

**National Household Survey on
Drug Abuse, 1999**

*United States Department of Health and
Human Services. Substance Abuse and
Mental Health Services Administration.
Office of Applied Studies*

Computer-Assisted Interview Showcard Booklet

1999 NHSDA

**CAI
SHOWCARD BOOKLET**



January-December, 1999

Dear Resident:

The United States Department of Health and Human Services (DHHS) is conducting a national survey on health-related issues in order to provide better future services. Your residence was randomly selected, along with over 370,000 others, for participation in the survey. Our organization, Research Triangle Institute (RTI) is under contract with DHHS to conduct this survey. Soon, one of our interviewers will visit your home; the initial questions only take a few minutes, and then either none, one, or possibly two persons from your household may be asked to participate in a voluntary interview.

When our representative arrives to explain the survey, please ask to see his or her personal identification; an example of the ID card is shown below. Feel free to ask any questions you may have about our study. This survey is covered by a confidentiality certificate issued by the government authorizing us to protect the confidentiality of any information you provide to us.

Your help is extremely important to the success of this study, and I thank you in advance for your cooperation.

Sincerely yours,

National Field Director

	NATIONAL STUDY conducted for the U.S. Department of Health and Human Services	
	Issued by: RESEARCH TRIANGLE INSTITUTE Research Triangle Park, NC	
ID:	Project Personnel Identification	
	Name: Signature:	
	Issue Date:	Expiration Date:
	Certified by:	

STATEMENT OF CONFIDENTIALITY

Your residence is among several from this area that have been randomly selected for the 1999 National Household Survey on Drug Abuse. The Substance Abuse and Mental Health Services Administration is collecting information about tobacco, alcohol, and drug usage in the United States, certain illegal behaviors, and other health-related issues. Your participation in this survey provides the Federal Government with its main source of information on drug experience, knowledge, and attitudes. The Substance Abuse and Mental Health Services Administration, a part of the U.S. Department of Health and Human Services, uses the statistics for important research and management purposes.

The purpose of this document is to assure you that Research Triangle Institute, the organization under contract to the Federal Government to collect the data for this survey, will handle all information you provide in the strictest confidence and will not release any portion to unauthorized personnel. Your name will never be recorded on the interview, and will not be directly associated with information you provide about any drug experience, knowledge and attitudes. The Federal Government has issued a Confidentiality Certificate to the researchers who are conducting this study, which authorizes us to protect the privacy of individuals who are the subjects of this study by withholding their names and other identifying characteristics from all persons not connected with the conduct of this study.

The average time required to participate in this study varies. The screening questions take just a few minutes. If you are selected for an interview, the time is approximately one hour. We recontact a small number of those who complete the interview and ask just a few questions to verify the quality of our interviewer's work. This recontact is done either by phone or by mail; thus, at the end of the interview, respondents are asked to provide their telephone number and mailing address. There are no benefits to you for participating in this study and while some of the questions may be sensitive, your participation will not put you at any known risk. You are free to withdraw from this study at any time or to refuse to answer any or all questions.

If you have questions about the study, you may phone _____, the NHSDA Project Representative, at _____. If you have questions related to your rights as a survey respondent, you may contact _____, the representative for the Committee for the Protection of Human Subjects, at _____. You can also visit the project Website: <http://nhsdaweb.rti.org/> for more information.

We thank you for your cooperation and time.

National Field Director

ENUMERATION RULES

PERSONS WHO ARE NOT TO BE INCLUDED ON ROSTER:

- Persons under the age of 12 at the time of screening
- Persons who are institutionalized at the time of screening
- Persons who will not live at the SDU for most of the time during the quarter

PERSONS WHO ARE TO BE INCLUDED ON ROSTER:

- Persons who will live at the SDU for most of the time during the quarter. (provided they are 12 or older and not institutionalized at the time of screening)

PERSONS ON ACTIVE DUTY IN THE MILITARY/ARMED FORCES:

- Active duty personnel who live at the SDU for half or more of the quarter will be rostered, but then will be eliminated from the roster prior to selection

KNOWN CITIZENS OF FOREIGN COUNTRIES:

- **DO NOT INCLUDE:**
 - citizens of foreign countries living on the premises of an Embassy, Ministry, Legation, Chancellery, or Consulate
 - citizens of foreign countries who consider themselves to be just visiting or traveling in the United States (regardless of the length of time they will be staying at the SDU)
- **DO INCLUDE** citizens of foreign countries who are not living on the premises of an Embassy, Ministry, etc., but who are living/studying/working in the United States and who will be living at the SDU for most of the time during the quarter.

1999 NHSDA
INTRODUCTION AND INFORMED CONSENT FOR CAI INTERVIEWS
SAMPLE MEMBERS AGE 18 OR OLDER

We are interviewing approximately 90,000 individuals across the nation. You have been selected to participate in the study, based on scientific sampling procedures. Your responses will represent the views of over 3,000 Americans. Participation is voluntary, but we cannot substitute anyone if you decide not to participate.

The study collects information on use of alcohol, tobacco, drugs, and certain illegal behaviors, as well as other health-related issues for the nation as a whole. Responses are never connected to individuals. Because it is important that we get the most accurate information possible, special protections are provided to ensure your privacy. (SHOW STATEMENT OF CONFIDENTIALITY.) This statement describes the measures being taken to ensure the confidentiality of your responses, which are protected by a Federal Certificate of Confidentiality. The Federal Government has issued a Certificate of Confidentiality to the researchers who are conducting this study which authorizes us to protect the privacy of individuals who are subjects of this study. Your participation will not put you at any known risk, and your truthful responses will be of great value.

We also would like to conduct the interview in as private a setting as possible. Can we find a reasonably private spot to complete the interview? If it is all right with you, let's get started.

INTRODUCTION AND INFORMED CONSENT FOR CAI INTERVIEWS SAMPLE MEMBERS 12-17 YEARS OLD

INTRODUCE YOURSELF TO THE PARENT IF NECESSARY: Hello, I'm _____, and I'm working on a nationwide study sponsored by the U.S. Department of Health and Human Services. You should have received a letter about this study. (SHOW LETTER, IF NECESSARY.)

OBTAIN PERMISSION FROM THE PARENT: Your (AGE) year-old child has been selected to participate. (He/she) was selected based on scientific sampling procedures so that the answers your child provides will represent those of over 1,000 other youths. Participation is voluntary, but no substitution can be made if your child does not participate. The answers (he/she) gives us will be kept strictly confidential, and no names are ever connected with the survey. To protect the confidentiality of your child's answers, you will not be permitted to see (his/her) completed survey. The study collects information about use of alcohol, tobacco, drugs, and certain illegal behaviors, as well as mental health and other health-related issues for the nation as a whole. The results of this study will provide a major source of information on drug experience and will be used for important research purposes. If it is all right with you, we could get started. We also like to conduct the interview in as private a setting as possible. Can we find a reasonably private spot to complete the interview?

AFTER PARENTAL PERMISSION, OBTAIN PERMISSION FROM THE 12-17 YEAR-OLD: Hello, I'm _____, and I'm working on a nationwide study sponsored by the U.S. Department of Health and Human Services. Someone in your house should have received a letter about the study. (SHOW LEAD LETTER.)

We are interviewing approximately 90,000 individuals across the nation. You have been selected to participate in the study, based on scientific sampling procedures. Your responses will represent the views of over 1,000 American youths. Your participation is voluntary, but we cannot substitute anyone else if you decide not to participate. If you agree to take part, you have the right to skip any questions without consequences.

The study collects information on use of alcohol, tobacco, drugs, and certain illegal behaviors, as well as health-related issues for the nation as a whole. Responses are never connected to individuals. Because it is important that we get the most accurate information possible, special protections are provided to ensure your privacy. (SHOW STATEMENT OF CONFIDENTIALITY.) This statement describes the measures being taken to ensure the confidentiality of your responses, which are protected by a Federal Certificate of Confidentiality. The Federal Government has issued a Certificate of Confidentiality to the researchers who are conducting this study which authorizes us to protect the privacy of individuals who are subjects of this study. Your parents or school will never see your answers; only the researchers connected with the study (and they don't know your name). While some of the questions may be sensitive, your participation will not put you at any known risk, and your truthful responses will be of great value.

If it is all right with you, let's get started.

Summary of NHSDA Questionnaire for Parents/Guardians

Before agreeing to let your child participate in the National Household Survey on Drug Abuse (NHSDA), you have asked to know more about the questionnaire and the types of questions the interviewer will ask your child. Below is a summary of each section of the questionnaire for you to examine. Keep in mind that your child may refuse to answer any questions during the interview.

✓ **Demographics**

This section, administered by the interviewer, consists of questions about the respondent such as his/her date of birth, race, educational background, and health status.

✓ **Computer Practice Session**

In this section, the interviewer shows the respondent how to use the computer and lets him/her practice using a short practice session.

✓ **Cigarettes, Alcohol and Illicit Drugs**

For the following, the respondent answers questions by listening to the questions over the headphones and then entering responses directly using the computer's keyboard. The respondent answers these questions in private, although the interviewer is available to help with the questionnaire or the computer. During this part of the interview, only the respondent can hear the questions or see his/her responses.

- *Cigarettes and Tobacco Products*

This section includes questions about whether the respondent has used cigarettes, chewing tobacco, snuff, cigars and pipe tobacco. The questions also ask about the frequency of use and brand preferences.

- *Alcoholic Beverage Consumption*

Questions in this section ask about the respondent's consumption of alcoholic beverages such as beer, wine or liquor.

- *Illicit Drugs*

The following sections ask about the respondent's use or non-use of marijuana, heroin, cocaine, hallucinogens, and inhalants; and prescription pain killers, tranquilizers, stimulants, and sedatives when taken only for their effect.



Youth Experience

Youth participating in the survey are also asked questions about their social experiences such as: perceptions about the effects of using certain drugs; whether getting drugs is difficult or easy; feelings about school and peers; and involvement in clubs, sports, and other extracurricular activities. This is the last section of the self-administered portion of the survey.

Health Care & other Demographic Information

In this section, the interviewer asks the respondent or the parent/guardian about education, health insurance, health care access, and family income information to help in analyzing the data.

The answers to these questions will help to increase the government's knowledge about health care, especially as it may relate to drug use or treatment. This information will help in planning health care services and finding ways to lower the costs of care.

Please feel free to ask the interviewer if you have any other questions.

Thank you for your cooperation and help!

SHOWCARD 1

- 1 MEXICAN, MEXICAN AMERICAN, MEXICANO
OR CHICANO
- 2 PUERTO RICAN
- 3 CENTRAL OR SOUTH AMERICAN
- 4 CUBAN OR CUBAN AMERICAN

SHOWCARD 2

- 1 WHITE
- 2 BLACK OR AFRICAN AMERICAN
- 3 AMERICAN INDIAN OR ALASKA NATIVE
- 4 NATIVE HAWAIIAN
- 5 OTHER PACIFIC ISLANDER
- 6 CHINESE
- 7 FILIPINO
- 8 JAPANESE
- 9 ASIAN INDIAN
- 10 KOREAN
- 11 VIETNAMESE
- 12 OTHER ASIAN

SHOWCARD 3

0 NEVER ATTENDED SCHOOL

PRIMARY AND SECONDARY GRADES:

- 1 1ST GRADE COMPLETED
- 2 2ND GRADE COMPLETED
- 3 3RD GRADE COMPLETED
- 4 4TH GRADE COMPLETED
- 5 5TH GRADE COMPLETED
- 6 6TH GRADE COMPLETED
- 7 7TH GRADE COMPLETED
- 8 8TH GRADE COMPLETED
- 9 9TH GRADE COMPLETED
- 10 10TH GRADE COMPLETED
- 11 11TH GRADE COMPLETED
- 12 12TH GRADE COMPLETED

COLLEGE OR UNIVERSITY:

- 13 1ST YEAR COMPLETED
- 14 2ND YEAR COMPLETED
- 15 3RD YEAR COMPLETED
- 16 4TH YEAR COMPLETED
- 17 5TH OR HIGHER YEAR COMPLETED

CARD A

Pain Relievers

1



Darvocet®



Darvon®



Tylenol® with Codeine

2



Percocet®



Percodan®



Tylox®

3



Vicodin®



Lortab®



Lorcet®/Lorcet Plus®

4



Codeine

5



Demerol®

6



Dilaudid®

7



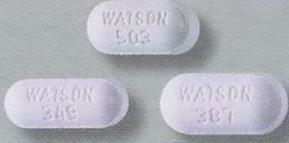
Fioricet®

8



Fiorinal®

9



Hydrocodone

10



Methadone

11



Morphine

12



Oxycontin®

13



Phenaphen® with Codeine

14



Propoxyphene

15



SK-65®

16

Stadol®

17



Talacen®

18



Talwin®

19



Talwin NX®

20

Tramadol

21



Ultram®

CARD B Tranquilizers

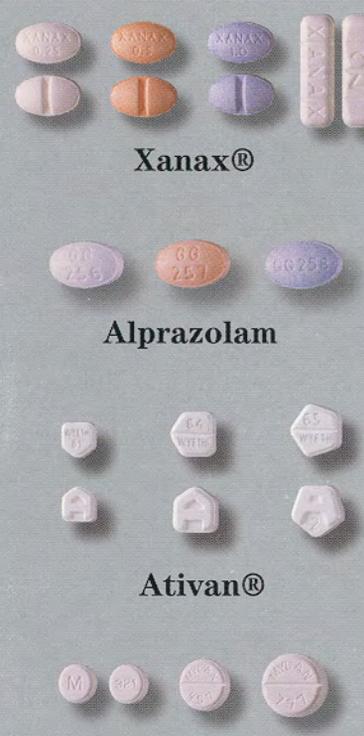
1



Klonopin®

Clonazepam

2



Xanax®

Alprazolam

Ativan®

Lorazepam

3



Valium®

Diazepam

4



Atarax®

8



Librium®

13



Serax®

5



BuSpar®

9



Limbitrol®

14



Soma®

6



Equanil®

10



Meprobamate

15



Tranxene®

7



Flexeril®

11



Miltown®

16



Vistaril®

CARD C

Stimulants

1

(picture not available)
Methamphetamine
("speed" or "ice" or
"crank")



Desoxyn®

(picture not available)
Methedrine

2

Amphetamines



Benzedrine®



Biphetamine®



Fastin®



Phentermine

3



Ritalin®



Methylphenidate

4



Cylert®

8



Eskatrol®

12



Plegine®

5



Dexedrine®

9



Ionamin®

13



Preludin®

6

Dextroamphetamine

10



Mazanor®

14



Sanorex®

7



Didrex®

11

Obedrin-LA®

15



Tenuate®

CARD D Sedatives

1

(picture not available)
Methaqualone
(includes Sopor®,
Quaalude®)

2



Nembutal®

(picture not available)
Pentobarbital



Seconal®

(picture not available)
Secobarbital

(picture not available)
Butalbital

3



Restoril®



Temazepam

4



Amytal®

7



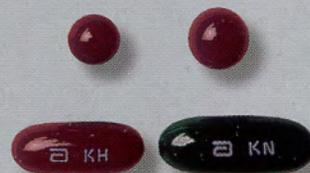
Dalmane®

8



Halcion®

10



Placidyl®

5



Butisol®

6

Chloral Hydrate

9



Phenobarbital

11



Tuinal®

SHOWCARD 4

PRIMARY AND SECONDARY GRADES:

- 1 1ST GRADE
- 2 2ND GRADE
- 3 3RD GRADE
- 4 4TH GRADE
- 5 5TH GRADE
- 6 6TH GRADE
- 7 7TH GRADE
- 8 8TH GRADE
- 9 9TH GRADE
- 10 10TH GRADE
- 11 11TH GRADE
- 12 12TH GRADE

COLLEGE OR UNIVERSITY:

- 13 1ST YEAR
- 14 2ND YEAR
- 15 3RD YEAR
- 16 4TH YEAR
- 17 5TH YEAR OR HIGHER

SHOWCARD 5

- 1 SCHOOL WAS BORING
- 2 I GOT PREGNANT
- 3 I GOT EXPELLED FOR SELLING DRUGS
- 4 I GOT EXPELLED FOR USING DRUGS
- 5 I GOT EXPELLED FOR SOME OTHER REASON
- 6 I HAD TO GET A JOB (OR WORK MORE HOURS)
- 7 I WAS GETTING BAD GRADES
- 8 I WASN'T LEARNING ANYTHING
- 9 I GOT MARRIED (OR MOVED IN WITH BOYFRIEND/GIRLFRIEND)
- 10 I MOVED HERE FROM ANOTHER COUNTRY AND DIDN'T ENROLL IN SCHOOL (OR DROPPED OUT OF SCHOOL) BECAUSE OF LANGUAGE OR OTHER PROBLEMS
- 12 I WAS TREATED BADLY AT SCHOOL
- 13 I BECAME ILL (OR INJURED)
- 14 I WENT TO JAIL / PRISON

SHOWCARD 6

- 1 ON VACATION / SICK / FURLOUGH / STRIKE / OTHER TEMPORARY ABSENCE
- 2 ON LAYOFF AND NOT LOOKING FOR WORK
- 3 ON LAYOFF AND LOOKING FOR WORK
- 4 WAITING TO REPORT TO A NEW JOB
- 5 SELF-EMPLOYED AND DID NOT HAVE ANY BUSINESS LAST WEEK
- 6 GOING TO SCHOOL OR TRAINING

SHOWCARD 7

- 1 UNEMPLOYED OR ON LAYOFF AND LOOKING FOR WORK
- 2 ON LAYOFF AND NOT LOOKING FOR WORK
- 3 KEEPING HOUSE FULL-TIME
- 4 GOING TO SCHOOL OR TRAINING
- 5 RETIRED
- 6 DISABLED FOR WORK

SHOWCARD 8

- 1 LESS THAN 10 PEOPLE
- 2 10-24 PEOPLE
- 3 25-99 PEOPLE
- 4 100-499 PEOPLE
- 5 500 PEOPLE OR MORE

SHOWCARD 9

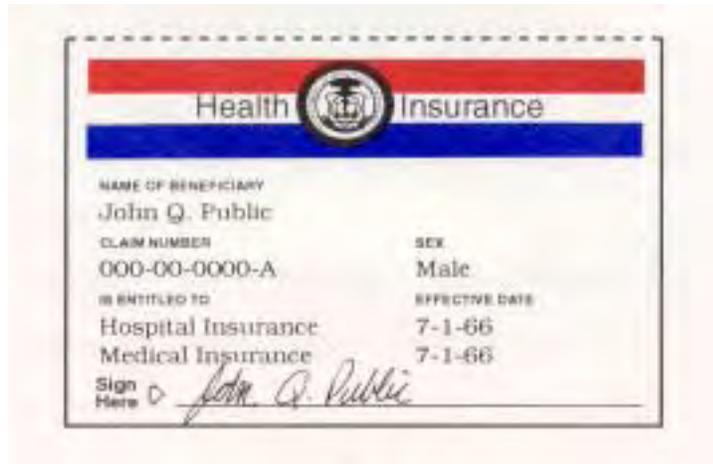
- 1 SELF
- 2 FATHER
- 3 SON
- 4 BROTHER
- 5 HUSBAND
- 6 UNMARRIED PARTNER
- 7 HOUSEMATE OR ROOMMATE
- 8 SON-IN-LAW
- 9 GRANDSON
- 10 FATHER-IN-LAW
- 11 GRANDFATHER
- 12 BOARDER OR ROOMER
- 13 OTHER RELATIVE
- 14 OTHER NON-RELATIVE

SHOWCARD 10

- 1 SELF
- 2 MOTHER
- 3 DAUGHTER
- 4 SISTER
- 5 WIFE
- 6 UNMARRIED PARTNER
- 7 HOUSEMATE OR ROOMMATE
- 8 DAUGHTER-IN-LAW
- 9 GRANDDAUGHTER
- 10 MOTHER-IN-LAW
- 11 GRANDMOTHER
- 12 BOARDER OR ROOMER
- 13 OTHER RELATIVE
- 14 OTHER NON-RELATIVE

SHOWCARD 11

EXAMPLE MEDICARE CARD



SHOWCARD 12

- 1 PRIVATE HEALTH INSURANCE
- 2 MEDICAID OR MEDICAL ASSISTANCE
- 3 MILITARY HEALTHCARE
(*CHAMPUS, TRICARE, CHAMPVA, THE V.A.*)
- 4 MEDICARE
- 5 SOME OTHER GOVERNMENT PROGRAM
- 6 SOME OTHER KIND OF COVERAGE

SHOWCARD 13

- 1 PERSON IN FAMILY WITH HEALTH INSURANCE
LOST JOB OR CHANGED EMPLOYERS
- 2 LOST MEDICAID OR MEDICAL ASSISTANCE
COVERAGE BECAUSE OF NEW JOB OR INCREASE
IN INCOME
- 3 LOST MEDICAID OR MEDICAL ASSISTANCE
COVERAGE FOR SOME OTHER REASON
- 4 COST IS TOO HIGH / CAN'T AFFORD PREMIUMS
- 5 BECAME INELIGIBLE BECAUSE OF AGE OR
LEAVING SCHOOL
- 6 EMPLOYER DOES NOT OFFER COVERAGE, OR
NOT ELIGIBLE FOR COVERAGE
- 7 GOT DIVORCED OR SEPARATED FROM PERSON
WITH INSURANCE
- 8 DEATH OF SPOUSE OR PARENT
- 9 INSURANCE COMPANY REFUSED COVERAGE
- 10 DON'T NEED IT

SHOWCARD 14

- 1 COST IS TOO HIGH / CAN'T AFFORD PREMIUMS
- 2 EMPLOYER DOES NOT OFFER COVERAGE, OR
NOT ELIGIBLE FOR COVERAGE
- 3 INSURANCE COMPANY REFUSED COVERAGE
- 4 DON'T NEED IT

SHOWCARD 15

- 1 LESS THAN \$1,000 (INCLUDING LOSS)
- 2 \$1,000 - \$1,999
- 3 \$2,000 - \$2,999
- 4 \$3,000 - \$3,999
- 5 \$4,000 - \$4,999
- 6 \$5,000 - \$5,999
- 7 \$6,000 - \$6,999
- 8 \$7,000 - \$7,999
- 9 \$8,000 - \$8,999
- 10 \$9,000 - \$9,999
- 11 \$10,000 - \$10,999
- 12 \$11,000 - \$11,999
- 13 \$12,000 - \$12,999
- 14 \$13,000 - \$13,999
- 15 \$14,000 - \$14,999
- 16 \$15,000 - \$15,999
- 17 \$16,000 - \$16,999
- 18 \$17,000 - \$17,999
- 19 \$18,000 - \$18,999
- 20 \$19,000 - \$19,999

SHOWCARD 16

21	\$20,000 - \$24,999
22	\$25,000 - \$29,999
23	\$30,000 - \$34,999
24	\$35,000 - \$39,999
25	\$40,000 - \$44,999
26	\$45,000 - \$49,999
27	\$50,000 - \$74,999
28	\$75,000 OR MORE

STATE NAMES FOR MEDICAID

(Note: OR indicates that the state also has the name “*state name* medicaid” such as “Iowa Medicaid.”)

Alaska	Medical Assistance Program
Arizona	AHCCCS (Pronounced “Access”) or Acute Care Program OR Long Term Care
California	Medi-Cal
Connecticut	OR Connecticut Access (CONNECT CARD)
D.C.	OR Medical Assistance
Florida	OR MediPass
Georgia	OR Better Health Care Program OR Medical Assistance
Hawaii	ORHawaii-QUEST
Idaho	OR Healthy Connections OR Medical Assistance
Illinois	OR MediPlan
Indiana	OR Hoosier Healthwise
Iowa	OR MediPASS (Medical Assistance)
Kansas	OR PrimeCare OR Community Care Kansas (CCK) OR HealthConnect
Kentucky	OR Kentucky Patient Access and Care System (KenPAC) OR Medical Assistance
Louisiana	OR CommunityCARE Program
Maine	OR PrimeCare
Maryland	OR Maryland Access to Care (MAC) OR Medical Assistance
Massachusetts	OR MassHealth
Minnesota	OR Prepaid Medical Assistance Program (PMAP), Health Care Programs
Mississippi	OR HealthMACS
Missouri	OR MCPlus
Montana	OR Passport to Health
Nebraska	OR Primary Care Plus (+) OR Health Connection
Nevada	OR MAPnet
New Jersey	OR New Jersey Care 2000
New Mexico	OR Primary Care Network
New York	OR MAX
North Carolina	OR Carolina Access
North Dakota	OR North Dakota Access to Care (NoDAC)
Ohio	OR Accessing Better Care (ABC) Program
Oklahoma	OR SoonerCare
Oregon	OR Oregon Health Plan (OHP, Kaiser-S/HMO, Medical Assistance
Pennsylvania	OR HealthPass, Family Care Network, (FCN), Lancaster Community Health Plan, Blue Card or Green Card, ACCESS
Rhode Island	OR Rlte Care OR Medical Assistance
South Carolina	OR South Carolina Health Access Plan (SCHAP)
South Dakota	OR Primary Care Provider Program
Tennessee	TennCare
Texas	OR LoneSTAR (State of Texas Access Reform)
Vermont	OR Dr. Dynosaur, Vermont Health Access Program (VHAP), AIM
Virginia	OR Medallion, Option, Medical Assistance
Washington	OR Health Access Spokane, Kaiser-S/HMO, Healthy Options
West Virginia	OR West Virginia Physician Assured Access System (PAAS)
Wisconsin	Medical Assistance Program

NON-MEDICAID STATE SPONSORED HEALTH INSURANCE PROGRAMS

Alaska	General Relief Medical (GRM)
California	County Medical Services Program (CMSP), Children's Services (CCS)
Colorado	Child Health Plan
Connecticut	Healthy Steps, General Assistance Program (GA)
Florida	Healthy Kids
Illinois	General Assistance Program (State Child and Family Assistance, SCFA or Transitional Assistance, TA)
Iowa	Caring Program for Children
Kansas	MediKan, Caring Program for Kids
Massachusetts	CommonHealth Program, Medical Security Plan (MSP), CenterCare Program, Children's Medical Security Plan
Michigan	Wayne County Plus Care Program, Medical Assistance Program, Caring Program for Children
Minnesota	MinnesotaCare, Minnesota General Assistance Medical Care Program (GAMC)
Missouri	General Relief Medical Assistance
Nebraska	State Disability Program
New Jersey	Health Access New Jersey
New York	Home Relief, Child Health Plus (CHP)
North Carolina	Caring Program for Children
Ohio	Ohio Disability Assistance Medical Program
Pennsylvania	Children's Health Insurance Program (CHIP), General Assistance Medical Program
Rhode Island	General Public Assistance (GPA) Medical Program
Utah	Utah Medical Assistance Program (UMAP)
Virginia	State and Local Hospitalization (SLH) Program, Caring Program for Children
Washington	Basic Health Plan, Children's Health Program, General Assistance Unemployable Program (GA-U)
Wisconsin	General Relief Medical

Quick Reference Guide and Edit Checklist for CAI Interviewing

In the CAI Manager, if you want to:

	<u>PRESS</u>
Start an interview	[Alt] [s]
Cancel the start of an interview	[Alt] [n]
Resume an interview	[Alt] [s]
Transmit data to RTI	[Alt] [t], [y]
Exit CAI Manager	[Alt] [x]

To begin CAI Interview:

Enter **Quest ID** from Newton for selected sample member.

In the Interview, if you want to:

Break off an interview	[Alt] [f], [x]
Enter a comment	[F2]
Save a comment	[Alt] [s]
Enter Don't Know	[F3]
Enter Refused	[F4]
Return to the First Screen	[F5]
Return to the first unanswered question	[F6]
Back up one screen	[F9]
Replay audio	[F10]

To complete verification form:

When prompted to do so, enter **VerifID** from Verification Form.
With Respondent's assistance, complete same Verification Form.

End of Interview Checklist:

Make sure your name and ID # are printed on the Verification Form. Mail promptly using RTI business reply envelope.

Record Case ID in upper right corner and mail Reference Date Calendar with PT&E to FS in your weekly shipment.

Update Record of Calls in Newton for completed interview.