**Interviewer Observations**

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<th>ID NUMBER:</th>
<th>CONTACT YEAR:</th>
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<td>LAST NAME:</td>
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1. **Respondent’s cooperation was:** ………………………………………  
   - Very good V  
   - Good G  
   - Fair F  
   - Poor P

2. **Did the respondent seem to want to talk a lot during and after the interview?** ……………………………………………………….  
   - Yes Y  
   - No N

3. **Did the respondent have hearing problems?** …………………………….  
   - Yes Y  
   - No N

4. **Did the respondent have vision problems such as blindness or unusually thick lenses?** ………………………………………  
   - Yes Y  
   - No N

5. **Did the respondent have physical impairments such as missing limbs or artificial limbs?** …………………………………………..  
   - Yes Y  
   - No N
6. Are there comments about the respondent’s physical abilities? Yes Y  
   No N

   Comments: ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

7. The quality of the interview is [CIRCLE ONLY ONE]:

   [ ] High quality H
   [ ] Good quality G
   [ ] Fair quality F
   [ ] Poor quality P

8. The main reason for fair or poor quality of information was because the respondent:

   Yes  No
   8a. Did not want to be more specific Y N
   8b. Did not understand or speak English Y N
   8c. Was bored or uninterested Y N
   8d. Was upset, depressed or angry Y N
   8e. Had poor hearing or speech Y N
   8f. Was confused or distracted by frequent interruptions Y N
   8g. Was inhibited by others around him/her Y N
   8h. Was embarrassed by the subject matter Y N
   8i. Was emotionally unstable Y N
   8j. Was physically ill Y N
   8k. Other Y N

   Specify: ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
9. Is the respondent likely to be able to read? 

   Yes Y 
   No N 
   Don’t know D 

10a. Did the respondent have any difficulties with any of the wording used in the interviews? 

   Yes Y 
   No N 

   Go to Item 11 

10b. What were the difficulties? 

10c. What did you do about them? 

11. How much did you like the interview? 

   A great deal A 
   A lot B 
   Not too much C 
   Not at all D 

12. Date of data collection: .................
   mm / dd / yy

13. Code number of person completing this form: ..................................