### U.S. HEALTH INTERVIEW SURVEY

**6a. What is your exact address?** (Include House No., Apt. No., or other identification and ZIP code)
- **City**
- **State**
- **ZIP code**

**b. Is this your mailing address?**
- **Same as 6a**

**c. Special place name**
- **Sample unit number**
- **Type code**

**7. Year Built**
- **Ask**
- **Do NOT Ask**

**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. Is there any other building on this property for people to live in — either occupied or vacant?**
- **Y (fill Table X)**
- **N**

**c. None**

**GO TO PROBE PAGE 2**

**10. Land use**
- **RURAL**
- **URBAN**

**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?**
- **Y (12b)**
- **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?**
- **Y (13)**
- **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?**
- **Y**
- **N**

**13. How many rooms are in this —?**

**14. How many bedrooms are in this —?**

**15. What is the telephone number here?**
- **None**

**16. Was this interview observed?**
- **Y**
- **N**

**17. Interviewer's name**

**FOOTNOTES**

**NOTE: BEFORE LEAVING HOUSEHOLD, CHECK THAT ITEM 20 HAS AN ENTRY.**

**Determine the best time for callbacks.**

**NOTICE** — Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed to others without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 U.S.C. 242m).
TABLE X - LIVING QUARTERS DETERMINATIONS AT LISTED ADDRESS

<table>
<thead>
<tr>
<th>LOCATION OF UNIT</th>
<th>USE OR CHARACTERISTICS</th>
<th>CLASSIFICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Line No.</td>
<td>If listed, enter sheet and line number, STOP and go to Table X</td>
<td>All quarters Do these quarters in (Specify location) have:</td>
</tr>
<tr>
<td>1</td>
<td>$___ L ___</td>
<td>Yes No</td>
</tr>
<tr>
<td>2</td>
<td>$___ L ___</td>
<td>Yes No</td>
</tr>
<tr>
<td>3</td>
<td>$___ L ___</td>
<td>Yes No</td>
</tr>
</tbody>
</table>

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

FOOTNOTES