

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 489; 42 U.S.C. 242c). 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-R620.10 APPROVAL EXPIRES JULY 15, 1965																																																																															
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 -- 1965										1. Questionnaire _____ of _____ _____ questionnaires																																																																															
2. a. Address or description of location Address _____ _____ City _____ State _____				3. Idem. code _____	4. Regional office code _____	5. Sample _____	6. PSU No. _____	7. a. Segment No. _____ b. Segment type _____	8. Serial No. _____																																																																																
b. Mailing address if not shown in 2 a. _____ Address _____ _____ City _____ State _____				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. _____		c. Name of special dwelling place _____ Code _____																																																																																	
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15. What is the telephone number here? _____ <input type="checkbox"/> No telephone				Telephone No. _____																																																																																					
D INTERVIEWER: Check Table I for diabetes. Enter the column numbers of all persons who have been reported as having diabetes. If no persons with diabetes, check the "None" box. Column numbers _____ <input type="checkbox"/> None (Leave "Thank You" letter and depart) (Fill Diabetes Supplement for EACH such person)																																																																																									
16. RECORD OF CALLS AT HOUSEHOLD <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th colspan="2">Item</th> <th>1</th> <th>Com.</th> <th>2</th> <th>Com.</th> <th>3</th> <th>Com.</th> <th>4</th> <th>Com.</th> <th>5</th> <th>Com.</th> </tr> </thead> <tbody> <tr> <td rowspan="2">Entire household</td> <td>Date</td> <td>-----</td> <td></td> <td>-----</td> <td></td> <td>-----</td> <td></td> <td>-----</td> <td></td> <td>-----</td> <td></td> </tr> <tr> <td>Time</td> <td>-----</td> <td></td> <td>-----</td> <td></td> <td>-----</td> <td></td> <td>-----</td> <td></td> <td>-----</td> <td></td> </tr> <tr> <td rowspan="4">Record of return calls for individual respondents</td> <td>Col. No. _____</td> <td>-----</td> <td></td> <td>-----</td> <td></td> <td>-----</td> <td></td> <td>-----</td> <td></td> <td>-----</td> <td></td> </tr> <tr> <td>Date</td> <td>-----</td> <td></td> <td>-----</td> <td></td> <td>-----</td> <td></td> <td>-----</td> <td></td> <td>-----</td> <td></td> </tr> <tr> <td>Time</td> <td>-----</td> <td></td> <td>-----</td> <td></td> <td>-----</td> <td></td> <td>-----</td> <td></td> <td>-----</td> <td></td> </tr> <tr> <td>Col. No. _____</td> <td>-----</td> <td></td> <td>-----</td> <td></td> <td>-----</td> <td></td> <td>-----</td> <td></td> <td>-----</td> <td></td> </tr> </tbody> </table>										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. _____	-----		-----		-----		-----		-----	
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	18. Signature of interviewer _____			19. Code _____		FOR OFFICE USE ONLY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8																																																																																			
FOOTNOTES AND COMMENTS _____										FOR OBSERVED HOUSEHOLD (Signature of Observer) _____																																																																															
TABLE X - LIVING QUARTERS DETERMINATIONS AT LISTED ADDRESS <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th rowspan="3">Line number</th> <th rowspan="3">Questionnaire item No.</th> <th colspan="2">Are these (Specify location) quarters for more than one group of people?</th> <th rowspan="3">LOCATION OF UNIT (Examples: Basement, 2nd floor)</th> <th colspan="6">USE OR CHARACTERISTICS</th> <th colspan="2">CLASSIFICATION</th> <th colspan="2">IF HU IN B SEGMENT ASK:</th> <th rowspan="3">Remarks</th> </tr> <tr> <th rowspan="2">Yes</th> <th rowspan="2">No</th> <th colspan="2">OCCUPIED</th> <th colspan="2">ALL QUARTERS</th> <th rowspan="2">Not a separate unit (Add occupants to this questionnaire)</th> <th rowspan="2">Fill separate questionnaire and interview</th> <th rowspan="2">HU</th> <th rowspan="2">Other Unit</th> <th rowspan="2">(10)</th> <th rowspan="2">(11)</th> </tr> <tr> <th>Do the occupants of these (Specify location) quarters live and eat with any other group of people?</th> <th>Do these (Specify location) quarters have: Direct access from the outside or through a common hall?</th> <th>A kitchen or cooking equipment for exclusive use?</th> <th>Yes</th> <th>No</th> <th>Yes</th> <th>No</th> <th>Yes</th> <th>No</th> <th>Yes</th> <th>No</th> </tr> <tr> <th>(1)</th> <th>(2)</th> <th>(3a)</th> <th>(3b)</th> <th>(4)</th> <th>(5a)</th> <th>(5b)</th> <th>(6a)</th> <th>(6b)</th> <th>(7a)</th> <th>(7b)</th> <th>(8)</th> <th>(9a)</th> <th>(9b)</th> <th>(10)</th> <th>(11)</th> <th>(12)</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>										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	No	OCCUPIED		ALL QUARTERS		Not a separate unit (Add occupants to this questionnaire)	Fill separate questionnaire and interview	HU	Other Unit	(10)	(11)	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?	Yes	No	Yes	No	Yes	No	Yes	No	(1)	(2)	(3a)	(3b)	(4)	(5a)	(5b)	(6a)	(6b)	(7a)	(7b)	(8)	(9a)	(9b)	(10)	(11)	(12)	1																							
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