

APPENDIX V. QUESTIONNAIRE—PERSON APPROACH

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 spaces are omitted in this illustration.

NOTICE - All information which would permit identification of the individual will be held in strict confidence, 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 purposes.										BUDGET BUREAU NO. 68-56701.6 APPROVAL EXPIRES JAN. 1, 1968																																																																																	
FORM NHS-HIS-1X (1968) (10-12-67)			U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS ACTING AS COLLECTING AGENT FOR THE U.S. PUBLIC HEALTH SERVICE U.S. HEALTH INTERVIEW SURVEY							1. Book _____ of _____ Books																																																																																	
2. Street Address— House No., Street, Apt. No. or other ident. _____ _____ City _____ State _____ ZIP code _____				FOR AREA SEGMENTS ENTER: Sheet No. _____ Line No. _____		3. (If marked "Ask" do so before the interview) <input type="checkbox"/> Ask → When was this structure originally built? <input type="checkbox"/> Do not ask <input type="checkbox"/> Before 4-1-60 - Continue interview <input type="checkbox"/> After 4-1-60 - Go to Q, 13c, ask if required, and end interview																																																																																					
4. Special dwelling place Name _____ Sample No. _____ Type _____																																																																																											
Complete items 11-21 and 23 at the end of the interview 11. Mailing address - If different from 2 <input type="checkbox"/> Same as 2 _____ _____ City _____ State _____ ZIP code _____				Card type X	5. PSU	6a. SEG. number	6b. SEG type A B P LSDP	7. Serial number	8. Sample	9. R.O. number	10. I.D. Code	SDP type code																																																																															
12. Type of living quarters - Mark appropriate box with an "X" <input type="checkbox"/> Housing unit <input type="checkbox"/> Other unit																																																																																											
13. <input type="checkbox"/> Do not ask Q. 13 Go to Item L	a. <input type="checkbox"/> Ask → Are there any occupied or vacant living quarters besides your own in this building? <input type="checkbox"/> Yes - Fill Table X <input type="checkbox"/> No			b. <input type="checkbox"/> Ask → Are there any occupied or vacant living quarters besides your own on this floor? <input type="checkbox"/> Yes - Fill Table X <input type="checkbox"/> No			c. <input type="checkbox"/> Ask → Is there any other building on this property for people to live in - either occupied or vacant? <input type="checkbox"/> Yes - Fill Table X <input type="checkbox"/> No																																																																																				
ITEM L <input type="checkbox"/> Rural - Ask Items 14 and 15	<input type="checkbox"/> All other - Go to 16																																																																																										
14. Do you own or rent this place? <input type="checkbox"/> Own - Ask 15a <input type="checkbox"/> Rent - Ask 15b <input type="checkbox"/> Rent free - Ask 15a																																																																																											
15a. (Own or rent free) Does this place have 10 or more acres? <input type="checkbox"/> Yes - Ask c <input type="checkbox"/> No - Ask d																																																																																											
b. (Rent) Does the place you rent have 10 or more acres?																																																																																											
c. During the past 12 months did sales of crops, livestock, and other farm products from the place amount to \$50 or more? 2 <input type="checkbox"/> Yes 4 <input type="checkbox"/> No																																																																																											
d. During the past 12 months did sales of crops, livestock, and other farm products from the place amount to \$250 or more? 3 <input type="checkbox"/> Yes 5 <input type="checkbox"/> No																																																																																											
16. How many rooms are in this - - (unit)? Count the kitchen but not the bathroom										Total rooms: <input style="width: 40px;" type="text"/>																																																																																	
17. How many bedrooms are in this - - (unit)? If "None" describe in footnotes										Number of bedrooms: <input style="width: 40px;" type="text"/>																																																																																	
18. What is the telephone number here? Telephone number <input style="width: 100px;" type="text"/> 2 <input type="checkbox"/> None																																																																																											
19. Motor vehicle accident check box: Review question 27c to determine how many motor vehicle supplements need to be completed. (Fill a separate supplement for each different accident reported)										20. Was this interview observed? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No																																																																																	
_____ Number of M.V. Accident Supplements Required <input type="checkbox"/> None Enter ending time in item 23										Name of Observer _____ 21. Interviewer's name _____ Code _____																																																																																	
22. Noninterview reason																																																																																											
TYPE A 0 <input type="checkbox"/> Refusal - Describe in footnotes 1 <input type="checkbox"/> No one at home - repeated calls 2 <input type="checkbox"/> Temporarily absent 3 <input type="checkbox"/> Other - Specify →				TYPE B 0 <input type="checkbox"/> Vacant-non-seasonal 1 <input type="checkbox"/> Vacant-seasonal 2 <input type="checkbox"/> Usual residence elsewhere 3 <input type="checkbox"/> Armed Forces 4 <input type="checkbox"/> Other - Specify →				TYPE C 0 <input type="checkbox"/> Demolished 1 <input type="checkbox"/> In sample by mistake 2 <input type="checkbox"/> Eliminated in sub-sample 3 <input type="checkbox"/> Built after April 1, 1960 4 <input type="checkbox"/> Other - Specify →																																																																																			
23. Record of calls at household										WASH. USE ONLY																																																																																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <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" style="font-size: x-small;">Entire household</td> <td style="font-size: x-small;">Date Beginning 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 style="font-size: x-small;">Ending 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" style="font-size: x-small;">Record return calls for individual respondents</td> <td style="font-size: x-small;">Person No. _____</td> <td style="font-size: x-small;">Date Beginning time</td> <td>-----</td> <td></td> <td>-----</td> <td></td> <td>-----</td> <td></td> <td>-----</td> <td></td> <td></td> </tr> <tr> <td></td> <td style="font-size: x-small;">Ending time</td> <td>-----</td> <td></td> <td>-----</td> <td></td> <td>-----</td> <td></td> <td>-----</td> <td></td> <td></td> </tr> <tr> <td></td> <td style="font-size: x-small;">Date Beginning time</td> <td>-----</td> <td></td> <td>-----</td> <td></td> <td>-----</td> <td></td> <td>-----</td> <td></td> <td></td> </tr> <tr> <td></td> <td style="font-size: x-small;">Ending time</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 Beginning time	-----		-----		-----		-----		-----		Ending time	-----		-----		-----		-----		-----		Record return calls for individual respondents	Person No. _____	Date Beginning time	-----		-----		-----		-----				Ending time	-----		-----		-----		-----				Date Beginning time	-----		-----		-----		-----				Ending time	-----		-----		-----		-----			Calls Date of Completion Length Time of day	
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