

MEC Interview

Alcohol Information

Public Health Objectives:

Alcohol consumption contributes significantly to the cause, course, and outcome of a multitude of physical, psychological, behavioral, nutritional, and social problems. Alcohol dependence, alcoholic psychosis, alcohol abuse, and liver cirrhosis are core health problems related to alcohol consumption. Alcohol also impacts on overall quality of diet and nutrient intake, especially energy (calories). Analysis of premature deaths demonstrates that alcohol plays a particularly prominent role in mortality. Moderate alcohol consumption has been related to an increased risk of certain cancers and a decreased risk of coronary heart disease. The economic cost to society due to alcohol abuse is extreme when we consider lost employment, reduced productivity, treatment and health support services for alcohol related illnesses.

The data will be used to: 1) quantify the contribution of alcohol to total food energy intake; produce population reference data on alcohol intake for the total U.S. population and population subgroups; 2) assess the proportion of the population who consume amounts of alcohol that exceed the *Dietary Guidelines for Americans*; 3) investigate the relationship between alcohol intake, nutrition indicators and health conditions; and 4) examine the relationship between heavy drinking and other behaviors that may be related to an increased risk of sexually transmitted diseases.

Staff:

Trained interviewers

Protocol:

Methods:

- MEC and Household interviews: Alcohol information will be obtained from NHANES participants 12 years of age and older. The alcohol questions ascertain lifetime drinking behavior. This information will be used to identify nondrinkers, light drinkers, and former heavy drinkers; the frequency of heavy drinking occasions among current drinkers will be determined. Adults 20 years of age and older will be asked about alcohol use during the Household Interview; more sensitive questions about alcohol use will be asked in the MEC of all persons 12 years of age and older. Alcohol questions will be administered to adolescents 12-19 years of age in the MEC. The NHANES questions were selected from questions that have been used in other national surveys including NHANES and NHIS.
- Dietary interview: Quantitative alcohol intake data are obtained as part of the 24-hour dietary recall interview. Examinees are asked to report all foods and beverages, including alcoholic beverages during the 24-hour time period (midnight to midnight) prior to the NHANES health examination.

Time Allotment:

The alcohol questions require 1-5 minutes to administer. The number of questions varies; non-drinkers skip out of questionnaire sections. The dietary interview requires approximately twenty minutes to complete.

Health Measures:

Questionnaire

Eligibility:

Alcohol questions will be administered to participants 12 years of age and older.

Exclusion Criteria:

No special exclusion criteria are required.

Justification for using vulnerable populations:

- Minors are included in this component because they are an important target population group. Alcohol data linked to other household interview and health component data and are used to track changes that occur in consumption patterns over time.
- There is no reason to exclude mentally impaired or handicapped individuals because there is no contraindication.

Risks:

There is no risk associated with this component.

Report of Findings:

No findings are reported to respondents.

Mental Health and Cognitive Function

(The CDISC parent telephone interview will not be implemented until 2000 (Eating, Major Depressive and Conduct Disorders), only the CDISC modules that do not link to parent modules (Panic and Generalized Anxiety Disorder) will be administered, and we will implement the 8-question ACASI screener on Conduct Disorder for 12-19 year olds.)

Public Health Objectives:

Mental health will be assessed to estimate the prevalence of selected mental health disorders in the U.S.; to describe the degree of comorbidity between mental health disorders and other medical conditions and biological risk factors; and to examine the relationship of cognitive function in the elderly to other chronic disabilities.

Among children and adolescents there has been a dramatic increase in depression and other common psychiatric disorders, which may result in functional impairment in families, schools and in the community. No nationally-based figures are available on the prevalence of these disorders. Findings from the National Institute for Mental Health Epidemiologic Catchment Area Program suggest that approximately 28% of all U.S. adults meet the criteria for one or more specified major mental disorder, including depression and anxiety.

Cognitive function in the aging population, which may decline as a result of certain risk factors and diseases, can adversely impact physical functioning and quality of life. After a certain point, dementia, a major cause of disability, may develop.

Staff:

Household interviewers - cognitive function

MEC Interviewers - mental health modules

Protocol:**Methods:**

- Assessments of mental health will be made using relevant portions of the National Institute for Mental Health Diagnostic Interview Schedule for Children (DISC) for examinees 8-19 years, and the Composite International Diagnostic Interview (CIDI) of the World Health Organization for a half sample of examinees 20-39 years. Both of these diagnostic instruments are fully computer automated. Children and adolescents will be administered modules of the DISC on eating disorders, major depressive disorder, conduct disorder, generalized anxiety disorder, panic disorder. Parents of each youth (ages 8-15 years only) will be interviewed by telephone, shortly after the youth interview has been conducted, using the parent version of the following DISC modules: attention-deficit/hyperactive disorder, eating disorders, major depressive disorder, conduct disorder, enuresis and encopresis. The focus of the adult interview will be major depressive disorder, dysthymia, generalized anxiety disorder, panic attack, and panic disorder. The modules from the DISC and the CIDI are comprehensive and fully standardized diagnostic interviews that are designed to be used in community studies for assessing recognized psychiatric disorders. Questions are fully specified and no clinical judgments are required by the interviewers. Diagnoses are made by means of computer algorithms.
- Cognitive function in examinees age 60 years and older will be assessed during the household interview using the Digit Symbol Substitution Test (DSST). The DSST requires the recording of symbols that correspond to a series of symbols within two minutes. This may be a more sensitive measure of dementia than the widely-used Mini-Mental Status Exam, and is currently being administered in the National Institute on Aging's Health ABC study. It is also a part of the Wechsler Adult Intelligence Scale, a recognized intelligence test.

Time Allotment:

- DISC: 20-25 minutes
- CIDI: 8-10 minutes
- DSST: 4 minutes

Health Measures:

- DISC: scaled score by module
- CIDI: scaled score by module
- DSST: total number correct

Eligibility:

- DISC: 8-19 years
- CIDI : 20-39 years - half sample only
- DSST: 60+ years

Exclusion Criteria:

- DISC and CIDI: unable to comprehend English or Spanish.
- DSST: visually impaired (as determined by sample test).
- DISC, CIDI, DSST: mental incompetence as determined by family member.

Justification for using vulnerable populations:

Minors are included in this component because they are an important target population group. Mental health indicators are important measures of child health and well-being.

Risks:

DISC and CIDI: Minimal. The possibility that some participants may feel discomfort when talking about sensitive matters, and the possibility of physical fatigue. Persons will be informed that they may terminate the interview at any time.

Report of Findings:

Reported in the MEC (DISC and CIDI only):

Level 1: Reporting of suicidal potential: if a minor indicates that he/she has attempted suicide or had suicidal thoughts in the past 4 weeks, the interviewer will break confidentiality and inform the parent or guardian of this fact. The physician at the MEC will be informed of reports of potential suicides (both minors and non-minors) and will provide appropriate referral. Reporting of homicidal threats: these will be handled the same way as suicidal plans. See **Attachment 35**.

Level 2: None

Level 3: None

Reported from NCHS: None

Reproductive health questionnaire (MEC interview)

Public Health Objectives:

Information about women's reproductive health is essential for evaluating their health status. Nutritional and health status of pregnant and lactating females provides a picture of prenatal health, an important indicator in assessing infant and child health trends. Data on exogenous hormone use are important for evaluating women's risk for certain health conditions such as cardiovascular disease and osteoporosis. The effect of hormone replacement therapy on bone metabolism and body composition will be evaluated. The data will be used to examine the relationship between hormonal contraceptive exposure and serum lipoprotein levels, glycemic control and folate metabolism. The data will also be used to evaluate the extent of oral contraceptive use among women who have known contraindications for use.

Staff:

MEC interviewer

Protocol:

Methods:

An interview using CAPI technique

Time Allotment:

5-10 minutes

Health Measures:

The questionnaire will obtain information from women about their menstrual cycle, pregnancy history, pregnancy outcomes, history of breast feeding, history of hysterectomy and oophorectomy, menopausal status and symptoms of menopause, use of exogenous hormones (oral contraceptives, hormone replacement therapy), and current pregnancy and lactation status.

Eligibility:

Female survey participants 12 years and older

Exclusion Criteria:

None

Justification for using vulnerable populations:

- Minors are included in this component because they are an important target population group. Risk behavior findings are linked to other household interview and health component data and are used to assess risk profile for infectious diseases.
- Mentally impaired individuals will be excluded

Risks:

Minimal risk. Some questions (e.g. those regarding pregnancy outcomes) may be sensitive.

Report of Findings:

No findings are reported to respondents.

Illicit Drug Use

Public Health Objectives:

Questions on drug use will be included for participants 12-59 years. The questions focus on lifetime and current use of marijuana, cocaine and the intravenous use of street drugs. No measurements for the presence of these drugs will be conducted. The use of drugs has been demonstrated to be a risk factor for sexually transmitted diseases. Intravenous drug use is also a risk for blood borne pathogens such as HIV, HBV and HCV. Information on drug use is necessary along with sexual behavior questions to develop a profile of risk-taking behavior associated with the acquisition of these infectious diseases.

Staff:

MEC Interviewer for introduction and ACASI

Protocol:

Methods and Health Measures:

Questions on drug use will be included for participants 12 years and older. The questions focus on lifetime and current use of marijuana, cocaine and the intravenous use of street drugs. The questions, which come from the 1997 Youth Risk Factor Behavior Survey for the 12-20 year olds and NHANES III for those 20 or more years will be asked using an audio computer assisted self interviewing technique (ACASI). This technique provides total privacy for the participant when answering these questions.

Time Allotment:

Part of a 15-20 minutes interview

Eligibility:

Ages 12 - 59

Exclusion Criteria:

Mentally impaired individuals

Justification for using vulnerable populations:

- Minors are included in this component because they are an important target population group. Drug use findings are linked to other household interview and health component data and are used to assess risk profile for infectious diseases.
- Mentally impaired individuals will be excluded

Risks:

None. Potential embarrassment eliminated with use of Audio CASI technique.

Report of Findings:

No findings are reported to respondents.

Sexual Behavior Questions

Public Health Objectives:

The information on sexual behavior is key to reducing the risk of sexually transmitted diseases (STD's), including acquired immunodeficiency syndrome (AIDS). Such behaviors include delaying onset of sexual intercourse by adolescents, minimizing number of sexual partners and utilizing barrier contraceptives. To assess the prevalence of sexually-transmitted diseases, males and females age 14 and over will be tested for chlamydial and gonococcal infections, and the presence of Herpes simplex and HIV antibodies will be determined. See Sexually Transmitted Disease Laboratory Protocol.

The questions on sexual behavior are included in NHANES to provide for: targeting risk reduction efforts; assessing the results of such efforts; and improving current understanding of the epidemiology of STD's. NHANES is uniquely designed to provide periodic measures of both STD risks and sexually transmitted infection for the general population since the survey: a) combines reliable measures of STD's in addition to the behavioral data; and b) encompasses both males and females and the full reproductive age range, and provides periodic replication.

Sexual behavior, as well as other risky behaviors such as illicit drug use were included in NHANES III for use in analysis of serologic markers of STD's. The data were highly associated with an increase in the prevalence of HSV-2, HBV and HCV, suggesting accurate reporting by participants.

Questions on sexual behavior will be collected on persons aged 14-59 years to: 1) estimate the prevalence of STD risk behaviors among major demographic subgroups of the U.S. population; 2) determine trends in the prevalence of STD risk behaviors; 3) determine how risk behaviors for STD's influence the frequency of these infections.

Staff:

MEC Interviewer for introduction and ACASI

Protocol:

Methods and Health Measures:

The sexual behavior component include questionnaire items. Related information on sexual experience, obtained for both women and men, include information on age of first intercourse, number of sexual partners, use of condoms, and history of sexually-transmitted diseases, and associated laboratory tests for sexually-transmitted diseases (STD's). The questions for the 14-19 year age group come from the 1997 Youth Risk Factor Behavior Survey, and NHANES III for those 20 or more years. The questions will be asked using an audio computer assisted self interviewing technique (ACASI) so the participant can answer the questions in total privacy.

Time Allotment:

Part of a 15-20 minutes interview

Eligibility:

Ages 14 - 59

Exclusion Criteria:

Mentally impaired individuals.

Justification for using vulnerable populations:

- Minors are included in this component because they are an important target population group. Sexual behavior findings are linked to other household interview and health component data and are used to assess risk profile for infectious diseases.
- Mentally impaired individuals will be excluded.

Risks:

None. Potential embarrassment eliminated with use of Audio CASI technique.

Report of Findings:

No findings are reported to respondents.