

Appendix III Questionnaires and Flashcards

Book ___ of ___ books	Batch number RT 10	Coder status 8	OMB No. 0920-0214; Approval Expires 03/31/97																																																																	
<p>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 minutes per response including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. 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 Office, ATTN: PRA (0920-0214), HHSR-1, Humphrey Building, Room 737-F, 200 Independence Avenue, SW, Washington, DC 20201.</p>																																																																				
1. RO 9-10	2. Sample 11-13	3. Week 14	4. Segment type 1 <input type="checkbox"/> Area 2 <input type="checkbox"/> Permit HIS-1 (1996)																																																																	
5. Control number PSU Segment Suffix Serial Suffix Check digit 17-21 22-26 26-27 28-29 30 31		6. Screening status 1 <input type="checkbox"/> S 2 <input type="checkbox"/> I																																																																		
<p>7a. What is your exact address? (Including House No., Apt. No., or other identification; county and ZIP Code)</p> <p>City _____ State _____ County _____ ZIP Code _____</p>			<p>15. Neighbor screening results (Mark if "S" in item 6)</p> <p>0 <input type="checkbox"/> Neighbors not contacted 1 <input type="checkbox"/> Screened out by neighbors 2 <input type="checkbox"/> Eligible per neighbor 3 <input type="checkbox"/> Undetermined by neighbors</p>																																																																	
<p>b. Is this your mailing address? (Mark box or specify if different; include county and ZIP Code)</p> <p>City _____ State _____ County _____ ZIP Code _____</p>			<p>16. Noninterview reason</p> <p>TYPE A</p> <p>01 <input type="checkbox"/> Refused 02 <input type="checkbox"/> No one home, repeated calls 03 <input type="checkbox"/> Temporarily absent 04 <input type="checkbox"/> Language problem 05 <input type="checkbox"/> Other (Specify) _____</p> <p>Indicate best estimate of race/ethnicity for each Type A</p> <p>1 <input type="checkbox"/> Black/Hispanic 2 <input type="checkbox"/> Not Black/Hispanic 3 <input type="checkbox"/> Unknown</p> <p>TYPE B</p> <p>06 <input type="checkbox"/> Vacant, nonseasonal 07 <input type="checkbox"/> Vacant, seasonal 08 <input type="checkbox"/> Occupied entirely by URE 09 <input type="checkbox"/> Occupied entirely by AF members 10 <input type="checkbox"/> Occupied - screened out by household 11 <input type="checkbox"/> Occupied - screened out by neighbors 12 <input type="checkbox"/> Unfit or to be demolished 13 <input type="checkbox"/> Under construction - not ready 14 <input type="checkbox"/> Converted to temporary business or storage 15 <input type="checkbox"/> Unoccupied site for mobile home, trailer, or tent 16 <input type="checkbox"/> Permit granted - construction not started 17 <input type="checkbox"/> Other (Specify) _____</p> <p>TYPE C</p> <p>18 <input type="checkbox"/> Unused line of listing sheet 19 <input type="checkbox"/> Demolished 20 <input type="checkbox"/> House or trailer moved 21 <input type="checkbox"/> Outside segment boundaries 22 <input type="checkbox"/> Converted to permanent business or storage 23 <input type="checkbox"/> Merged 24 <input type="checkbox"/> Condemned 25 <input type="checkbox"/> Built after April 1, 1990 26 <input type="checkbox"/> Other (Specify) _____</p>																																																																	
<p>8. YEAR BUILT (Area segments only)</p> <p><input type="checkbox"/> Ask (except for group quarters, mobile homes, trailers, tents, boats, and other units not in structures.) <input type="checkbox"/> Do not ask</p> <p>When was this structure originally built?</p> <p><input type="checkbox"/> Before 4-1-90 (Continue interview) <input type="checkbox"/> After 4-1-90 (Complete 9c when required; END interview)</p>			<p>17. Record of calls</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Month</th> <th>Date</th> <th>Beginning time</th> <th>Ending time</th> <th>Completed (X)</th> </tr> </thead> <tbody> <tr><td>1</td><td></td><td>P a.m.</td><td>a.m.</td><td></td></tr> <tr><td>1</td><td></td><td>T p.m.</td><td>p.m.</td><td></td></tr> <tr><td>2</td><td></td><td>F a.m.</td><td>a.m.</td><td></td></tr> <tr><td>2</td><td></td><td>T p.m.</td><td>p.m.</td><td></td></tr> <tr><td>3</td><td></td><td>P a.m.</td><td>a.m.</td><td></td></tr> <tr><td>3</td><td></td><td>T p.m.</td><td>p.m.</td><td></td></tr> <tr><td>4</td><td></td><td>P a.m.</td><td>a.m.</td><td></td></tr> <tr><td>4</td><td></td><td>T p.m.</td><td>p.m.</td><td></td></tr> <tr><td>5</td><td></td><td>P a.m.</td><td>a.m.</td><td></td></tr> <tr><td>5</td><td></td><td>T p.m.</td><td>p.m.</td><td></td></tr> <tr><td>6</td><td></td><td>P a.m.</td><td>a.m.</td><td></td></tr> <tr><td>6</td><td></td><td>T p.m.</td><td>p.m.</td><td></td></tr> </tbody> </table>	Month	Date	Beginning time	Ending time	Completed (X)	1		P a.m.	a.m.		1		T p.m.	p.m.		2		F a.m.	a.m.		2		T p.m.	p.m.		3		P a.m.	a.m.		3		T p.m.	p.m.		4		P a.m.	a.m.		4		T p.m.	p.m.		5		P a.m.	a.m.		5		T p.m.	p.m.		6		P a.m.	a.m.		6		T p.m.	p.m.	
Month	Date	Beginning time	Ending time	Completed (X)																																																																
1		P a.m.	a.m.																																																																	
1		T p.m.	p.m.																																																																	
2		F a.m.	a.m.																																																																	
2		T p.m.	p.m.																																																																	
3		P a.m.	a.m.																																																																	
3		T p.m.	p.m.																																																																	
4		P a.m.	a.m.																																																																	
4		T p.m.	p.m.																																																																	
5		P a.m.	a.m.																																																																	
5		T p.m.	p.m.																																																																	
6		P a.m.	a.m.																																																																	
6		T p.m.	p.m.																																																																	
<p>9. COVERAGE QUESTIONS</p> <p><input type="checkbox"/> Ask items that are marked <input type="checkbox"/> Do not ask</p> <p>a. Are there any other living quarters - either occupied or vacant - in this building? <input type="checkbox"/> Yes (Fill Table X) <input type="checkbox"/> No</p> <p>b. Are there any other living quarters - either occupied or vacant - on this floor? <input type="checkbox"/> Yes (Fill Table X) <input type="checkbox"/> No</p> <p>c. Is there any other building, mobile home, or trailer - either occupied or vacant - on this property for people to live in? <input type="checkbox"/> Yes (Fill Table X) <input type="checkbox"/> No</p>			<p>18. List column numbers of persons requiring callbacks, and indicate reason(s). <input type="checkbox"/> None</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Person No.</th> <th>S.S. No.</th> <th>Other</th> <th>Person No.</th> <th>S.S. No.</th> <th>Other</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Person No.	S.S. No.	Other	Person No.	S.S. No.	Other																																																											
Person No.	S.S. No.	Other	Person No.	S.S. No.	Other																																																															
<p>10a. LAND USE</p> <p>1 <input type="checkbox"/> URBAN (11) 2 <input type="checkbox"/> RURAL</p> <p>- Reg. units and G.Q. units coded 92-N or 93-N in 7c - Ask item 10b - GQ units not coded 92-N or 93-N in 7c - Mark "No" in item 10b without asking</p> <p>b. During the past 12 months, did sales of crops, livestock, and other farm products from this place amount to \$1,000 or more?</p> <p>1 <input type="checkbox"/> Yes (11) 2 <input type="checkbox"/> No (11)</p>			<p>19. Record of additional contacts</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Month</th> <th>Date</th> <th>Beginning time</th> <th>Ending time</th> <th>Completed Person No.</th> </tr> </thead> <tbody> <tr><td>1</td><td></td><td>P a.m.</td><td>a.m.</td><td></td></tr> <tr><td>1</td><td></td><td>T p.m.</td><td>p.m.</td><td></td></tr> <tr><td>2</td><td></td><td>P a.m.</td><td>a.m.</td><td></td></tr> <tr><td>2</td><td></td><td>T p.m.</td><td>p.m.</td><td></td></tr> <tr><td>3</td><td></td><td>P a.m.</td><td>a.m.</td><td></td></tr> <tr><td>3</td><td></td><td>T p.m.</td><td>p.m.</td><td></td></tr> <tr><td>4</td><td></td><td>P a.m.</td><td>a.m.</td><td></td></tr> <tr><td>4</td><td></td><td>T p.m.</td><td>p.m.</td><td></td></tr> </tbody> </table>	Month	Date	Beginning time	Ending time	Completed Person No.	1		P a.m.	a.m.		1		T p.m.	p.m.		2		P a.m.	a.m.		2		T p.m.	p.m.		3		P a.m.	a.m.		3		T p.m.	p.m.		4		P a.m.	a.m.		4		T p.m.	p.m.																					
Month	Date	Beginning time	Ending time	Completed Person No.																																																																
1		P a.m.	a.m.																																																																	
1		T p.m.	p.m.																																																																	
2		P a.m.	a.m.																																																																	
2		T p.m.	p.m.																																																																	
3		P a.m.	a.m.																																																																	
3		T p.m.	p.m.																																																																	
4		P a.m.	a.m.																																																																	
4		T p.m.	p.m.																																																																	
<p>11. CLASSIFICATION OF LIVING QUARTERS - Mark by observation</p> <p>a. LOCATION of unit <input type="checkbox"/> 35</p> <p>b. Access <input type="checkbox"/> 36</p> <p>Unit is:</p> <p>1 <input type="checkbox"/> In Group Quarters - Refer to GQ Table on pages 4-7 through 4-15 of the 11-8, FR Listing and Coverage Manual; then complete 11c or d 2 <input type="checkbox"/> NOT in Group Quarters (11b)</p> <p>c. HOUSING unit (Mark one)</p> <p>01 <input type="checkbox"/> House, apartment, flat 02 <input type="checkbox"/> HU in nontransient hotel, motel, etc. 03 <input type="checkbox"/> HU-permanent in transient hotel, motel, etc. 04 <input type="checkbox"/> HU in rooming house 05 <input type="checkbox"/> Mobile home or trailer with no permanent room added 06 <input type="checkbox"/> Mobile home or trailer with one or more permanent rooms added 07 <input type="checkbox"/> HU not specified above - Describe _____</p> <p>d. GROUP QUARTERS (GQ) unit (Mark one) <input type="checkbox"/> 37-38</p> <p>08 <input type="checkbox"/> Quarters not HU in rooming or boarding house 09 <input type="checkbox"/> Unit not permanent in transient hotel, motel, etc. 10 <input type="checkbox"/> Unoccupied site for mobile home, trailer, or tent 11 <input type="checkbox"/> Student quarters in college dormitory 12 <input type="checkbox"/> GQ unit not specified above - Describe _____</p>			<p>12a. What is the telephone number here? <input type="checkbox"/> 39 Area code/number <input type="checkbox"/> 40-49</p> <p><input type="checkbox"/> None</p> <p>b. Is there any working telephone located INSIDE your home? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>13. Interview observed? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>14a. Field representative's name Code <input type="checkbox"/> 52-53</p> <p>b. Language of interview <input type="checkbox"/> 54</p> <p>1 <input type="checkbox"/> English 3 <input type="checkbox"/> Both English and Spanish 2 <input type="checkbox"/> Spanish 8 <input type="checkbox"/> Other</p>																																																																	

TABLE X - DETERMINING IF AN ADDITIONAL LIVING QUARTERS QUALIFIES AS AN EXTRA UNIT

ADDRESS OF ADDITIONAL LIVING QUARTERS	AREA SEGMENT		PERMIT SEGMENT	SEPARATENESS		NUMBER OF EXTRA UNITS
<p><i>Check the listing sheet.</i></p> <p>Is the address already listed?</p> <p style="text-align: center;">(1)</p>	<p>Are the additional living quarters within the area segment boundaries?</p> <p style="text-align: center;">(2)</p>	<p>Are the additional living quarters in a Group Quarters (GQ)?</p> <p style="text-align: center;">(3)</p>	<p>Are the additional living quarters within the same structure and within the same space ^{1/}</p> <p style="text-align: center;">(4)</p>	<p>Do the occupants or intended occupants of the additional living quarters live and eat separately from all other persons on the property?</p> <p style="text-align: center;">(5)</p>	<p>Do the occupants or intended occupants of the additional living quarters have direct access from the outside or through a common hall?</p> <p style="text-align: center;">(6)</p>	<p>Have you found more than 3 EXTRA units?</p> <p style="text-align: center;">(7)</p>
<p><input type="checkbox"/> Yes - Enter sheet and line no.: Stop Table X } Sheet _____ Line _____</p> <p><input type="checkbox"/> No - Enter address or description, then go to column (2) or (4) depending on Seg.</p> <p>_____</p>	<p><input type="checkbox"/> Yes - Go to column (3)</p> <p><input type="checkbox"/> No - Do not interview</p>	<p><input type="checkbox"/> Yes - Do not interview</p> <p><input type="checkbox"/> No - Skip to column (5)</p>	<p><input type="checkbox"/> Yes - Go to column (5)</p> <p><input type="checkbox"/> No - Do not interview</p>	<p><input type="checkbox"/> Yes - Go to column (6)</p> <p><input type="checkbox"/> No - Not a separate unit. Stop Table X. Include quarters with original unit.</p>	<p><input type="checkbox"/> Yes - An EXTRA unit. Go to column (7)</p> <p><input type="checkbox"/> No - Not a separate unit. Stop Table X. Include quarters with original unit.</p>	<p><input type="checkbox"/> Yes - Call your office for instructions on which units to interview. ^{2/}</p> <p><input type="checkbox"/> No - Enter address on listing sheet. Interview parent and EXTRA units.</p>
<p><input type="checkbox"/> Yes - Enter sheet and line no.: Stop Table X } Sheet _____ Line _____</p> <p><input type="checkbox"/> No - Enter address or description, then go to column (2) or (4) depending on Seg.</p> <p>_____</p>	<p><input type="checkbox"/> Yes - Go to column (3)</p> <p><input type="checkbox"/> No - Do not interview</p>	<p><input type="checkbox"/> Yes - Do not interview</p> <p><input type="checkbox"/> No - Skip to column (5)</p>	<p><input type="checkbox"/> Yes - Go to column (5)</p> <p><input type="checkbox"/> No - Do not interview</p>	<p><input type="checkbox"/> Yes - Go to column (6)</p> <p><input type="checkbox"/> No - Not a separate unit. Stop Table X. Include quarters with original unit.</p>	<p><input type="checkbox"/> Yes - An EXTRA unit. Go to column (7)</p> <p><input type="checkbox"/> No - Not a separate unit. Stop Table X. Include quarters with original unit.</p>	<p><input type="checkbox"/> Yes - Call your office for instructions on which units to interview. ^{2/}</p> <p><input type="checkbox"/> No - Enter address on listing sheet. Interview parent and EXTRA units.</p>
<p><input type="checkbox"/> Yes - Enter sheet and line no.: Stop Table X } Sheet _____ Line _____</p> <p><input type="checkbox"/> No - Enter address or description, then go to column (2) or (4) depending on Seg.</p> <p>_____</p>	<p><input type="checkbox"/> Yes - Go to column (3)</p> <p><input type="checkbox"/> No - Do not interview</p>	<p><input type="checkbox"/> Yes - Do not interview</p> <p><input type="checkbox"/> No - Skip to column (5)</p>	<p><input type="checkbox"/> Yes - Go to column (5)</p> <p><input type="checkbox"/> No - Do not interview</p>	<p><input type="checkbox"/> Yes - Go to column (6)</p> <p><input type="checkbox"/> No - Not a separate unit. Stop Table X. Include quarters with original unit.</p>	<p><input type="checkbox"/> Yes - An EXTRA unit. Go to column (7)</p> <p><input type="checkbox"/> No - Not a separate unit. Stop Table X. Include quarters with original unit.</p>	<p><input type="checkbox"/> Yes - Call your office for instructions on which units to interview. ^{2/}</p> <p><input type="checkbox"/> No - Enter address on listing sheet. Interview parent and EXTRA units.</p>

^{1/} Occupation of the same space occurs if a housing unit has been split into two or more separate housing units.

^{2/} When your RO has determined which units to interview, enter the addresses on the listing sheets and proceed with the interviews.

FOOTNOTES