

FORM **DFS-4**
(7-1-94)

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 AND PREVENTION
NATIONAL CENTER FOR HEALTH STATISTICS

DISABILITY FOLLOWBACK SURVEY
(NHIS PHASE II)
POLIO SURVIVOR QUESTIONNAIRE

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 vary from 40 to 50 minutes per response, with an average of 45 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.

RT 70
3-7
8

RT 76
3-4

Part I – CALL RECORD

Mode	Date		Beginning time	Results	Ending time	Comments
	Month	Day				
5	6-7	8-9	10-14		15-19	
T			a.m.		a.m.	
P			p.m.		p.m.	
T			a.m.		a.m.	
P			p.m.		p.m.	
T			a.m.		a.m.	
P			p.m.		p.m.	
T			a.m.		a.m.	
P			p.m.		p.m.	

Notes

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3-4

Part II - STATUS

A. Final Status

Interview

- 00 Never had polio
- 01 Complete
- 02 Partial (Explain in notes)

Noninterview

- 03 SP refused
- 04 Proxy refused
- 05 Unable to contact
- 06 Unable to locate
- 07 Deceased
- 08 Institutionalized, no proxy
- 09 Incapable, no proxy
- 10 Moved o/s PSU, unable to phone
- 11 Other noninterview

(Explain in notes)

5-6

C. Respondent

- 1 Self
- 2 Proxy

8

Reason for proxy

- 1 SP incapable
- 2 SP institutionalized
- 3 SP unavailable
- 4 Other - Specify

9

(Fill II.D)

D. Proxy

Name

Relationship to SP

7

10-11

B. Mode

- 1 Telephone
- 2 Personal visit

Part III - NEW ADDRESS

A. Address (Different from label)

Number and street				12-36
City	37-56	State	57-58	ZIP Code 59-67

B. Telephone (Different from label)

Area code 68-70	Number 71-77	1 <input type="checkbox"/> None	9 <input type="checkbox"/> DK number	78
		7 <input type="checkbox"/> Refused		

Notes