

<p>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.</p>			<p>1. Book ____ of ____ books</p>	
<p>FORM HIS-1(F) (8-24-76)</p> <p>U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS ACTING AS COLLECTING AGENT FOR THE U.S. PUBLIC HEALTH SERVICE</p> <p>INFLUENZA SUPPLEMENT U. S. HEALTH INTERVIEW SURVEY</p>	2. R. O. number	3. Sample	4. Control number	
	5. Interviewer's name			PSU
				Serial
				Code
<p>FOOTNOTES</p>				

A. Enter names and ages of all household members from HIS-1.	A. First name ^① Age <hr/> Last name
B. Refer to all completed Condition pages – questions 1 and 3a only. Mark the first appropriate box for each person and indicate condition number.	1 <input type="checkbox"/> Flu (Influenza) 2 <input type="checkbox"/> Grippe 3 <input type="checkbox"/> Virus 4 <input type="checkbox"/> Cold 5 <input type="checkbox"/> Bronchitis 6 <input type="checkbox"/> None of the above
<i>If "None of the above" marked in B go to NP; Otherwise ASK:</i>	
1. Earlier you told me -- had (condition marked in B) in the past two weeks. When -- had the . . . did he have a fever?	1. 1 Y 2 N
2. Did -- have a headache, muscle ache, cough, sore throat or runny nose?	2. 1 Y 2 N
3. Did -- have diarrhea?	3. 1 Y 2 N
<i>If "Flu" or "Grippe" marked in B go to NP; Otherwise ASK:</i>	
4. During the past two weeks (the two weeks outlined in red on the calendar) did -- have the flu (influenza) or grippe?	4. 1 Y 2 N (NP)
5. When did -- first notice his . . . ? (Was it during the past two weeks or before that time?)	5. 1 <input type="checkbox"/> Last week 2 <input type="checkbox"/> Week before 3 <input type="checkbox"/> Past 2 weeks – DK which 4 <input type="checkbox"/> 2 weeks–3 months 5 <input type="checkbox"/> Over 3 months
6. When -- had the . . . did he have a fever?	6. 1 Y 2 N
7. Did -- have a headache, muscle ache, cough, sore throat or runny nose?	7. 1 Y 2 N
8. Did -- have diarrhea?	8. 1 Y 2 N
9. Has -- had a flu shot since August 1?	
10. When was this shot received? (Was it during the past two weeks or before that time?) ENTER ANSWER FOR FIRST SHOT IF MORE THAN ONE RECEIVED	10. 1 <input type="checkbox"/> In interview week (Reask 10) 2 <input type="checkbox"/> Last week 3 <input type="checkbox"/> Week before 4 <input type="checkbox"/> Past 2 weeks – DK which 5 <input type="checkbox"/> 2 weeks–1 month 6 <input type="checkbox"/> Over 1–3 months 7 <input type="checkbox"/> Over 3–6 months 8 <input type="checkbox"/> Over 6 months 9 <input type="checkbox"/> Never
11. Where did -- receive the flu shot?	11. 1 <input type="checkbox"/> Doctor's office (Group Practice or Doctor's Clinic) 2 <input type="checkbox"/> Hospital outpatient Clinic or Emergency Room 3 <input type="checkbox"/> Public Health Clinic 4 <input type="checkbox"/> Work 5 <input type="checkbox"/> School 6 <input type="checkbox"/> Military Installation 7 <input type="checkbox"/> Other – Specify _____
12. How much did -- pay for the shot?	12. \$ <input type="text"/> <input type="text"/> <input type="text"/> (Dollars) (Cents) 0000 <input type="checkbox"/> No charge
13. Was this shot for the swine flu?	13. 1 Y 2 N 9 DK
C. Transcribe for each person after leaving household	
1. Race (Q1a)	C. 1 W 2 B 3 OT
2. Sex (Q1a)	2. 1 M 2 F
3. Number of bed days (Q6 Cond. Page specified in B)	3. _____ Days 00 <input type="checkbox"/> None 99 <input type="checkbox"/> Cond. not spec. in B (NP)
4. Onset (Q9 Condition Page specified in B)	4. 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/>

First name ②	Age	A.	First name ③	Age	First name ④	Age	A.	First name ⑤	Age	First name ⑥	Age			
Last name			Last name		Last name			Last name		Last name				
1 <input type="checkbox"/> Flu (Influenza) 2 <input type="checkbox"/> Grippe 3 <input type="checkbox"/> Virus 4 <input type="checkbox"/> Cold 5 <input type="checkbox"/> Bronchitis 6 <input type="checkbox"/> None of the above		Cond. No. ↓	1 <input type="checkbox"/> Flu (Influenza) 2 <input type="checkbox"/> Grippe 3 <input type="checkbox"/> Virus 4 <input type="checkbox"/> Cold 5 <input type="checkbox"/> Bronchitis 6 <input type="checkbox"/> None of the above		Cond. No. ↓	1 <input type="checkbox"/> Flu (Influenza) 2 <input type="checkbox"/> Grippe 3 <input type="checkbox"/> Virus 4 <input type="checkbox"/> Cold 5 <input type="checkbox"/> Bronchitis 6 <input type="checkbox"/> None of the above		Cond. No. ↓	1 <input type="checkbox"/> Flu (Influenza) 2 <input type="checkbox"/> Grippe 3 <input type="checkbox"/> Virus 4 <input type="checkbox"/> Cold 5 <input type="checkbox"/> Bronchitis 6 <input type="checkbox"/> None of the above		Cond. No. ↓	1 <input type="checkbox"/> Flu (Influenza) 2 <input type="checkbox"/> Grippe 3 <input type="checkbox"/> Virus 4 <input type="checkbox"/> Cold 5 <input type="checkbox"/> Bronchitis 6 <input type="checkbox"/> None of the above		Cond. No. ↓
1 Y 2 N		1.	1 Y 2 N		1 Y 2 N		1.	1 Y 2 N		1 Y 2 N				
1 Y 2 N		2.	1 Y 2 N		1 Y 2 N		2.	1 Y 2 N		1 Y 2 N				
1 Y 2 N		3.	1 Y 2 N		1 Y 2 N		3.	1 Y 2 N		1 Y 2 N				
1 Y 2 N (NP)		4.	1 Y 2 N (NP)		1 Y 2 N (NP)		4.	1 Y 2 N (NP)		1 Y 2 N (NP)				
1 <input type="checkbox"/> Last week 2 <input type="checkbox"/> Week before 3 <input type="checkbox"/> Past 2 weeks - DK which 4 <input type="checkbox"/> 2 weeks-3 months 5 <input type="checkbox"/> Over 3 months			1 <input type="checkbox"/> Last week 2 <input type="checkbox"/> Week before 3 <input type="checkbox"/> Past 2 weeks - DK which 4 <input type="checkbox"/> 2 weeks-3 months 5 <input type="checkbox"/> Over 3 months			1 <input type="checkbox"/> Last week 2 <input type="checkbox"/> Week before 3 <input type="checkbox"/> Past 2 weeks - DK which 4 <input type="checkbox"/> 2 weeks-3 months 5 <input type="checkbox"/> Over 3 months			1 <input type="checkbox"/> Last week 2 <input type="checkbox"/> Week before 3 <input type="checkbox"/> Past 2 weeks - DK which 4 <input type="checkbox"/> 2 weeks-3 months 5 <input type="checkbox"/> Over 3 months			1 <input type="checkbox"/> Last week 2 <input type="checkbox"/> Week before 3 <input type="checkbox"/> Past 2 weeks - DK which 4 <input type="checkbox"/> 2 weeks-3 months 5 <input type="checkbox"/> Over 3 months		
1 Y 2 N		5.	1 Y 2 N		1 Y 2 N		5.	1 Y 2 N		1 Y 2 N				
1 Y 2 N		6.	1 Y 2 N		1 Y 2 N		6.	1 Y 2 N		1 Y 2 N				
1 Y 2 N (NP)		7.	1 Y 2 N (NP)		1 Y 2 N (NP)		7.	1 Y 2 N (NP)		1 Y 2 N (NP)				
1 Y 2 N (NP)		8.	1 Y 2 N (NP)		1 Y 2 N (NP)		8.	1 Y 2 N (NP)		1 Y 2 N (NP)				
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1 Y 2 N 9 DK		13.	1 Y 2 N 9 DK		1 Y 2 N 9 DK		13.	1 Y 2 N 9 DK		1 Y 2 N 9 DK				
1 W 2 B 3 OT		C.	1 W 2 B 3 OT		1 W 2 B 3 OT		C.	1 W 2 B 3 OT		1 W 2 B 3 OT				
1 M 2 F		1.	1 M 2 F		1 M 2 F		1.	1 M 2 F		1 M 2 F				
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