

Appendix III Questionnaires and flashcards

OMB No. 0920-0214: Approval Expires 3/31/95

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 this 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-H, 200 Independence Avenue, SW, Washington, DC 20201; and to the Office of Management and Budget, Paperwork Reduction Project (0920-0214), Washington, DC 20503.

FORM **PHS-1 (1994)**
(8-2-93)

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

NATIONAL HEALTH INTERVIEW SURVEY

1. Book ___ of ___ books
2. R.O. number
3. Sample
4. Segment type
 Area Permit 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 _____

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 (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 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 procedure; 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

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

b. Is there any working telephone located INSIDE your home? Yes No

12. Interview observed? 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) _____

15. Record of calls

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

16. List column numbers of persons requiring callbacks, and indicate reason(s).
 None

Person No.	S.S. No.	Other	Person No.	S.S. No.	Other

17. Record of additional contacts

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

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 column (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 OT Separate unit — Do not include on this questionnaire. Complete the appropriate segment type column for interviewing instructions.	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 column (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 column (5) and mark N	<input type="checkbox"/> Yes — Mark HU in column (5) <input type="checkbox"/> No — Mark N in column (5)	<input type="checkbox"/> N — Stop Table X for this line <input type="checkbox"/> HU — Fill column (6) or (7), as appropriate <input type="checkbox"/> OT — Fill column (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 column (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 column (5) and mark N	<input type="checkbox"/> Yes — Mark HU in column (5) <input type="checkbox"/> No — Mark N in column (5)	<input type="checkbox"/> N — Stop Table X for this line <input type="checkbox"/> HU — Fill column (6) or (7), as appropriate <input type="checkbox"/> OT — Fill column (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 column (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 column (5) and mark N	<input type="checkbox"/> Yes — Mark HU in column (5) <input type="checkbox"/> No — Mark N in column (5)	<input type="checkbox"/> N — Stop Table X for this line <input type="checkbox"/> HU — Fill column (6) or (7), as appropriate <input type="checkbox"/> OT — Fill column (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						

FORM HIS-2 (1994)
(4-1-94)

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
CENTERS FOR DISEASE CONTROL
NATIONAL CENTER FOR HEALTH STATISTICS

NATIONAL HEALTH INTERVIEW SURVEY

1994 SUPPLEMENT BOOKLET
I. IMMUNIZATION
II. DISABILITY

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2. R.O. number	9-10	3. Sample	11-13	1. Book ____ of ____ books	RT 51 3-7 8
4. Control number	PSU 14-16	Segment 17-23	Serial 24-25		5. Family number
6. Field Representative's name				Code	27-29
7. Beginning time		30-32	34	8. Ending time	
		1 <input type="checkbox"/> a.m.		1 <input type="checkbox"/> a.m.	
		2 <input type="checkbox"/> p.m.		2 <input type="checkbox"/> p.m.	

SAMPLE CHILD LIST

ITEM 11

Are there any nondeleted persons under 6 years old in this family?

Yes (List by age, oldest to youngest)
 No (Section II on page 12)

RT 52	3-4	5-6	7			8	9	10
Line No.	Person No.	Age	Sex	Last name	First name	SC	19-35 months	List No.
1			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	2 <input type="checkbox"/>	1
2			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	2 <input type="checkbox"/>	1
3			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	2 <input type="checkbox"/>	1
4			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	2 <input type="checkbox"/>	1
5			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	2 <input type="checkbox"/>	1
6			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	2 <input type="checkbox"/>	1
7			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	2 <input type="checkbox"/>	1
8			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	2 <input type="checkbox"/>	1
9			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	2 <input type="checkbox"/>	1

Refer to the sample child selection label and circle as applicable. THEN, mark (X) the "SC" box in the column above for the selected sample child under 6.

ITEM 12A

Are there any non-selected 2 year olds in the above list?

Yes (Mark (X) box in "19-35 months" column for EACH, then I2B)
 No (I2B)

ITEM 12B

Are there any non-selected 1 year olds in the above list?

Yes (Refer to Eligibility Chart below for EACH 1 year old)
 No (Section I)

ELIGIBILITY CHART

If month of Interview is: Mark (X) box in "19-35 months" column if child's Date of Birth is Within:

January 1994	02/91 - 06/92
February 1994	03/91 - 07/92
March 1994	04/91 - 08/92
April 1994	05/91 - 09/92
May 1994	06/91 - 10/92
June 1994	07/91 - 11/92
July 1994	08/91 - 12/92
August 1994	09/91 - 01/93
September 1994	10/91 - 02/93
October 1994	11/91 - 03/93
November 1994	12/91 - 04/93
December 1994	01/92 - 05/93
January 1995	02/92 - 06/93

Complete final status on Back Cover

<p>ITEM X1</p>	<p><i>Enter conditions reported in the Disability supplement in X1</i> <i>If insufficient space to enter multiple sources, continue in a footnote</i></p>	PERSON 1					
		A	C	D	E	F	G
		A	C	D	E	F	G
		A	C	D	E	F	G
		A	C	D	E	F	G
		A	C	D	E	F	G
<p>ITEM X2</p>	<p><i>Indicate ADL Limitations in X2</i></p>	X2	Help/ Remind	Spec. equip.	Difficulty/ Doesn't do		
		Bathing					
		Dressing					
		Eating					
		Bed/chair					
		Toilet					
Getting around							
<p>ITEM X3</p>	<p><i>Indicate IADL Limitations in X3</i></p>	X3	Help/ Supv.	Difficulty/ Doesn't do			
		Prep. meals					
		Shopping					
		Managing money					
		Telephone					
		Heavy work					
Light work							
<p>Notes</p>							