

## APPENDIX IV. QUESTIONNAIRE—CONDITION APPROACH

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.	
Form NHS-HIS-1 (FY67) REVISED 9-30-66 Budget Bureau No. 68-R1600 Approval Expires 3-31-68	
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 <i>House No., Street, Apt. No. or other ident.</i> _____ _____ _____ City _____ State _____ Zip Code _____ Line No. _____	2b. MAILING ADDRESS <i>If different from 2a</i> <input type="checkbox"/> Same as 2a City _____ State _____ Zip Code _____
3. <input type="checkbox"/> Ask <input type="checkbox"/> Do Not Ask <input type="checkbox"/> Item 3 WHEN WAS THIS STRUCTURE ORIGINALLY BUILT? <input type="checkbox"/> Before 4-1-60—Continue interview <input type="checkbox"/> After 4-1-60—Go to Q. 30c, ask if required, and end interview.	2c. SPECIAL DWELLING PLACE - Name and Sample Number Name _____ Sample No. _____
10. <input type="checkbox"/> Do Not Ask <input type="checkbox"/> Item 10-Go To Item L a. <input type="checkbox"/> Ask ARE THERE ANY OCCUPIED OR VACANT LIVING QUARTERS BESIDES YOUR OWN IN THIS BUILDING? <input type="checkbox"/> Yes—Fill Table A <input type="checkbox"/> No b. <input type="checkbox"/> Ask ARE THERE ANY OCCUPIED OR VACANT LIVING QUARTERS BESIDES YOUR OWN ON THIS FLOOR? <input type="checkbox"/> Yes—Fill Table A <input type="checkbox"/> No c. <input type="checkbox"/> Ask IS THERE ANY OTHER BUILDING ON THIS PROPERTY FOR PEOPLE TO LIVE IN - EITHER OCCUPIED OR VACANT? <input type="checkbox"/> Yes—Fill Table A <input type="checkbox"/> No	4a. SAMPLE <input type="checkbox"/> 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 <input type="checkbox"/> Circle—A B P LS DP 6. SERIAL NUMBER Write in and mark _____
COMPLETE ITEMS 10-16 AT THE END OF THE INTERVIEW	
11. DO YOU OWN OR RENT THIS PLACE? <input type="checkbox"/> Own—Ask 12a <input type="checkbox"/> Rent—Ask 12b <input type="checkbox"/> Rent Free—Ask 12a	7. SPECIAL DWELLING PLACE—Type and Code <i>Mark type code</i> Type _____ Code _____
12a. DOES THIS PLACE HAVE 10 OR MORE ACRES? <input type="checkbox"/> Yes—Ask 12c b. DOES THE PLACE YOU RENT HAVE 10 OR MORE ACRES? <input type="checkbox"/> No—Ask 12d c. DURING THE PAST 12 MONTHS DID SALES OF CROPS, LIVESTOCK, AND OTHER FARM PRODUCTS FROM THIS PLACE AMOUNT TO \$50 OR MORE? <input type="checkbox"/> Yes (2) <input type="checkbox"/> No (4) d. DURING THE PAST 12 MONTHS DID SALES OF CROPS, LIVESTOCK, AND OTHER FARM PRODUCTS FROM THIS PLACE AMOUNT TO \$250 OR MORE? <input type="checkbox"/> Yes (3) <input type="checkbox"/> No (5)	8. NONINTERVIEW REASON If "other" is marked describe in footnote space. Type A _____ Type B _____ Type C _____
13. HOW MANY ROOMS ARE IN THIS -- (UNIT)? COUNT THE KITCHEN BUT NOT THE BATHROOM. <i>Write in and mark</i> Total Rooms _____	9. TYPE OF LIVING QUARTERS Mark one circle Housing Unit _____ Other Unit _____
14. HOW MANY BEDROOMS ARE IN THIS -- (UNIT)? If "None" describe in footnotes <i>Write in and mark</i> No. of Bedrooms _____	12e. LAND USAGE Mark code from Item L or 12c or 12d
15. WHAT IS THE TELEPHONE NUMBER HERE? Write in and mark _____	17. RECORD OF CALLS AT HOUSEHOLD DATE AND TIME OF CALL Date _____ Time _____ LENGTH OF INTERVIEW Minutes _____
16. INTERVIEWER CHECK ITEM: Check questions 22a-22d & 23c on pages 4 & 5. Is a Home Care Supplement required? <input type="checkbox"/> Yes—Fill Home Care Supplement <input type="checkbox"/> No—Leave Thank You Letter and depart	18. NUMBER OF CALLS AT HOUSEHOLD <i>Mark from item 17</i> 19. DATE OF COMPLETION Enter from item 17 Month _____ Day _____ Year _____
20a. NAME OF OBSERVER <i>If 20b marked "1" or "2"</i> _____ 21a. INTERVIEWER NAME <i>Write-in</i> _____ FOOTNOTES _____ _____ _____	20b. WAS THIS INTERVIEW OBSERVED? Yes _____ No _____ 21b. INTERVIEWER NUMBER _____ 22. IDENTIFICATION CODE NO. Mark from tab of Segment folder 23. REGIONAL OFFICE NUMBER _____ WASHINGTON USE Book Number <i>See item 1</i> 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 _____