

APPENDIX III. QUESTIONNAIRE AND FLASH CARDS

O M B No. 68-R1600, Approval Expires March 31, 1974

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				1. Book _____ of _____ books																																	
FORM HIS-1 (1973) U.S. DEPARTMENT OF COMMERCE SOCIAL AND ECONOMIC STATISTICS ADMINISTRATION BUREAU OF THE CENSUS ACTING AS COLLECTING AGENCY FOR THE U.S. PUBLIC HEALTH SERVICE U.S. HEALTH INTERVIEW SURVEY	2. D C C number	3. Sample	4. Segment type Area Permit Address Special place	5. Control number <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-right: 1px solid black;">PSU</td> <td style="width: 33%; border-right: 1px solid black;">Segment</td> <td style="width: 33%;">Serial</td> </tr> </table>			PSU	Segment	Serial																												
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6a. What is your exact address? (Include House No., Apt. No., or other identification and ZIP code)				Listing Sheet No. _____ Sheet No. _____ Line No. _____	18. Noninterview reason TYPE A 1. Refusal - Describe in a footnote 2. No one at home - repeated calls 3. Temporarily absent 4. Other - Specify _____																																
City _____ State _____ ZIP code _____				TYPE B 1. Vacant - nonseasonal 2. Vacant - seasonal 3. Usual residence elsewhere 4. Armed Forces 5. Other - Specify _____																																	
b. What is your mailing address and ZIP code? Same as 6a				TYPE C 1. Unused line of listing sheet 2. Demolished 3. Merged 4. Outside segment 5. Built after April 1, 1970 6. Other - Specify _____																																	
City _____ State _____ ZIP code _____				19. Record of calls <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th>Date</th> <th>Beginning time</th> <th>Ending time</th> <th>Comp</th> </tr> </thead> <tbody> <tr><td> </td><td>a.m. p.m.</td><td>a.m. p.m.</td><td> </td></tr> <tr><td> </td><td>a.m. p.m.</td><td>a.m. p.m.</td><td> </td></tr> <tr><td> </td><td>a.m. p.m.</td><td>a.m. p.m.</td><td> </td></tr> <tr><td> </td><td>a.m. p.m.</td><td>a.m. p.m.</td><td> </td></tr> <tr><td> </td><td>a.m. p.m.</td><td>a.m. p.m.</td><td> </td></tr> <tr><td> </td><td>a.m. p.m.</td><td>a.m. p.m.</td><td> </td></tr> <tr><td> </td><td>a.m. p.m.</td><td>a.m. p.m.</td><td> </td></tr> </tbody> </table>		Date	Beginning time	Ending time	Comp		a.m. p.m.	a.m. p.m.			a.m. p.m.	a.m. p.m.			a.m. p.m.	a.m. p.m.			a.m. p.m.	a.m. p.m.			a.m. p.m.	a.m. p.m.			a.m. p.m.	a.m. p.m.			a.m. p.m.	a.m. p.m.	
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c. Special place name _____ Sample unit number _____ Type code _____				20. List column numbers of family members requiring telephone or personal callbacks for Condition Supplements _____ NONE																																	
7. Year built Ask _____ Do NOT Ask _____ When was this structure originally built? Before 4-1-70 (Continue interview) After 4-1-70 (Go to Q. 9c, complete if required and end interview)				21. Record of additional personal calls <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th>Date</th> <th>Beginning time</th> <th>Ending time</th> <th>Col. Nos. completed</th> </tr> </thead> <tbody> <tr><td> </td><td>a.m. p.m.</td><td>a.m. p.m.</td><td> </td></tr> <tr><td> </td><td>a.m. p.m.</td><td>a.m. p.m.</td><td> </td></tr> <tr><td> </td><td>a.m. p.m.</td><td>a.m. p.m.</td><td> </td></tr> <tr><td> </td><td>a.m. p.m.</td><td>a.m. p.m.</td><td> </td></tr> </tbody> </table>		Date	Beginning time	Ending time	Col. Nos. completed		a.m. p.m.	a.m. p.m.			a.m. p.m.	a.m. p.m.			a.m. p.m.	a.m. p.m.			a.m. p.m.	a.m. p.m.													
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8. Type of living quarters _____ 1. Housing unit 2. OTHER unit				22a. Number of telephone calls _____																																	
9. Area segments ONLY a. Are there any occupied or vacant living quarters besides your own in this building? Y (fill Table X) N				b. Total telephone interview time _____																																	
b. Are there any occupied or vacant living quarters besides your own on this floor? Y (fill Table X) N				22b. Total telephone interview time _____																																	
c. Is there any other building on this property for people to live in - either occupied or vacant? Y (fill Table X) N				22c. Total telephone interview time _____																																	
d. None				22d. Total telephone interview time _____																																	
GO TO PROBE PAGE 2																																					
10. Land use 2. RURAL 1. URBAN (13) --- Regular units and Special Place units coded 85-88 in 6c, go to Q. 11. --- Special Place units not coded 85-88 in 6c, go to Q. 13																																					
11. Do you own or rent this place? Owned Rented Rented for free																																					
12a. You told me your living quarters are (owned/rented/rented for free). Does the place you (own/rent/rented for free) have 10 acres or more? 1. Y (b) 2. N (c)																																					
b. During the past 12 months did sales of crops, livestock, and other farm products from this place amount to \$50 or more? 2. Y (13) 4. N (13)																																					
c. During the past 12 months did sales of crops, livestock, and other farm products from this place amount to \$250 or more? 3. Y 5. N																																					
13. How many rooms are in this -- (Unit)? Count the kitchen but not the bathroom				Total rooms _____																																	
14. How many bedrooms are in this -- (Unit)? If "None" describe in footnotes				Number of bedrooms _____																																	
15. What is the telephone number here? 2. None		Area code _____	Number _____	16. Was this interview observed? 1. Y 2. N																																	
17. Interviewer's name _____				Code _____																																	
NOTE: Before leaving household, check that item 20 has an entry. Determine the best time for callbacks for Condition Supplements.																																					
FOOTNOTES																																					

E		If this questionnaire is for an extra unit, enter Control Number of original sample unit _____			If in AREA SEGMENT, also enter for FIRST unit listed on property _____		LISTING SHEET							
							Sheet number	Line number						
TABLE X - LIVING QUARTERS DETERMINATIONS AT LISTED ADDRESS														
Line No.	LOCATION OF UNIT	<ul style="list-style-type: none"> If listed, enter sheet and line number, STOP Table X, and continue interview for original sample unit. If unlisted, go to 4. 	<ul style="list-style-type: none"> If outside AREA SEGMENT boundary; mark box below, STOP Table X, and go to Household Page, item 9, or Probe page, question 1 (as applicable). 	Are these (specify location) quarters for more than one group of people?		USE OR CHARACTERISTICS				CLASSIFICATION				
	Where are these quarters located? <i>Enter exact description of location, e.g., basement, 2nd floor, rear.</i>			OCCUPIED Do the occupants of these (specify location) quarters live and eat with any other group of people?		ALL QUARTERS Do these quarters in (specify location) have		Direct access from the outside or through a common hall?		Complete kitchen facilities for this unit only?		N - Not a separate unit - Add occupants to this questionnaire. HU } Separate unit - interview on a separate questionnaire. OT }		
(1)	(2)	(3)	(4)	(5)		(6)		(7)		(8)		(9)		
1		S ____ L ____	<input type="checkbox"/> Outside segment boundary	Yes	No	Yes - Go to 9 and circle N	No	Yes	No	Yes	No	N	HU	OT
2		S ____ L ____	<input type="checkbox"/> Outside segment boundary	Yes	No	Yes - Go to 9 and circle N	No	Yes	No	Yes	No	N	HU	OT
3		S ____ L ____	<input type="checkbox"/> Outside segment boundary	Yes	No	Yes - Go to 9 and circle N	No	Yes	No	Yes	No	N	HU	OT

NOTE: Be sure to continue interview for original sample unit.

FOOTNOTES