

APPENDIX III

QUESTIONNAIRE

The items below show the exact content and wording of the basic questionnaire used in the nationwide household survey of the U.S. National Health Survey. The actual questionnaire is designed for a household as a unit and includes additional spaces for reports on more than one person, condition, accident, or hospitalization. Such repetitive spaces are omitted in this illustration.

CONFIDENTIAL - The National Health Survey is authorized by Public Law 652 of the 84th Congress (70 Stat 489; 42 U.S.C. 305). All information which would permit identification of the individual will be held strictly confidential, will be used only by persons engaged in and for the purposes of the survey, and will not be disclosed or released to others for any other purposes (22 FR 1687).

<p>FORM NHS-6 (4-10-62)</p> <p style="text-align: center;">U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS ACTING AS COLLECTING AGENT FOR THE U.S. PUBLIC HEALTH SERVICE</p> <p style="text-align: center;">NATIONAL HEALTH SURVEY</p>	<p>1. Questionnaire</p> <p>of _____</p> <p>Questionnaires</p>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------

<p>2. (a) Address or description of location</p> <p>_____</p> <p>(b) Mailing address if not shown in (a): Include city, zone and State</p> <p>_____</p>	<p>3. Ident. Code</p>	<p>3.(a) Reg. office Code</p>	<p>4. Sub-sample weight</p>	<p>5. Sample</p>	<p>6. FSU No.</p>	<p>7. Segment No.</p>	<p>8. Serial No.</p>
---------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------	-------------------------------	-----------------------------	------------------	-------------------	-----------------------	----------------------

<p>(c) Type of living quarters: <input type="checkbox"/> Housing unit <input type="checkbox"/> Other unit</p>	<p>(d) Name of Special Dwelling Place</p> <p>_____</p>	<p>Code</p> <p>_____</p>	<p>If this questionnaire is for "extra" unit in NTA or B Segment enter:</p> <p>Original unit Segment List Sheet No. _____, Line No. _____,</p> <p>Serial No. _____, "Extra" unit discovered by Item No. _____.</p>
---------------------------------------------------------------------------------------------------------------	--------------------------------------------------------	--------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p>L Ask Items 9 and 10 ONLY, if "rural" box is checked:</p> <p style="text-align: center;"><input type="checkbox"/> Rural <input type="checkbox"/> All other</p> <p>9. Do you own or rent this place? <input type="checkbox"/> Own (Ask 10(a)) <input type="checkbox"/> Rent (Ask 10(b)) <input type="checkbox"/> Rent free (Ask 10(a))</p> <p>10. If "Own" or "rent free" in Item 9, ask: (a) Does this place have 10 or more acres? If "rent" in Item 9, ask: (b) Does the place you rent have 10 or more acres? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(c) During the past 12 months did sales of crops, livestock, and other farm products from the place amount to \$50 or more? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(d) During the past 12 months did sales of crops, livestock, and other farm products from the place amount to \$250 or more? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>11. Ask in ALL segments: Besides the people mentioned, does anyone else get to his quarters by using the entrance to (Specify Item 2(a) address and point to entrance where convenient)? <input type="checkbox"/> Yes (Fill Table X for each quarters NOT listed.) <input type="checkbox"/> No</p> <p>12. Ask in ALL segments: (Ask only if Item 2(a) address indicates a SINGLE-UNIT structure.) Are there any occupied or vacant living quarters BESIDES YOUR OWN - in the basement? on this floor? or on any other floor of this building? <input type="checkbox"/> Yes (Fill Table X for each quarters NOT listed.) <input type="checkbox"/> No</p> <p>13. Ask in TA and NTA segments ONLY. (Ask at all units EXCEPT in apartment houses.) Is there any other building on this property for people to live in - either occupied or vacant? <input type="checkbox"/> Yes (Fill Table X for each quarters NOT listed.) <input type="checkbox"/> No</p>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

15. RECORD OF CALLS AT HOUSEHOLDS

Item		1	Com.	2	Com.	3	Com.	4	Com.	5	Com.
Entire household		Date									
		Time									
Record of return calls for individual respondents	Col. No. _____	Date									
		Time									
	Col. No. _____	Date									
		Time									

16. REASON FOR NONINTERVIEW

TYPE	A	B	C	Z
Reason:	<input type="checkbox"/> Refusal (Describe in "Footnotes") <input type="checkbox"/> No one at home - repeated calls <input type="checkbox"/> Temporarily absent <input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Vacant - non-seasonal <input type="checkbox"/> Vacant - seasonal <input type="checkbox"/> Usual residence elsewhere <input type="checkbox"/> Armed Forces <input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Demolished <input type="checkbox"/> In sample by mistake <input type="checkbox"/> Eliminated in sub-sample <input type="checkbox"/> Other (Specify)	Interview not obtained for: Cols. because: _____

17. Signature of Interviewer	18. Code
------------------------------	----------

TABLE X - LIVING QUARTERS DETERMINATIONS AT LISTED ADDRESS

Line number	Questionnaire Item No.	Are these (Specify location) quarters for more than one group of people?		LOCATION OF UNIT (Examples: Basement, 2nd floor)	USE OR CHARACTERISTICS						CLASSIFICATION		IF HU IN B SEGMENT ASK:		Remarks	
		Yes (Fill one line for each group.)	No		OCCUPIED		ALL QUARTERS		Do these (Specify location) quarters have:	A kitchen or cooking equipment for exclusive use?	Not a separate unit (Add occupants to this questionnaire)	Fill separate questionnaire and interview	In what year were these (Specify location) quarters created? (If 1959 or 1960, also specify "P" if first half or "L" if last half.)	(If before July 1960) What was the name of the household head of these quarters on April 1, 1960?		
					Yes	No	Yes	No								Yes
(1)	(2)	(3a)	(3b)	(4)	(5a)	(5b)	(6a)	(6b)	(7a)	(7b)	(8)	(9a)	(9b)	(10)	(11)	(12)