

# Appendix III. Questionnaire and flash cards

Form Approved: O.M.B. No. 0937-0021

**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).

FORM HIS-1 (1981)  
(3-23-81)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
ACTING AS COLLECTING AGENT FOR THE  
U.S. PUBLIC HEALTH SERVICE

**NATIONAL 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

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

City State ZIP code County

Listing Sheet  
 Sheet No. \_\_\_\_\_  
 Line No. \_\_\_\_\_

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, 8c if required, 16-19. Send Inter-Comm.  
 2  Demolished  
 3  Merged  
 4  Outside segment  
 5  Built after April 1, 1970  
 6  Other (Specify) \_\_\_\_\_

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

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 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

**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.

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.	

20. List column numbers of preferred respondent(s) requiring callbacks for Child Health Supplement.  
 None

Column number →

21. Record of additional contacts

Month	Date	Beginning time	Ending time	Respondent Col. No.
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.	

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	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	
					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:		N - Not a separate unit - Add occupants to this questionnaire. (Complete a separate questionnaire for each unrelated person or family group.)  Separate unit - interview on a separate questionnaire. HU OT		
(1)	(2)	(3)	(4)	(5)	(6)	Direct access from the outside or through a common hall?	Complete kitchen facilities for this unit only?		(7)	(8)
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