**Appendix III**

**Questionnaires and flashcards**

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**NATIONAL HEALTH INTERVIEW SURVEY**

<table>
<thead>
<tr>
<th>Question</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Year built</td>
<td>Yes/No (9/10)</td>
</tr>
</tbody>
</table>
| 2. Coverage questions | Yes/No (Table X)  
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 floor?  
Is there any other building on this property for people to live in, either occupied or vacant? |
| 3. Land use | Yes |  
- House, nonfarm  
- House, farm  
- Mobile home or trailer with no permanent room added  
- Mobile home or trailer with one or more permanent room added  
- Special place name (specify)

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**GO TO HOUSEHOLD COMPOSITION PAGE**

<table>
<thead>
<tr>
<th>Question</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. Interview observed</td>
<td>Yes/No</td>
</tr>
</tbody>
</table>
| 13a. Field representative's name | Code  
- Spanish  
- Other |

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**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 scientific purposes of the study, and will not be disclosed or released to any other without the consent of the individual or establishment in accordance with section 308C of the Public Health Service Act 42 USC 242d. Public reporting burden for this collection of information is estimated 30 average minutes per response. Send comments regarding this form and the burden for it to the Director, Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (0920-0184), 7200 Pennsylvania Avenue, NW, Washington, DC 20503-0001.
TABLE X — LIVING QUARTERS DETERMINATIONS AT LISTED ADDRESS

<table>
<thead>
<tr>
<th>ADDRESS OF ADDITIONAL LIVING QUARTERS</th>
<th>LOCATION OF UNIT</th>
<th>SEPARATENESS AND FACILITIES</th>
<th>CLASSIFICATION</th>
<th>AREA AND BLOCK SEGMENTS</th>
<th>PERMIT SEGMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is this a unit in a special place?</td>
<td>Is this unit within the segment boundaries?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do the occupants (or intended occupants) of address in column (1) live and set separately from all other persons on the property?</td>
<td>Is this unit within the same structure as the original sample unit?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does (address in col. (1)) have direct access from the outside or through a common hall?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N — Not a separate unit — Include on this questionnaire.</td>
<td>HU QT</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Instructions

- If already listed, fill sheet and line number before and stop Table X. Otherwise, enter basic address and unit address, if any, or description of location.
- If in AREA OR BLOCK SEGMENT, also enter for FIRST unit listed on property.
- Complete the appropriate segment type column for interviewing instructions.
- If available, interview as an EXTRA unit.
- Do not interview or (7), as appropriate.

### Notes

- Be sure to continue interview for original unit after completing Table X for all lines.

**FOOTNOTES**
NATIONAL HEALTH INTERVIEW SURVEY
1994 SUPPLEMENT BOOKLET

I. IMMUNIZATION
II. DISABILITY

ITEM 11
Are there any non-selected persons under 6 years old in this family?
☐ Yes (List by age, oldest to youngest)
☐ No (Section II on page 12)

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 12B)
☐ No (12B)

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
February 1994
March 1994
April 1994
May 1994
June 1994
July 1994
August 1994
September 1994
October 1994
November 1994
December 1994
January 1995

02/91 - 06/92
03/91 - 09/92
04/91 - 12/92
05/91 - 09/93
06/91 - 12/93
07/91 - 11/93
08/91 - 12/93
09/91 - 01/94
10/91 - 04/94
11/91 - 03/93
12/91 - 06/93
01/92 - 05/93
02/92 - 06/93
**ITEM X1**

Enter conditions reported in the Disability supplement in X1

If insufficient space to enter multiple sources, continue in a footnote

**ITEM X2**

Indicate ADL Limitations in X2

**ITEM X3**

Indicate IADL Limitations in X3

### Notes