

**NOTICE** - Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m).

1. Book \_\_\_\_\_ of \_\_\_\_\_ books

FORM HIS-1 (1979)  
 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**

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)  
 \_\_\_\_\_  
 City State ZIP code County  
 b. Is this your mailing address?  Same as 6a  
 Mark box or specify if different. Include ZIP code.  
 \_\_\_\_\_  
 City State ZIP code County  
 c. Special place name \_\_\_\_\_ Sample unit number \_\_\_\_\_ Type code \_\_\_\_\_

18. Noninterview reason  
**TYPE A**  
 1  Refusal - Describe in a footnote } Fill items 1-6a, 7, 9, 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  
 2  Vacant - seasonal  
 3  Usual residence elsewhere } Fill items 1-6a, 7-10, 12a-c as applicable, 16-19  
 4  Armed Forces  
 5  Other (Specify)    
**TYPE C**  
 1  Unused line of listing sheet  
 2  Demolished  
 3  Merged  
 4  Outside segment  
 5  Built after April 1, 1970  
 6  Other (Specify)

7. YEAR BUILT  Ask  Do NOT Ask  
 When was this structure originally built?  
 Before 4-1-70  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

19. Record of calls

| Month | Date | Beginning time | Ending time  | Completed Mark (X) |
|-------|------|----------------|--------------|--------------------|
| 1     |      | a.m.<br>p.m.   | a.m.<br>p.m. |                    |
| 2     |      | a.m.<br>p.m.   | a.m.<br>p.m. |                    |
| 3     |      | a.m.<br>p.m.   | a.m.<br>p.m. |                    |
| 4     |      | a.m.<br>p.m.   | a.m.<br>p.m. |                    |
| 5     |      | a.m.<br>p.m.   | a.m.<br>p.m. |                    |
| 6     |      | a.m.<br>p.m.   | a.m.<br>p.m. |                    |

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 14. How many bedrooms are in this ---? Bedrooms  
 Count the kitchen but not the bathroom. If "None" describe in footnotes.

15. What is the telephone number here?  None  
 Area code: Number  
 16. Was this interview observed? 1 Y 2 N

17. Interviewer's name \_\_\_\_\_ Code \_\_\_\_\_

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

20. List column numbers of sample persons not interviewed during initial interview.  
 None

| Col. No. | SS Req. | Eye Care Req. | Pref. Resp. for Eye Care |
|----------|---------|---------------|--------------------------|
|          | Y N     | Y N           |                          |
|          | Y N     | Y N           |                          |
|          | Y N     | Y N           |                          |

FOOTNOTES

21. Record of additional contacts

| Month | Date | Beginning time | Ending time  | Col. Nos. completed |    |
|-------|------|----------------|--------------|---------------------|----|
|       |      |                |              | SS                  | EC |
| 1     |      | a.m.<br>p.m.   | a.m.<br>p.m. |                     |    |
| 2     |      | a.m.<br>p.m.   | a.m.<br>p.m. |                     |    |
| 3     |      | a.m.<br>p.m.   | a.m.<br>p.m. |                     |    |
| 4     |      | a.m.<br>p.m.   | a.m.<br>p.m. |                     |    |

|          |  |  |                             |
|----------|--|--|-----------------------------|
| <b>E</b> | 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.<br><br>● If unlisted, – And Area Segment, go to (4). – And another type of Segment, go to (5) (3) | If outside Area Segment boundary, mark box below, STOP and –<br><br>● Go to next line of Table X, if additional quarters determined.<br><br>OR<br>● Go to Household page, item 9, or Probe page, question 1 (as applicable). (4) | Are these (Specify location) quarters for more than one group of people?<br><br>If "Yes," fill one line for each group. (5) | USE OR CHARACTERISTICS   |   |           |   | CLASSIFICATION |  |  |
|----------|--|--|--|---|--|---|-----------|---|----------------|--|--|
|          | Where are these quarters located?<br>Enter exact description or location, e.g., basement; 2nd floor, rear<br>After entering description or location:<br>● in Area Segment, go to (3)<br>● 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) (2) |  |  |   | OCCUPIED<br><br>Do the occupants of these (Specify location) quarters live and eat with any other group of people? (6) | ALL QUARTERS<br>Do these quarters in (Specify location) have:<br><br>Direct access from the outside or through a common hall? (7) |           | Complete kitchen facilities for this unit only? (8) |                | N – Not a separate unit – Add occupants to this questionnaire. (Complete a separate questionnaire for each unrelated person or family group.)<br><br>HU } Separate unit – interview on a separate questionnaire.<br>OT } |  |
| (1)      | (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  |  |  |
| 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**

Please give my household's identifiable information to the National Center for Health Statistics so that my answers can be counted in the survey.

Signature

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date