

# APPENDIX III QUESTIONNAIRE AND FLASH CARDS

O.M.B. No. 68-R1600; Approval Expires March 31, 1978

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 or released to others without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m).				1. Book _____ of _____ books																																														
FORM HIS-1 (1977) <small>12-18-761</small>  U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS ACTING AS COLLECTING AGENT FOR THE U.S. PUBLIC HEALTH SERVICE  <b>U.S. HEALTH INTERVIEW SURVEY</b>	2. R.O. number	3. Sample	4. Segment type <input type="checkbox"/> Area <input type="checkbox"/> Permit <input type="checkbox"/> Address <input type="checkbox"/> Cen-Sup <input type="checkbox"/> Special Place	5. Control number PSU      Segment      Serial																																														
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? <input type="checkbox"/> 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			18. Noninterview reason <b>TYPE A</b> 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 - Footnote 4 <input type="checkbox"/> Other (Specify) _____ } <i>Fill items 1-6a, 7, 8, 10, 12a-c as applicable, 16-19</i>  <b>TYPE B</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) _____ } <i>Fill items 1-6a, 7-10, 12a-c as applicable, 16-19</i>  <b>TYPE C</b> 1 <input type="checkbox"/> Unused line of listing sheet 2 <input type="checkbox"/> Demolished 3 <input type="checkbox"/> Merged 4 <input type="checkbox"/> Outside segment 5 <input type="checkbox"/> Built after April 1, 1970 6 <input type="checkbox"/> Other (Specify) _____ } <i>Fill items 1-6a, 6c if required, 9c if marked, 16-19. Send Inter-Comm.</i>																																															
7. YEAR BUILT <input type="checkbox"/> Ask <input checked="" type="checkbox"/> Do NOT Ask When was this structure originally built? <input type="checkbox"/> Before 4-1-70 (Continue interview) <input type="checkbox"/> After 4-1-70 (Go to 9c, complete if required and end interview)			19. Record of calls <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th>Month</th> <th>Date</th> <th>Beginning time</th> <th>Ending time</th> <th>Completed Mark (X)</th> </tr> </thead> <tbody> <tr><td>1</td><td></td><td>a.m. p.m.</td><td>a.m. p.m.</td><td></td></tr> <tr><td>2</td><td></td><td>a.m. p.m.</td><td>a.m. p.m.</td><td></td></tr> <tr><td>3</td><td></td><td>a.m. p.m.</td><td>a.m. p.m.</td><td></td></tr> <tr><td>4</td><td></td><td>a.m. p.m.</td><td>a.m. p.m.</td><td></td></tr> <tr><td>5</td><td></td><td>a.m. p.m.</td><td>a.m. p.m.</td><td></td></tr> <tr><td>6</td><td></td><td>a.m. p.m.</td><td>a.m. p.m.</td><td></td></tr> <tr><td>7</td><td></td><td>a.m. p.m.</td><td>a.m. p.m.</td><td></td></tr> <tr><td>8</td><td></td><td>a.m. p.m.</td><td>a.m. p.m.</td><td></td></tr> </tbody> </table>			Month	Date	Beginning time	Ending time	Completed Mark (X)	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.	
Month	Date	Beginning time	Ending time	Completed Mark (X)																																														
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.																																															
8. Type of living quarters → 1 <input type="checkbox"/> Housing unit      2 <input type="checkbox"/> OTHER unit			20. List column numbers of persons requiring callbacks. <input type="checkbox"/> None R4 _____ DS _____																																															
9. Area segments ONLY <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			21. Record of additional calls <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th>Month</th> <th>Date</th> <th>Beginning time</th> <th>Ending time</th> <th>Col. Nos. completed</th> </tr> </thead> <tbody> <tr><td>1</td><td></td><td>a.m. p.m.</td><td>a.m. p.m.</td><td></td></tr> <tr><td>2</td><td></td><td>a.m. p.m.</td><td>a.m. p.m.</td><td></td></tr> <tr><td>3</td><td></td><td>a.m. p.m.</td><td>a.m. p.m.</td><td></td></tr> </tbody> </table>			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.																										
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.																																															
<b>GO TO PROBE PAGE 2</b>			22. Enter reason for noninterviews for persons requiring callbacks 1 <input type="checkbox"/> Refusal (Specify below) 2 <input type="checkbox"/> No one at home - repeated calls 3 <input type="checkbox"/> Temporarily absent (Specify below) 4 <input type="checkbox"/> Other (Specify below)  Specify _____																																															
10. Land use      2 <input type="checkbox"/> RURAL      1 <input type="checkbox"/> 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? <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> 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 Count the kitchen but not the bathroom.																																															
15. What is the telephone number here?      Area code/Number 2 <input type="checkbox"/> None			14. How many bedrooms are in this --?      Bedrooms If "None" describe in footnotes.																																															
17. Interviewer's name      Code			16. Was this interview observed? 1 Y      2 N																																															
<b>NOTE: BEFORE LEAVING HOUSEHOLD, CHECK THAT ITEM 20 HAS AN ENTRY. Determine the best time for callbacks.</b>																																																		
FOOTNOTES																																																		

<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 unlisted, – And Area Segment, go to (4). – And another type of Segment, go to (5) (3)	If outside Area Segment boundary, mark box below, STOP and – ● 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).	Are these (Specify location) quarters for more than one group of people?  If "Yes," fill one line for each group.	USE OR CHARACTERISTICS				CLASSIFICATION		
	Where are these quarters located? Enter exact description of 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)				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. (Complete a separate questionnaire for each unrelated person or family group.)  HU OT ) Separate unit – interview on a separate questionnaire.	
(1)	(2)	S ___ L ___	(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	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	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	Yes No	N	HU	OT
NOTE: Be sure to continue interview for original sample unit.											
FOOTNOTES											