

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 spaces are omitted in this illustration.

NOTICE - All information which would permit identification of the individual will be held in strict confidence, 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 purposes.						BUDGET BUREAU NO. 68-R630.11 APPROVAL EXPIRES JULY 15, 1966															
FORM NHS-NIS-1a (FY 66) WORKSHEET (8-28-65)						U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS ACTING AS COLLECTING AGENT FOR THE U.S. PUBLIC HEALTH SERVICE U.S. HEALTH INTERVIEW SURVEY															
1a. Street address (Enter description of location if no street address)						1b. Mailing address (If different from 1a)															
City			State			City			State												
1c. Name of special dwelling place				Code	2. PSU	3. Segment No.	4. Serial No.	5. Sample													
6. RECORD OF CALLS AT HOUSEHOLD																					
Visits		1st		Com.		2nd		Com.		3rd		Com.		4th		Com.		5th		Com.	
Entire household		Mo./Day		Time																	
Record of return calls for individual respondents		Person No. _____		Mo./Day		Time															
		Person No. _____		Mo./Day		Time															
7. REASON FOR NONINTERVIEW																					
Type		A				B				C											
Reason		<input type="checkbox"/> Refusal (Describe in footnotes) (REF) <input type="checkbox"/> No one at home - repeated calls (NOH) <input type="checkbox"/> Temporarily absent (TA) <input type="checkbox"/> Other (Specify) (OTH)				<input type="checkbox"/> Vacant - nonseasonal (VNS) <input type="checkbox"/> Vacant - seasonal (VS) <input type="checkbox"/> Usual residence elsewhere (URE) <input type="checkbox"/> Armed Forces (AF) <input type="checkbox"/> Other (Specify) (OTH)				<input type="checkbox"/> Demolished (DEM) <input type="checkbox"/> In sample by mistake (MIS) <input type="checkbox"/> Eliminated in subsample (ESS) <input type="checkbox"/> Built after April 1, 1960 <input type="checkbox"/> Other (Specify) (OTH)											
8. Signature of interviewer					9. Code		10. Observed? <input type="checkbox"/> Yes (Enter) <input type="checkbox"/> No					Name of observer									
FOOTNOTES AND COMMENTS																					
E		(If this questionnaire is for an "EXTRA" unit in a B original or NTA segment, enter) Serial No. of original _____ Item No. by which found _____ Sample Unit _____				If in NTA Segment, also enter for FIRST unit listed on property _____				SEGMENT LIST											
										Sheet No.		Line No.									
11. 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		Not a separate unit (Add occupants to this worksheet)	Fill a separate worksheet and interview		In what year were these (Specify location) quarters created? (If 1959 or 1960, also specify F or L)		(If before July 1960) What was the name of the household head of these quarters on April 1, 1960?							
					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?	HU		Other unit											
(1)	(2)	(3a)	(3b)	(4)	(5a)	(5b)	(6a)	(6b)	(7a)	(7b)	(8)	(9a)	(9b)	(10)	(11)	(12)					
1																					
2																					
3																					

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