

... 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.

Form NHS-MIS-1 (FY67)
REVISED 9-30-66
Budget Bureau No. 68-R1600
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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 23.3:1 Book of Books

2a. STREET ADDRESS *House No., Street, Apt. No. or other ident.* FOR AREA SEGMENTS, ENTER: Sheet No. Line No.

2b. MAILING ADDRESS *If different from 2a* Same as 2a
City State Zip Code

2c. SPECIAL DWELLING PLACE - Name and Sample Number
Name Sample No.

3. Ask → WHEN WAS THIS STRUCTURE ORIGINALLY BUILT?
 Do Not Ask Before 4-1-60 - Continue interview
 After 4-1-60 - Go to Q. 10c, ask if required, and end interview.

10. COMPLETE ITEMS 10-16 AT THE END OF THE INTERVIEW
a. Ask: ARE THERE ANY OCCUPIED OR VACANT LIVING QUARTERS BESIDES YOUR OWN IN THIS BUILDING?
 Yes - Fill Table X No
b. Ask: ARE THERE ANY OCCUPIED OR VACANT LIVING QUARTERS BESIDES YOUR OWN ON THIS FLOOR?
 Yes - Fill Table X No
c. Ask: IS THERE ANY OTHER BUILDING ON THIS PROPERTY FOR PEOPLE TO LIVE IN - EITHER OCCUPIED OR VACANT?
 Yes - Fill Table X No

4a. SAMPLE Circle One B-38 B-39 B-40 B-41 B-42 B-43
4b. PSU Write in and mark

5a. SEGMENT NUMBER Write in and mark

b. SEG. TYPE Circle → A B P LSDP

6. SERIAL NUMBER Write in and mark

7. SPECIAL DWELLING PLACE - Type and Code Mark type code
Type Code

8. NONINTERVIEW REASON Type A
If "other" is marked describe in footnote space.
Type B
Type C

9. TYPE OF LIVING QUARTERS Mark one circle
Housing Unit Other Unit

12a. DO YOU OWN OR RENT THIS PLACE?
 Own - Ask 12a Rent - Ask 12b Rent Free - Ask 12c

12a. DOES THIS PLACE HAVE 10 OR MORE ACRES? Yes - Ask 12c
12b. DOES THE PLACE YOU RENT HAVE 10 OR MORE ACRES? No - Ask 12d
12c. DURING THE PAST 12 MONTHS DID SALES OF CROPS, LIVESTOCK, AND OTHER FARM PRODUCTS FROM THIS PLACE AMOUNT TO \$50 OR MORE? Yes (2) No (4)
12d. DURING THE PAST 12 MONTHS DID SALES OF CROPS, LIVESTOCK, AND OTHER FARM PRODUCTS FROM THIS PLACE AMOUNT TO \$250 OR MORE? Yes (3) No (5)

13. HOW MANY ROOMS ARE IN THIS - (UNIT)? COUNT THE KITCHEN BUT NOT THE BATHROOM. Write in and mark Total Rooms

14. HOW MANY BEDROOMS ARE IN THIS - (UNIT)? Write in and mark No. of Bedrooms
If "None" describe in footnotes

15. WHAT IS THE TELEPHONE NUMBER HERE? Write in and mark

16. INTERVIEWER CHECK ITEM: Check questions 22a-22d & 23c on pages 4 & 5. Yes - Fill Home Care Supplement No - Leave Thank You Letter and depart
Is a Home Care Supplement required?

17. RECORD OF CALLS AT HOUSEHOLD
DATE AND TIME OF CALL
LENGTH OF INTERVIEW
ITEMS 18-23 ARE TO BE FILLED AFTER THE INTERVIEW

18. NUMBER OF CALLS AT HOUSEHOLD Mark from item 17

19. DATE OF COMPLETION Enter from item 17
Month Day

20a. NAME OF OBSERVER *If 20b marked "Yes"*

20b. WAS THIS INTERVIEW OBSERVED? Yes No

21a. INTERVIEWER NAME Write-in

21b. INTERVIEWER NUMBER

22. IDENTIFICATION CODE NO. Mark from tab of Segment folder

23. REGIONAL OFFICE NUMBER

WASHINGTON USE
Book Number See item 1
Total Number of Conditions this H.H.
Total Number of Hospitalizations this H.H.
Total Number of Doctor Visits this H.H.
Total Number of Persons this H.H.
Total Persons Requiring Home Care this Household