

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, 1970								
FORM HIS-1 (1969) 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		1. PSU	2a. Segment number	2b. Segment type A B P LSDP	3. Serial number	4. Sample B-	5. R.O. number	6. I.D. code	7. Book _____ of _____ Books					
8. Street address (House No., Street, Apt. No. or other identification) _____ _____ City _____ State _____ ZIP code _____				Segment Sheet No. _____ Line No. _____	9. Year built - If "Ask" box is "X"d, 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 Go to Q. 13c, complete if required and end interview Continue interview									
10. What is your mailing address? <input type="checkbox"/> Same as 8 _____ _____ City _____ State _____ ZIP code _____				11. Special dwelling place name _____ Type _____		Description of sample unit (Room No., Bed No., etc.) _____		Sample unit number _____ Type code _____						
12. Type of living quarters \longrightarrow 1 <input type="checkbox"/> Housing unit 2 <input type="checkbox"/> Other unit						Footnotes								
13. Ask: <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> d. None (item L)														
<input type="checkbox"/> Rural (14) <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? c. During the past 12 months did sales of crops, livestock, and other farm products from the place amount to \$50 or more? 2 <input type="checkbox"/> Yes (16) 4 <input type="checkbox"/> No (16) d. During the past 12 months did sales of crops, livestock, and other farm products from the place amount to \$250 or more? 3 <input type="checkbox"/> Yes 5 <input type="checkbox"/> No														
16. What is the telephone number here? _____ 2 <input type="checkbox"/> None														
17. Was this interview observed? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		18. Interviewer's name _____		Code _____										
19. Noninterview reason														
TYPE A 1 <input type="checkbox"/> Refusal (Describe in a footnote) 2 <input type="checkbox"/> No one at home - repeated calls 3 <input type="checkbox"/> Temporarily absent 4 <input type="checkbox"/> Other (Specify) \longrightarrow			TYPE B 1 <input type="checkbox"/> Vacant - nonseasonal 2 <input type="checkbox"/> Vacant - seasonal 3 <input type="checkbox"/> Usual residence elsewhere 4 <input type="checkbox"/> Armed Forces 5 <input type="checkbox"/> Other (Specify) \longrightarrow			TYPE C 1 <input type="checkbox"/> Demolished 2 <input type="checkbox"/> In sample by mistake 3 <input type="checkbox"/> Eliminated in sub-sample 4 <input type="checkbox"/> Built after April 1, 1960 5 <input type="checkbox"/> Other (Specify) \longrightarrow								
20. Record of calls at household														
Item		1	Com.	2	Com.	3	Com.	4	Com.	5	Com.	6	Com.	
Entire household	Date													
	Beginning time													
	Ending time													
Record of return calls for individual respondents	Person No. _____	Date												
		Beginning time												
		Ending time												
	Person No. _____	Date												
		Beginning time												
		Ending time												