

Appendix III

Questionnaires and flashcards

OMB No. 0920-0214; Approval Expires 3/31/82

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). Public reporting burden for the collection of information is estimated to average 30 average minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to PHS Reports Clearance Officer, ATTN: PRA; Humphrey Building, Room 721-N, 200 Independence Avenue, SW; Washington, DC 20201; and to the Office of Management and Budget, Paperwork Reduction Project (0920-0214), Washington, DC 20503.

FORM **HIS-1 (1981)**
10-27-80

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

1. Book ___ of ___ books

2. R.O. number

3. Sample

4. Segment type
 Area Permit Block

5. Control number
PSU | Segment | Serial

NATIONAL HEALTH INTERVIEW SURVEY

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** _____

AREA AND BLOCK SEGMENTS

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 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 (FH Table X) No

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

c. Is there any other building on this property for people to live in, either occupied or vacant?
 Yes (FH 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 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

GO TO HOUSEHOLD COMPOSITION PAGE

11. What is the telephone number here? Area code/number _____ **12. Interview observed?**
 None Yes No

13a. Field representative's name _____ **Code** _____ **b. Language of interview**
1 English 3 Both English and Spanish
2 Spanish 4 Other

14. Noninterview reason

TYPE A
01 Refusal — Describe in footnotes
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 site for mobile home, trailer, or tent
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, 1980
23 Other (Specify) _____

FH items 1-6a, 7 and 9 as applicable; 10, 12-15

FH items 1-6a, 7-9 as applicable; 10, 12-15

FH items 1-6a, 8c if marked; 12-15, send Inter-Comm.

15. Record of calls

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

16. List column numbers of persons requiring callbacks, and indicate reason(s).

None

Person No.	Reason(s) for callback.

17. Record of additional contacts

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

FORM **HIS-2 (1991)**
(1-23-91)

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

**NATIONAL HEALTH INTERVIEW
SURVEY**

1991 SUPPLEMENT BOOKLET

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RT 65
3-7
8

1. Book _____ of
_____ books

2. R.O. number 9-10 3. Sample 11-13

4. Control number 5. Family number 26
PSU 14-16 Segment 17-23 Serial 24-25

6. Field Representative's name Code 27-29

7. Beginning time HIS-2 30-33 34 8. Ending time HIS-2 35-38 39 9. Beginning time HIS-3 40-43 44 10. Ending time HIS-3 45-48 49
1 a.m. 1 a.m. 1 a.m. 1 a.m.
2 p.m. 2 p.m. 2 p.m. 2 p.m.

SAMPLE PERSON LIST

11. Are there any nondeleted persons 18+ years old in this family? Yes (List by age, oldest to youngest)
 No (12)

RT 66	3-4	5-6	7			8	9
	Person No.	Age	Sex	Last name	First name	SP	List No.
1			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	1
2			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	1
3			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	1
4			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	1
5			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	1
6			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	1
7			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	1
8			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	1
9			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	1

Refer to the first part of the sample person selection label and circle as applicable. THEN, mark the "SP" box in the column above for the selected sample person 18+. NEXT, mark the "SP" box on the HIS-1 for this person, THEN, go to 12.

SAMPLE CHILD LIST

12. Are there any nondeleted persons under 18 years old in this family? Yes (List by age, oldest to youngest)
 No (Section A)

Line No.	3-4	5-6	7			8	9
	Person No.	Age	Sex	Last name	First name	SC	List No.
1			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	2
2			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	2
3			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	2
4			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	2
5			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	2
6			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	2
7			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	2
8			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	2
9			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	2

Refer to the second part of the sample person selection label and circle as applicable. THEN, mark the "SC" box in the column above for the selected sample child under 18. NEXT, mark the "SP" box on the HIS-1 for this person, THEN, go to Section A.

Notes

Complete final status and transcription items on back pages

Section A -- HEARING

PERSON 1

Now I'm going to ask some questions about hearing problems. Please tell me if anyone has these problems, even if you have mentioned them before.

1 a. Does anyone in the family NOW have deafness in one or both ears? 5

1 Yes
2 No
9 DK } (2)

b. Who is this? 6
Mark "Deafness" box in person's column.

1 Deafness

c. Anyone else? 7

1 Yes (Reask 1b and c)
2 No

2 a. Does anyone in the family NOW have any other trouble hearing with one or both ears? 8

1 Yes
2 No
9 DK } (3)

b. Who is this? 9
Mark "Trouble hearing" box in person's column.

1 Trouble hearing

c. Anyone else? 10

1 Yes (Reask 2b and c)
2 No

3 a. Does anyone in the family NOW use a hearing aid? 11

1 Yes
2 No
9 DK } (A1)

b. Who is this? 12
Mark "Hearing aid" box in person's column.

1 Hearing aid

c. Does anyone else NOW use a hearing aid? 13

1 Yes (Reask 3b and c)
2 No

ITEM A1 14

Mark first appropriate box:

A1 1 1b, 2b, OR 3b marked for one or more people in family (A2)
2 Others (Section B)

ITEM A2 15

Refer to 1-3. Mark first appropriate box.

A2 1 "Deafness" in 1b
2 "Trouble hearing" in 2b
3 "Hearing aid" in 3b
4 All three blank (NP) } (4)

Include parenthetical if "Hearing aid" marked in 3b.

4 a. Which statement best describes -- hearing in -- LEFT ear (without a hearing aid) -- good, a little trouble, a lot of trouble, or deaf? 16

1 Good
2 Little trouble
3 Lot of trouble
4 Deaf
9 DK

b. Which statement best describes -- hearing in -- RIGHT ear (without a hearing aid) -- good, a little trouble, a lot of trouble, or deaf? 17

1 Good
2 Little trouble
3 Lot of trouble
4 Deaf
9 DK

Mark box or ask:

5 a. (Without a hearing aid) Can -- usually HEAR AND UNDERSTAND what a person says without seeing his face if that person WHISPERS to -- from across a quiet room? 18

0 Under 3 (7)
1 Yes (6a)
2 No
9 DK

b. (Without a hearing aid) Can -- usually HEAR AND UNDERSTAND what a person says without seeing his face if that person TALKS IN A NORMAL VOICE to -- from across a quiet room? 19

1 Yes (6a)
2 No
9 DK

c. (Without a hearing aid) Can -- usually HEAR AND UNDERSTAND what a person says without seeing his face if that person SHOUTS to -- from across a quiet room? 20

1 Yes (6b)
2 No
9 DK

d. (Without a hearing aid) Can -- usually HEAR AND UNDERSTAND what a person says without seeing his face if that person SPEAKS LOUDLY into -- better ear? 21

1 Yes
2 No
9 DK } (6b)

Notes

<p>16. From Cover page, item 11, of HIS-2</p> <p>a. Number of non-deleted persons 18+ years old in this family</p>	<p>Number</p> <p style="border: 1px solid black; display: inline-block; padding: 2px;">18</p>	<p>From Cover page, item 12, of HIS-2</p> <p>b. Number of non-deleted children under 18 years old in this family</p>	<p>Number</p> <p style="border: 1px solid black; display: inline-block; padding: 2px;">19</p>
<p>17. Response Status 20</p> <p>Sections A, B, and E</p> <p>Interview</p> <p>1 <input type="checkbox"/> Complete interview 2 <input type="checkbox"/> Partial interview</p> <p>Noninterview</p> <p>3 <input type="checkbox"/> Refusal } <i>Explain in notes</i> 8 <input type="checkbox"/> Other }</p>	<p style="text-align: right; border: 1px solid black; padding: 2px;">21</p> <p>Section C (Pregnancy and Smoking)</p> <p>0 <input type="checkbox"/> No eligible female 18-49</p> <p>Interview</p> <p>1 <input type="checkbox"/> Complete interview 2 <input type="checkbox"/> Partial interview</p> <p>Noninterview</p> <p>3 <input type="checkbox"/> Refusal } <i>Explain in notes</i> 8 <input type="checkbox"/> Other }</p>	<p style="text-align: right; border: 1px solid black; padding: 2px;">22</p> <p>Section D (Child Health)</p> <p>0 <input type="checkbox"/> No child 0-17 in family</p> <p>Interview</p> <p>1 <input type="checkbox"/> Complete interview 2 <input type="checkbox"/> Partial interview</p> <p>Noninterview</p> <p>3 <input type="checkbox"/> Refusal } <i>Explain in notes</i> 8 <input type="checkbox"/> Other }</p>	<p style="text-align: right; border: 1px solid black; padding: 2px;">23</p> <p>Sections F-P</p> <p>0 <input type="checkbox"/> No person 18+</p> <p>Interview</p> <p>1 <input type="checkbox"/> Complete interview 2 <input type="checkbox"/> Partial interview</p> <p>Noninterview</p> <p>3 <input type="checkbox"/> Refusal (<i>Explain in notes</i>) 4 <input type="checkbox"/> SP temporarily absent 5 <input type="checkbox"/> SP mentally or physically incapable 8 <input type="checkbox"/> Other (<i>Explain in notes</i>)</p>
<p style="text-align: right; border: 1px solid black; padding: 2px;">24</p> <p>Section Q (AIDS)</p> <p>0 <input type="checkbox"/> No person 18+</p> <p>Interview</p> <p>1 <input type="checkbox"/> Complete interview 2 <input type="checkbox"/> Partial interview</p> <p>Noninterview</p> <p>3 <input type="checkbox"/> Refusal (<i>Explain in notes</i>) 4 <input type="checkbox"/> SP temporarily absent 5 <input type="checkbox"/> SP mentally or physically incapable 8 <input type="checkbox"/> Other (<i>Explain in notes</i>)</p>	<p style="text-align: right; border: 1px solid black; padding: 2px;">25</p> <p>Section R (Income)</p> <p>Interview</p> <p>1 <input type="checkbox"/> Complete interview 2 <input type="checkbox"/> Partial interview</p> <p>Noninterview</p> <p>3 <input type="checkbox"/> Refusal } <i>Explain in notes</i> 8 <input type="checkbox"/> Other }</p>	<p style="text-align: right; border: 1px solid black; padding: 2px;">26</p> <p>HIS-3 - Interview Mode</p> <p>0 <input type="checkbox"/> No sample person 18-44</p> <p>Interview</p> <p>1 <input type="checkbox"/> SP administered, alone during interview 2 <input type="checkbox"/> SP administered, others present during interview 3 <input type="checkbox"/> FR administered, SP alone during interview 4 <input type="checkbox"/> FR administered, others present during interview</p> <p>Noninterview</p> <p>5 <input type="checkbox"/> Refusal (<i>Explain in notes</i>) 6 <input type="checkbox"/> SP temporarily absent 7 <input type="checkbox"/> SP mentally or physically incapable 8 <input type="checkbox"/> Other (<i>Explain in notes</i>)</p>	
<p>Notes</p>			

RT 67

3-4

5

Sample Person Number _____

Sample Person Type

1 SP

13. Transcription from completed HIS-1

a. Education of SP (Page 42 or 43, question 2a)

- 00 Never attended or kindergarten
- Elem. 1 2 3 4 5 6 7 8
- High: 9 10 11 12
- College: 1(13) 2(14) 3(15) 4(16) 5(17) 6+(18)

Finish grade/year (Question 2b)

- 1 Yes
- 2 No

6-7

b. Main race of SP (Page 42 or 43, question 3a/b)

- 1 2 3 4 5
- 7 Refused
- 8 Unknown

c. Hispanic origin (Page 42 or 43, question 4a/b)

- 1 Yes
- 2 No
- 0 Multiple Hispanic
- 1 2 3 4 5 6 7
- 9 Unknown

9

d. Marital status of SP (Page 46 or 47, question 7)

- 1 Married — spouse in HH
- 2 Married — spouse not in HH
- 3 Widowed
- 4 Divorced
- 5 Separated
- 6 Never married
- 7 Refused
- 9 Unknown

12

8

10

11

RT 67

3-4

5

Sample Child Number _____

Sample Person Type

2 SC

14. Transcription from completed HIS-1

a. Education of SC (Page 42 or 43, question 2a)

- 00 Never attended or kindergarten
- Elem. 1 2 3 4 5 6 7 8
- High: 9 10 11 12
- College: 1(13) 2(14) 3(15) 4(16) 5(17) 6+(18)

Finish grade/year (Question 2b)

- 1 Yes
- 2 No

6-7

b. Main race of SC (Page 42 or 43, question 3a/b)

- 1 2 3 4 5
- 7 Refused
- 8 Unknown

c. Hispanic origin (Page 42 or 43, question 4a/b)

- 1 Yes
- 2 No
- 0 Multiple Hispanic
- 1 2 3 4 5 6 7
- 9 Unknown

9

d. Marital status of SC (Page 46 or 47, question 7)

- 0 Under 14
- 1 Married — spouse in HH
- 2 Married — spouse not in HH
- 3 Widowed
- 4 Divorced
- 5 Separated
- 6 Never married
- 7 Refused
- 9 Unknown

12

8

10

11

RT 68

3-4

15. Transcription from completed HIS-1

a. Family income (Page 46, question 8b)

- | | | | |
|-------------------------------|-------------------------------|-------------------------------|--------------------------------|
| 00 <input type="checkbox"/> A | 07 <input type="checkbox"/> H | 14 <input type="checkbox"/> O | 21 <input type="checkbox"/> V |
| 01 <input type="checkbox"/> B | 08 <input type="checkbox"/> I | 15 <input type="checkbox"/> P | 22 <input type="checkbox"/> W |
| 02 <input type="checkbox"/> C | 09 <input type="checkbox"/> J | 16 <input type="checkbox"/> Q | 23 <input type="checkbox"/> X |
| 03 <input type="checkbox"/> D | 10 <input type="checkbox"/> K | 17 <input type="checkbox"/> R | 24 <input type="checkbox"/> Y |
| 04 <input type="checkbox"/> E | 11 <input type="checkbox"/> L | 18 <input type="checkbox"/> S | 25 <input type="checkbox"/> Z |
| 05 <input type="checkbox"/> F | 12 <input type="checkbox"/> M | 19 <input type="checkbox"/> T | 26 <input type="checkbox"/> ZZ |
| 06 <input type="checkbox"/> G | 13 <input type="checkbox"/> N | 20 <input type="checkbox"/> U | |

(Transcribe from 8a if 8b blank)

- 27 \$20,000 or more
- 28 Less than \$20,000
- 97 Refused
- 99 Unknown

5-6

b. Telephone number (Household page, question 11)

- 1 Yes, telephone
- 2 No telephone
- 3 Phone, but no number listed or number refused
- 9 DK

Area code Number

 -

7

8-17

Notes