-38. Sample Person name



The Sample Person ID and Sample Person Name text boxes fill in with the SP ID and the SP ID and last name. To continue, direct the mouse arrow to the Retrieve button and left click, or select Enter.

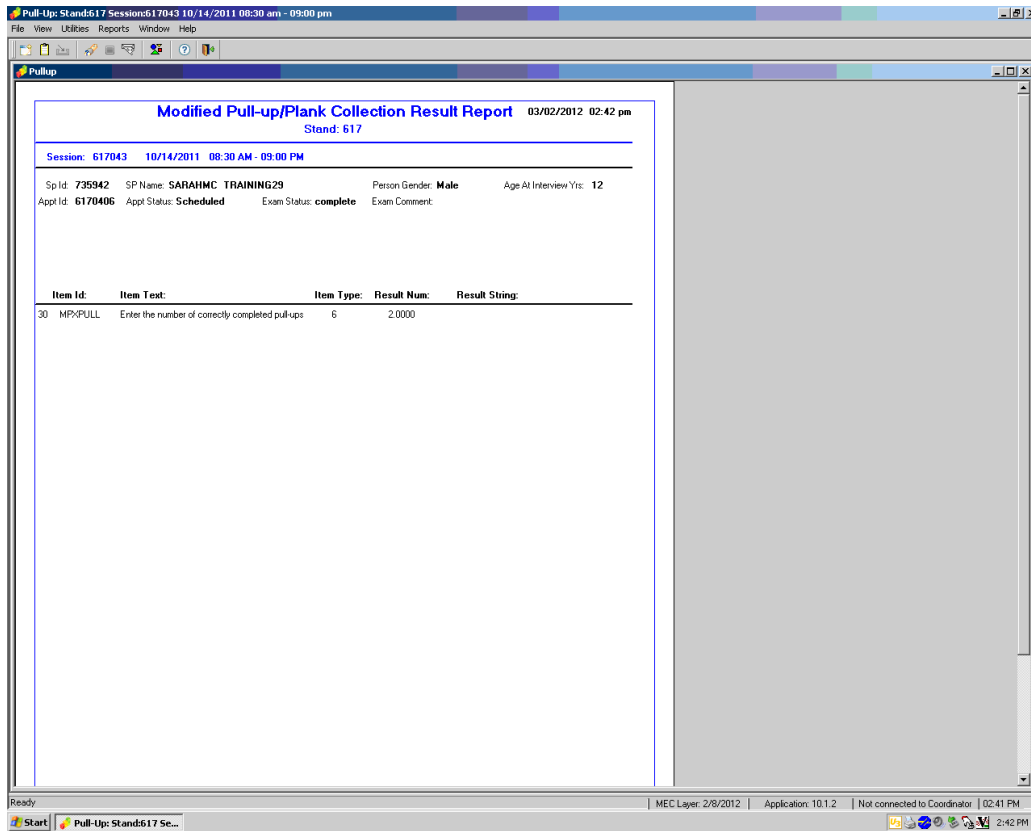
Once the Retrieve button has been selected (Exhibit 4-39), the Sample Person ID and Sample Person Name text boxes fill in with the SP ID and the SP ID and last name. To continue, direct the mouse arrow to the Retrieve button and left click, or select Enter.

Exhibit 4-39. Retrieve button



The exam screen with results (Exhibit 4-40) is displayed.

Exhibit 4-40. Exam screen with results



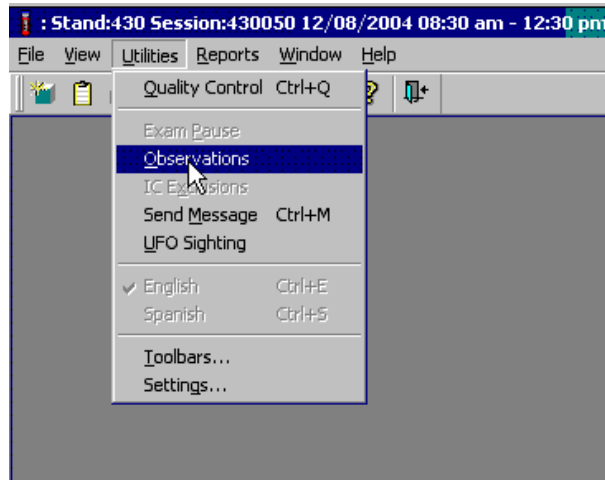
To progress through the screen, use the mouse to direct the mouse arrow to the bright blue arrow in the bottom right corner and left click, or select Enter when this blue arrow is highlighted.

4.12 Observations

Confidential observations can be sent to the MC Nurse Review application. These include an observation on any SP scheduled into the MC session or the SP currently assigned to the component. An observation can also be sent on an SP not in the current exam.

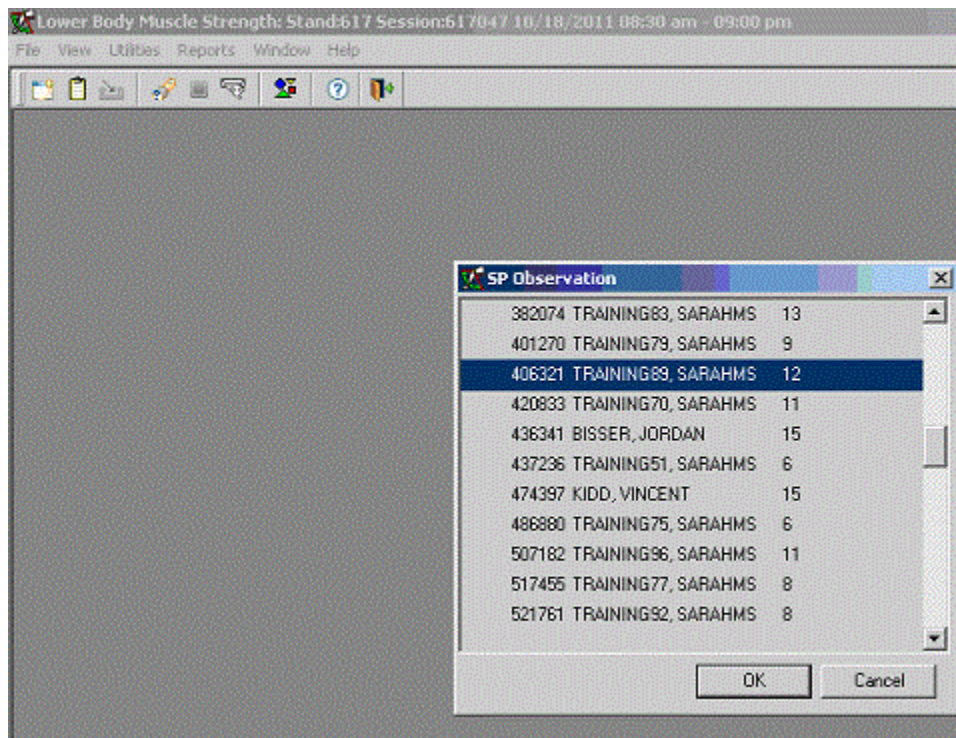
To access the Observations function (Exhibit 4-41), use the mouse to direct the mouse arrow to {Utilities} in the menu bar, left click, drag the mouse arrow to Observations, and left click, or type [Alt] [U/u], [O/o].

Exhibit 4-41. Observations function



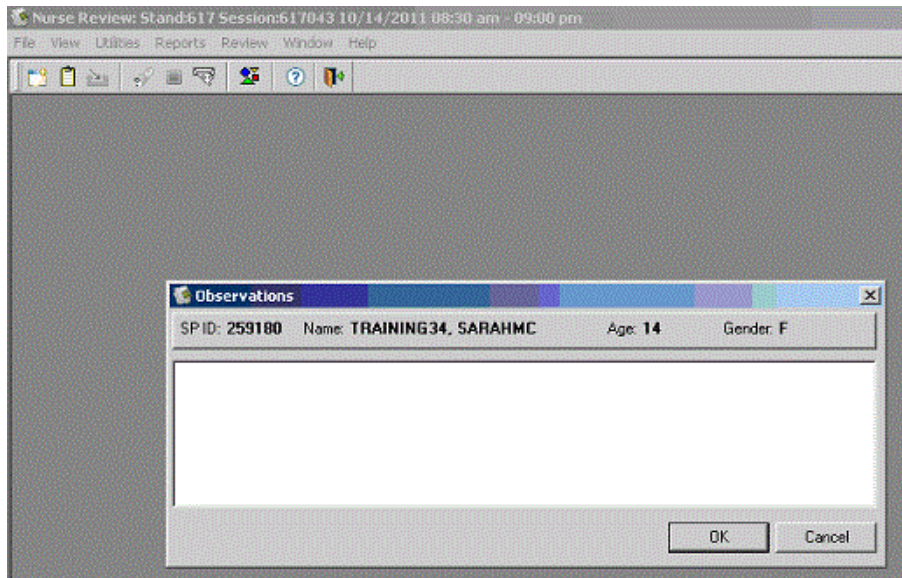
Select or highlight the correct SP (Exhibit 4-42).

Exhibit 4-42. Select the correct SP



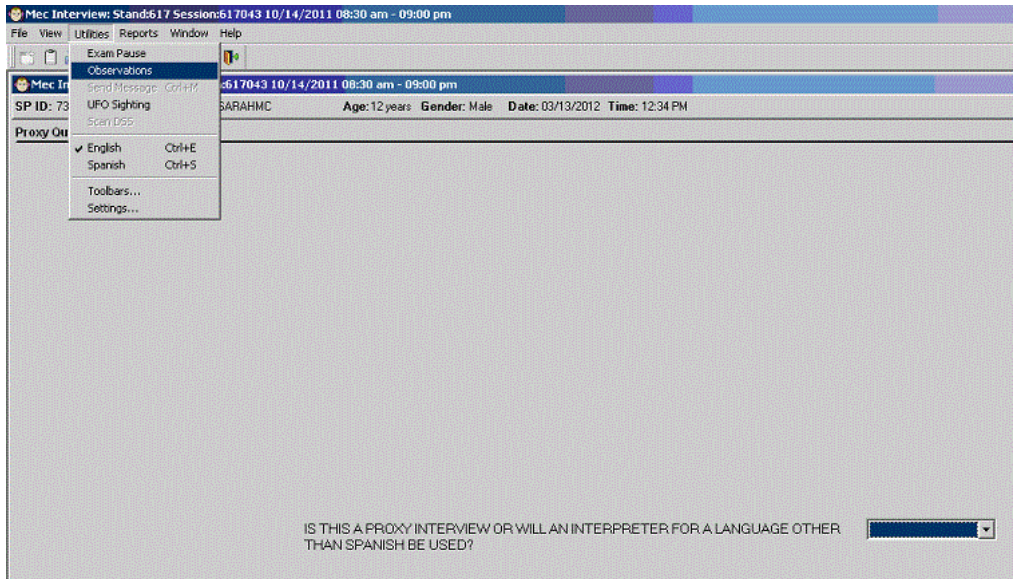
Drag the mouse arrow to the correct SP and left click or use the up and down arrows to move up and down the list. Verify that the SP ID, name, and age are correct. Use the scroll bar to view the complete list of SPs. To continue, direct the mouse arrow to the OK button and left click, or select Enter. To cancel these actions and exit the observation function, direct the mouse arrow to the Cancel button and left click. The Observations window displays. See Exhibit 4-43.

Exhibit 4-43. The Observations window



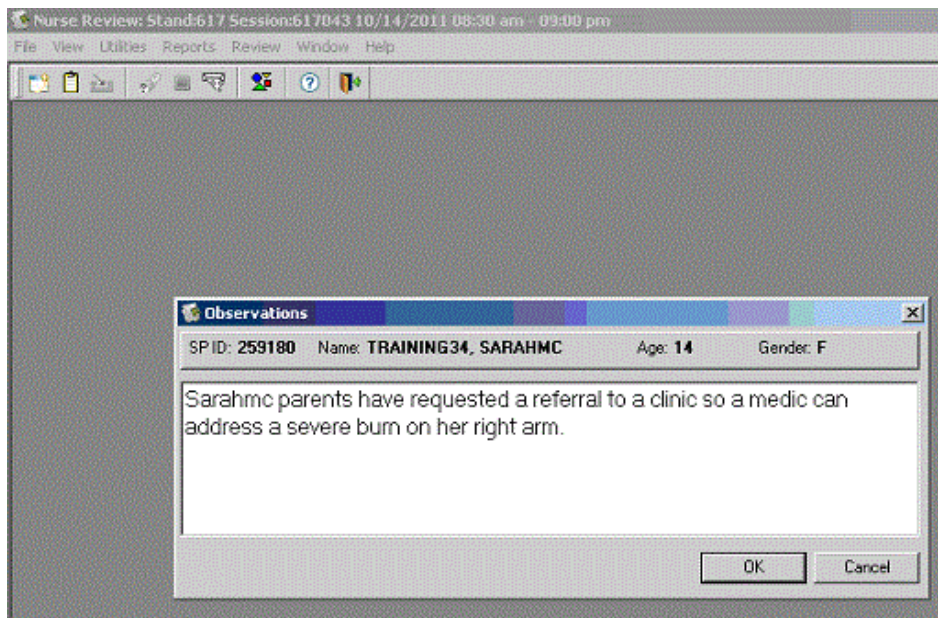
The Observations window contains the SP ID, name, age, and gender. Type the observation using the keyboard keys. To send the observation to the Nurse Review application, direct the mouse arrow to the OK button and left click, or select [Enter]. See Exhibit 4-44 for entering an observation on the SP currently assigned to the component.

Exhibit 4-44. Entering an observation



To access the Observations function, use the mouse to direct the mouse arrow to Utilities in the menu bar, left click, drag the mouse arrow to Observations and left click, or type [Alt] [U/u], [O/o]. The Observations window (Exhibit 4-45) displays.

Exhibit 4-45. Assessing the Observations window



The Observations window contains the SP ID, name, age, and gender. Type the observation using the keyboard. To send the observation to the Nurse Review application, direct the mouse arrow to the OK button and left click, or select Enter.

5. START- AND END-OF-STAND PROCEDURES

The NYFS team is responsible for setting up supplies and equipment, taking inventory, conducting quality control (QC), and testing systems at the beginning of each stand. At the end of each stand, the team is responsible for taking another inventory, conducting quality control (QC) procedures, packing all supplies into storage containers, and securing computers and large equipment, while the second team moves ahead to the next site to set up the mobile center (MC). In addition, the nurse manager is responsible for the coordination of activities with the field office and the MC including petty cash procedures with the field office, and obtaining stand-specific information such as emergency procedures and taxi information.

5.1 Start-of-Stand Procedures

Prior to each stand, the warehouse manager sends the start-of-stand inventory of supplies to the MC where the facilities and equipment specialist (FES) loads the boxes into the coordinator area. Supplies and equipment that were packed into large labeled containers at the previous stand have been stored for travel in exam room 1. It is assumed that the FES will have resolved all plumbing, electrical, and MC physical plant problems before setup day.

Upon arrival for setup, staff move the labeled supply containers into the appropriate rooms and unpack them. Before the end of the day, all unpacking, setting up equipment and supplies for each of the exam components, conducting a start-of-stand inventory, quality control (QC) procedures, calibration of equipment, and testing the computer applications must be completed. Empty containers and packing materials will be put back in the belly of the trailer. Malfunctioning equipment should be reported to the FES and the home office as soon as possible.

The coordinator application must be opened during setup so that the components that are required to perform the start-of-stand quality control (QC) procedures can be completed. The coordinator application serves as the communications center for all of the components, and so the application must be open for the QC procedures to be recorded properly in each exam room. The nurse manager will also visit the field office to obtain petty cash and stand-related instructions.

5.1.1 Staff Member Responsibilities

Staff members will take responsibility for each area of the trailer. Areas of responsibility for the start-of-stand procedures are as follows:

- Coordinator Area (includes the waiting area and the bathroom) – Nurse manager
- Exam Room 1 – TGMD room – Exercise technologist
- Exam Room 2 – Treadmill room - Exercise technologist
- Interview Room – Exercise technologist
- Inventory the Emergency Kit and First Aid Kit – Nurse manager
- Dry Run with ISIS – Nurse manager, assisted by exercise technologist

Nurse Manager

- Visit the field office (FO) – pick up the following:
 - Petty cash from office manager (take directly from FO to MC)
 - FedEx mail from the home office
 - Copies of emergency procedures
 - Copy of incentive information
 - Copy of instructions for SP taxi use
 - NYFS consent brochures, consent forms, and assent forms
 - Visitor Log (or create own)
 - One set of MC keys – coordinator desk and belly compartment
- Check in with the MEC manager
- Pick up items from the mobile examination center (MEC)
 - Oxygen tank and log
 - Juice boxes

- Animal crackers
- Exam shirts
- Coordinator Area
 - Unpack and organize supplies.
 - Ensure that you can lock/unlock safe.
 - Lock petty cash in the safe.
 - Inventory first aid kit and emergency kit.

Nurse Manager & Exercise Technologists

- MC General
 - Unpack supplies shipped from the warehouse and confirm packing list inventory matches what was received.
 - Unpack and organize supplies in containers and benches from prior stand.
 - Complete start-of-stand inventory.
 - Organize extra supplies in the containers and benches; store containers in the belly compartments.
 - Ensure there are cups, water, soap, TP and paper towel supplies; coordinate with the FES if needed.
 - Organize files in notebook for paperwork from the FO.
 - Coordinate time with MEC manager to do grip strength dynamometer and scale calibrations with the MEC equipment.
 - Do start-of-stand QCs - including wiping down equipment, etc.
 - Mount fire extinguisher in hallway, place second one on the floor in the dietary room.
 - Mount oxygen tank and small bag containing cannulas under the fire extinguisher in the hallway.
 - Store wheelchair in the belly compartment.

5.1.2 Specific MC Room Activities

- Exam Room 1
 - Set up laptop on laptop arm.
 - Unpack LBMS and hand grip dynamometers and insert batteries. Store cases in tub.
 - Ensure that numbers on pull-up bar are still intact; replace if needed.
 - Ensure that tape measure on pull-up bar is intact; replace if needed.
 - Hang ball bag with the test of gross motor development (TGMD) equipment.
 - Replace TGMD colored tape on floor if worn.
 - Set up scale and stadiometer.
 - Set up supplies on the wall grids and shelves (Exhibit 5-1).
 - Complete all start-of-stand QC activities.

Exhibit 5-1. Room 1 shelves with trays containing component supplies



- Exam Room 2
 - Set up scale and stadiometer.
 - Unpack hand grip dynamometer and insert batteries. Store case in the tub.
 - Set up laptop on Q-Stress unit.
 - Set up supplies on the wall grids and shelves (Exhibit 5-2).
 - Attach power cords to Q-Stress unit and treadmill.
 - Complete all start-of-stand QC activities.

Exhibit 5-2. Room 2 shelves with trays containing component supplies



- Dietary/Interview Room

- Physical Activity Monitor (PAM)

- Plug in PAM monitors for charging.
 - Make up a large zip closable bag with PAM supplies to keep in the coordinator area. Within this bag have 5 smaller bags labeled, 1 for each wrist band size with 1-2 of each color band in the bag. Also include a tape measure, scissors, and a few triangle tools.
 - Unpack dietary food model following directions in the *NYFS Dietary Interviewers Manual*.

- Coordinator Area

- Plug in PAM monitors for charging.
 - Make up a large zip closable bag with PAM supplies to keep in the coordinator area. Within the bag have 5 smaller bags labeled, one for each wrist band size with 1-2 of each color in the bag. Also place a few PAM mailers in the shelves above the desk.

- Items to save for pack-up; store in sealed blue tubs in the belly:

- PAM monitor shipping box;
 - Dietary food model bubble wrap;
 - Other packing materials; and
 - Incentive gifts after taking out enough for SPs (store some in waiting area bench).

- Unpack Phone System

- Program in number for the MEC.
 - Test phone system to ensure that key phone numbers (MEC, field office, Terri Jones, Lucy, Jacquie) are working.

5.1.3 Component Workstation Activities

- Test all computers and laptops

- Make sure the coordinator Dymo printer is loaded with the PAM labels.
 - Activate the NYFS staff in EVM (Employee and Visitor Management ISIS app, available through the RD web).

- Complete all activities using the Dry Run Session Checklist (Table 5-1).
- For any problems, call or email Terri Jones or Stephen Bernas.

Table 5-1. NYFS - Dry Run Session Checklist

WORK STATION	APPLICATIONS and FUNCTIONS											
Coordinator	time zone	dymo label	wand	Nurses review	PAM	Coordinator	ROF					
Exam Room 1	time zone	dymo label	wand	Nurses review	PAM	Body Measures	Plank	Muscle Strength	Pull-up	Pull-up Video	LBMS	TGMD
Interview	time zone	dymo label	wand	Nurses review	PAM	Dietary	MEC interview					
Exam Room 2	time zone	dymo label	wand	Nurses review	PAM	Body Measures	Plank	Muscle Strength	Treadmill			

- **Coordinator Workstation – Session Open**
 1. Open the dry run session and check-in all test SPs.
 - Confirm that the physical activity components are blocked.
 2. Complete a nurse review on each computer.
 - Confirm that the physical activity components are unblocked on the coordinator.

- **On Each Workstation**
 1. Ensure that the time zone is correct.
 2. Open the Utility folder on the desktop and print a test label to the Dymo printer (laptops will print at the coordinator).
 3. Open Notepad and use the barcode wand to scan a barcode (bottom of the tissue box, etc.).
 4. Run through each component on the computer using one of the five dry run SPs.
 5. PAM doesn't work for dry run SPs, but make sure that there is a micro-USB cable available to initialize the monitors.

- **Special Scenarios**
 1. Generate an observation for one of the components. This will allow one of the nurses to generate a referral through the Nurse Review application.

2. Generate a referral through the Nurse Review application.
 3. Run one SP through the Treadmill component.
 - Make sure the ISIS application connects to Q-Stress software and is able to enter data from Q-Stress at the end of the exam.
 4. Run SP through Body Measures to make sure that the voice works.
 5. Run SP through the MEC Interview and make sure you get both CAPI and CASI.
 6. Make sure that the pull-up video is installed and plays on the laptop in exam room 1.
- On Coordinator Application – Session Close
 1. When the SPs are no longer needed, check them out and print the Report of Findings (RoF).
 2. Review the referral generated using the Nurse Review to ensure that the signature of the nurse appears on the referral.

When everything has been successfully tested, email Jacquie Hogan, Lucy Leuchtenburg, Stephen Bernas, and Terri Jones to indicate that you have successfully completed all activities on the Checklist.

5.1.4 Prepare for Exam Day 1

- Prepare for first exam day session materials.
 - Print session package.
 - Review appointment schedule and make notes on session preview as needed.
 - Using the Nurse Review application, review SP history and medications.
 - Prepare incentive envelopes for the next day.
 - Place some petty cash in Garfield and lock cash box in desk drawer.
- Nurse manager should call or email Jacquie or Lucy when all activities are completed.

5.2 End-of-Stand Procedures

On the day after the last exam at a stand, the team will inventory the supplies, repack them in the labeled storage containers, and conduct a QC of the equipment. The nurse manager should open the Coordinator application for the current date. There will not be any SPs listed but it will allow entering the end-of-stand QC for each component that requires end-of-stand entries. When finished with entering all of the end-of-stand QC data, close the Coordinator as normal which will mark the session as complete.

5.2.1 Staff Responsibilities

Staff members will take responsibility for each area of the trailer. Areas of responsibility for the end-of-stand are as follows:

- Coordinator Area (includes the waiting area and the bathroom) – Nurse manager
- Exam Room 1 – TGMD room – Exercise technologist
- Exam Room 2 – Treadmill room - Exercise technologist
- Interview Room – Nurse manager
- Inventory the Emergency Kit and First Aid Kit – Nurse manager
- Petty cash and all forms returned to FO – Nurse manager
- Return borrowed supplies to MEC – Exercise technologist

Exercise techs will remain on the MC until the nurse manager completes a walkthrough with the FES and all items have been completed. **At the end of the walkthrough, the nurse manager should call Lucy Leuchtenburg or Jacquie Hogan to confirm that the teardown is complete.**

5.2.2 General Pack-up Items

These steps should be followed in all exam rooms:

- Complete all end-of-stand QC and enter results into ISIS.
- Shut down computers and turn off monitors (see Section 5.2.7 for securing).

- Consolidate Purell hand sanitizer liquid into fewer containers if there is only a small amount left in a container, close the tops tight, and store them in a zip closable bag.
- Ensure that baby oil drop dispensers and large refill bottles are securely closed and placed in a plastic zip closable bag.
- Make sure that all trash is removed from the trailer.

Belly Compartments

Everything must be removed from the belly compartment since the stairs need to travel in the belly.

- Plastic Tubs - Remove all tubs from the belly and use them to pack the supplies on the trailer.
- Wheelchair - Remove from the belly and place it on the floor of the trailer for transit.
- Other - Anything else being stored in the belly needs to be packed in the tubs or secured on the floor of the trailer. Empty boxes or extra packing materials should be disposed of if not needed after everything has been packed.

Items to Return to the MEC

- Oxygen tank and log
- Juice boxes
- Animal crackers

Items to Return to the Field Office by Nurse Manager

- Consent/Assent Forms – Signed
- Unused Consent/Assent Forms
- Visitor Log
- Final petty cash Reconciliation and related reports
- All unused petty cash (take directly from MC to the field office)

- One set of MC keys – coordinator desk and belly compartment
- Travel and Expense Reimbursement (TER) Forms

Items to FedEx to Lucy (Westat, 1445 Research Blvd, Suite 500, Rockville MD 20850)

- Completed inventory sheets
- ALL PAM monitors placed in the cardboard shipping box
- Unused empty PAM monitor cardboard shipping boxes should be returned to CJ at the NHANES warehouse

5.2.3 Coordinator Area Pack-up

- Coordinator Computer
 - See Section 5.2.9, Packing Up the Computer Equipment for Travel.
- Coordinator Printer
 - Place the two padded sides of “pillow” in the corner behind the printer and loosely wrap the fabric around the front. Use the bungee cord to hold the printer to the corner.
- Dymo (Small) Printer
 - See Section 5.2.9, Packing Up the Computer Equipment for Travel (keep labels in printer).
- PAM
 - Remove all monitors from the charging hub and return to the home office.
- Telephone and handsets in exam rooms
 - See Section 5.2.9, Packing Up the Computer Equipment for Travel.
- Coordinator Desk
 - Place all keys related to the MC in the desk drawer except for one key for the desk.
 - Lock the desk drawer.

- Empty the safe; lock the safe door and lock the safe cabinet.
- Return the set of keys (desk and belly) to the field office.
- Coordinator Chair – Turn the chair on its side and slide under the desk (Exhibit 5-3).

Exhibit 5-3. The coordinator's chair stored under the coordinator's desk



- Shelves above the coordinator desk
 - Empty the shelves above the desk (Exhibit 5-4).
 - Empty the wall file folder holders.
 - Remove the shelves and put them in the waiting area bench.

Exhibit 5-4. View of emptied shelves above coordinator's desk



- Shelves above the SP waiting area bench
 - Empty the shelves above the bench.
 - Remove the shelves and put them in the bench.
- Waiting area bench
 - Remove and inventory all items stored in the bench and combine these items with extras currently stored in the plastic tubs in the belly compartments.
 - After putting the shelves in the bench, store additional coordinator supplies as space permits in the bench.
- Supply Tub
 - Store remaining coordinator supplies in the tub labeled “Coordinator Supplies.”
 - Place tub against the front wall in Exam Room 1.
- Bathroom
 - Hook the door at the top so that it cannot slide closed.
 - Empty the water cooler bottle. The FES will coordinate with the rental company to get this returned.
 - Put any loose bathroom supplies (spray Lysol, toilet paper, etc.) in the cabinet.
 - Lock the sink cabinet.
- Hallway
 - Wedge the four folding chairs between the tubs in Room 1.

5.2.4 Exam Room 1

- Using Supply Tubs labeled Exam Room 1:
 - Remove all supply items from the wall grids and place them in the tub (Exhibit 5-5).
 - Wrap any breakable items in bubble wrap.
 - Be sure to securely close and store any items that can spill in a zip closable bag.

Exhibit 5-5. Photo of Exam Room 1 showing supplies packed and stowed



- Body Measures – See your *NYFS Body Measures Procedures Manual* starting on page 2-8 for details regarding:
 - Scale
 - Stadiometer
 - Calipers
- Grip Strength
 - See your *NYFS Muscle Strength (Grip) Procedures Manual* starting on page 2-9 for pack-up details. Since there is not a secure cabinet, store items in the Exam Room 1 supply tub.
- Lower Body Muscle Strength
 - Remove batteries and secure the dynamometers in their cases.
- Pull-up Bar
 - Ensure that all pieces of the bar are attached and locked in place.
 - Lay pull-up bar on its side and place against the front wall.
- Laptop
 - See Section 5.2.9, Packing Up the Computer Equipment for Travel.
- Telephone
 - See Section 5.2.9, Packing Up the Computer Equipment for Travel.

- Wall Fan
 - Disconnect plug from socket.

5.2.5 Exam Room 2

Store filled Room 2 supply tubs in Room 1.

- Using Supply Tubs labeled Exam Room 2:
 - Remove all items from the computer cart and the wall grid and place them in the tub.
 - Wrap any breakable items in bubble wrap.
 - Be sure to securely close and store any items that can spill in a zip closable bag.
 - Be sure to include the following items: electrodes, gauze pads, baby wipes, Purell, and alcohol wipes.
- Body Measures
 - See your *NYFS Body Measures Procedures Manual* starting on page 2-8 for details regarding:
 - Scale
 - Stadiometer
 - Calipers
 - The folding bench should be in the “down” position.
- Grip Strength
 - See your *NYFS Muscle Strength (Grip) Procedures Manual* starting on page 2-9 for pack-up details. Since there is not a secure cabinet, store items in the exam room 1 supply tub.
- Shoe Rack
 - Remove all shoes, cleaner, and other items from the grids and place in the supply tub.
- Telephone
 - See Section 5.2.9, Packing Up the Computer Equipment for Travel.

- Treadmill
 - Turn off the treadmill circuit breaker.
 - Remove the power cord from the power source.
 - Cover the treadmill with a dust cover.
- Wall Fan
 - Disconnect plug from socket.
- Q-Stress System
 - Shut down the computer.
 - Disconnect the power cord.
 - Disconnect the lead cables from the preamp and store them in the storage container.
 - Enclose the computer monitor in the designated soft padding and strap a bungee cord loosely around this to hold it in place without stressing the hardware.
 - Secure the computer keyboard and mouse (with cables still attached) to the top of the Q-stress cart.
 - Remove two bungee cords or tie down straps from the treadmill storage container and secure the Q-Stress cart to the designated wall hooks.

5.2.6 Interview Room

- Using the Supply Tub labeled Interview Room:
 - Remove all items from shelves and place them in the tub.
 - Wrap any breakable items in bubble wrap.
 - Be sure to securely close and store any items that can spill in a zip closable bag.
- Dietary
 - See your *NYFS Dietary Interviewers Manual* starting on page 2-5 for details regarding the pack-up for the dietary items on the wall grids. The Interview Room tub contains bubble wrap from when it was unwrapped.

- Fire Extinguisher
 - Lay this down on the floor between the bench and the wall.
- PAM
 - Place stacking drawers next to the wall in the corner with the drawers facing the wall.
 - Remove all monitors from the hub to return to the home office.
 - Unplug the charging box. Place charging box in the storage bin.
- Interviewer Computer
 - See Section 5.2.9, Packing Up the Computer Equipment for Travel.
- Dymo (Small) Printer
 - See Section 5.2.9, Packing Up the Computer Equipment for Travel (keep labels in printer).
- Interviewer Chair – Turn the chair on its side and brace with the storage box under the desk (Exhibit 5-6).

Exhibit 5-6. Overturned interviewer chair stored under desk



- Wall Fan
 - Disconnect plug from socket.

- Shelves above the desk
 - Empty the shelves above the desk
 - Empty the plastic file folder holder.
 - Remove the shelves and put them in the SP bench (Exhibit 5-7).

Exhibit 5-7. Photo showing interview room ready for travel



- SP bench
 - Remove and inventory all items stored in the bench and combine these items with extras currently stored in the plastic tubs in the belly compartments.
 - After putting the shelves in the bench, store additional supplies as space permits in the bench.
- Telephone
 - See Section 5.2.9, Packing Up the Computer Equipment for Travel.

5.2.7 End-of-Stand Inventory Procedures

The nurse manager prints the “End-of-Stand Inventory Count Sheet” on the last day or two of exams and distributes them to all staff with instructions to inventory specific components. The staff will begin to count inventory as time is available. The staff gives the completed sheets back to the nurse who sends them to Lucy Leuchtenburg. The warehouse manager requests that the following procedures are followed when completing the inventory. See Chapter 6 for more detail.

- Legibly print only one name in the “Counted By” field. This is the person responsible for taking and verifying the inventory count.
- Place a number in each count box; **do not leave any boxes empty** as this implies that the item was not counted.
- Since item units can change, verify the units each time you record a count. Examples of units are pack, each, bag, box, case, roll, tray, bottle, pair, and pouch.
- Do not redefine or reiterate the unit of measure.
- Do not count partial units; record only whole numbers in the “Count” box. Please do not write entries such as: ½, partial, some, many, a few, couple, .5, or multiple.
- If the par for an item is more than one (1) and one of the boxes or containers is open, do not count that container. For example if par for baby wipe containers is 2 and one is open, list 1.
- If the par for an item is only one (1) unit and it is more than half empty, place a zero (0) next to the count unit. Consider whether the next stand will have enough supplies of this item without needing more.
- All active lot numbers and expiration dates are listed on the inventory count sheets if they are applicable for that item. Record the number of supplies remaining for each lot number/expiration date in the count box. If there is no inventory remaining for a listed lot number/expiration date, then place a “zero” in the count box.
- Any item that has expired during the MC site or will expire before the MC reopens at its next location, should be removed from the component. If an item is removed, a “zero” should be entered in the count box on the End-of-Stand Inventory Count Sheet for that item. A Delete/Expired Inventory Count Sheet must be filled out, per component, showing the quantity for each item removed from the component. This additional inventory sheet must be attached to the End-of-Stand Inventory Count Sheet for that component.
- When the PAMS are returned to Westat, write a “0” as the number of PAMS remaining on the MC. Complete a Transfer to Warehouse inventory form to show the number of PAMS returned. Send this form back with the EoS sheets.

- Put “150” next to the two types of incentive gifts that are NOT on that MC. Count the remaining number of the type of incentive gifts supplied on the MC and record it next to that item.
- Do not write any notes, comments, etc. on the End-of-Stand Inventory Count Sheet. If you have any comments or concerns, attach a note to the inventory sheet;

Make a full copy of the inventory sheets and return them to Lucy Leuchtenburg. Use the NHANES Portal to access the Inventory Management Reports and to print the inventory sheets; see Exhibit 5-8 links below.

Exhibit 5-8. Location of Inventory Management Reports on NHANES web site

The screenshot shows the NHANES Reports page. The 'Reports' menu item is circled in red. Below it, a table titled 'Survey Monitoring Reports' lists various reports. The 'Inventory Management Reports' link in the table is also circled in red.

URL	Report No.	Description
Daily Statistics - Daily summary counts	001	Provides Daily Summary Counts of Screener, Relationship, Person, Family and MEC
Daily Statistics - Real time counts	001	Provides Real Time Counts of Screener, Relationship, Person, Family and MEC Exar
Daily Statistics by Segment - Real Time Counts	001b	Provides Real Time Counts of Screener, Relationship, Person, Family and MEC Exar
Key SP Response Rates by Age and Gender	002	The report details key response rates by age and gender for MEC appointment or e
Key SP Response Rates by Race/Ethnicity	003	The report details key response rates by race and ethnicity for MEC appointment o
Key SP Response Rates by Race/Ethnicity & Age	002a	The report details key response rates by Race/Ethnicity and age for MEC appointm
Selected Response Information Summary	005	This report details the response rates for SPs interviewed, MEC appointed and MEC
Race/Ethnicity Summary Report	006	This is a summary report of the interviewed, MEC appointment and MEC examined :
Fasting Text Reminder Fasting Rate Report	217	Monitor how many SPs are giving permission to text, providing cell phone numbers, for different groups.
Difference Between Interviewed and MEC Examined	007	The is a summary report of the number and percent differences between interview
Broken MEC Appointment	023	The reports lists SPs who have not been MEC examined and whose most current MI
SPs MEC Examined in Last Week and Last Day of MEC Exams	185	This is a summary report that reports the number of SPs examined during the last c
Live Somewhere Else Report	184	This report lists the people identified that do not live at the sampled DU.
Equipment Tracking Issues Report	312	Provides details on current and recently closed equipment and trailer issues.
Inventory Management Reports		Inventory Reports including EOS Count Sheets, Transfer Inventory to Warehouse Usage Reports.
Response Rate Report	101	This report displays the unweighted response rates for the various ethnicities/incor
Site Data Details (Study 373)	0401	This is a detailed report used to track complex statistics. These reports are used

Print the MC inventory sheets using the “MEC EOS Count Sheets” link, see Exhibit 5-9.

Exhibit 5-9. Printing the End-of-Stand (EOS) sheets

Inventory System Reports	
INVENTORY PROCEDURES - PLEASE READ Inventory Procedures Document	
MEC Inventory	
MEC EOS Count Sheets	Print blank end of stand count sheets for each MEC component
Transfer Inventory to Warehouse Manifest	Print blank manifest for shipping of inventory back to the warehouse
Removal of Expired/Broken/Missing Inventory Report	Print blank item list for documenting the destruction of expired or broken
MEC Manager Local Purchase List	Print blank form for indicating local purchase supplies needed for the ne

Select the “Stand” and the “Location” (room) (Exhibit 5-10) to generate the count sheets for each NYFS room.

Exhibit 5-10. Separate inventory sheets for each room on the NYFS MC

Print End of Stand Inventory C	
Please select your crit	
Stand:	291 - San Francisco
Location:	<ul style="list-style-type: none">NYFS CoordinatorNYFS Exam Room 1NYFS Exam Room 2NYFS Interview RoomOral Health
<input type="button" value="Go !"/>	

Print the form for each NYFS room and complete the inventory. Be sure to count supplies stored in the supply tubs in the belly compartment (Exhibit 5-11).

Exhibit 5-11. Coordinator EOS inventory count sheet

NYFS Coordinator End of Stand Inventory Count Sheet				
Stand 291 Consumable				
Site ID: MEC 1				
Counted By: _____				
Please return all inventory over par to the NHANES warehouse				
Part #	Description	Par	Unit	Count
EXAM SUPPLIES				
7000HP	Air Sickness Bags	6	each	<input type="text"/>
58-104	Alcohol Wipes	1	box	<input type="text"/>
17-98797E	Ammonia Ampules	1	box	<input type="text"/>
	Lot: W219146			<input type="text"/>
	Exp DT: 04/30/2013			<input type="text"/>
	Lot: 020225			<input type="text"/>
	Exp DT: 01/31/2014			<input type="text"/>
	Lot: W262578			<input type="text"/>
	Exp DT: 01/31/2014			<input type="text"/>
	Lot: W293151			<input type="text"/>
	Exp DT: 04/30/2014			<input type="text"/>
OU-40424	Antiseptic Wipes	20	each	<input type="text"/>
29501	Band-aids (3/4" x 3" Flex Adhesive) - Coverlet	1	box	<input type="text"/>
OU-27816	Gauze Pads (2" x 2") - Sterile	1	box	<input type="text"/>
OU-27818	Gauze Pads (4" x 4") - Sterile	1	box	<input type="text"/>
761282	Gloves, Sterling Nitrile Large - Gray Glove, 100 pairs per box	1	box	<input type="text"/>

5.2.8 End-of-Stand Petty Cash Reconciliation

- After the close of the last exam session, do a final count of the MC petty cash. All money should be removed from any remaining envelopes and “Garfield” and sorted by denominations.
- Do a “Transfer” of the remaining balance to the FO. In comments, write “EOS MC PC back to FO.” This will print out a transfer receipt.
- Complete your final reconciliation for the stand. Your ending “Cash on Hand” should be 0.
- Include the transfer receipt with the final reconciliation report with the zero balance.
- Return the cash, your final reconciliation reports, and transfer receipt to office manager.
- The office manager will count the money and sign the receipt. Stay with the office manager while he or she reviews your final paperwork and counts the returned cash.

Refer to the *NHANES Petty Cash Overview Manual* for further details.

5.2.9 Packing Up the Computer Equipment for Travel

Coordinator

- Disconnect the two cables from the bottom of the Dymo printer. Use the clip to keep the cables from slipping down the hole. Wrap the Dymo in bubble wrap and place it in the equipment bin.

Exhibit 5-12. Securing coordinator's computer for travel

- Place the keyboard on the base of the monitor (Exhibit 5-12).



- Push the monitor down as far as it will go.



- Place the cozy over the top of the monitor with the sock pocket facing the back.



- Turn the monitor so that the screen is facing the wall between the two brackets.

- Place the mouse and the barcode wand in the little pocket.



- Secure the monitor to the wall using the bungee cord.



Phones

- Disconnect all cords and cables from the chargers and the phone system (Exhibit 5-13).

Exhibit 5-13. Packing up the phone system

- Place the handset bases and all AC plugs into the box labeled “Panasonic Phone Chargers.”

Place box in “Equipment Bin.”



- Wrap the phone base unit and all handsets in the bubble wrap sleeves.



- Place all phone equipment, including the two phone cables, into the “Equipment Bin.”



Interview Room

- Disconnect the two cables from the bottom of the Dymo printer. Use the clip to keep the cables from slipping down the hole. Wrap the Dymo in bubble wrap and place it in the equipment bin.

Exhibit 5-14. Securing interview computer for travel

- Place the keyboard on the base of the monitor (Exhibit 5-14).



- Place the cozy over the top of the monitor with the sock pocket facing the back.



- Turn the monitor so that the screen is facing the wall between the two brackets.



- Place the mouse and the barcode wand in the little pocket.

- Secure the monitor to the wall using the bungee cord.



Exam Room Laptops

Exhibit 5-15. Packing up workstation laptops

- Pack both laptops and all accessories in the dual-laptop Targus bag (Exhibit 5-15).
- Yes, it will all fit.



<input type="checkbox"/> laptop	<input type="checkbox"/> laptop
<input type="checkbox"/> 2-part power cord	<input type="checkbox"/> 2-part power cord
<input type="checkbox"/> mouse	<input type="checkbox"/> mouse
<input type="checkbox"/> barcode wand	<input type="checkbox"/> barcode wand
<input type="checkbox"/> mouse pad	<input type="checkbox"/> mouse pad
<input type="checkbox"/> laptop locking cable with key	<input type="checkbox"/> laptop locking cable with key

5.3 Nurse Manager's Quick Checklist for Set-up

PRIORITIES

✿ **Retrieve supplies from FO at your earliest opportunity. These include last minute inventory & supply shipments from the warehouse needed for set up, and stand mail.**

✿ **ISIS Employee Management system: Assign and activate staff first thing in the morning so QC can be done with component setup.**

✿ **Review emails and print any policy memos for staff.**

✿ **Unpack and organize supplies with staff; conduct inventory and component set up; perform walkthrough.**

- Remember to lock all belly compartments when finished with setup.
- Confer with FES on advance arrangements, dumpster location, completion, and outstanding issues if any.
- Contact the FOM to schedule the petty cash transfer.
- Go to the FO and procure the following:
 - Safe key and petty cash transfer;
 - Establish petty cash pickup system with the FOM;
 - Two copies of taxi arrangement information and vouchers, if used;
 - Approximately 10-15 copies each of all consents in English/Spanish to have on hand in the MC, usually organized by the FOM;
 - Two copies of transportation incentives; and
 - Copy of Emergency Procedures.
- Collect start-of-stand inventory sheets from staff, and send via FedEx to warehouse manager; make copies to keep in case of loss.
- Initiate Start-of-Stand Report in ISIS.
- Be aware of issues that need to be entered into the ETS, UFO, or require home office notification; enter into ISIS as needed.

- Meet with staff and cover the following information that you can get from the OM and/or Portal:
 - Obtain staff hotel room numbers; if not staying in hotel, get local contact number;
 - Security issues for the stand and emergency management information;
 - Parking for staff;
 - Any training sessions that may occur during the stand; and
 - Reinforce the time sheet/expense forms due dates.
- Program the FO, HO, and MEC important numbers into the phone
- Update the coordinator notebook with FO documents (emergency procedures, taxi information, etc.).

6. INVENTORY MANAGEMENT

6.1 The Inventory Management System

The ISIS intraweb includes an Inventory Management System (IMS) under the Subsystem header. The IMS includes all NHANES vendors and supplies, and it is used to manage the entire inventory process. A par level (the number of each item required to complete all exams) is established for each MC consumable and nonconsumable piece of equipment. Inventory items are divided into two categories—consumable and nonconsumable. The definition for a consumable item is anything that is typically consumed during an examination. Whereas some items may be used (consumed) in case of emergency, these are still considered nonconsumables since they are not typically consumed during the course of an exam. The inventory system requires that both types of items are counted at the end of each stand, and the count is confirmed at the beginning of the next stand.

The nurse manager uses the IMS to access and print the start- and end-of-stand inventory sheets. The nurse manager reviews and approves the start- and end-of-stand inventory sheets submitted by each staff member and requests additional supplies as needed via the UFO utility. For supply issues, the nurse manager must communicate with the warehouse manager either through the ISIS Equipment Tracking System (ETS) or the Unusual Field Observation (UFO) mechanism, or, if supplies are needed immediately, by telephone or via urgent email. The warehouse and home office will expedite the procurement and shipment of any critically needed equipment for examinations to continue. It is important to note that the inventory system is the required method of ordering and maintaining the correct par level for all examination components. However, sometimes a stand that is busier than usual, or has a very high response rate, may use more supplies than expected. The exam staff are responsible for informing the nurse manager that additional supplies are needed, and the nurse manager informs the warehouse manager.

6.2 Scheduled Inventories

There are two main inventory events for the NYFS: (1) start-of-stand; and (2) end-of-stand inventories. The Inventory Checklist below should be used to complete this process both at the beginning and end-of-stand.

Exhibit 6-1. Start-of-Stand Inventory Checklist

Stand # _____

START-OF-STAND PROCEDURES

- Verify the previous EOS count for each item
- Verify that the start-of-stand shipment contains the exact number of each item listed in the ship to stand box.
- Previous EOS count added to the ship to stand count should equal par value. If it matches, place a checkmark on the right side of the ship to stand count box for each item. If there is a discrepancy, write the physical count on hand to the right of the ship to stand count box per item.
- If the quantity for an item is higher than the set PAR level, notify Lucy Leuchtenburg by email or phone.

Exhibit 6-2. End-of-Stand Inventory Checklist

Stand # _____

END-OF-STAND PROCEDURES

- Print only one name in the “Counted By” field on the first sheet only
- Place a number in each count box. Do not leave any box empty. If there is no stock remaining for a specific item, place a “zero” in the count box. Only use whole numbers.
- Fax or send the completed inventory form to Lucy Leuchtenburg at 301-610-4969.
- Make sure you have accounted for 20 percent overage of your consumable supplies, i.e., cosmetic pencils, gauze, small baby oil bottle, handsoap, RoF and money envelopes.

6.2.1 Start-of-Stand Inventory Procedures

The Start-of-Stand Pull Sheets (SOSPS) include the stand number, site ID (MEC number), and exam supply columns for item number, general item description, previous end of stand (EOS) count number, par level, unit designation, and a ship to stand box. The warehouse manager uses this report to bring each item back to par level. For example, if the previous EOS count (captured by the IMS) is 4 and the par level is 5, the ship to stand count box will contain the number 1. The warehouse manager prints and packs one SOSPS for each component.

The staff is responsible for accurately reconciling the supplies and numbers in the SOSPS. During MC set-up day, staff are responsible for completing the following inventory procedures:

- Reconcile the inventory for each item.
- Verify the previous EOS count for each item.
- Verify that the start-of-stand shipment contains the exact number of each item listed in the ship to stand box.
- If the counts are correct, place a checkmark by each reconciled item; and if there is a discrepancy, write the physical count on hand to the right of the ship to stand check box.
- The staff gives the completed sheets back to the manager who sends them to the warehouse manager. The warehouse manager reviews each sheet and sends additional supplies to the field if necessary.

6.2.2 End-of-Stand Inventory Procedures

The End-of Stand Inventory Count Sheet (EOSCS) includes the stand number, site ID (MC number), a “Counted By:” line, and exam supply columns for item number, general item description, unit designation, and a count box. The nurse manager prints these EOSCSs for every component. **The exam staff are responsible for accurately counting (inventorying) exam supplies and entering this number into the count box.** The staff give the completed sheets back to the nurse manager who sends them to Lucy Leuchtenburg who forwards them to the warehouse manager. The warehouse manager enters the item counts into the Inventory Management System:

- **Legibly print** only one name in the “Counted By” field. This is the person responsible for taking and verifying the inventory count.
- Place a number in each count box; do not leave any boxes empty as this implies that the item was not counted.
- Do not count partial units; record whole numbers only in the count field. For example, if the par for an item is more than one (1) and the box or container is open, do not count that container. If the par for an item is only one (1) unit and it is more than half empty, place a zero (0) next to the count unit. Consider whether the next stand will have enough supplies of this item without needing more. If no supplies are needed, put a zero (0) in the count unit.
- All active lot numbers and expiration dates are listed on the count sheets if they are applicable for that item. If you see a lot number and expiration date, you must put a number (even if it is zero) in this count field.

6.3 Additional Supply Shipments

The warehouse sends supplemental weekly shipments (Wednesday) to the field office. The nurse manager picks up the shipments from the field office and transports them to the MC.

6.3.1 Specific Inventory Instructions

- Since item units can change, verify the units each time you record a count. Examples of units are pack, each, bag, box, case, roll, tray, bottle, pair, and pouch.
- Do not redefine or reiterate the unit of measure.

- Do not write any notes, comments, etc. on the End-of-Stand Inventory Count Sheet. If you have any comments or concerns, attach a note to the inventory sheet.
- Rotate items by first using items you have in the rooms, then items in the belly compartment. Place items you just received in the back of the stock, unless you need them immediately. Only restock your rooms with items that were just shipped to the stand when you are out of that item in your room, unless necessary. Many items such as gloves, alcohol prep pads, electrodes, etc. deteriorate over time. Also remember to use items with older expiration dates first.
- Do not purchase items listed on the inventory sheets. The warehouse stocks every item listed on the inventory sheets; purchasing items locally creates chaos with the Inventory Management System. Contact the warehouse manager before replacing items listed on the inventory with items purchased locally.
- Do not borrow items from other components. Usage is tracked by component. The “Counted By” tech ID is entered into the database to track inconsistencies and trends. Everyone is accountable for his or her component counts.

6.3.2 Shipping Excess Inventory Back to the Warehouse

When shipping excess inventory back to the warehouse, please use the “Transfer Inventory to Warehouse Manifest,” which is found on the intraweb and can be printed by the manager. This form looks similar to the “End-of-Stand Count Sheets.” Print your name in the “Count By” field and indicate next to each item how many units are being shipped back to the warehouse. This information is entered into the Inventory Management System by the warehouse manager and is used to adjust the stand inventory and usage information as well as increase the warehouse inventory counts.

6.3.3 Tracking of Expired and Broken Inventory

Complete the “Delete Expired/Broken Inventory Report” whenever inventory has expired and must be destroyed or has broken and is no longer usable. This report is found on the intraweb and should be completed and forwarded to the warehouse manager so that the expired or broken inventory can be removed from the stand inventory.

7. UNUSUAL FIELD OCCURRENCE (UFO) UTILITY

7.1 Overview of UFO Utility

All NYFS MC staff will document any unusual occurrence during the operation of a stand by using the Unusual Field Occurrence (UFO) utility. This includes SP data protocol, biomedical and exercise equipment, ISIS computer/equipment, ISIS application, inventory/supply, and MC trailer issues. This module has been incorporated into the Utility menu bar option of each application.

When a user creates a UFO, two important pieces of information are included—one is the type of issue, and the second, is the error type (when the issue is an ISIS Application). Not all UFO issues need to report a system error; UFOs can be generated any time the user feels that the application is not working as designed, if the SP data need to be corrected, as well as ordering supplies from the warehouse. UFOs are used to directly report to the home office any issue that the MC staff needs to resolve. Once a UFO is entered, home office staff members are instantly notified. Home office staff link to a web-based review module that allows them to review, add notes, and update the status of each occurrence.

The UFO application is used for the following issues (detailed description of these errors can be found in Exhibit 7-8 on page 7-9):

1. SP data or exam protocol;
2. Biomedical and exercise equipment;
3. ISIS computer hardware and equipment;
4. ISIS applications;
5. Inventory and supply notification;
6. MC trailer issues; and
7. Other issues not identified above.

If the user reports an ISIS Application error, the error type must also be reported:

Error types are defined as follows:

- Dr. Watson Error;
- Database Error;
- System Error;
- Program Error; and
- Other.

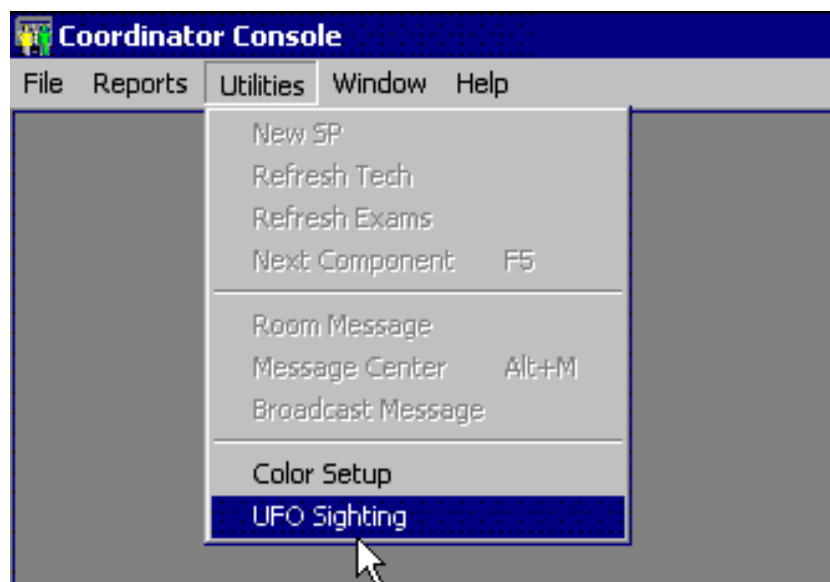
It is important when submitting an UFO, particularly when reporting an ISIS application error, to take a screenshot to preserve the observation. The procedure for taking the screenshot and saving it is described later in this chapter.

7.2 Creating a UFO

7.2.1 Log Onto the Application

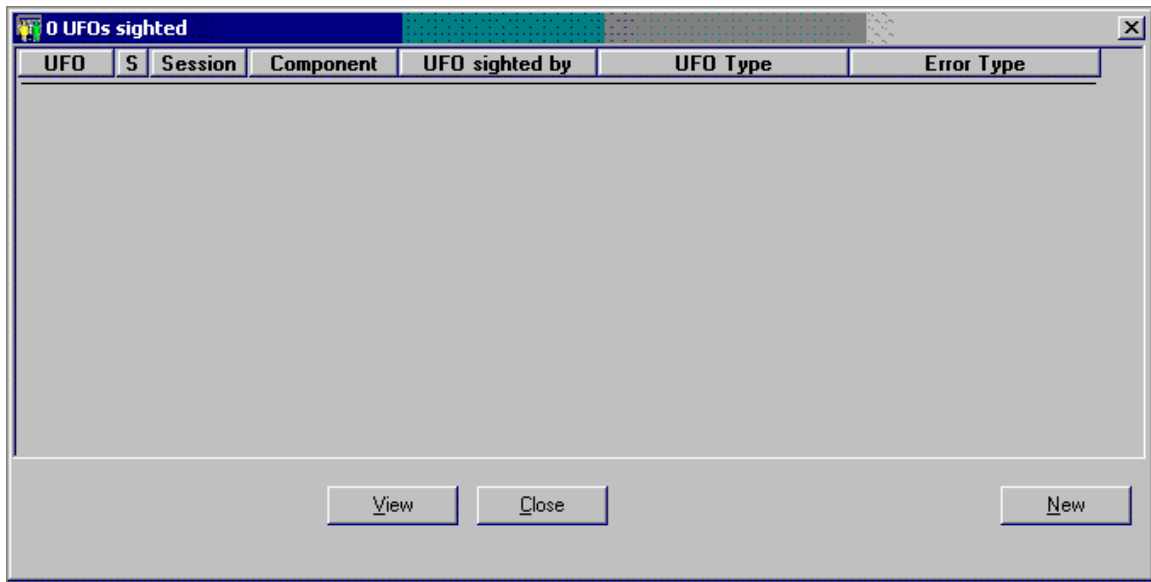
Log onto the application and access the UFO utility (Exhibit 7-1).

Exhibit 7-1. UFO utility



To access the “UFO Sighting” module (Exhibit 7-2) direct the mouse arrow to “Utilities” in the menu bar, left click, drag the arrow to “UFO Sighting,” and left click.

Exhibit 7-2. UFO Sighting module



The “UFOs Sighted” screen includes six column headers and three buttons. This screen is blank if no occurrences have been recorded for the selected session.

The six-column headers are:

- **S** – Status (created, reviewed, finalized).
- **Session** – The session number in which the UFO occurred.
- **Component** – Default.
- **UFO sighted by** – Default.
- **UFO Type** – Pick list.
- **Error Type** – The pick list is enabled if the occurrence is an ISIS application issue.

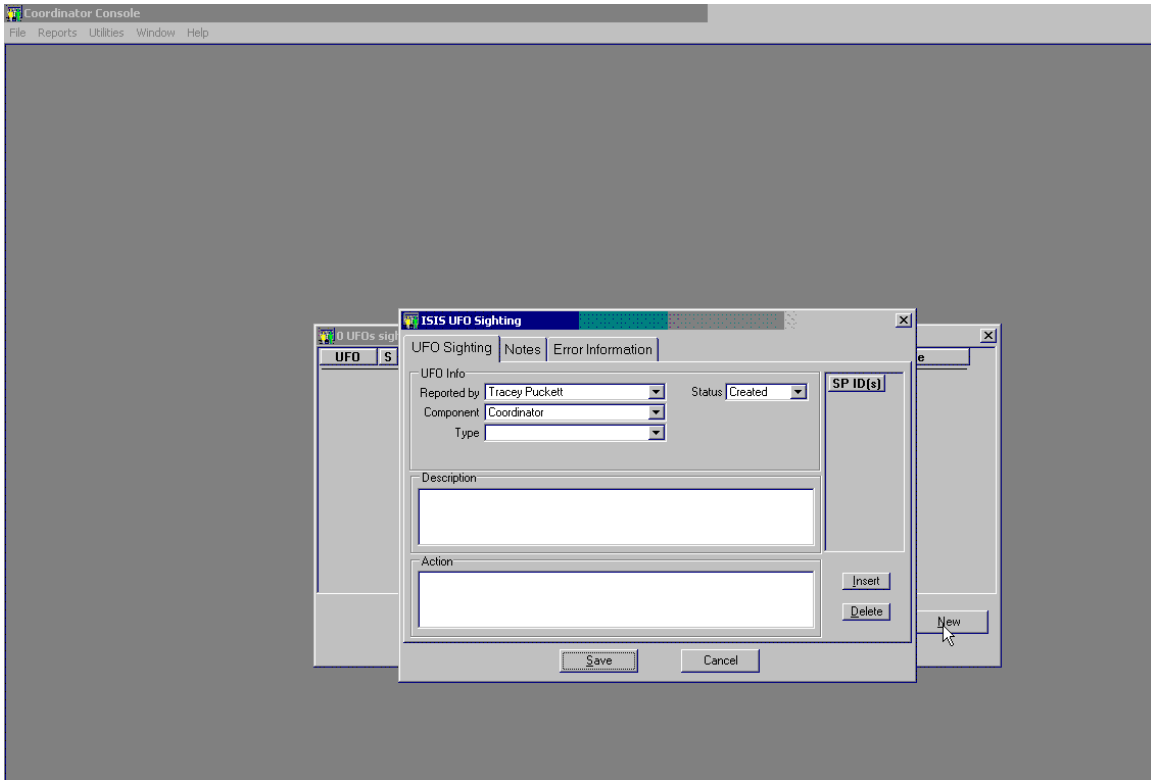
The three buttons are:

- **View** – Displays existing occurrences for this session and component.
- **Close** – Closes the window.
- **New** – Allows the user to add an occurrence.

7.3 Add a New Occurrence

If the “New” button is selected, then an “ISIS UFO Sighting” window displays (Exhibit 7-3).

Exhibit 7-3. UFO Sighting window



There are three file header tabs:

- **UFO Sighting** Use the “UFO Sighting” tab to access and enter the information. This is the default selection.
- **Notes** Use the “Notes” tab to document subsequent action(s).
- **Error Information** The module automatically captures the “Error Information” when an application error is generated.

Use the “UFO Sighting” tab (Exhibit 7-4) to access and enter the information.

Exhibit 7-4. UFO Sighting tab

The screenshot shows a software window titled "ISIS UFO Sighting". It has three tabs: "UFO Sighting", "Notes", and "Error Information". The "UFO Sighting" tab is active and contains a form with the following fields and controls:

- UFO Info:**
 - Reported by: Tracey Puckett (dropdown menu)
 - Component: Coordinator (dropdown menu)
 - Type: (empty dropdown menu)
 - Status: Created (dropdown menu)
- Description:** A large empty text box.
- Action:** A large empty text box.
- SP ID(s):** A column for selecting SP IDs, with "Insert" and "Delete" buttons below it.
- Buttons:** "Save" and "Cancel" buttons are located at the bottom of the window.

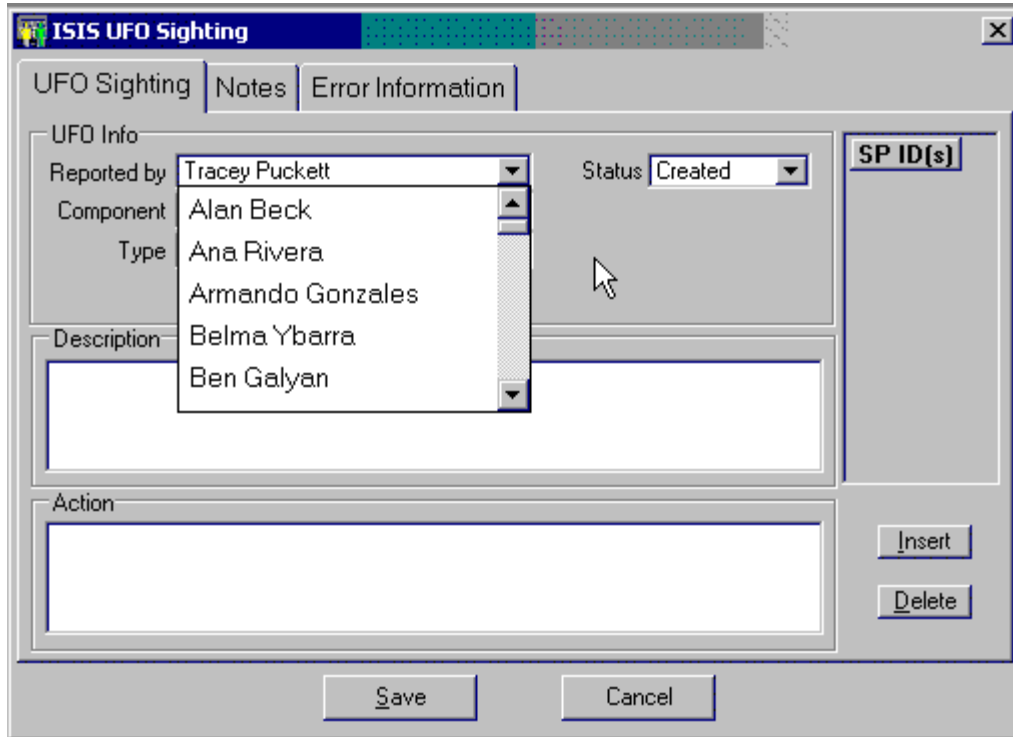
The UFO Sighting screen contains the following items:

- Three drop-down lists:
 1. Reported by;
 2. Component; and
 3. Type.
- A “Status” drop-down list
- A “Description” text box
- An “Action” text box
- An “SP ID(s)” selection column with “Insert” and “Delete” buttons
- “Save” and “Cancel” action buttons

The UFO Sighting screen defaults the “Reported by” and “Component” text boxes to the user who logged onto the application and to the application in use.

If necessary, change the “Reported by” default by using the drop-down lists (Exhibit 7-5) to select the correct staff member from the “Reported by” drop-down list.

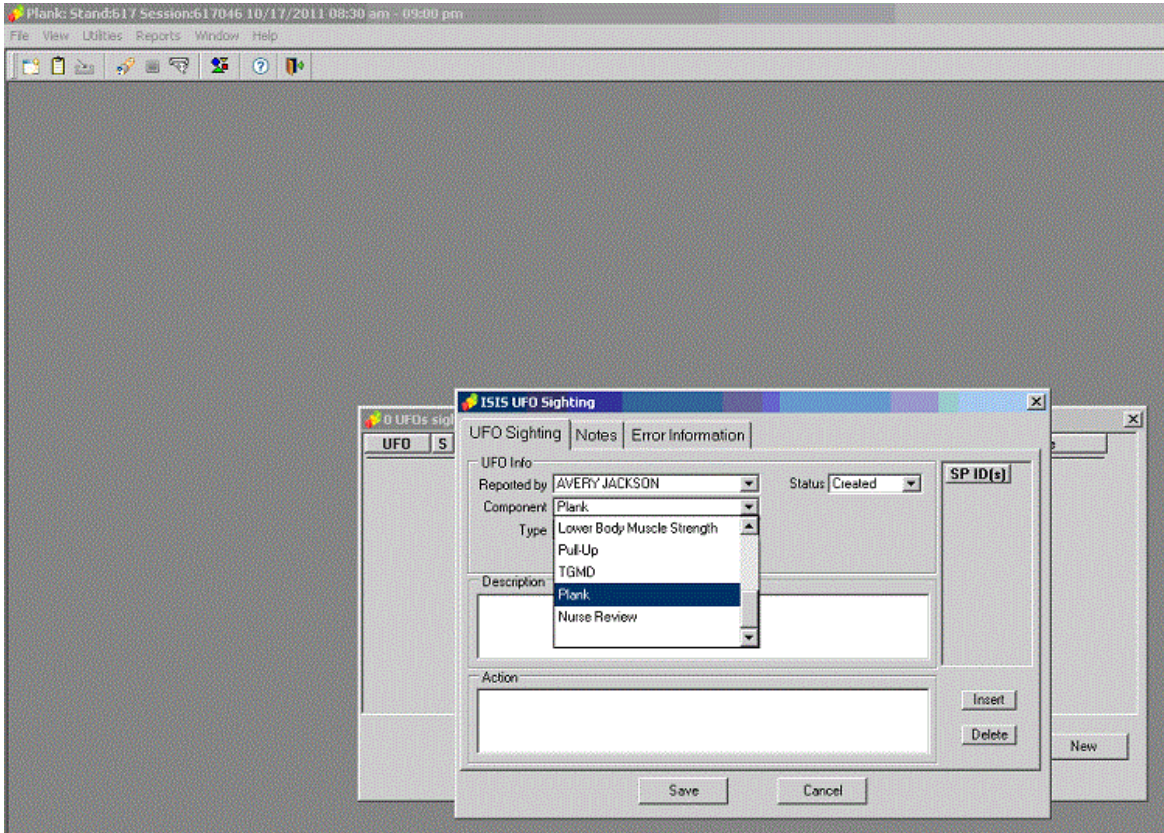
Exhibit 7-5. UFO Sighting drop-down list



To select a different individual, direct the mouse arrow to the drop-down arrow on the drop-down list, left click to display the choices, and drag the mouse arrow to the correct choice and left click.

If necessary, change the “Component” default by using the drop-down lists to select the correct “Component” from the drop-down list (Exhibit 7-6).

Exhibit 7-6. Component choice on UFO drop-down list



To select a different component, direct the mouse arrow to the drop-down arrow on the drop-down list, left click to display the choices, and drag the mouse arrow to the correct choice and left click.

Select a “Type” of issue (Exhibit 7-7).

Exhibit 7-7. Selection of type of issue

The screenshot shows the 'ISIS UFO Sighting' application window. It has three tabs: 'UFO Sighting', 'Notes', and 'Error Information'. The 'UFO Sighting' tab is active. The window is divided into several sections: 'UFO Info' with fields for 'Reported by' (Tracey Puckett), 'Component' (Coordinator), 'Type' (dropdown menu), and 'Status' (Created); 'Description' with a text area; 'Action' with a text area; and 'SP ID(s)' with a text area. A dropdown menu is open for the 'Type' field, listing five options: 'SP Data/Protocol Issue', 'Bio-Medical Equipment Issue', 'ISIS Computer/Equipment Issue', 'ISIS Application Issue', and 'Inventory/Supply Issue'. A mouse cursor is pointing at the 'SP Data/Protocol Issue' option. At the bottom of the window are 'Save' and 'Cancel' buttons. On the right side, there are 'Insert' and 'Delete' buttons.

Issue types are defined as follows:

- SP Data/Protocol Issue;
- Biomedical/Exercise Equipment Issue;
- ISIS Computer/Equipment Issue;
- ISIS Application Issue;
- Inventory/Supply Issue;
- MC Trailer Issue; and
- Other.

Use the scroll bar to view the various types (Exhibit 7-8). To select an issue “Type,” direct the mouse arrow to the drop-down arrow on the drop-down list, left click to display the choices, and drag the mouse arrow to the correct choice and left click.

Exhibit 7-8. Examples of the different types of issues

Issue/occurrence type	Definition	Example
SP Data/Protocol Issue	Use this type to document issues that are related to one or more specific SPs in the session or are related to the protocol.	The timing of the cool down stage for CV Fitness is incorrect.
Biomedical Equipment Issue	Use this type to document issues that are related to a specific piece of biomedical equipment.	The display unit on the scale has stopped working and needs to be repaired.
ISIS Computer/Equipment Issue	Use this type to document issues that are related to ISIS computer equipment only.	The computer does not recognize the PAM monitor device when it is connected via the USB port.
ISIS Application Issue	Use this type to document issues related to specific applications.	When the question “did SP bring inhaler?” is answered no, the SP is not excluded from the treadmill component.
Inventory/Supply Issue	Use this type to document issues with inventory or supplies.	The PAM component is running low on 9” wrist straps and they need the warehouse to send more with the weekly shipment.
MC Trailer Issue	Use this type to document issues related to the MC trailers.	The air conditioner is not working so the nurse manager documents the number of the ETS issue in the UFO.
Other	Use this type to document any other type of issue not captured by the first six.	The telephone lines were not functioning when the nurse manager came to the MC before the morning session.

If the “Type” of issue is a ISIS Application Issue, then an “Error Type” descriptions is required (Exhibit 7-9).

Exhibit 7-9. Error type description

The screenshot shows a software window titled "ISIS UFO Sighting" with three tabs: "UFO Sighting", "Notes", and "Error Information". The "Error Information" tab is active. Under the "UFO Info" section, there are several dropdown menus: "Reported by" (Tracey Puckett), "Component" (Coordinator), "Type" (ISIS Application Issue), and "Error Type". The "Error Type" dropdown is open, showing a list of options: "Dr. Watson Error", "Database Error", "System Error", "Program Error", and "Other". To the right of the "Error Type" dropdown is a field labeled "SP ID(s)". Below the "Error Type" dropdown are two text boxes labeled "Description" and "Action". At the bottom of the window are "Save" and "Cancel" buttons. On the right side, there are "Insert" and "Delete" buttons.

An additional “Error Type” text box displays if the issue “Type” is an “ISIS Application Issue.” To select an “Error Type, direct the mouse arrow to the drop-down arrow on the drop-down list, left click to display the choices, and drag the mouse arrow to the correct choice and left click.

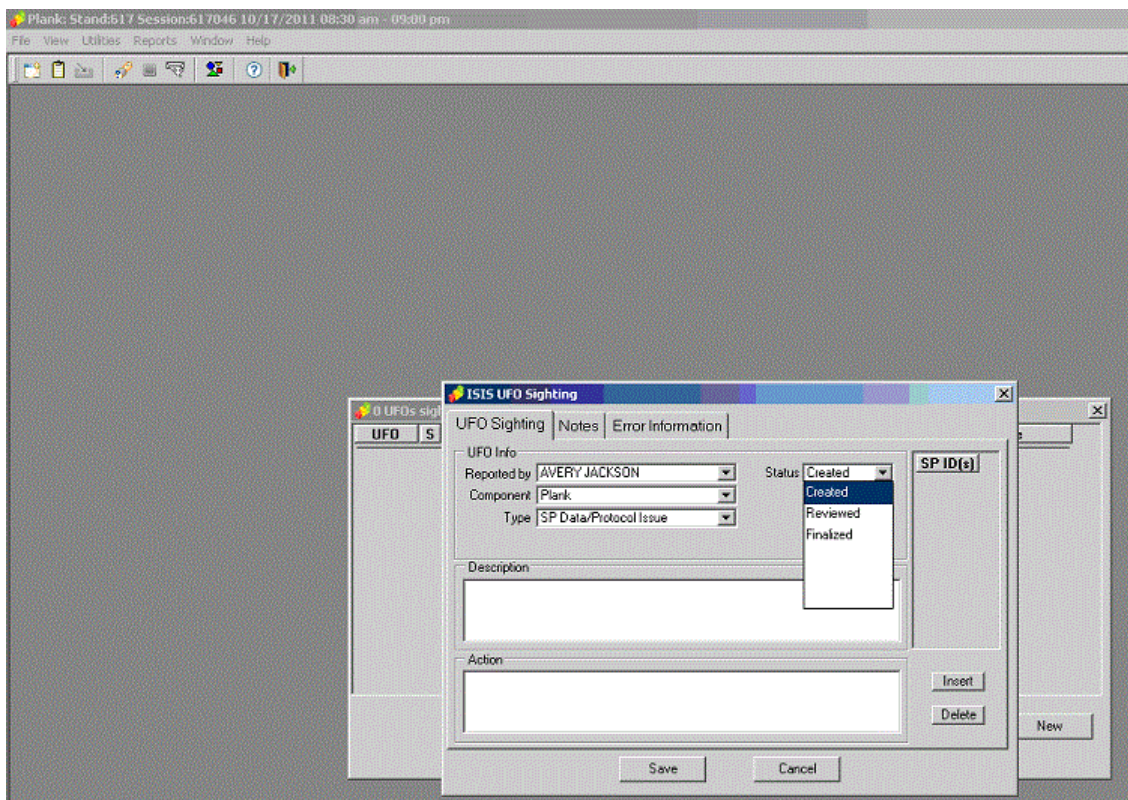
Error types are defined as follows:

- Dr. Watson Error;
- Database Error;
- System Error;
- Program Error; and
- Other.

UFOs are also generated automatically for ISIS Application Issues and Application Generated Errors. The user may not be aware that an application-generated UFO is automatically generated; however, when the UFOs are reviewed, all application-generated errors will appear in the UFO review screen. If a system problem was observed by the user, it is advisable to see if a UFO was automatically generated, and then add any relevant information that might assist ISIS programmers to troubleshoot the application.

Assign a “Status” to an occurrence (Exhibit 7-10).

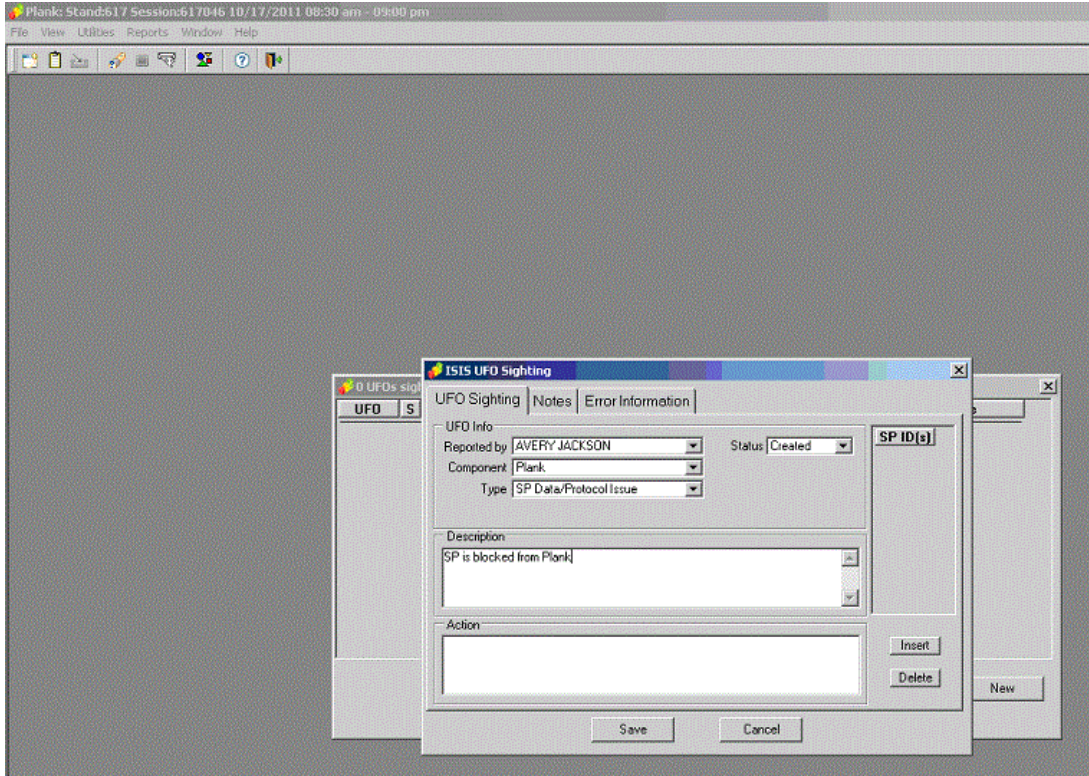
Exhibit 7-10. Status assigned to UFO



Assign a “Status” to the new occurrence. The choices are “Created,” “Reviewed,” and “Finalized.” The “Status” of an occurrence will default to “Created” for all new occurrences. To select a different status direct the mouse arrow to the drop-down arrow on the drop-down list, left click to display the choices, and drag the mouse arrow to the correct choice and left click. Do not set a new UFO as either “Reviewed” or “Finalized.” These are used by the home office only after the UFO issue has been addressed.

Enter a description of the occurrence in the “Description” text box (Exhibit 7-11).

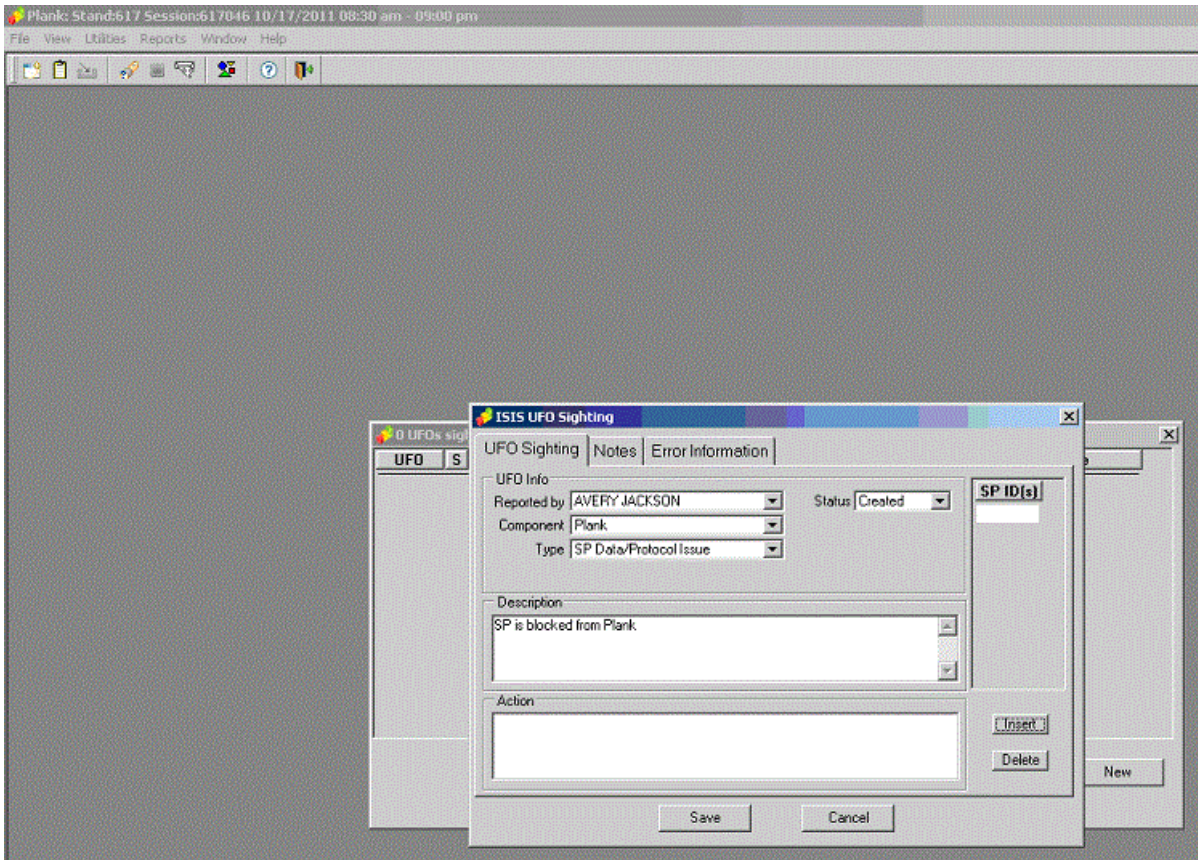
Exhibit 7-11. Description text box entry



Type a description of the occurrence into the “Description” text box. Provide enough information and background to allow the reviewer to understand the details of the occurrence. Type a description of the desired action in the “Action” text box.

It is possible to link a particular occurrence with a specific SP ID (Exhibit 7-12) or link an occurrence to more than one SP scheduled into the session.

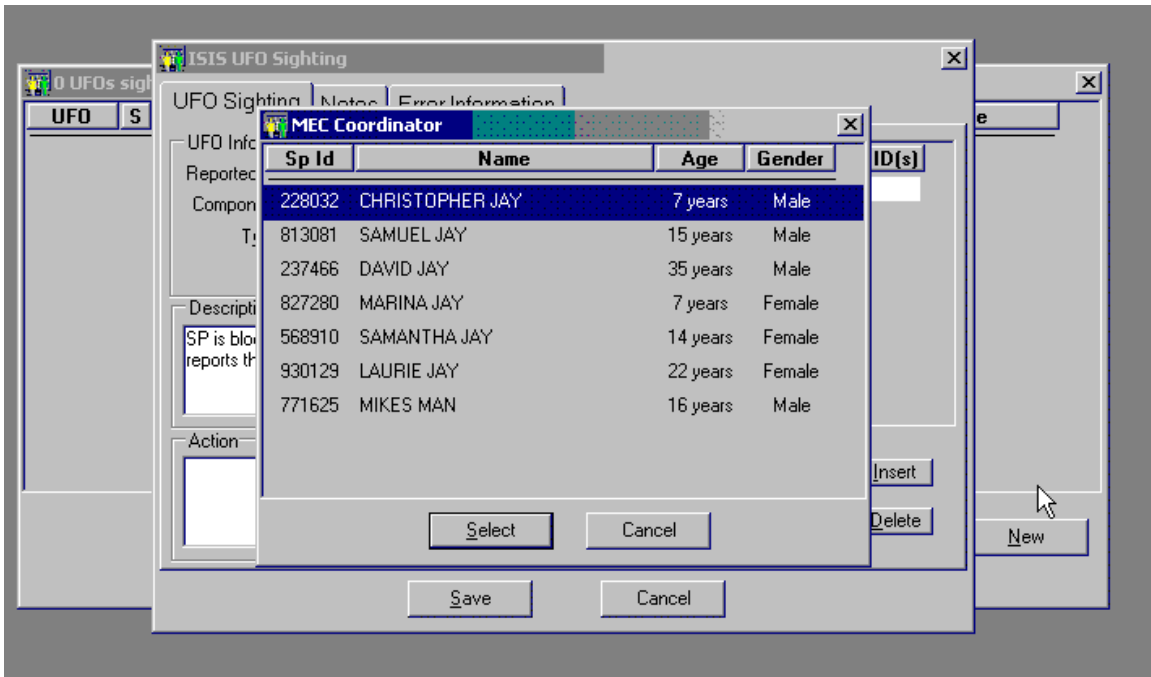
Exhibit 7-12. Linking occurrences with SPs



To link one or more SP ID(s) to a new occurrence, direct the mouse arrow to the “Insert” button and left click or type [Alt] [I/i]. This action adds a blank SP ID text box in the “SP ID(s)” column.

Enter the SP ID(s) into the “SP ID(s)” text box using a pick list (Exhibit 7-13).

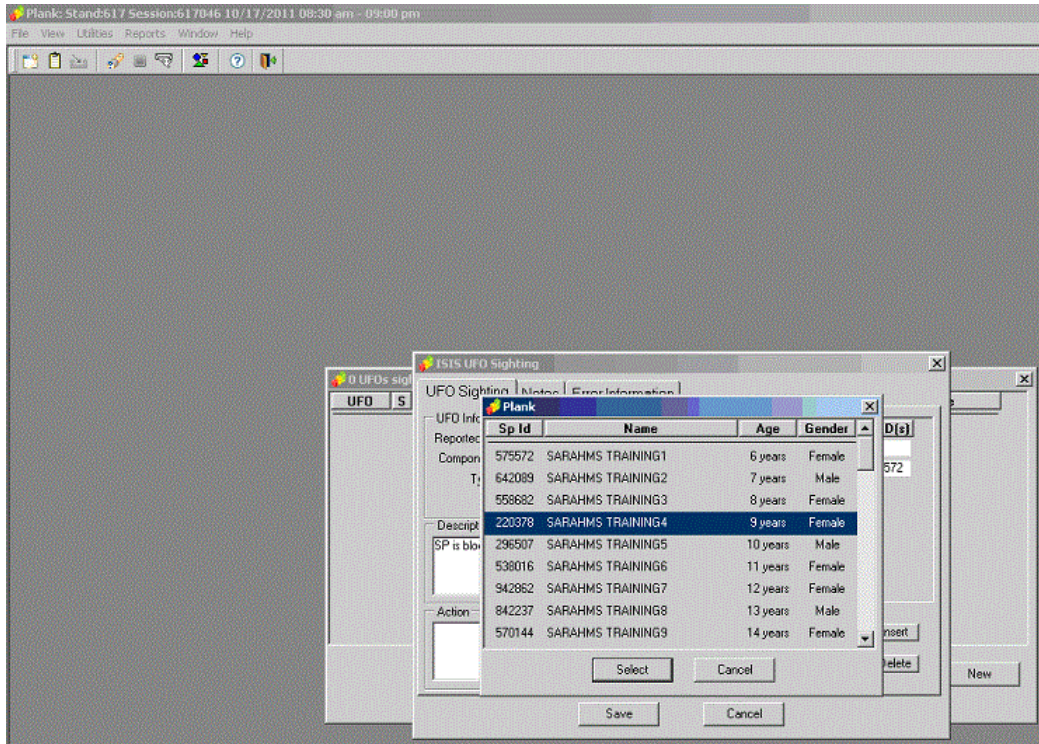
Exhibit 7-13. SP ID text box



To view a pick list of the SPs scheduled into the existing session, place the cursor in the center of the SPID box and double click. A pick list displays that includes the SP ID, Name, Gender, and Age of all the SPs scheduled into the session. To select or highlight a SP, drag the mouse arrow to the correct SP, and left click or use the up and down arrows to move up and down the list. Verify that the SP ID, name, and age are correct. To continue, direct the mouse arrow to the “Select” button and left click, or select [Enter]. To cancel these actions, direct the mouse arrow to the “Cancel” button and left click.

Repeat the process to add SPs to the list (Exhibit 7-14).

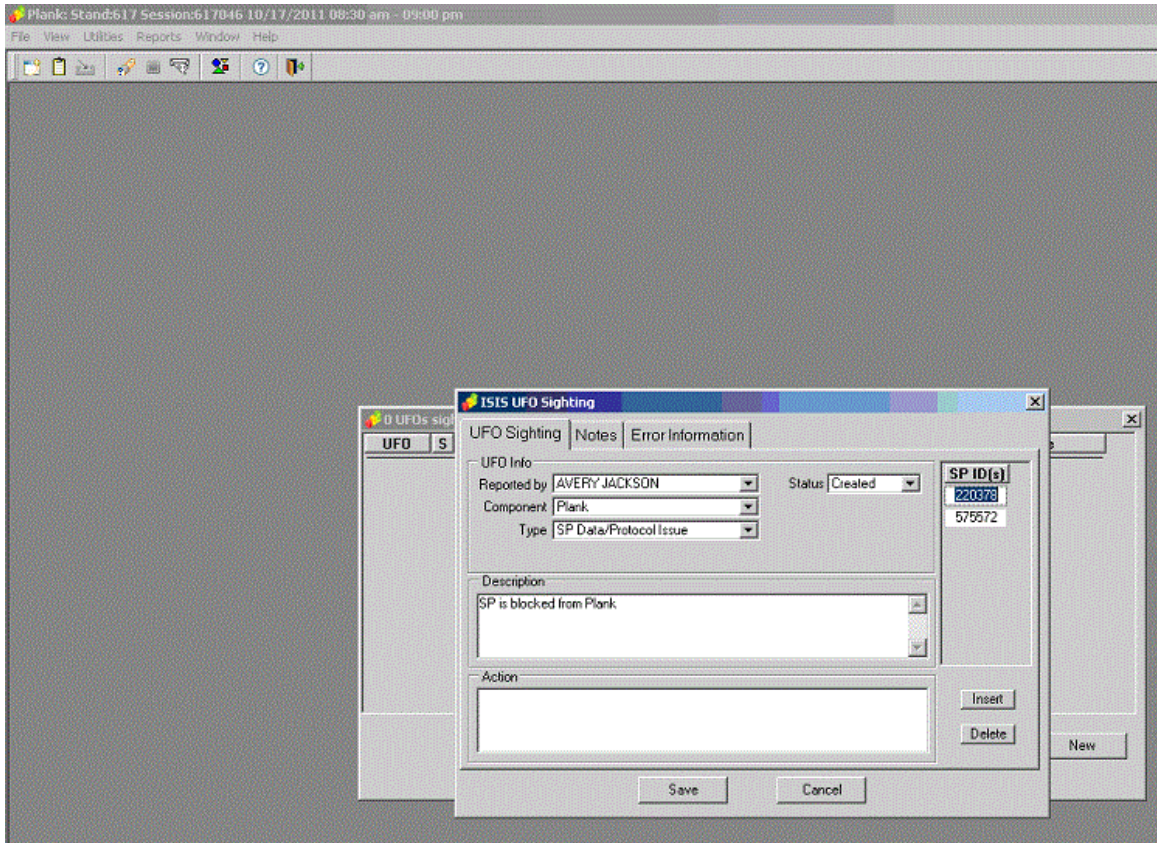
Exhibit 7-14. Adding SP IDs



To add SPs to the list, select the "Insert" button to bring up the pick list of SPs and repeat the previous process.

Review the information on the screen (Exhibit 7-15) for accuracy.

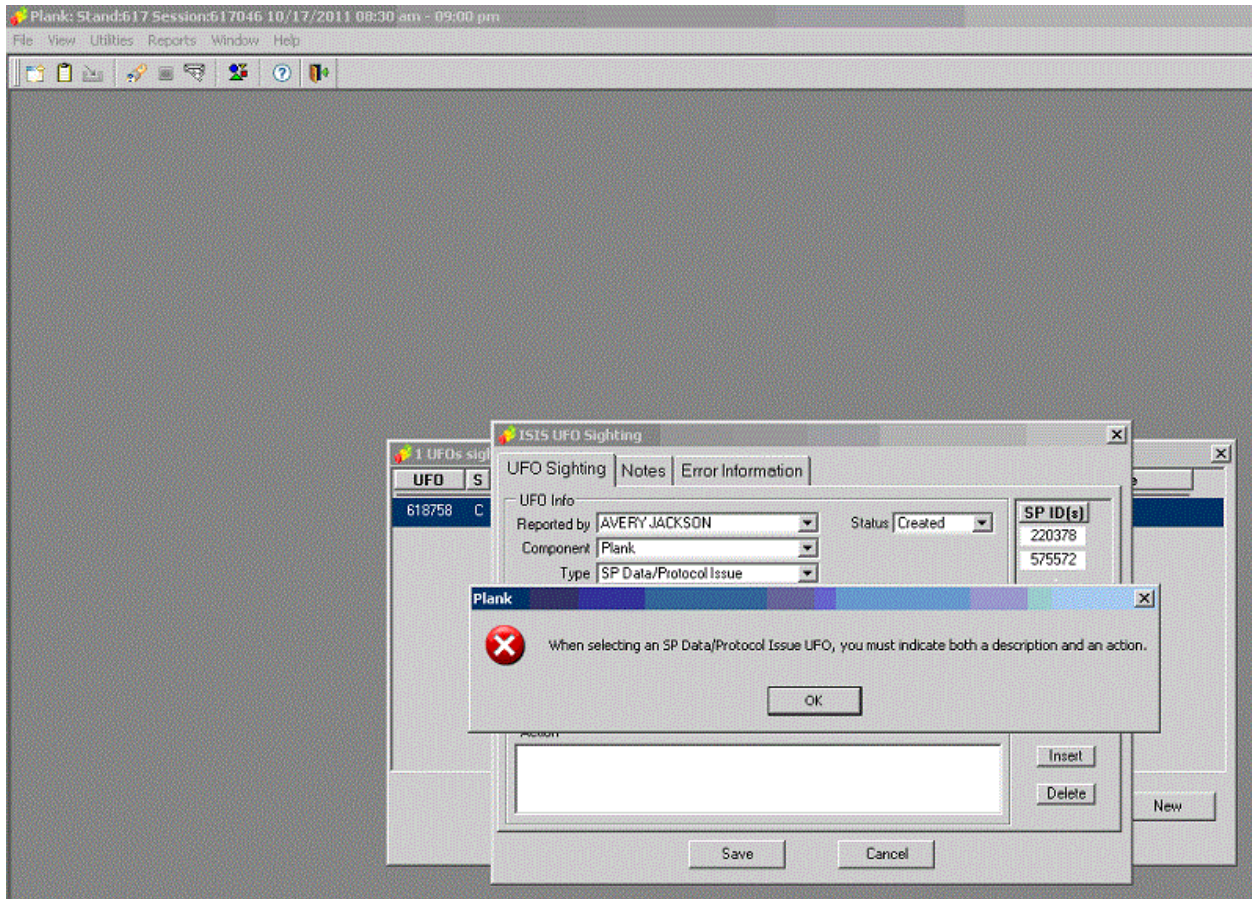
Exhibit 7-15. Reviewing information



To delete a SP ID(s) listed in the SP ID column, direct the mouse arrow to the SP ID text box, and left click. Then direct the arrow to the "Delete" button and left click.

In order to save the UFO information in the database, you must enter both a description and an action in the text boxes or else an error message is displayed (Exhibit 7-16). To exit the module and remove the window without saving any information to the database, use the mouse to direct the mouse arrow to the “Cancel” button and left click.

Exhibit 7-16. Error message when saving information

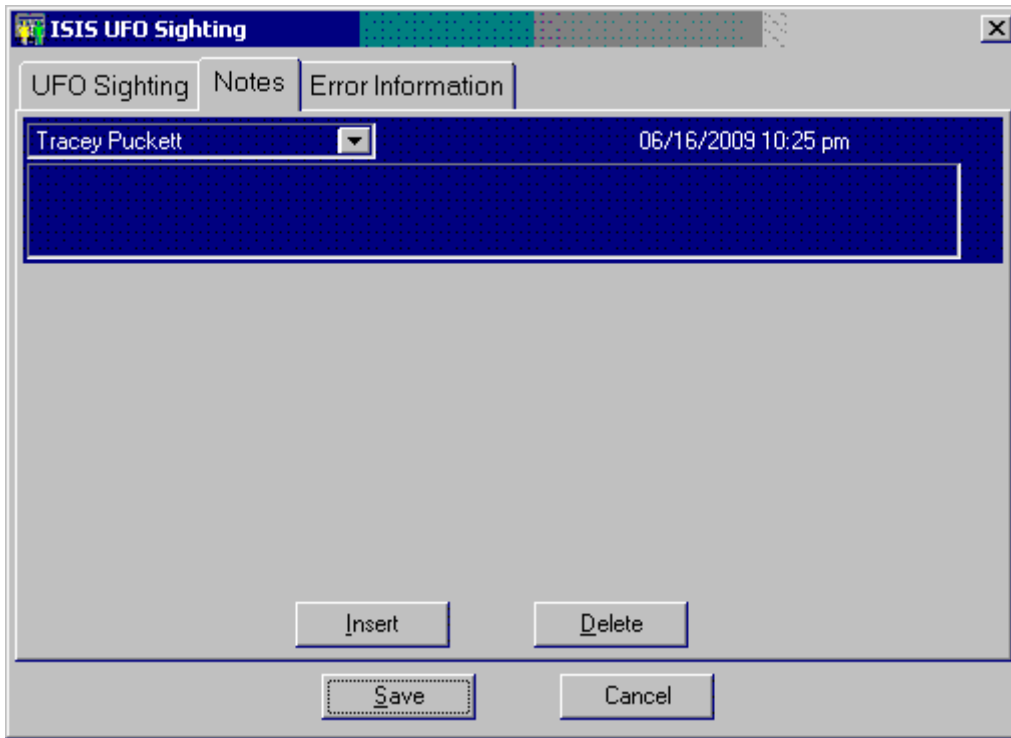


To save the information to the database, direct the mouse arrow to the “Save” button and left click or type [Alt] [S/s].

7.3.1 Add Notes to a New or Existing Occurrence

Use the “Notes” tab (Exhibit 7-17) to enter comments about a new or existing occurrence.

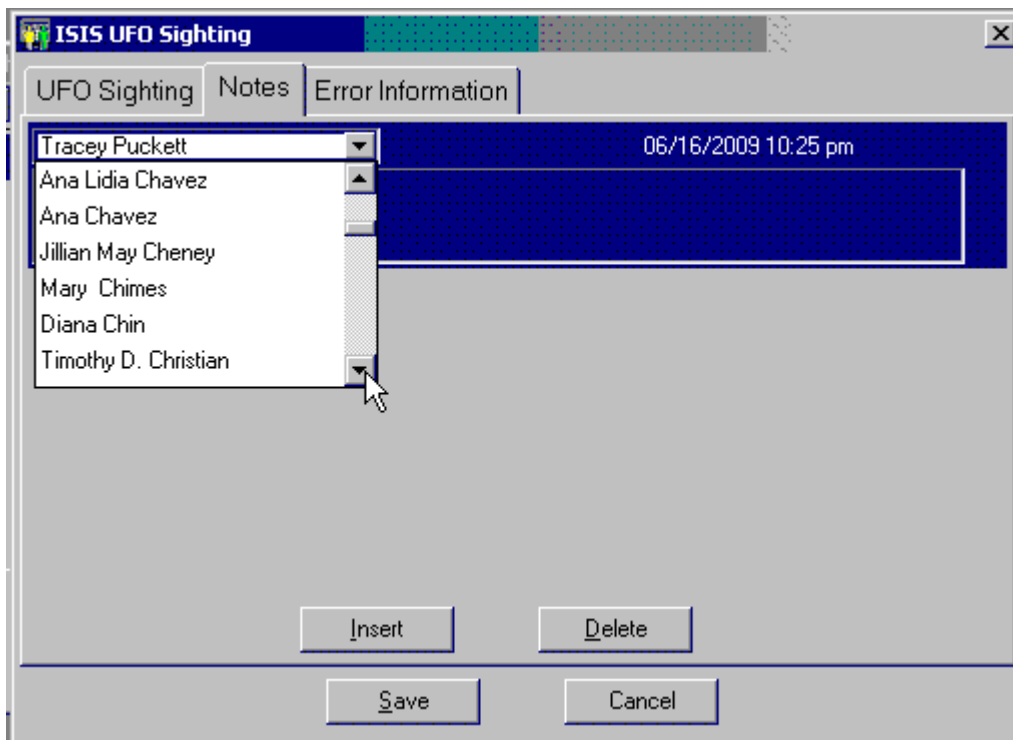
Exhibit 7-17. Notes tab



To move to the “Notes” screen, direct the mouse arrow to the “Notes” text in the top file header and left click. A blank “Notes” text box displays.

The “Notes” screen (Exhibit 7-18) includes the current date, a time, a text box to capture the identity of the person entering the notes, and a blank text box to enter a comment.

Exhibit 7-18. Notes screen

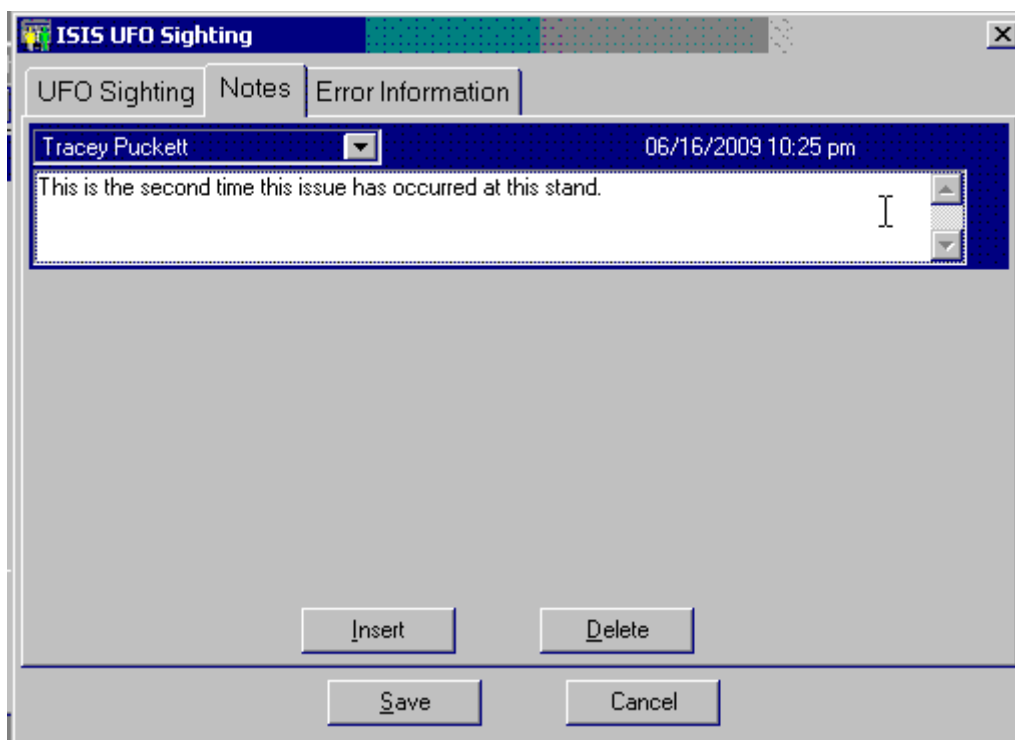


The identity text box will default to the identity of the person who logged onto the application. The current date and time are displayed on the screen. To change the identity of the person entering the note(s), direct the mouse arrow to the drop-down arrow on the drop-down list, left click to display the choices, and drag the mouse arrow to the correct choice and left click. Use the scroll bar to view the entire list.

Use the “Notes” text box (Exhibit 7-19) to record information in the large text box. Examples of the types of notes that are appropriate:

- A backend edit was completed or is needed for SP Data Protocol Issues;
- An Equipment Tracking System Issue (the ETS ID should be noted) was entered for Biomedical, ISIS equipment, or MC trailer issues; and
- An Issue Tracking System form is requested to address specific application issues.

Exhibit 7-19. Notes in text box

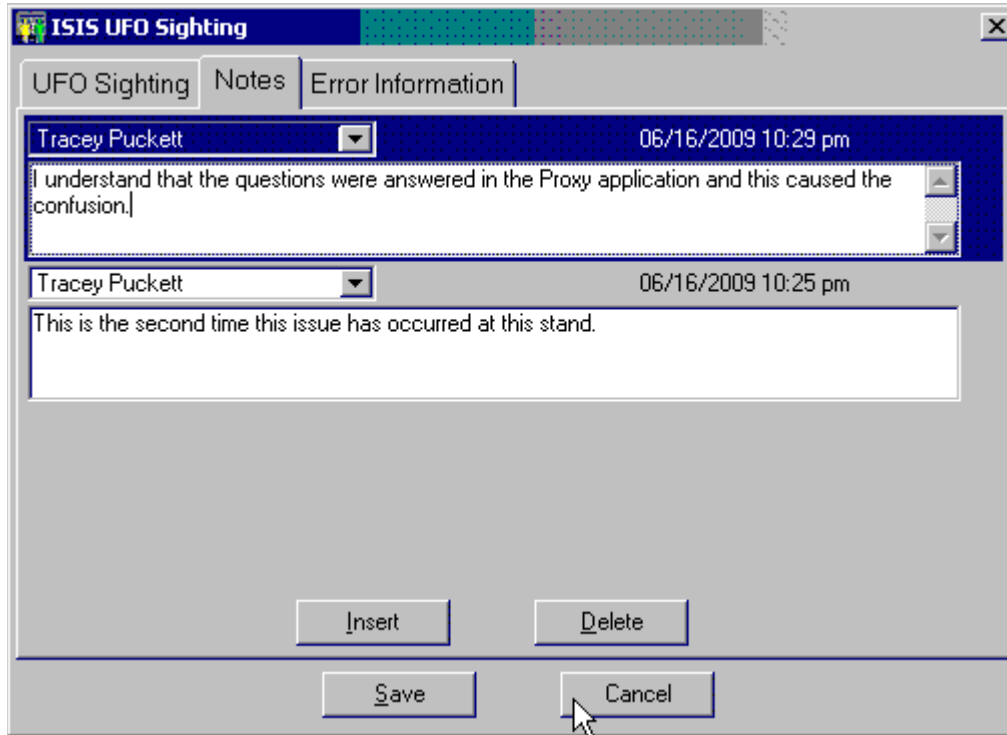


The screenshot shows a window titled "ISIS UFO Sighting" with three tabs: "UFO Sighting", "Notes", and "Error Information". The "Notes" tab is active. At the top of the tab, there is a dropdown menu showing "Tracey Puckett" and a timestamp "06/16/2009 10:25 pm". Below this, a text box contains the note: "This is the second time this issue has occurred at this stand." The text box has a vertical scrollbar on the right. At the bottom of the window, there are four buttons: "Insert", "Delete", "Save", and "Cancel".

To add a note to the occurrence, direct the mouse arrow to the large blank text box, and left click. Type a comment or note using the keyboard keys (Exhibit 7-20).

It is possible to add additional notes by directing the mouse arrow to the “Insert” button and left click.

Exhibit 7-20. Additional notes added



To return to the “UFO Sighting” screen, direct the mouse arrow to either the “UFO Sighting” tab or the “Error Information” tab and left click. To delete the “Notes” text box (es), direct the mouse arrow to the “Delete” button and left click.

7.3.2 Screenshots

One way in which ISIS Application Issues can be investigated more effectively is by reviewing a screenshot of the error message. A screenshot, or visible screen picture, is an image taken by the computer to record the visible items displayed on the monitor. It can be used to demonstrate a program, or a particular problem a user might be having. If the user sees a system error dialogue box, or the application is not functioning as expected, a screenshot should be captured and saved to the hard drive.

Before creating the UFO, capture a screenshot and save it by following these steps:

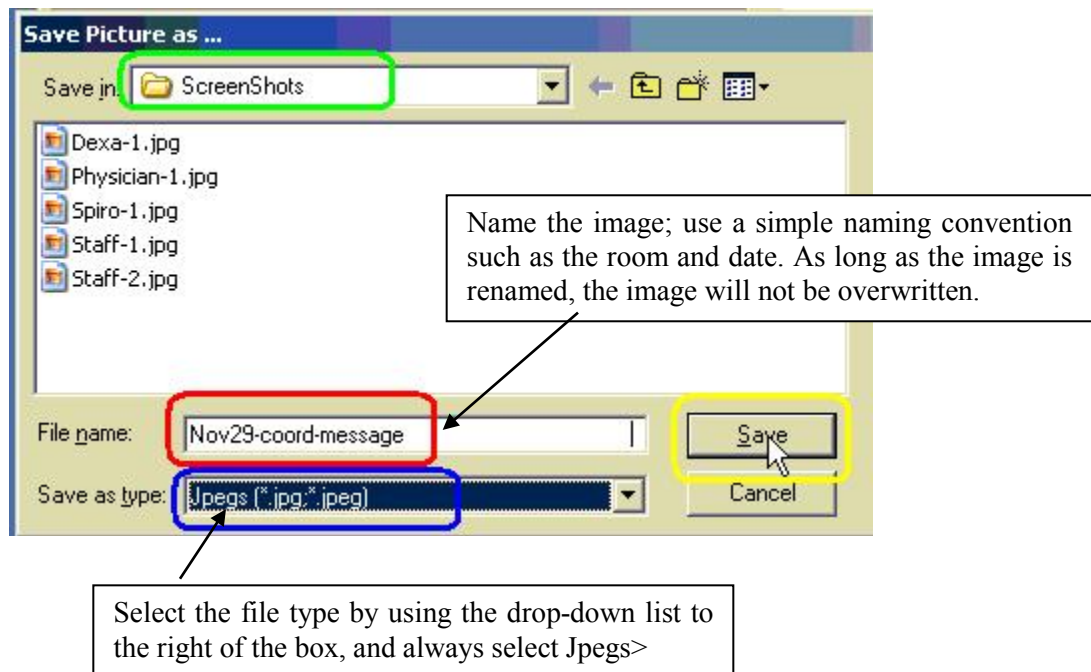
1. Remain on the screen in the application where the error was reported, or other ISIS application issue that should be reported.
2. Press the “Print Screen” key in the function key row.
3. An application will appear as a window called “PrintKey.” It automatically captures an image of the visible computer screen (Exhibit 7-21).

Exhibit 7-21. PrintKey image



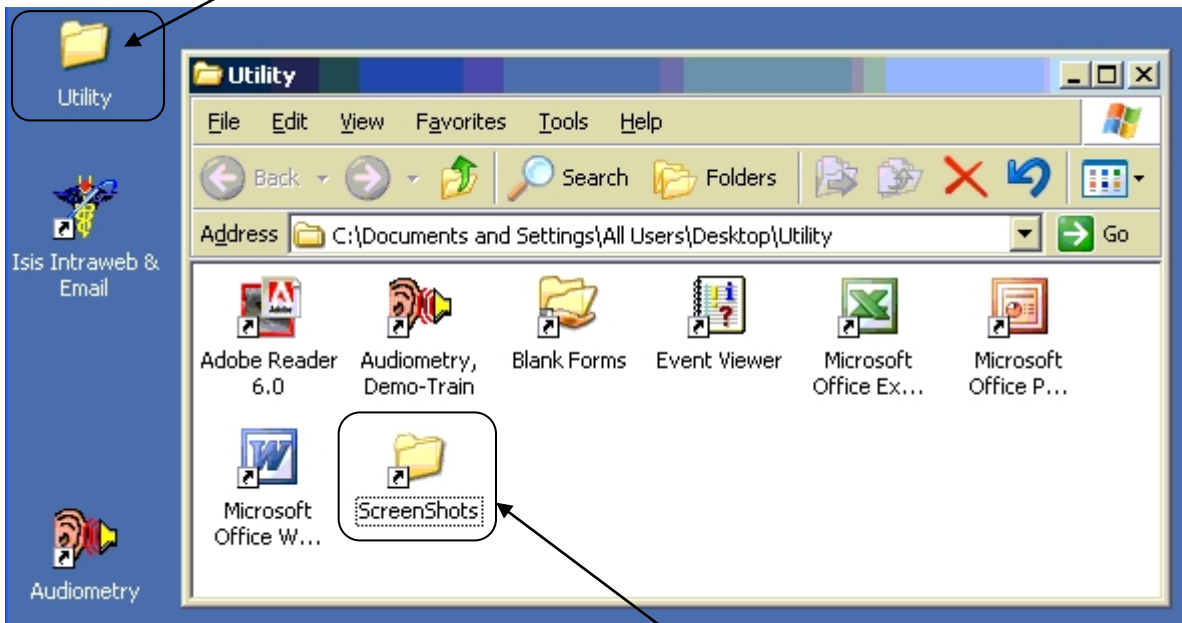
4. The image must be named and saved to the hard drive. To save the image, press the far left icon that depicts a blue floppy disc with the arrow key facing downward.
5. The “Save Picture as...” box below automatically appears (Exhibit 7-22). All screenshots are saved to the “ScreenShots” file. The user must name the file, and designate the file type. If the user does not rename the file, the image will be saved for a short time, and will be overwritten by another screenshot.

Exhibit 7-22. Naming the image file



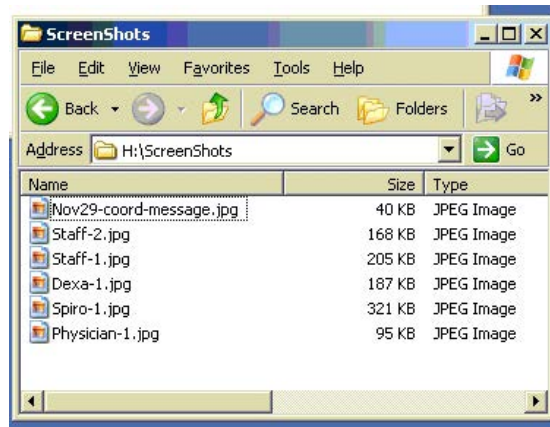
6. Press the Save button, and close the PrintKey application using the right upper corner X. The image is saved and can be retrieved by the home office ISIS staff. Please note in the UFO that a screenshot was taken.
7. If you want to review the image while on the MC, or retrieve it to send in an email, follow these steps to access the screenshot:
 - Every ISIS workstation has a “Utility” folder on the desktop (see Exhibit 7-23).

Exhibit 7-23. Utility folder screen



- Open the Utility folder and select “ScreenShots”—the file that contains the renamed screenshot will appear (see Exhibit 7-24).

Exhibit 7-24. Renamed screenshot



8. CONDUCTING AN EXAM USING AN INTERPRETER

NHANES/NYFS staff members who are bilingual-certified by Westat may conduct their primary examination component in either Spanish or English, depending on the SP's language proficiency and preference. Certified bilingual staff members also function as interpreters for exams performed by English monolingual and noncertified bilingual staff. These guidelines establish the procedures for the use of language interpretation at the NYFS mobile center (MC) for participants who speak languages other than English.

Multilingual individuals are sought to interpret during exam sessions involving SPs who speak languages other than English or Spanish. Often the need for language interpreters is discovered on-site during the household interview stage. The survey field office then makes efforts to identify interpreters through community resources such as service organizations, health departments, hospitals, etc. There may also be survey personnel from the MEC, field office, or household interviewing staff who are fluent in various non-English languages.

The identification of appropriate interpreters (i.e., excluding the SP's relatives or friends) can be a difficult, if not impossible, task to fulfill at times. MC exams that remain incomplete due to a language barrier are coded in the Integrated Survey Information System (ISIS) as "Partial" or "Not Done" with a reason of "Language Barrier."

8.1 Principles of Language Interpretation

The field of language interpretation is growing in response to the heightened awareness of the need for cultural competence in a diverse society. For the purpose of NHANES data collection, language interpretation must be standardized as much as possible.* Untrained bilingual individuals are often unaware of the role of the interpreter, the ethics of interpreting, the techniques involved in accurate communication while staying in the background, and the vocabulary common to a health interview. Inevitably they make mistakes, and mistakes in a research care setting can result in flawed data. The following are common misconceptions and assumptions about what interpreting involves.

* Please see Attachment A, Interpreter Protocol, at the end of this chapter for a summarization of the interpreter role.

8.1.1 Interpret vs. Translate

The terms “interpret” and “translate” have similar definitions and are often used interchangeably:

- Interpret – To explain the meaning of; to conceive the significance of; to translate orally; and
- Translate – To render in another language; to put in simpler terms; to explain.

The major difference between the two terms is that an interpreter relays a message orally, whereas a translator works with the written word. Consequently interpreters and translators develop different skill sets. Interpreters must have the capacity to work “on the spot” and convey spoken words from one language to another, in both directions. In contrast, translators require strong writing abilities and will typically convert written text from a second language into their native language, in one direction.

8.1.2 Two Common False Assumptions

Two false assumptions are commonly made with regard to language interpretation:

1. False: A person who is bilingual is automatically assumed to be able to function as an interpreter.

In truth, bilingual individuals who have not received interpreter-specific training are more likely to add or omit information in the exchange between the examiner and the SP. They also have a tendency to interject their own opinions and assumptions into the discussion, resulting in the transmission of incomplete and/or inaccurate information. This introduces bias in the study data and potentially threatens the SP’s safety and well-being. In addition, untrained interpreters are more apt to engage in conversations with the SP or examiner that are unrelated to the examination. These extraneous exchanges or “side conversations” are counterproductive to the survey: time is wasted during the exam; both the examiner and SP become distracted from the task at hand; and the SP may feel ignored or even offended.

Under ideal circumstances SPs should not rely on their own family members or friends as interpreters, for the same reasons described above. Moreover, using interpreters with whom the SP has an existing relationship places the SP's confidentiality at risk. Despite these factors, SPs often prefer to use a family member or friend to interpret for them. Some SPs may even refuse to participate in the study unless a relative or friend accompanies them to the MC as their personal interpreter. For confidentiality purposes, survey staff will conduct MC examinations on these SPs with the exception of portions involving disclosure of sensitive information. For obvious reasons, children must never be used as interpreters; friends and family members 18 years or older may serve as interpreters.

2. False: Working Effectively Through an Interpreter Comes Naturally

How to work through an interpreter is often taken for granted. Using an interpreter to communicate is not as straightforward as is commonly assumed. In the context of NHANES/NYFS, examiners who have little experience working through interpreters are more likely to avoid speaking to the SP. This alienates the SP by converting the exchange into a dialogue solely between the examiner and the interpreter. Side conversations also become more tempting when the examiner and interpreter exclude the SP from the interaction. Additionally, when the examiner addresses the interpreter instead of the SP, this ignores the fact that many SPs can understand English despite limited English-speaking ability. Initially it may feel strange for the examiner to address the SP directly, for fear of being impolite. In reality the opposite is true: It is disrespectful to avoid speaking to the SP on the assumption that she or he cannot understand.

Examiners who are unfamiliar with language interpretation tend to speak in long segments. Or they speak too fast for interpreters to completely and accurately express the information. Also, individuals often make the unconscious mistake of patronizing or infantilizing adults with limited English proficiency. Another common oversight is to raise one's voice when the issue is a language barrier rather than a hearing impairment.

8.2 NHANES / NYFS Interpreter and Examiner Protocol

8.2.1 Interpreter Protocol

The role of the interpreter is to provide the link between the examiner and the SP. The interpreter offers a channel through which statements are conveyed from one language into another. The procedures outlined below are to be followed by all NHANES/NYFS interpreters:

1. Interpreter Introduction

State your name and role to the SP. Introduce yourself and tell the SP that you are the interpreter. The examiner may also initiate the introduction.

2. Interpret in the First Person “I”

Do not use, “He said, she said...” when interpreting what the SP or examiner has said.

At first the practice of speaking in the first person can be difficult to adopt because it seems unnatural to speak as if you were someone else. However, this is one of the most important procedures to follow during interpretation. The interpreter is the voice, or mouthpiece, of both the SP and the examiner.

Using the third person, e.g., “He says he listened to loud music...” or “Her hearing is better in her left ear...” takes away the voice of the person for whom you are interpreting, and excludes him or her from the dialogue. In this example from the MEC audiometry exam, the interpreter should state: “I listened to loud music...” or “My hearing is better in my left ear...” Interpreters should always speak as if they were the person who made the statement.

3. Positioning and Eye Contact

Use positioning and eye contact to foster the relationship between the examiner and SP.

While you are interpreting, it is perfectly acceptable to look down and avoid eye contact. The interpretation process should promote eye-to-eye contact between the examiner and the SP. Another option is to look at the person being addressed rather than the speaker. Regardless, the situation should not seem disrespectful to the SP. Eye contact with the examiner or the SP is fine. However, sometimes avoiding eye contact encourages the SP and examiner to address each other, and discourages side conversations.

The interpreter's position in the room can facilitate the discussion between the examiner and the SP. Ideally, to stimulate eye contact between the examiner and the SP, the interpreter should be placed beside or slightly behind the SP. Alternatively, placing the interpreter in the middle of a triangle can also encourage eye contact. For some examination components, the size and layout of the MEC room will ultimately determine where the interpreter stands. Either way, the goal is for the SP and examiner to engage each other.

4. Use Existing Translations

Do not offer your own translation when a translated version is provided. For languages without a translated version, translate the English text out loud. In both cases, it is not necessary for the examiner to read the English translation before the interpreter begins. However, if the interpreter cannot read well enough, then the examiner should read the English text out loud and have it interpreted.

In many NYFS components hard-copy scripts are posted on the exam room walls for the examiner's reference. The scripts consist of either standardized (required word-for-word) or suggested language depending on the examination protocol. Whenever possible, a translation is provided for wall scripts and language that the examiner says to the SP from the computer screens. To view the English or Spanish version on the screen, the examiner presses "Ctrl-E" or "Ctrl-S," respectively. Adherence to existing standard or suggested translated scripts is required as this provides quality control in three ways:

1. Ensures protocol standardization;
2. Provides consistency across interpreters; and
3. Prevents wasted exam time due to unfamiliar vocabulary.

5. No Side Conversations

Avoid extraneous conversations with the examiner or SP during the examination. Side conversations between the interpreter and the examiner are impolite and unprofessional whether or not the SP fully understands what is spoken. Regardless of their language proficiency, people can sense meaning from others' body language and intonation. Outside discussion between the interpreter and SP during an exam wastes time. It is also distracting and discourteous to the examiner. However, the SP will often initiate conversation with the interpreter. To politely dissuade the SP, the interpreter can simply offer to talk more after the exam is finished. In such cases, always be sure to inform the examiner so that he or she understands what is going on.

6. Basic Responsibilities

In addition to the procedures described above, NHANES interpreters are expected to assume the following basic responsibilities:

Professionalism and Confidentiality – The interpreter must exhibit professionalism at all times and maintain the confidentiality of the examiner-SP dialogue. As well as adherence to the interpreter protocol, important aspects of professionalism include: being courteous but not overfriendly; being honest but tactful; and showing respect to the examiner and the SP.

Accuracy and Completeness – The interpreter should accurately and completely convey statements made by the SP and the examiner. This does not mean that a literal translation is necessarily appropriate. Sentence constructions inherently vary from one language to another, and certain phrases do not carry the same meaning across multiple languages. In short, interpreters must accurately relay the full meaning and spirit of what is said, rather than a literal interpretation per se, which conveys all of the words but not always all of the meaning.

The interpreter needs to communicate **everything** that is spoken by the SP and examiner. The same applies to hard-copy scripts that the examiner asks the interpreter to read to the SP. Interpreters sometimes make the mistake of omitting statements that they judge as unimportant; or summarizing statements instead of providing the full translation. However, the interpreter's role is **not** to decide what statements are relevant—no matter how familiar the interpreter becomes with the exam component. Doing so withholds information from the examiner who is the person responsible for the component. In the end, not providing full disclosure may jeopardize the SP's safety or well-being.

Cultural Bridge and Knowing Limits – Interpreters need the ability to serve as a cultural bridge between the SP and examiner, while keeping within the limits of the interpretation process. Besides repeating what the SP says to the examiner, certain instances may call for the interpreter to explain the cultural context of a specific statement. However, great care should be taken to provide **only** the essential, cultural background information. Interpreters must always refrain from adding personal assumptions or unnecessary comments to the SP-examiner dialogue. If the interpreter does not know the correct term for a word used by either the SP or the examiner, the interpreter should offer a translation of its meaning in plain language. Guessing or making up terms is not acceptable. Finally, if the interpreter does not understand something that was said, he or she should ask for clarification in order to provide a complete and accurate interpretation.

8.2.2 Examiner Protocol

This section describes the procedures for all NHANES/NYFS examiners when working with interpreters:

1. Interpreter Introduction

Introduce the interpreter to the SP. Give the interpreter's name and tell the SP that he or she will be the interpreter. The interpreter may also initiate the introduction.

When working with non-MEC staff interpreters (i.e., locally contracted employees, other field survey staff, relatives or friends of the SP, etc.), prior to the exam it is recommended that the examiner establish the fundamental procedures that the interpreter should follow. Below is a brief, suggested script:

“I will speak to [SP] directly. Please repeat **exactly everything** I say to [SP], and **exactly everything** that [SP] says. For example, if [SP] asks a question, repeat the question to me.”

Covering these basic points with non-MEC staff interpreters can go a long way toward helping you perform the component smoothly and collect valid survey data. This is especially true when the interpreter has limited knowledge of interpretation techniques, such as in the less favorable (but sometimes unavoidable) cases of interpreters who are the SP's relatives or friends. In the beginning these individuals may find it odd for the examiner to address the SP instead of them, unless you inform them beforehand.

2. Address SP Directly

Speak to the SP as if he or she understands everything. The examination should not consist of conversations between the examiner and the interpreter about the SP. The examiner should address the SP directly (e.g., “Do you have...”) instead of the interpreter (e.g., “Ask him if he has...”); and the interpreter should answer as if he or she were the SP (e.g., “Yes I have...”). This keeps the examination correctly centered on a dialogue between the examiner and SP, the same as with exams involving English-speaking SPs. Also, maintaining the interpreter strictly as an information conduit treats the SP with professionalism and respect, and facilitates complete and accurate data collection.

3. Speak at a Moderate Pace, in Shorter Segments

Do not make many statements before allowing the interpreter to repeat them. When the interpreter is not able to properly convey everything you say during the exam, the likelihood of losing study data increases. The transmission of incomplete information or misinformation can also threaten the SP's health and safety. Finally, if the interpreter needs to ask you to repeat yourself, this will most likely result in frustration for both parties, repeated interruption of the exam flow, and wasted survey time. By speaking at a reasonable pace and in shorter segments, the examiner gives the interpreter the best opportunity to relay information correctly and efficiently.

4. Cue Interpreter

Pause or glance at the interpreter to prompt him or her when to interpret. Do not assume that the interpreter automatically knows when to begin speaking. While you are addressing the SP, the interpreter focuses on memorizing your speech to be able to repeat it to the SP in the other language. Also, the interpreter constantly monitors your communication to ensure that you are not saying too much for him or her to remember precisely. With this in mind, pause purposefully after speaking a few phrases to let the interpreter know when to begin. A quick look or nod toward the interpreter also serves as a helpful cue.

For languages that have been translated, point the interpreter to the translated script and ask him or her to read it out loud. You do not have to say the English version first. Allow the interpreter to read the existing translation, no matter whether the script is standardized or suggested.

For languages that have not been translated, direct the interpreter to the English script and ask him or her to translate the text out loud. As in the case of the translated languages, you do not have to say the English version first. However, if the interpreter cannot read well enough, then read the English script out loud and have it interpreted.

5. No Side Conversations

Avoid unnecessary conversations with the interpreter during the examination. To reiterate, side conversations between the examiner and the interpreter are impolite and unprofessional, regardless of whether or not the SP fully understands what is spoken. Worse, some SPs may assume the conversation is about them and feel offended.

8.3 Non-MEC Staff Interpreters

Apart from bilingual MEC/MC staff, NHANES/NYFS interpreters are typically recruited from several main sources: local community organizations; other survey personnel such as household interviewers or field office staff; and, as a last resort, relatives or friends who accompany SPs to the MC. Non-MEC staff interpreters assist operations in two situations concerning SPs with limited English proficiency as described below.

8.3.1 Non-MEC Staff Interpreter Orientation

When non-NHANES/NYFS staff interpreters arrive at the mobile center, the nurse manager or staff provide a brief orientation and tour of the MC. To allow time for the orientation, interpreters are asked to arrive prior to the beginning of the first session for which they will interpret. During the orientation, interpreters are introduced to MC staff members and to the various examination components that will require their assistance. At this time emergency exits and other critical safety information are explained. Moreover, if time permits, the nurse will review the protocol described in Attachment A with the interpreter. Finally, the nurse should answer any questions the interpreter has regarding the survey or the procedures he or she is expected to follow.

8.4 Westat Bilingual Certification

NHANES/NYFS field staff members who are not certified by Westat as bilingual must use an interpreter to conduct exams on SPs who only speak Spanish, Korean, Chinese, and Vietnamese. This policy was established by NCHS in conjunction with its Ethics Review Board (ERB). In accordance with this policy, Westat utilizes a certification process for classifying field staff as English-Spanish, English-Korean, English-Chinese, and English-Vietnamese bilingual. The goals of the certification are:

- To ensure that all SPs who participate in the survey receive the same access and treatment; and
- To establish a minimum level of proficiency among bilingual survey staff.

Bilingual certification is required for permanent and contracted survey staff to serve as interpreters during the conduct of MC examinations. The certification process is open to all survey staff and consists of an oral and written assessment administered through Westat. There is no certification process for languages other than Spanish, Korean, Chinese, and Vietnamese.

Noncertified examiners should not direct an SP in any way during an examination. This includes parts of study protocols that contain either standardized or suggested scripts, or unscripted language. The noncertified examiner will address the SP directly in English, and the interpreter will relay information between the examiner and SP. The MC anthropometry exam is the only exception: due to the nature of this component, it would be acceptable for a noncertified examiner to use Spanish words during the exam to direct the SP **for the purpose of positioning for body measures**. However, a Spanish interpreter must always be assigned to the component as long as the examiner is not certified.

Any examiner who is not Westat-certified as bilingual should feel free to use any language to communicate with SPs when he or she is **not** conducting an exam. Motivation by staff members to improve their proficiency is welcomed **outside of exam components**. Conversations with SPs, friends, and family members in the MC reception area, or with staff offer excellent opportunities to practice. Moreover, conversing with SPs in their native language tends to contribute very positively toward their experience in the MC.

8.5 Interpreter Protocol

This document summarizes the interpreter protocol for NHANES/NYFS mobile center examinations involving sample persons (SPs) who speak languages other than English. The role of the interpreter is to provide the link between the examiner and the SP. The nurse manager should provide a copy of the interpreter protocol (Attachment A) to the interpreter and then discuss its contents with the interpreter.

The NHANES/NYFS survey uses standardized scripts for its examinations to ensure quality and consistency and to avoid wasted time due to unfamiliar vocabulary. The translations of all Spanish scripts have been approved by a designated team of qualified Spanish translators. When interpreting, you will be given or directed to the written script appearing on a card, on the wall, or on a computer screen. Read all scripts word for word as they are written.

8.5.1 Interpreter Introduction

State your name and role to the SP. Introduce yourself and tell the SP that you are the interpreter. The examiner may also initiate the introduction.

8.5.2 Interpret in the First Person “I”

Do not use, “He said, she said...” when interpreting what the SP or examiner has said. For example, instead of saying, “He says he listened to loud music...” the interpreter should state, “I listened to loud music....” The interpreter is the voice, or mouthpiece, of both the SP and the examiner.

8.5.3 Positioning and Eye Contact

Use positioning and eye contact to foster the relationship between the examiner and SP. The interpretation process should promote eye-to-eye contact between the examiner and the SP. The interpreter may use eye contact, but it is also acceptable to look down and avoid eye contact while interpreting. The interpreter’s position in the room—standing between the SP and examiner or beside either one—can also facilitate the examiner-SP dialogue.

8.5.4 Use Existing Translations

For Spanish interpretation, do not offer your own translation when the Spanish version is already provided. Read the script out loud, word for word, exactly as it is written. For interpretation of another foreign language, translate the English text out loud. In both cases, it is not necessary for the examiner to read the English translation before the interpreter begins. If the interpreter cannot read well enough, then the examiner should read the English text out loud and have it interpreted.

8.5.5 No Side Conversations

Avoid unnecessary conversations with the examiner or SP during the examination. Irrelevant discussions or “side conversations” between the interpreter and the examiner are impolite and unprofessional whether or not the SP fully understands what is spoken. However, the SP will often initiate conversation with the interpreter. To politely dissuade the SP, you can simply offer to talk more after the exam is finished. In such cases, always be sure to inform the examiner so that he or she understands what is going on.

8.5.6 Basic Responsibilities

All NHANES/NYFS interpreters are expected to assume the following basic responsibilities:

Professionalism and Confidentiality – The interpreter must exhibit professionalism at all times and maintain the confidentiality of the examiner-SP dialogue. As well as adherence to the interpreter protocol, important aspects of professionalism include: being courteous but not overfriendly, being honest but tactful, and showing respect to the examiner and the SP.

Accuracy and Completeness – The interpreter should accurately and completely convey statements made by the SP and the examiner. This does not mean that a literal translation is necessarily appropriate. Interpreters must accurately relay the full meaning and spirit of what is said, rather than a literal interpretation per se, which conveys all of the words but not always all of the meaning.

The interpreter must communicate **everything** that is spoken by the SP and examiner. The same applies to hard-copy scripts that the examiner asks the interpreter to read to the SP. The interpreter’s role is **not** to decide what statements are relevant—no matter how familiar the interpreter becomes with the exam component.

Cultural Bridge and Knowing Limits – Interpreters need the ability to serve as a cultural bridge between the SP and examiner, while keeping within the limits of the interpretation process. Besides repeating what the SP says to the examiner, certain instances may call for the interpreter to explain the cultural context of a specific statement. However, great care should be taken to provide **only** the essential, cultural background information. Guessing or making up terms is not acceptable. If the interpreter does not understand something that was said, he or she should ask for clarification in order to provide a complete and accurate interpretation.

8.6 ISIS Interpreter Module: Management of Interpreters and Interpreter Information – Innovative Interpreter Enhancements

Applications and processes have been enhanced to improve the documentation that identifies the source of interpreters, scheduling of interpreters for MEC/MC appointments, capturing information about payment of interpreters, training of interpreters, and an evaluation of the interpreters' performance.

Interpreters will be traced in the Employee and Visitor Management subsystem (Exhibit 8-1). The interpreters module will be accessed in a manner similar to the visitors module. Mandatory fields are highlighted in yellow.

Exhibit 8-1. Interpreter window

The screenshot shows a 'New Interpreter' window with the following fields and controls:

- Prefix: dropdown menu
- First Name: text field (highlighted in yellow)
- Middle Name: text field
- Last Name: text field (highlighted in yellow)
- Suffix: dropdown menu
- General tab (selected)
- Address: two text fields
- Organization: text field
- InterpreterSource: dropdown menu (highlighted in yellow)
- City: text field
- State: dropdown menu
- Zip Code: text field
- Age Range: dropdown menu
- Telephone: () - text field
- Ext.: text field
- Fax: () - text field
- Gender: dropdown menu
- e-Mail: text field
- Rate: text field (highlighted in yellow)
- Employee Evaluation: dropdown menu
- Comments: large text area
- Buttons: OK, Cancel, Help

The interpreter module there will gather the following information about the interpreter:

1. **Interpreter Source** – Where the interpreter was found. Sources are:

1 = Relative Living in Household

2 = Non-Relative Living in Household

3 = Neighbor, Relative, or Friend **Not** in Household

4 = Community Organization

5 = Local Business

6 = NHANES Employee

7 = Professional Interpreter Agency

99 = Other

2. **Employee Evaluation** – This will be populated by the field office and provides information about the general performance of the interpreter (if a hired interpreter) such as if he or she showed up as expected, worked well with staff, etc. Evaluation items are:

1 = Excellent

2 = Very Good

3 = Good

4 = Fair

5 = Poor

3. **Age Range** – Age ranges are as follows: (1) 18 – 29; (2) 30 – 59; and (3) 60+.

A Languages tab will be provided to allow the user to enter all of the languages that the interpreter is able to interpret.

8.6.1 Petty Cash Subsystem

Petty cash will be modified to track payments to interpreters. As illustrated in Exhibit 8-2, when the Interpreter category is selected, the payment window changes to show a payee drop-down list that contains a list of interpreters entered through the Employee and Visitor Management system. Interpreter names cannot be manually entered. A nonmodifiable rate text-box appears showing the interpreter's rate entered in Employee and Visitor Management. The user enters the number of hours that the interpreter worked and the interpreter's transportation expenses. The system will then calculate the transaction amount by multiplying the rate by the number of hours entered and adding the transportation amount.

Exhibit 8-2. Petty Cash Payment window

The screenshot shows a software window titled "Petty Cash Payment" with tabs for "Deposit", "Advance", "Payment" (selected), and "Transfer". The "Payment" tab contains the following fields:

- Payee:** A drop-down menu with a callout box stating: "This drop-down will ONLY contain the list of interpreters who were entered through EVM. You will not be allowed to manually type in a name."
- Category:** A drop-down menu with "Interpreter" selected.
- Comment:** A text input field.
- Final Receipt:** A checkbox.
- Receipt Date:** A date input field.
- Reason no receipt:** A text input field.
- Trans Number:** 43003488
- Date:** 04/02/2010
- Rate:** 40.00 (with a callout box: "The rate is automatically retrieved from a value that was entered when the interpreter was set up in EVM. You cannot change this value.")
- Hours:** An empty input field.
- Transportation:** .00
- Amount:** An empty input field (with a callout box: "This system will calculate the amount by multiplying the rate by the number of hours entered and adding in the value indicated for transportation.")
- Created by:** Bernas, Stephen
- Buttons:** Save and Cancel.

8.6.2 Appointment Management

The Appointment Detail screen of Appointment Management, as illustrated in Exhibit 8-3, will be modified to include the following two additional fields:

1. **Interpreter Required Flag** – If an interpreter is indicated as being used in the household questionnaire, an interpreter required flag will be set to “Yes” to indicate that an interpreter needs to be scheduled for the MC appointment.
2. **Notification to Send Materials In a Specified Language** – This is a required field and will be used by the system for all automatically generated correspondence (e.g., reminder letters, Report of Findings, referrals).

Language:	Send Materials In:
English	English
Spanish	Spanish
Korean	Korean
Vietnamese	Vietnamese
Chinese (Mandarin)	Chinese Simplified
Chinese (Cantonese)	Chinese Traditional
Any other language	English

8.6.3 Coordinator System – Interpreter Check-In Module

As illustrated in Exhibit 8-3, the Coordinator application will have a new window that allows the coordinator to view the interpreters who are scheduled to come to the MC for the current session and who they will be interpreter for.

Exhibit 8-3. Coordinator Interpreter Check-in module

The screenshot shows a window titled "Interpreter Checkin" with two sections for interpreter information. Each section includes a dropdown for "Interpreter Assigned", a date field for "Scheduled Date", and checkboxes for "Arrived At Mec" and "Reminder Call to Interpreter Made?". There are also text input fields for "Source", "Phone", "Age Range", and "Gender". A "Trainings" section lists "Interpreter Protocol/Role on NHANES Examination Overview (on the MEC)". "Ok" and "Cancel" buttons are at the bottom right.

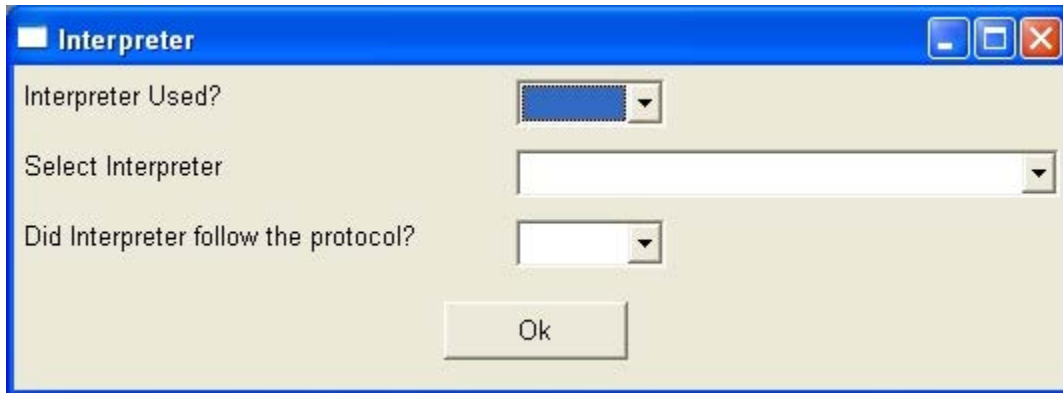
SP	Interpreter Assigned	Scheduled Date	Arrived At Mec	Reminder Call to Interpreter Made?
John Doe III	[Dropdown]	5/27/2010 11:25 AM	<input type="checkbox"/>	<input type="checkbox"/>
Jane Smith	[Dropdown]	5/27/2010 11:25 AM	<input type="checkbox"/>	<input type="checkbox"/>

While the interpreter assigned will indicate the interpreter who was assigned by the field office, the coordinator will have the option to change that if a different interpreter arrives with the SP. The “arrived at MEC” checkbox allows the coordinator to indicate that the interpreter for the SP has arrived at the MC.

8.6.3.1 MEC Component Interpreter Use Window

When an SP is designated as requiring an interpreter, all MC applications will prompt the user for the interpreter used during the exam upon completion of the examination as illustrated in Exhibit 8-4.

Exhibit 8-4. MC Exam Interpreter screen



This window will only appear for those SPs where Interpreter_Required is set to “Y.” This window will appear as the exam is closing, right after the SP release message is sent to the Coordinator. This will allow the user to fill in this information but leave the SP free to be assigned to another component. The user must indicate whether or not the interpreter is used. If one was used, the user must indicate the interpreter’s name before closing the window. The list of interpreters whom the user can select will be those assigned to SPs in the session and indicated as arrived in the MC along with any NHANES employee assigned to the stand that is listed as an interpreter. The user will be required to indicate if the interpreter followed protocol (e.g., no side conversations, read the translated scripts provided).

8.7 Using the Telephonic Interpreter Service

To make sure that study participants are not excluded because an interpreter is not available, the NCHS has purchased a telephonic interpreter service, “Pacific Interpreters.” This service may be called if a SP’s parent or guardian needs an interpreter in order to answer the Nurse/PA questions at the MC exam check-in. By following the protocol below, you can connect to an interpreter in 30 seconds or less. Over 180 languages are supported by this service with complete confidentiality and HIPAA compliance. However, it is essential that no personally identifiable information is provided during the telephone exchange *except for the SP’s first name*. See Exhibit 8-4 for instructions for using this service.

Exhibit 8-5. Instructions for using telephonic interpreter service

Telephonic Interpretation on the Mobile Center

1. When you determine that Pacific Interpreter services are needed, explain to the SP (and the local interpreter if one is present) that you are going to call a professional interpreter service to help you communicate the health-related questions that need to be answered before <SP's name> can participate in the survey.
2. Check the cordless handset to make sure it is functional and that you have a dial tone.
3. Using your wall telephone, call the toll-free number: **1.866.201.3766**
4. Provide the CDC – FIELD Access Code: **841673**
5. Ask for the language you need, and explain that the participant is in the room with you. The operator will connect you to an interpreter.
6. Script for the introductory discussion (before giving SP the handset) with the interpreter only:

I am _____, a nurse working with a national health survey. I have a participant here in the room with me, and I would like to ask him/her some questions about his/her child's health.

Now I am going to give a second headset to the participant, _____(participant's first name)_____.

7. Continue with your discussion with the participant using the NHANES interpreter protocol, but most importantly, speak in short sentences to the interpreter, and address the participant directly.

8.8 References

American Heritage College Dictionary. Third Edition, Boston, New York, Houghton Mifflin Company, 1997, pp. 711, 1437.

Bridging the Gap: A Basic Training for Medical Interpreters. *Interpreter's Handbook*, Third Edition, Jan., 1999.

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Medical Interpreter Training. Arlington Free Clinic, Arlington, VA, Jan., 2000.

Attachment A

National Health and Nutrition Examination Survey
(NHANES)

Interpreter Protocol

INTERPRETER PROTOCOL

This document summarizes the interpreter protocol for NHANES/NYFS mobile center examinations involving sample persons (SPs) who speak languages other than English. The role of the interpreter is to provide the link between the examiner and the SP. The interpreter offers a channel through which statements are conveyed from one language into another.

The NHANES / NYFS survey uses standardized scripts for its examinations to ensure quality and consistency and to avoid wasted time due to unfamiliar vocabulary. The translations of all Korean, Chinese (Traditional and Simplified), Spanish and Vietnamese scripts have been approved by a designated team of qualified translators. The scripts for the NYFS components have been translated into Spanish with the addition of the Dietary Recall interview also translated into Chinese. When interpreting, you will be given or directed to the written script appearing on an interpreter guide, either on the wall or on the computer screen. Read all of the scripts word for word as they are written.

1. Interpreter Introduction

State your name and role to the SP. Introduce yourself and tell the SP that you are the interpreter. The examiner may also initiate the introduction.

2. Interpret in the First Person “I”

Do not use, “He said, she said...” when interpreting what the SP or examiner has said. For example, instead of saying, “He says he listened to loud music...” the interpreter should state, “I listened to loud music...” The interpreter is the voice, or mouthpiece, of both the SP and the examiner.

3. Positioning and eye Contact

Use positioning and eye contact to foster the relationship between the examiner and SP. The interpretation process should promote eye-to-eye contact between the examiner and the SP. The interpreter may use eye contact, but it is also acceptable to look down and avoid eye contact while interpreting. The interpreter’s position in the room – standing between the SP and examiner or beside either one – can also facilitate the examiner-SP dialogue.

4. Use Existing Translations

For existing translations, do not offer your own translation when a version is already provided. Read the script out loud, word for word, exactly as it is written. When interpreting a language that has not been translated, translate the English text out loud. In both cases, it is not necessary for the examiner to read the English translation before the interpreter begins. If the interpreter cannot read well enough, then the examiner should read the English text out loud and have it interpreted.

5. No Side Conversations

Avoid unnecessary conversations with the examiner of SP during the examination.

Irrelevant discussions or “side conversations” between the interpreter and the examiner are impolite and unprofessional whether or not the SP fully understands what is spoken. However, the SP will often initiate conversation with the interpreter. To politely dissuade the SP, you can simply offer to talk more after the exam is finished. In such cases, always be sure to inform the examiner so that he or she understands what is going on.

6. Basic Responsibilities

All NHANES/NYFS interpreters are expected to assume the following basic responsibilities:

Professionalism and Confidentiality – The interpreter must exhibit professionalism at all times and maintain the confidentiality of the examiner-SP dialogue. As well as adherence to the interpreter protocol, important aspects of professionalism include: being courteous but not overfriendly, being honest but tactful, and showing respect to the examiner and the SP.

Accuracy and Completeness – The interpreter should accurately and completely convey statements made by the SP and the examiner. This does not mean that a literal translation is necessarily appropriate. Interpreters must accurately relay the full meaning and spirit of what is said, rather than a literal interpretation per se, which conveys all of the words but not always all of the meaning.

The interpreter must communicate **everything** that is spoken by the SP and examiner. The same applies to hard-copy scripts that the examiner asks the interpreter to read to the SP. The interpreter’s role is **not** to decide what statements are relevant - no matter how familiar the interpreter becomes with the exam component.

Culture Bridge and Knowing Limits – Interpreters need the ability to serve as a cultural bridge between the SP and examiner, while keeping within the limits of the interpretation process. Besides repeating what the SP says to the examiner, certain instances may call for the interpreter to explain the cultural context of a specific statement. However, great care should be taken to provide **only** the essential, cultural background information. Guessing or making up terms is not acceptable. If the interpreter does not understand something that was said, he or she should ask for clarification in order to provide a complete and accurate interpretation.