

APPENDIX III. QUESTIONNAIRE AND FLASH CARDS

Questions on health insurance (Questions 31-33) were asked first and fourth quarters. Questions on X-ray visits (Questions 39-44, Table 12) were asked during second and third quarters. The remaining questions were asked for all four quarters of 1970.

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, 1971							
FORM HIS-1 (1970) 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 NTA TA 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 List Sheet No. _____ Line No. _____	9. Year built - If "Ask" box is "X", complete this item before the interview <input type="checkbox"/> Ask <input 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									
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 -> 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? Y (fill Table X) _____ N _____ <input type="checkbox"/> b. Are there any occupied or vacant living quarters besides your own on this floor? Y (fill Table X) _____ N _____ <input type="checkbox"/> c. Is there any other building on this property for people to live in - either occupied or vacant? Y (fill Table X) _____ N _____ <input type="checkbox"/> d. None (item L)													
ITEM L 2 <input type="checkbox"/> Rural (14) 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? } b. (Rent) Does the place you rent have 10 or more acres? } 1 Y (15c) 2 N (15d) c. During the past 12 months did sales of crops, livestock, and other farm products from the place amount to \$50 or more? 2 Y (16) 4 N (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 Y 5 N													
16. What type of heating system do you have? (Mark one type only)						ITEM N X-rays <input type="checkbox"/> No X-rays <input type="checkbox"/> Release <input type="checkbox"/> No release							
01 <input type="checkbox"/> Steam or hot water system 02 <input type="checkbox"/> Central warm air furnace with ducts to individual rooms, or central heat pump 03 <input type="checkbox"/> Built-in electric units (permanently installed in wall, ceiling, or baseboard) 04 <input type="checkbox"/> Floor, wall, or pipeless furnace 05 <input type="checkbox"/> Circulating, radiant, or room heaters, WITH flue or vent, burning gas, oil, or kerosene 06 <input type="checkbox"/> Circulating, radiant, or room heaters (not portable), WITHOUT flue or vent, burning gas, oil, or kerosene 07 <input type="checkbox"/> Fireplaces or stoves burning coal, wood, or coke. 08 <input type="checkbox"/> Portable room heaters of any kind 09 <input type="checkbox"/> Other (Describe) _____ 10 <input type="checkbox"/> None, unit is not heated													
17. Do you have air conditioning? 1 Y - Individual room unit 2 Y - Central air conditioning 3 N													
18. What is the telephone number here? _____ 2 <input type="checkbox"/> None			19. Was this interview observed? 1 Y 2 N		20. Interviewer's name _____		Code _____						
21. 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) <input checked="" type="checkbox"/>			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) <input checked="" type="checkbox"/>			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) <input checked="" type="checkbox"/>							
22. Record of calls at household													
		1	Com.	2	Com.	3	Com.	4	Com.	5	Com.	6	Com.
Entire household		Date _____											
		Beginning time _____											
		Ending time _____											