

# APPENDIX III. QUESTIONNAIRE AND FLASH CARDS

O.M.B. No. 68-R1600; Approval Expires March 31, 1977

**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 HIS-1 (1976)**  
15-23-76

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. Book \_\_\_\_\_ of \_\_\_\_\_ books

2. R.O. number \_\_\_\_\_

3. Sample \_\_\_\_\_

4. Segment type  
 Area  
 Permit  
 Address  
 Cen-Sup  
 Special place

5. Control number  
 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  
 Sheet No. \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_ Line No. \_\_\_\_\_

b. Is this your mailing address?  Same as 6a  
 Mark box or specify if different. Include ZIP code.  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

c. Special place name \_\_\_\_\_ Sample unit number \_\_\_\_\_ Type code \_\_\_\_\_

7. YEAR BUILT  Ask  Do NOT Ask  
 When was this structure originally built?  
 Before 4-1-70  After 4-1-70 (Go to 9c, complete if required and end interview)  
 (Continue interview)

8. Type of living quarters  Housing unit  OTHER unit

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. Are there any occupied or vacant living quarters besides your own on this floor?  
 Y (fill Table X) N  
 c. Is there any other building on this property for people to live in - either occupied or vacant?  
 Y (fill Table X) N  
 d. None

**GO TO PROBE PAGE 2**

10. Land use  RURAL  URBAN (13)  
 --- Regular units and Special Place units coded 85-88 in 6c, go to 11.  
 --- Special Place units not coded 85-88 in 6c, go to 13.

11. Do you own or rent this place?  Own  Rent  Rent for free

12a. Does this place you (own/rent/rent for free) have 10 acres or more? 1 Y (12b) 2 N (12c)  
 b. During the past 12 months did sales of crops, livestock, and other farm products from this place amount to \$50 or more? 1 Y (13) 2 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? 1 Y 2 N

13. How many rooms are in this ---? Rooms \_\_\_\_\_ 14. How many bedrooms are in this ---? Bedrooms \_\_\_\_\_  
 Count the kitchen but not the bathroom. If "None" describe in footnotes.

15. What is the telephone number here? 2  None Area code/Number \_\_\_\_\_

16. Was this interview observed? 1 Y 2 N Code \_\_\_\_\_

17. Interviewer's name \_\_\_\_\_

**NOTE: BEFORE LEAVING HOUSEHOLD, CHECK THAT ITEM 20 HAS AN ENTRY.  
 Determine the best time for callbacks.**

**FOOTNOTES**

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18. Noninterview reason

**TYPE A**  
 1  Refusal - Describe in a footnote } Fill items 1-6a, 7, 8, 10, 12a-c as applicable, 16-19  
 2  No one at home - repeated calls  
 3  Temporarily absent - Footnote  
 4  Other (Specify) \_\_\_\_\_

**TYPE B**  
 1  Vacant - nonseasonal } Fill items 1-6a, 7-10, 12a-c as applicable, 16-19  
 2  Vacant - seasonal  
 3  Usual residence elsewhere  
 4  Armed Forces  
 5  Other (Specify) \_\_\_\_\_

**TYPE C**  
 1  Unused line of listing sheet } Fill items 1-6a, 6c if required, 9c if marked, 16-19. Send Inter-Comm.  
 2  Demolished  
 3  Merged  
 4  Outside segment  
 5  Built after April 1, 1970  
 c  Other (Specify) \_\_\_\_\_

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19. Record of calls

Month	Date	Beginning time	Ending time	Comp.
1		A.M. P.M.	A.M. P.M.	
2		A.M. P.M.	A.M. P.M.	
3		A.M. P.M.	A.M. P.M.	
4		A.M. P.M.	A.M. P.M.	
5		A.M. P.M.	A.M. P.M.	
6		A.M. P.M.	A.M. P.M.	
7		A.M. P.M.	A.M. P.M.	
8		A.M. P.M.	A.M. P.M.	

20. List column numbers of persons requiring callbacks.  
 None  
 Health habits \_\_\_\_\_  
 Diabetes \_\_\_\_\_

21. Record of additional calls

Month	Date	Beginning time	Ending time	Col. Nos. completed
1		A.M. P.M.	A.M. P.M.	
2		A.M. P.M.	A.M. P.M.	
3		A.M. P.M.	A.M. P.M.	

22. Enter reason for noninterviews for persons requiring callbacks.  
 1  Refusal (Specify) \_\_\_\_\_  
 2  No one at home - repeated calls  
 3  Temporarily absent (Specify) \_\_\_\_\_  
 4  Other (Specify) \_\_\_\_\_

<b>E</b>	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	If listed, enter sheet and line number, STOP Table X, and continue interview for original sample unit.	If outside Area Segment boundary, mark box below, STOP and –	Are these (Specify location) quarters for more than one group of people?	USE OR CHARACTERISTICS			CLASSIFICATION	
	Where are these quarters located? Enter exact description or location, e.g., basement; 2nd floor, rear After entering description or location: • In Area Segment, go to (3) • In other type of Segments, – If living quarters are not within the same specific sample address (and structure, if Permit Segment) – STOP TABLE X – Otherwise, go to (3)	• If listed, – And Area Segment, go to (4). – And another type of Segment, go to (5) (3)	• Go to next line of Table X, if additional quarters determined.  OR • Go to Household page, item 9, or Probe page, question 1 (as applicable).	If "Yes," fill one line for each group.	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?
(1)	(2)		(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
<b>NOTE:</b> Be sure to continue interview for original sample unit.									
FOOTNOTES									