

Appendix III Questionnaires and flashcards

OMB No. 0937-0021: Approval Expires March 31, 1989

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 309(d) of the Public Health Service Act (42 USC 242m).

Form **HIS-1 (1988)**
(10-13-87)

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
 Park
 Block

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 _____

7. YEAR BUILT
 Ask
 Do not ask
When was this structure originally built?
 Before 4-1-80 (Continue interview)
 After 4-1-80 (Complete item 8a when required; and 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 (FW Table X) No
b. Are there any occupied or vacant living quarters besides your own on this floor? Yes (FW Table X) No
c. Is there any other building on this property for people to live in, either occupied or vacant? Yes (FW Table X) No

9a. LAND USE
1 URBAN (10)
2 RURAL
— Reg. units and SP. PL. units coded 88—89 in 6c — Ask item 9b
— SP. PL. units not coded 88—89 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 A in Part C of manual; then complete 10c or d
 NOT in a Special Place (10b)

b. Access
 Direct (10c)
 Through another unit — Not a separate HU; combine with unit through which access is gained. (Apply merged unit procedures if additional living quarters space was listed separately.)

c. 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

d. OTHER unit (Mark one)
08 Quarters not HU in rooming or boarding house
09 Unit not permanent in transient hotel, motel, etc.
10 Unoccupied site for mobile home, trailer, or tent
11 Student quarters in college dormitory
12 OTHER unit not specified above — Describe in footnotes

14. Noninterview reason

TYPE A
01 Refusal — Describe in footnotes
02 No one at home, repeated calls
03 Temporarily absent — Footnote
04 Other (Specify) 7

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 site for mobile home, trailer, or tent
13 Permit granted, construction not started
14 Other (Specify) 7

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, 1980
23 Other (Specify) 7

15. Record of calls

Month	Date	Beginning time	Ending time	Completed Mark (X)
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.
5		P T	a.m. p.m.	a.m. p.m.
6		P T	a.m. p.m.	a.m. p.m.

16. List column numbers of persons requiring callbacks, and mark appropriately.
 None

Col. No.	SS No.	Sec. M	Sec. N	Sec. O	Sec. P	AIDS

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

11. What is the telephone number here? None Area code/number

12. Interview observed? Yes No

13a. Interviewer's name _____ Code _____

b. Language of interview
1 English 3 Both English and Spanish
2 Spanish 8 Other

USE ONLY THESE LINES

E	If this questionnaire is for an EXTRA unit, enter Control Number of original sample unit →	If in AREA OR BLOCK SEGMENT, also enter for FIRST unit listed on property →	LISTING SHEET			
			Sheet number	Line number		
TABLE X — LIVING QUARTERS DETERMINATIONS AT LISTED ADDRESS						
ADDRESS OF ADDITIONAL LIVING QUARTERS	LOCATION OF UNIT	SEPARATENESS AND FACILITIES		CLASSIFICATION	AREA AND BLOCK SEGMENTS	PERMIT SEGMENTS
If already listed, fill sheet and line number below and stop Table X. Otherwise, enter basic address and unit address, if any, OR description of location.	Is this a unit in a special place?	Do the occupants (or intended occupants) of (address in col. (1)) live and eat separately from all other persons on the property?	Does (address in col. (1)) have direct access from the outside or through a common hall?	N — Not a separate unit. Include on this questionnaire. HU — Separate unit — Do not include on this questionnaire. Complete the appropriate segment type column for interviewing instructions. OT	Is this unit within the segment boundaries?	Is this unit within the same structure as the original sample unit?
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Sheet _____ Line _____	<input type="checkbox"/> Yes — Skip to col. (5) and mark according to Table A in Part C of manual <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No — Skip to col. (5) and mark N	<input type="checkbox"/> Yes — Mark HU in col. (5) <input type="checkbox"/> No — Mark N in col. (5)	<input type="checkbox"/> N — Stop Table X for this line <input type="checkbox"/> HU — Fill col. (6) or (7), as appropriate <input type="checkbox"/> OT — Fill col. (6) or (7), as appropriate	<input type="checkbox"/> Yes — Interview as an EXTRA unit <input type="checkbox"/> No — Do not interview	<input type="checkbox"/> Yes — List on first available line of listing sheet. Interview if in sample. <input type="checkbox"/> No — Do not interview
Sheet _____ Line _____	<input type="checkbox"/> Yes — Skip to col. (5) and mark according to Table A in Part C of manual <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No — Skip to col. (5) and mark N	<input type="checkbox"/> Yes — Mark HU in col. (5) <input type="checkbox"/> No — Mark N in col. (5)	<input type="checkbox"/> N — Stop Table X for this line <input type="checkbox"/> HU — Fill col. (6) or (7), as appropriate <input type="checkbox"/> OT — Fill col. (6) or (7), as appropriate	<input type="checkbox"/> Yes — Interview as an EXTRA unit <input type="checkbox"/> No — Do not interview	<input type="checkbox"/> Yes — List on first available line of listing sheet. Interview if in sample. <input type="checkbox"/> No — Do not interview
Sheet _____ Line _____	<input type="checkbox"/> Yes — Skip to col. (5) and mark according to Table A in Part C of manual <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No — Skip to col. (5) and mark N	<input type="checkbox"/> Yes — Mark HU in col. (5) <input type="checkbox"/> No — Mark N in col. (5)	<input type="checkbox"/> N — Stop Table X for this line <input type="checkbox"/> HU — Fill col. (6) or (7), as appropriate <input type="checkbox"/> OT — Fill col. (6) or (7), as appropriate	<input type="checkbox"/> Yes — Interview as an EXTRA unit <input type="checkbox"/> No — Do not interview	<input type="checkbox"/> Yes — List on first available line of listing sheet. Interview if in sample. <input type="checkbox"/> No — Do not interview
NOTE: Be sure to continue interview for original unit after completing Table X for all lines.						
FOOTNOTES						

CLASSIFICATION (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (100)

FORM HIS-1A (1988)
(4-5-88)

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

**NATIONAL HEALTH INTERVIEW
SURVEY
SUPPLEMENT BOOKLET**

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.	RT 67 3-7 8	2. R.O. Number	9-10	3. Sample	11-13
Book _____ of _____ books					
4. Control number	PSU	14-16	Segmer.	17-23	Serial
				24-25	5. Beginning time
				26-29	30
				1 a.m.	
				2 p.m.	

CHILD AND ADULT SAMPLE SELECTION

6. Are there any nondeleted children 0-17 years old in this family?	31	7. Are there any nondeleted persons 18+ years old in this family?	32
1 <input type="checkbox"/> Yes (List by age (oldest to youngest) in Table A, THEN 7) 2 <input type="checkbox"/> No (7)		1 <input type="checkbox"/> Yes (List by age (oldest to youngest) in Table B) 2 <input type="checkbox"/> No	

8. TABLE A (0-17 year olds)					TABLE B (18+)				
Line No.	Person No.	Name	Sex	Age	Line No.	Person No.	Name	Sex	Age
33	34-35		36	37-39	40	41-42		43	44-45
1			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	1 <input type="checkbox"/> Mos. 2 <input type="checkbox"/> Yrs.	1			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	
2			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	1 <input type="checkbox"/> Mos. 2 <input type="checkbox"/> Yrs.	2			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	
3			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	1 <input type="checkbox"/> Mos. 2 <input type="checkbox"/> Yrs.	3			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	
4			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	1 <input type="checkbox"/> Mos. 2 <input type="checkbox"/> Yrs.	4			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	
5			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	1 <input type="checkbox"/> Mos. 2 <input type="checkbox"/> Yrs.	5			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	
6			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	1 <input type="checkbox"/> Mos. 2 <input type="checkbox"/> Yrs.	6			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	
7			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	1 <input type="checkbox"/> Mos. 2 <input type="checkbox"/> Yrs.	7			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	
8			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	1 <input type="checkbox"/> Mos. 2 <input type="checkbox"/> Yrs.	8			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	
9			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	1 <input type="checkbox"/> Mos. 2 <input type="checkbox"/> Yrs.	9			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	

Refer to the appropriate sections of the sample person selection label and circle as applicable. THEN circle Person No. in TABLE A and/or TABLE B and mark the "SP" box(es) on the HIS-1 for the selected sample person(s). THEN go to Section M.

9. FINAL STATUS OF SUPPLEMENT

<p>a. Section M (page 2) (Medical Device Implant) 46</p> <p>Interview</p> <p>0 <input type="checkbox"/> No Medical Device Implants</p> <p>1 <input type="checkbox"/> Complete interview (all persons with MDIs interviewed)</p> <p>2 <input type="checkbox"/> Partial interview (some but not all persons with MDIs interviewed) (Explain in notes)</p> <p>3 <input type="checkbox"/> Partial interview (Persons with MDIs not interviewed) (Explain in notes)</p> <p>Noninterview</p> <p>4 <input type="checkbox"/> Refusal (Explain in notes)</p> <p>8 <input type="checkbox"/> Other (Explain in notes)</p>	<p>b. Section N (page 42) (Occupational Health) 47</p> <p>0 <input type="checkbox"/> No person 18+ in this family</p> <p>Interview</p> <p>1 <input type="checkbox"/> Complete interview (all appropriate sections completed)</p> <p>2 <input type="checkbox"/> Partial interview (some but not all appropriate sections completed) (Explain in notes)</p> <p>Noninterview</p> <p>3 <input type="checkbox"/> Refusal (Explain in notes)</p> <p>4 <input type="checkbox"/> SP temporarily absent</p> <p>5 <input type="checkbox"/> SP mentally or physically incapable</p> <p>8 <input type="checkbox"/> Other (Explain in notes)</p>	<p>c. Section O (page 68) (Alcohol) 48</p> <p>0 <input type="checkbox"/> No person 18+ in this family</p> <p>Interview</p> <p>1 <input type="checkbox"/> Complete interview (all appropriate sections and HIS-2/HIS-3 completed)</p> <p>2 <input type="checkbox"/> Partial interview (some but not all appropriate sections or HIS-2/HIS-3 completed) (Explain in notes)</p> <p>Noninterview</p> <p>3 <input type="checkbox"/> Refusal (Explain in notes)</p> <p>4 <input type="checkbox"/> SP temporarily absent</p> <p>5 <input type="checkbox"/> SP mentally or physically incapable</p> <p>8 <input type="checkbox"/> Other (Explain in notes)</p>	<p>d. Section P (page 66) (Child Health) 49</p> <p>0 <input type="checkbox"/> No child 0-17 in this family</p> <p>Interview</p> <p>1 <input type="checkbox"/> Complete interview (all appropriate sections completed)</p> <p>2 <input type="checkbox"/> Partial interview (some but not all appropriate sections completed) (Explain in notes)</p> <p>Noninterview</p> <p>3 <input type="checkbox"/> Refusal (Explain in notes)</p> <p>4 <input type="checkbox"/> Eligible Resp. TA</p> <p>5 <input type="checkbox"/> No eligible resp. in HHld.</p> <p>8 <input type="checkbox"/> Other (Explain in notes)</p>
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10. Ending time	50-53	54	11. Interviewer identification	Name	Code	55-56
	1 a.m.					
	2 p.m.					

Notes