Appendix III  
Questionnaires and flashcards

### NATIONAL HEALTH INTERVIEW SURVEY

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

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>County</th>
<th>ZIP code</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>County</th>
<th>ZIP code</th>
</tr>
</thead>
</table>

#### 6c. Special place name

<table>
<thead>
<tr>
<th>Sample unit number</th>
<th>Type code</th>
</tr>
</thead>
</table>

### AREA SEGMENTS ONLY

#### 7. YEAR BUILT
- [ ] Yes
- [ ] No
- [ ] Don't know

When was this structure originally built?
- [ ] Before 1870 (Complete interview)
- [ ] After 1870 (Complete interview)

#### 8. COVERAGE QUESTIONS
- [ ] Yes (No)
- [ ] No

Are there any occupied or vacant living quarters besides your own in this building?

Are there any occupied or vacant living quarters besides your own on this block?

#### 9a. LAND USE
- [ ] Rural (R)
- [ ] Suburban (S)
- [ ] Urban (U)

#### 9b. During the past 12 months did sales of crops, livestock, and other farm products from this place amount to $1,000 or more?
- [ ] Yes
- [ ] No

#### 10. CLASSIFICATION OF LIVING QUARTERS
- Mark by observation

**FOOTNOTE:**
- **(Note):**
  - Housing units: (Mark one, THEN page 2 of Part C of manual) then complete 10a or 10b
  - NOT in a Special Place (10b)

**OTHER UNIT (Mark one)**
- [ ] Housing units
- [ ] Other units

- [ ] Housing units
- [ ] Other units

**NOT IN A SPECIAL PLACE:**
- [ ] Housing units
- [ ] Other units

**NONE:**
- [ ] Housing units
- [ ] Other units

**Other unit:**
- [ ] Housing units
- [ ] Other units

**NOT IN A SPECIAL PLACE:**
- [ ] Housing units
- [ ] Other units

**NONE:**
- [ ] Housing units
- [ ] Other units

**Other unit:**
- [ ] Housing units
- [ ] Other units

**NONE:**
- [ ] Housing units
- [ ] Other units

15. Record of calls

<table>
<thead>
<tr>
<th>Month</th>
<th>Data</th>
<th>Beginning Time</th>
<th>Ending Time</th>
<th>Completed Call (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>a.m.</td>
<td>a.m.</td>
<td>Y</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>a.m.</td>
<td>a.m.</td>
<td>Y</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>a.m.</td>
<td>a.m.</td>
<td>N</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>a.m.</td>
<td>a.m.</td>
<td>N</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>a.m.</td>
<td>a.m.</td>
<td>Y</td>
</tr>
<tr>
<td>6</td>
<td></td>
<td>a.m.</td>
<td>a.m.</td>
<td>N</td>
</tr>
</tbody>
</table>

16. List columns of persons requiring callbacks for “Supplement on Aging.”

<table>
<thead>
<tr>
<th>Column number</th>
<th>Name of person requiring callback</th>
</tr>
</thead>
</table>

17. Record of additional contacts

<table>
<thead>
<tr>
<th>Month</th>
<th>Data</th>
<th>Beginning Time</th>
<th>Ending Time</th>
<th>Completed Call (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>a.m.</td>
<td>a.m.</td>
<td>Y</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>a.m.</td>
<td>a.m.</td>
<td>Y</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>a.m.</td>
<td>a.m.</td>
<td>N</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>a.m.</td>
<td>a.m.</td>
<td>N</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>a.m.</td>
<td>a.m.</td>
<td>Y</td>
</tr>
<tr>
<td>6</td>
<td></td>
<td>a.m.</td>
<td>a.m.</td>
<td>N</td>
</tr>
</tbody>
</table>

**Footnote:**
- [ ] Housing units
- [ ] Other units

**OTHER UNIT:**
- [ ] Housing units
- [ ] Other units

**NONE:**
- [ ] Housing units
- [ ] Other units

**OTHER UNIT:**
- [ ] Housing units
- [ ] Other units

**NONE:**
- [ ] Housing units
- [ ] Other units

18. List columns of persons requiring callbacks for “Supplement on Aging.”

<table>
<thead>
<tr>
<th>Column number</th>
<th>Name of person requiring callback</th>
</tr>
</thead>
</table>

19. What is the telephone number of the person making this interview? (Area code number)

20. Was this interview observed?
- [ ] Yes
- [ ] No

21. Interviewer’s name

22. Code
NOTICE: Information contained on this form which would permit identification of any individual or establishment has been omitted with a guarantee that it will not be disclosed or released to anyone without the consent of the individual or the establishment in accordance with section 306(a) of the Public Health Service Act (42 USC 243m).

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ACSM-10 COLLECTING SYSTEM FOR THE
U.S. NATIONAL HEALTH INTERVIEW SURVEY

SUPPLEMENT BOOKLET

6. Final status of supplement: 69
   a. Complete interview (all appropriate pages completed)
   b. Partial interview (some but not all appropriate pages completed) (Explain in notes)
   c. Refused (Explain in notes)
   d. SP temporarily absent, no proxy available
   e. SP mentally or physically incapable, no proxy available
   f. Other (Explain in notes)

NOTES

CONTACT PERSON INFORMATION

☐ Contact information for this family unit already obtained, transcribe when editing. Fill item 15 below, THEN go to HIS-1 Household Page or next SOA.
Read to SUA respondent at end of interview — The National Center for Health Statistics may wish to contact you to obtain additional health related information. Please give me the name, address, and telephone number of a close relative or friend who would know where you could be reached in case we have trouble reaching you. (Please give me the name of someone who is not currently living in the household.) Please print items 17, 12, 14.

11. Contact Person name ST Initial
   First
   Middle
   Last
   Code
   Address city street
   City
   State
   Zip
   Code
   Relationship to Sample Person
   Contact information for this family unit already obtained. transcribe when editing. Fill item 5 below, THEN go to HIS-1 Household Page or next SOA.

TRANSCRIPTION FROM HIS-1

16. Area code/telephone number from HIS-1, item 11
   a. None
   b. Number
   c. Telephone
   17a. Exact address from HIS-1, item 6a (Please print items 17a-c)
   Number and street/description
   City
   State
   Zip
   Code
   17b. Mailing address from HIS-1, item 6b
   a. Same as 6a on HIS-1
   b. Different from HIS-1
   18. Are there any nondeleted persons 65 years old or older in the family?
   a. Yes
   b. No

SUPPLEMENT ON AGING SAMPLE SELECTION

Use Table A or B as indicated on HIS-1 Household Composition Page. Circle that letter and enter number below to indicate the order of interview (1 = down from the top of the listing, 2 = up from the bottom). Follow this order whenever two or more sample persons are at home at the same time.

10. Are there any nondeleted persons 65 years old or older in the family?
   a. Yes
   b. No

18. Are there any nondeleted persons 65–64 years old in the family?
   a. Yes
   b. No

TABLE A

<table>
<thead>
<tr>
<th>Age</th>
<th>Name</th>
<th>Person number</th>
<th>Sample percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>7–8</td>
<td></td>
<td>39–40</td>
<td></td>
</tr>
<tr>
<td>11–12</td>
<td></td>
<td>43–44</td>
<td></td>
</tr>
<tr>
<td>15–16</td>
<td></td>
<td>47–48</td>
<td></td>
</tr>
<tr>
<td>19–24</td>
<td></td>
<td>51–52</td>
<td></td>
</tr>
<tr>
<td>23–24</td>
<td></td>
<td>55–56</td>
<td></td>
</tr>
<tr>
<td>27–28</td>
<td></td>
<td>59–60</td>
<td></td>
</tr>
<tr>
<td>31–32</td>
<td></td>
<td>63–64</td>
<td></td>
</tr>
<tr>
<td>35–36</td>
<td></td>
<td>67–68</td>
<td></td>
</tr>
</tbody>
</table>

TABLE B

<table>
<thead>
<tr>
<th>Age</th>
<th>Name</th>
<th>Person number</th>
<th>Sample percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>39–40</td>
<td></td>
<td>44–45</td>
<td></td>
</tr>
<tr>
<td>47–48</td>
<td></td>
<td>50–51</td>
<td></td>
</tr>
<tr>
<td>53–54</td>
<td></td>
<td>57–58</td>
<td></td>
</tr>
<tr>
<td>61–62</td>
<td></td>
<td>65–66</td>
<td></td>
</tr>
<tr>
<td>69–70</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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