

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 (1979)
 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

2. R.O. number _____ 3. Sample _____ 4. Segment type
 Area
 Permit
 Address
 Cen-Sup
 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 County
 b. Is this your mailing address? Same as 6a
 Mark box or specify if different. Include ZIP code.

 City State ZIP code County
 c. Special place name _____ Sample unit number _____ Type code _____

18. Noninterview reason
TYPE A
 1 Refusal - Describe in a footnote } Fill items 1-6a, 7, 9, 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
 2 Vacant - seasonal
 3 Usual residence elsewhere } Fill items 1-6a, 7-10, 12a-c as applicable, 16-19
 4 Armed Forces
 5 Other (Specify) _____

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

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)

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

19. Record of calls

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.	

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? Area code: Number None
 16. Was this interview observed? 1 Y 2 N

17. Interviewer's name _____ Code _____

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

20. List column numbers of sample persons not interviewed during initial interview.
 None

Col. No.	SS Req.	Eye Care Req.	Pref. Resp. for Eye Care
	Y N	Y N	
	Y N	Y N	
	Y N	Y N	

FOOTNOTES

21. Record of additional contacts

Month	Date	Beginning time	Ending time	Col. Nos. completed	
				SS	EC
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.		

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	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). (4)	Are these (Specify location) quarters for more than one group of people? If "Yes," fill one line for each group. (5)	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) (2)				OCCUPIED Do the occupants of these (Specify location) quarters live and eat with any other group of people? (6)	ALL QUARTERS Do these quarters in (Specify location) have: Direct access from the outside or through a common hall? (7)		Complete kitchen facilities for this unit only? (8)		N – Not a separate unit – Add occupants to this questionnaire. (Complete a separate questionnaire for each unrelated person or family group.) HU } Separate unit – interview on a separate questionnaire. OT }	
(1)	(2)				(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

Please give my household's identifiable information to the National Center for Health Statistics so that my answers can be counted in the survey.

Signature

Date