

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. 242c). 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).										BUDGET BUREAU NO. 68-R620.10 APPROVAL EXPIRES JULY 15, 1965									
U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS ACTING AS COLLECTING AGENT FOR THE U.S. PUBLIC HEALTH SERVICE NATIONAL HEALTH SURVEY FISCAL YEAR -- 1965										1. Questionnaire _____ of _____ _____ questionnaires									
2. a. Address or description of location Address _____ _____ City _____ State _____				3. Idem. code _____	4. Regional office code _____	5. Sample _____	6. PSU No. _____	7. a. Segment No. _____ b. Segment type _____	8. Serial No. _____										
b. Mailing address if not shown in 2 a. _____ Address _____ _____ City _____ State _____				If this questionnaire is for an "EXTRA" unit in a B or NTA segment, enter: Serial No. of original Sample Unit _____ Item No. by which found _____ If in NTA Segment, also enter for FIRST unit listed on property: _____		SEGMENT LIST SHEET NO. _____ LINE NO. _____		c. Name of special dwelling place _____ Code _____											
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"> L Ask items 9 and 10 ONLY if "Rural" box is marked <input type="checkbox"/> Rural <input type="checkbox"/> All other (Skip to item 11) </td> </tr> <tr> <td colspan="2"> 9. Do you own or rent this place? <input type="checkbox"/> Own (Ask 10a) <input type="checkbox"/> Rent (Ask 10b) <input type="checkbox"/> Rent free (Ask 10c) </td> </tr> <tr> <td colspan="2"> 10. a. <input type="checkbox"/> Own or Rent free -- Does this place have 10 or more acres? b. <input type="checkbox"/> Rent -- Does the place you rent have 10 or more acres? <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> <tr> <td> 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 </td> <td> 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 </td> </tr> </table>				L Ask items 9 and 10 ONLY if "Rural" box is marked <input type="checkbox"/> Rural <input type="checkbox"/> All other (Skip to item 11)		9. Do you own or rent this place? <input type="checkbox"/> Own (Ask 10a) <input type="checkbox"/> Rent (Ask 10b) <input type="checkbox"/> Rent free (Ask 10c)		10. a. <input type="checkbox"/> Own or Rent free -- Does this place have 10 or more acres? b. <input type="checkbox"/> Rent -- Does the place you rent have 10 or more acres? <input type="checkbox"/> Yes <input type="checkbox"/> No		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	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	11. Type of living quarters (Check one box) <input type="checkbox"/> Housing Unit <input type="checkbox"/> Other unit ALL segments (ask if item 2 a. address identifies a SINGLE-UNIT structure). 12. Are there any occupied or vacant living quarters BESIDES YOUR OWN -- -- in the basement? <input type="checkbox"/> Yes--S _____ L _____ <input type="checkbox"/> No -- on this floor? <input type="checkbox"/> Yes--S _____ L _____ <input type="checkbox"/> No -- on any other floor of this building? <input type="checkbox"/> Yes--S _____ L _____ <input type="checkbox"/> No (Fill Table X for each quarters NOT listed) ALL segments (ask if item 2 a. identifies entire floor or unnumbered part of floor in a MULTI-UNIT structure). 13. Are there any occupied or vacant living quarters BESIDES YOUR OWN -- if item 2 a. identifies entire floor -- on this floor? if item 2 a. identifies part of floor, specify part } <input type="checkbox"/> Yes--S _____ L _____ <input type="checkbox"/> No -- in the -- of this floor? (Fill Table X for each quarters NOT listed) TA and NTA segments (ask at all units EXCEPT APARTMENT HOUSES). 14. Is there any other building on this property for people to live in -- either occupied or vacant? <input type="checkbox"/> Yes--S _____ L _____ <input type="checkbox"/> No (Fill Table X for each quarters NOT listed)						Telephone No. _____ <input type="checkbox"/> No telephone	
L Ask items 9 and 10 ONLY if "Rural" box is marked <input type="checkbox"/> Rural <input type="checkbox"/> All other (Skip to item 11)																			
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D INTERVIEWER: Check Table I for diabetes. Enter the column numbers of all persons who have been reported as having diabetes. If no persons with diabetes, check the "None" box. Column numbers _____ (Fill Diabetes Supplement for EACH such person)				<input type="checkbox"/> None (Leave "Thank You" letter and depart)															
16. RECORD OF CALLS AT HOUSEHOLD																			
Item		1	Com.	2	Com.	3	Com.	4	Com.	5	Com.								
Entire household		Date _____																	
Record of return calls for individual respondents		Col. No. _____	Date _____																
		Col. No. _____	Date _____																
17. 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 - nonseasonal <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"/> Built after April 1, 1960 <input type="checkbox"/> Other (Specify)		Interview not obtained for: Cols. _____ because: _____											
18. Signature of interviewer _____				19. Code _____		FOR OFFICE USE ONLY		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8											
FOOTNOTES AND COMMENTS								FOR OBSERVED HOUSEHOLD (Signature of Observer)											
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?		USE OR CHARACTERISTICS						CLASSIFICATION		IF HU IN B SEGMENT ASK:		Remarks					
		Yes	No	OCCUPIED			ALL QUARTERS			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?						
		(Fill one line for each group)		Do the occupants of these (Specify location) quarters live and eat with any other group of people?	Direct access from the outside or through a common hall?	A kitchen or cooking equipment for exclusive use?	Yes	No	Yes						No	HU	Other Unit	(10)	(11)
(1)	(2)	(3a)	(3b)	(5a)	(5b)	(6a)	(6b)	(7a)	(7b)	(8)	(9a)	(9b)	(10)	(11)	(12)				
1																			