

APPENDIX III. QUESTIONNAIRE AND FLASH CARDS

O.M.B. No. 68-R1600; Approval Expires March 31, 1977

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.

FORM HIS-1 (1976)
15-23-76

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. R.O. number _____

3. Sample _____

4. Segment type
 Area
 Permit
 Address
 Cen-Sup
 Special place

5. Control number
 PSU _____ Segment _____ Serial _____

6a. What is your exact address? (Include House No., Apt. No., or other identification and ZIP code) Listing Sheet
 Sheet No. _____
 City _____ State _____ ZIP code _____ Line No. _____

b. Is this your mailing address? Same as 6a
 Mark box or specify if different. Include ZIP code.
 City _____ State _____ ZIP code _____

c. Special place name _____ Sample unit number _____ Type code _____

7. YEAR BUILT Ask Do NOT Ask
 When was this structure originally built?
 Before 4-1-70 (Continue interview) After 4-1-70 (Go to 9c, complete if required and end interview)

8. Type of living quarters Housing unit OTHER unit

9. Area segments ONLY
 a. Are there any occupied or vacant living quarters besides your own in this building? Y (fill Table X) N
 b. Are there any occupied or vacant living quarters besides your own on this floor? Y (fill Table X) N
 c. Is there any other building on this property for people to live in - either occupied or vacant? Y (fill Table X) N
 d. None

GO TO PROBE PAGE 2

10. Land use RURAL URBAN (13)
 --- Regular units and Special Place units coded 85-88 in 6c, go to 11.
 --- Special Place units not coded 85-88 in 6c, go to 13.

11. Do you own or rent this place? Own Rent Rent for free

12a. Does this place you (own/rent/rent for free) have 10 acres or more? 1 Y (12b) 2 N (12c)
 b. During the past 12 months did sales of crops, livestock, and other farm products from this place amount to \$50 or more? 1 Y (13) 2 N (13)
 c. During the past 12 months did sales of crops, livestock, and other farm products from this place amount to \$250 or more? 1 Y 2 N

13. How many rooms are in this ---? Rooms _____
 Count the kitchen but not the bathroom.

14. How many bedrooms are in this ---? Bedrooms _____
 If "None" describe in footnotes.

15. What is the telephone number here? 2 None Area code/Number _____

16. Was this interview observed? 1 Y 2 N

17. Interviewer's name _____ Code _____

**NOTE: BEFORE LEAVING HOUSEHOLD, CHECK THAT ITEM 20 HAS AN ENTRY.
 Determine the best time for callbacks.**

FOOTNOTES

18. Noninterview reason

TYPE A
 1 Refusal - Describe in a footnote } Fill items 1-6a, 7, 8, 10, 12a-c as applicable, 16-19
 2 No one at home - repeated calls
 3 Temporarily absent - Footnote
 4 Other (Specify) _____

TYPE B
 1 Vacant - nonseasonal } Fill items 1-6a, 7-10, 12a-c as applicable, 16-19
 2 Vacant - seasonal
 3 Usual residence elsewhere
 4 Armed Forces
 5 Other (Specify) _____

TYPE C
 1 Unused line of listing sheet } Fill items 1-6a, 6c if required, 9c if marked, 16-19. Send Inter-Comm.
 2 Demolished
 3 Merged
 4 Outside segment
 5 Built after April 1, 1970
 c Other (Specify) _____

19. Record of calls

Month	Date	Beginning time	Ending time	Comp.
1		A.M. P.M.	A.M. P.M.	
2		A.M. P.M.	A.M. P.M.	
3		A.M. P.M.	A.M. P.M.	
4		A.M. P.M.	A.M. P.M.	
5		A.M. P.M.	A.M. P.M.	
6		A.M. P.M.	A.M. P.M.	
7		A.M. P.M.	A.M. P.M.	
8		A.M. P.M.	A.M. P.M.	

20. List column numbers of persons requiring callbacks.
 None
 Health habits _____
 Diabetes _____

21. Record of additional calls

Month	Date	Beginning time	Ending time	Col. Nos. completed
1		A.M. P.M.	A.M. P.M.	
2		A.M. P.M.	A.M. P.M.	
3		A.M. P.M.	A.M. P.M.	

22. Enter reason for noninterviews for persons requiring callbacks.
 1 Refusal (Specify) _____
 2 No one at home - repeated calls
 3 Temporarily absent (Specify) _____
 4 Other (Specify) _____

E	If this questionnaire is for an EXTRA unit, enter Control Number of original sample unit →	If in AREA SEGMENT, also enter for FIRST unit listed on property →	LISTING SHEET							
			Sheet number	Line number						
TABLE X – LIVING QUARTERS DETERMINATIONS AT LISTED ADDRESS										
Line No.	LOCATION OF UNIT	If listed, enter sheet and line number, STOP Table X, and continue interview for original sample unit.	If outside Area Segment boundary, mark box below, STOP and –	Are these (Specify location) quarters for more than one group of people?	USE OR CHARACTERISTICS			CLASSIFICATION		
	Where are these quarters located? Enter exact description or location, e.g., basement; 2nd floor, rear After entering description or location: ● In Area Segment, go to (3) ● In other type of Segments, – If living quarters are not within the same specific sample address (and structure, if Permit Segment) – STOP TABLE X – Otherwise, go to (3)	● If listed, enter sheet and line number, STOP Table X, and continue interview for original sample unit. ● If unlisted, – And Area Segment, go to (4). – And another type of Segment, go to (5) (3)	● Go to next line of Table X, if additional quarters determined. OR ● Go to Household page, item 9, or Probe page, question 1 (as applicable).	If "Yes," fill one line for each group.	OCCUPIED Do the occupants of these (Specify location) quarters live and eat with any other group of people?	ALL QUARTERS Do these quarters in (Specify location) have:		Direct access from the outside or through a common hall?	Complete kitchen facilities for this unit only?	N – Not a separate unit – Add occupants to this questionnaire. (Complete a separate questionnaire for each unrelated person or family group.) HU } Separate unit – interview on a separate questionnaire. OT }
(1)	(2)		(4)	(5)	(6)		(7)	(8)	(9)	
1		S ___ L ___	<input type="checkbox"/> Outside segment boundary	Yes No	Yes – Go to (9) and circle N No	Yes No	Yes No	Yes No	N HU OT	
2		S ___ L ___	<input type="checkbox"/> Outside segment boundary	Yes No	Yes – Go to (9) and circle N No	Yes No	Yes No	Yes No	N HU OT	
3		S ___ L ___	<input type="checkbox"/> Outside segment boundary	Yes No	Yes – Go to (9) and circle N No	Yes No	Yes No	Yes No	N HU OT	
NOTE: Be sure to continue interview for original sample unit.										
FOOTNOTES										