

APPENDIX III. QUESTIONNAIRE

The items below show the exact content and wording of the basic questionnaire used in the nationwide household survey of the U.S. National Health Survey. The actual questionnaire is designed for a household as a unit and includes additional spaces for reports on more than one person, condition, accident, or hospitalization. Such repetitive spaces are omitted in this illustration.

CONFIDENTIAL - The National Health Survey is authorized by Public Law 652 of the 84th Congress (70 Stat 469; 42 U.S.C. 305). All information which would permit identification of the individual will be held strictly confidential, will be used only by persons engaged in and for the purposes of the survey, and will not be disclosed or released to others for any other purposes (22 FR 1687).										BUDGET BUREAU NO. 68-R620.8 APPROVAL EXPIRES JULY 15, 1964						
U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS ACTING AS COLLECTING AGENT FOR THE U.S. PUBLIC HEALTH SERVICE NATIONAL HEALTH SURVEY FISCAL YEAR -- 1964										1. Questionnaire _____ of _____ Questionnaires _____						
2. (a) Address or description of location: Include city, zone and State _____			3. Ident. Code	4. Reg. office Code	5. Sub-sample weight	6. Sample	7. PSU No.	8. (a) Segment No.	9. Serial No.							
2. (b) Mailing address if not shown in 2(a) OR <input type="checkbox"/> Same as shown in 2(a) _____			E		If this questionnaire is for an "EXTRA" unit in a B or NTA segment, enter: Serial No. of original Sample Unit Item No. by which found If in NTA Segment, also enter for FIRST unit listed on property: _____ _____ _____ SEGMENT LIST SHEET NO. LINE NO.											
2. (c) Name of special dwelling place _____					Code											
L Ask Items 10 and 11 ONLY if "Rural" box is marked <input type="checkbox"/> Rural <input type="checkbox"/> All other (Skip to Item 12)			12. Type of living quarters (Check one box) <input type="checkbox"/> Housing unit <input type="checkbox"/> Other unit													
10. Do you own or rent this place? <input type="checkbox"/> Own (Ask 11(a)) <input type="checkbox"/> Rent (Ask 11(b)) <input type="checkbox"/> Rent free (Ask 11(c))			ALL segments (ask if Item 2(a) address identifies a SINGLE-UNIT structure). 13. Are there any occupied or vacant living quarters BESIDES YOUR OWN -- -- in the basement? . . . <input type="checkbox"/> Yes--S _____ L _____ <input type="checkbox"/> No -- on this floor? <input type="checkbox"/> Yes--S _____ L _____ <input type="checkbox"/> No -- on any other floor of this building? . . . <input type="checkbox"/> Yes--S _____ L _____ <input type="checkbox"/> No (Fill Table X for each quarters NOT listed)													
11. (a) <input type="checkbox"/> Own or rent free - Does this place have 10 or more acres? (b) <input type="checkbox"/> Rent - Does the place you rent have 10 or more acres? <input type="checkbox"/> Yes <input type="checkbox"/> No			ALL segments (ask if Item 2(a) identifies entire floor or unnumbered part of floor in a MULTI-UNIT structure). 14. Are there any occupied or vacant living quarters BESIDES YOUR OWN -- If Item 2(a) identifies entire floor -- on this floor? If Item 2(a) identifies part of floor, specify part } <input type="checkbox"/> Yes--S _____ L _____ <input type="checkbox"/> No -- in the -- of this floor? } (Fill Table X for each quarters NOT listed.)													
(c) During the past 12 months did sales of crops, livestock, and other farm products from the place amount to \$50 or more? <input type="checkbox"/> Yes <input type="checkbox"/> No			TA and NTA segments (ask at all units EXCEPT APARTMENT HOUSES). 15. Is there any other building on this property for people to live in - either occupied or vacant? <input type="checkbox"/> Yes--S _____ L _____ <input type="checkbox"/> No (Fill Table X for each quarters NOT listed.)													
(d) During the past 12 months did sales of crops, livestock, and other farm products from the place amount to \$250 or more? <input type="checkbox"/> Yes <input type="checkbox"/> No			16. What is the telephone number here? _____ OR <input type="checkbox"/> No telephone													
B IMPORTANT: TO INTERVIEWER - Check Table I for eye conditions or vision problems (including cataracts and glaucoma) for persons 6 years old or over, then answer the question below. Has anyone in this household, 6 years old or over, been reported as having an eye condition or vision problem? <input type="checkbox"/> Yes (Fill one line of Table B on Page 3 for each such person.) <input type="checkbox"/> No (Leave "Thank you" letter and depart)																
17. RECORD OF CALLS AT HOUSEHOLD																
Item		1	Com.	2	Com.	3	Com.	4	Com.	5	Com.					
Entire household		Date _____	Time _____													
Record of return calls for individual respondents	Col. No. _____	Date _____	Time _____													
	Col. No. _____	Date _____	Time _____													
18. REASON FOR NONINTERVIEW																
TYPE	A			B			C			Z						
Reason:	<input type="checkbox"/> Refusal (Describe in Footnotes) <input type="checkbox"/> No one at home - repeated calls <input type="checkbox"/> Temporarily absent <input type="checkbox"/> Other (Specify)			<input type="checkbox"/> Vacant - non-seasonal <input type="checkbox"/> Vacant - seasonal <input type="checkbox"/> Usual residence elsewhere <input type="checkbox"/> Armed Forces <input type="checkbox"/> Other (Specify)			<input type="checkbox"/> Demolished <input type="checkbox"/> In sample by mistake <input type="checkbox"/> Eliminated in sub-sample <input type="checkbox"/> Other (Specify)			Interview not obtained for: Cols. _____ because: _____						
19. Signature of Interviewer									20. Code							
FOOTNOTES AND COMMENTS																
TABLE X - LIVING QUARTERS DETERMINATIONS AT LISTED ADDRESS																
Line Number	Questionnaire Item No.	Are these (Specify location) quarters for more than one group of people?		LOCATION OF UNIT (Examples: Basement, 2nd floor)	USE OR CHARACTERISTICS				CLASSIFICATION		IF HU IN B SEGMENT ASK:		Remarks			
		Yes (Fill one line for each group)	No		OCCUPIED		ALL QUARTERS		Not a separate unit (Add occupants to this questionnaire)	Fill separate questionnaire and interview	In what year were these (Specify location) quarters created? (If 1959 or 1960, also specify "I" if first half or "II" if last half.)	(If before July 1960) What was the name of the household head of these quarters on April 1, 1960?				
					Do the occupants of these (Specify location) quarters live and eat with any other group of people?	Do these (Specify location) quarters have: Direct access from the outside or through a common hall?	A kitchen or cooking equipment for exclusive use?	HU (8)						Other Unit (9a) (9b)	(10)	(11)
(1)	(2)	(3a)	(3b)	(4)	Yes (5a)	No (5b)	Yes (6a)	No (6b)	Yes (7a)	No (7b)	(8)	(9a)	(9b)	(10)	(11)	(12)
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