

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-R1600 APPROVAL EXPIRES MARCH 31, 1969													
FORM NHS-HIS-1 (1968) Revised (4-28-68)										U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS ACTING AS COLLECTING AGENT FOR THE U.S. PUBLIC HEALTH SERVICE		1.											
U.S. HEALTH INTERVIEW SURVEY										Book _____ of _____ Books													
2. Street address (House No., Street, Apt. No. or other identification)				Segment Sheet No. _____ Line No. _____		3. Year built - If "Ask" box is "X", complete this item before the interview <input type="checkbox"/> Ask <input checked="" type="checkbox"/> Do Not ask When was this structure originally built? <input type="checkbox"/> Before 4-1-60 <input type="checkbox"/> After 4-1-60 <i>Go to Q.13c, complete if required and end interview</i> <i>Continue interview</i>																	
City		State		ZIP code		Type		Type code		Description of Sample Unit (Room No., Bed No., etc.)		Sample Unit number											
4. Special dwelling place name				Type		Type code		Description of Sample Unit (Room No., Bed No., etc.)		Sample Unit number													
11. Mailing address (If different from 2) <input type="checkbox"/> Same as 2				5. PSU		6a. Segment number		6b. Segment type A B P LSDP		7. Serial number		8. Sample B--		9. R.O. number		10. I.D. Code							
City		State		ZIP code																			
12. Type of living quarters (Mark appropriate box with an "X")										1 <input type="checkbox"/> Housing unit		2 <input type="checkbox"/> Other unit*											
13. Ask: <input type="checkbox"/> a. <input type="checkbox"/> b. <input type="checkbox"/> c. <input type="checkbox"/> None (Item L)																							
a. Are there any occupied or vacant living quarters besides your own in this building?										<input type="checkbox"/> Yes (Fill Table X)		<input type="checkbox"/> No											
b. Are there any occupied or vacant living quarters besides your own on this floor?										<input type="checkbox"/> Yes (Fill Table X)		<input type="checkbox"/> No											
c. Is there any other building on this property for people to live in - either occupied or vacant?										<input type="checkbox"/> Yes (Fill Table X)		<input type="checkbox"/> No											
ITEM L <input type="checkbox"/> Rural (14 and 15)										1 <input type="checkbox"/> All other (16)													
14. Do you own or rent this place? <input type="checkbox"/> Own (15a) <input type="checkbox"/> Rent (15b) <input type="checkbox"/> Rent free (15a)																							
15a. (Own or rent free) Does this place have 10 or more acres? <input type="checkbox"/> Yes (15c) <input type="checkbox"/> No (15d)																							
b. (Rent) Does the place you rent have 10 or more acres? <input type="checkbox"/> Yes (15c) <input type="checkbox"/> No (15d)																							
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																							
16. What is the telephone number here?										Telephone number		2 <input type="checkbox"/> None											
17. MOTOR VEHICLE ACCIDENT CHECK ITEM Review question 30 to determine how many motor vehicle supplements need to be completed. (Fill a separate supplement for each different accident reported)										18. Was this interview observed?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No											
Number of M.V. Accident Supplements Required _____ <input type="checkbox"/> None (Enter ending time in item 21.)										Name of observer _____		19. Interviewer's name		Code									
20. Noninterview reason																							
TYPE A			TYPE B			TYPE C																	
1 <input type="checkbox"/> Refusal (Describe in a footnote)			1 <input type="checkbox"/> Vacant-non-seasonal 2 <input type="checkbox"/> Vacant-seasonal			1 <input type="checkbox"/> Demolished 2 <input type="checkbox"/> In sample by mistake																	
2 <input type="checkbox"/> No one at home - repeated calls			3 <input type="checkbox"/> Usual residence elsewhere			3 <input type="checkbox"/> Eliminated in sub-sample																	
3 <input type="checkbox"/> Temporarily absent			4 <input type="checkbox"/> Armed Forces			4 <input type="checkbox"/> Built after April 1, 1960																	
4 <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/>			5 <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/>			5 <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/>																	
21. Record of calls at household																WASH. USE ONLY							
Item		1		Com.		2		Com.		3		Com.		4		Com.		5		Com.		Comp Int.	
Entire household		Date		Beginning time		Ending time																1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
Record return calls for individual respondents		Person No. _____		Date		Beginning time		Ending time														Date of completion	
		Person No. _____		Date		Beginning time		Ending time														Length	
		Person No. _____		Date		Beginning time		Ending time														Time of day	