

Appendix III

Questionnaires and flashcards

1982 Questionnaire

O.M.B. No. 0937-0021: Approval Expires June 30, 1983

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 306(d) of the Public Health Service Act (42 USC 242n).

FORM HIS-1 (1982)
(4-8-82)

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, county and ZIP code)

City _____ State _____ County _____ ZIP code _____

b. Is this your mailing address? (Mark box or specify if different. Include county and ZIP code.) Same as 6a

City _____ State _____ County _____ ZIP code _____

c. Special place name _____ Sample unit number _____ Type code _____

LISTING SHEET
 Sheet No. _____
 Line No. _____

7. YEAR BUILT
 Ask
 Do not ask
 When was this structure originally built?
 Before 4-1-70 (Continue interview)
 After 4-1-70 (Complete item 8c when required; end interview)

8. COVERAGE QUESTIONS
 Ask items that are marked
 Do not ask

a. Are there any occupied or vacant living quarters besides your own in this building? Yes (Fill Table X) No

b. Are there any occupied or vacant living quarters besides your own on this floor? Yes (Fill Table X) No

c. Is there any other building on this property for people to live in either occupied or vacant? Yes (Fill Table X) No

9a. LAND USE
 1 URBAN (10)
 2 RURAL
 - Reg. units and SP. PL. units coded 85-88 in 6c - Ask item 9b
 - SP. PL. units not coded 85-88 in 6c - Mark "No" in item 9b without asking

b. During the past 12 months did sales of crops, livestock, and other farm products from this place amount to \$1,000 or more?
 1 Yes } (10)
 2 No }

10. CLASSIFICATION OF LIVING QUARTERS - Mark by observation

a. LOCATION of unit
 Unit is:
 In a Special Place - Refer to Table D in Part C of manual; then complete 10d or e
 NOT in a Special Place (10b)

b. Access
 Direct (10d)
 Through another unit (10c)

c. Complete kitchen facilities
 For this unit only (10d)
 Also used by another household
 None
Not a separate HU; combine with unit through which access is gained. (Apply merged unit procedures if additional living quarters space was listed separately.)

d. HOUSING unit (Mark one, THEN page 2)
 01 House, apartment, flat
 02 HU in nontransient hotel, motel, etc.
 03 HU-permanent in transient hotel, motel, etc.
 04 HU in rooming house
 05 Mobile home or trailer with no permanent room added
 06 Mobile home or trailer with one or more permanent rooms added
 07 HU not specified above - Describe in footnotes

e. OTHER unit (Mark one)
 08 Quarters not HU in rooming or boarding house
 09 Unit not permanent in transient hotel, motel, etc.
 10 Unoccupied tent site or trailer site
 11 OTHER unit not specified above - Describe in footnotes

11. What is the telephone number here? Area code/number _____

12. Was this interview observed?
 None Yes No

13. Interviewer's name _____ Code _____

14. Noninterview reason

TYPE A
 01 Refusal - Describe in footnotes } Fill Items 1-8a, 7, 9 as applicable, 10, 12-15
 02 No one at home - repeated calls
 03 Temporarily absent - Footnote
 04 Other (Specify) _____

TYPE B
 05 Vacant - nonseasonal
 06 Vacant - seasonal
 07 Occupied entirely by persons with URE
 08 Occupied entirely by Armed Forces members
 09 Unfit or to be demolished
 10 Under construction, not ready
 11 Converted to temporary business or storage
 12 Unoccupied tent site or trailer site
 13 Permit granted, construction not started
 14 Other (Specify) _____

TYPE C
 15 Unused line of listing sheet
 16 Demolished
 17 House or trailer moved
 18 Outside segment
 19 Converted to permanent business or storage
 20 Merged
 21 Condemned
 22 Built after April 1, 1970
 23 Other (Specify) _____

15. 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.	

16. List column numbers of persons requiring callbacks for "Preventive Care" questions.
 None

Column number →

17. Record of additional contacts

Month	Date	Beginning time	Ending time	Completed Col. No.
1		P T a.m. p.m.	a.m. p.m.	
2		P T a.m. p.m.	a.m. p.m.	
3		P T a.m. p.m.	a.m. p.m.	
4		P T a.m. p.m.	a.m. p.m.	

GO TO HOUSEHOLD COMPOSITION PAGE

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 N – Not a separate unit – Add occupants to this questionnaire. (Complete a separate questionnaire for each unrelated person or family group.) HU } Separate unit – OT } interview on a separate questionnaire. (9)		
	(1)				(2)	(4)	(5)			
1		S ___ L ___	<input type="checkbox"/> Outside segment boundary	Y N	Y – Go to (9) N and circle N	Y N	Y N	N HU OT		
2		S ___ L ___	<input type="checkbox"/> Outside segment boundary	Y N	Y – Go to (9) N and circle N	Y N	Y N	N HU OT		
3		S ___ L ___	<input type="checkbox"/> Outside segment boundary	Y N	Y – Go to (9) N and circle N	Y N	Y N	N HU OT		
<p>NOTE: Be sure to continue interview for original sample unit.</p> <p>FOOTNOTES</p>										