

Appendix III

Questionnaires and flashcards

O.M.B. No. 0937-0021 Approval Expires March 31, 1986

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).

FORM HIS-1 (1985)
U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ACTING AS COLLECTING AGENT FOR THE
U.S. PUBLIC HEALTH SERVICE

NATIONAL HEALTH INTERVIEW SURVEY

1. Book _____ of _____ books

2. R.O. number

3. Sample

4. Segment type
Area
Permit
Block

5. Control number
PSU Segment Serial

6a. What is your exact address? (Include House No., Apt. No., or other identification, county and ZIP code)

City _____ State _____ County _____ ZIP code _____

6b. Is this your mailing address? (Mark box or specify if different. Include county and ZIP code.)

City _____ State _____ County _____ ZIP code _____

6c. Special place name _____ Sample unit number _____ Type code _____

7. YEAR BUILT
 Ask
 Do not ask
When was this structure originally built?
 Before 4-1-80 (Continue interview)
 After 4-1-80 (Complete item 8c when required; end interview)

8. COVERAGE QUESTIONS
 Ask items that are marked
 Do not ask

a. Are there any occupied or vacant living quarters besides your own in this building? Yes (Fill Table X) No

b. Are there any occupied or vacant living quarters besides your own on this floor? Yes (Fill Table X) No

c. Is there any other building on this property for people to live in either occupied or vacant? Yes (Fill Table X) No

9a. LAND USE
1 URBAN (10)
2 RURAL
- Reg. units and SP, PL. units coded 85-88 in 6c - Ask item 9b
- SP, PL. units not coded 85-88 in 6c - Mark "No" in item 9b without asking

b. During the past 12 months did sales of crops, livestock, and other farm products from this place amount to \$1,000 or more?
1 Yes } (10)
2 No }

10. CLASSIFICATION OF LIVING QUARTERS - Mark by observation

a. LOCATION of unit
Unit is:
 In a Special Place - Refer to Table A in Part C of manual; then complete 10c or d
 NOT in a Special Place (10b)

b. Access
 Direct (10c)
 Through another unit - Not a separate HU; combine with unit through which access is gained. (Apply merged unit procedures if additional living quarters space was listed separately.)

c. HOUSING unit (Mark one, THEN page 2)
01 House, apartment, flat
02 HU in nontransient hotel, motel, etc.
03 HU-permanent in transient hotel, motel, etc.
04 HU in rooming house
05 Mobile home or trailer with no permanent room added
06 Mobile home or trailer with one or more permanent rooms added
07 HU not specified above - Describe in footnotes

d. OTHER unit (Mark one)
08 Quarters not HU in rooming or boarding house
09 Unit not permanent in transient hotel, motel, etc.
10 Unoccupied site for mobile home, trailer, or tent
11 Student quarters in college dormitory
12 OTHER unit not specified above - Describe in footnotes

11. What is the telephone number here? Area code number _____
 None

12. Was this interview observed?
1 Yes 2 No

13. Interviewer's name _____ Code _____

14. Noninterview reason

TYPE A
01 Refusal - Describe in footnotes } Fill items 1-6a, 7 and 9 as applicable. 10, 12-15
02 No one at home - repeated calls
03 Temporarily absent - Footnote
04 Other (Specify) _____

TYPE B
05 Vacant - nonseasonal
06 Vacant - seasonal
07 Occupied entirely by persons with URE
08 Occupied entirely by Armed Forces members
09 Unfit or to be demolished
10 Under construction, not ready
11 Converted to temporary business or storage
12 Unoccupied site for mobile home, trailer, or tent
13 Permit granted, construction not started
14 Other (Specify) _____

TYPE C
15 Unused line of listing sheet
16 Demolished
17 House or trailer moved
18 Outside segment
19 Converted to permanent business or storage
20 Merged
21 Condemned
22 Built after April 1, 1980
23 Other (Specify) _____

15. Record of calls

Month	Date	Beginning time	Ending time	Completed Mark (X)
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.	

16. List column numbers of persons requiring callbacks and mark appropriately.
 None

Col. No.	SS No.	Section M	SP

17. Record of additional contacts

Month	Date	Beginning time	Ending time	Completed Col. No.
1		P T a.m. p.m.	a.m. p.m.	
2		P T a.m. p.m.	a.m. p.m.	
3		P T a.m. p.m.	a.m. p.m.	
4		P T a.m. p.m.	a.m. p.m.	

GO TO HOUSEHOLD COMPOSITION PAGE

E	If this questionnaire is for an EXTRA unit, enter Control Number of original sample unit → _____	If in AREA OR BLOCK SEGMENT, also enter for FIRST unit listed on property → _____	LISTING SHEET			
			Sheet number	Line number		
TABLE X — LIVING QUARTERS DETERMINATIONS AT LISTED ADDRESS						
ADDRESS OF ADDITIONAL LIVING QUARTERS	LOCATION OF UNIT	SEPARATENESS AND FACILITIES		CLASSIFICATION	AREA AND BLOCK SEGMENTS	PERMIT SEGMENTS
If already listed, fill sheet and line number below and stop Table X. Otherwise, enter basic address and unit address, if any, OR description of location.	Is this a unit in a special place?	Do the occupants (or intended occupants) of (address in col. (1)) live and eat separately from all other persons on the property?	Does (address in col. (1)) have direct access from the outside or through a common hall?	N — Not a separate unit include on this questionnaire. Separate unit — Do not include on this questionnaire. Complete the appropriate segment type column for interviewing instructions. HU OT	Is this unit within the segment boundaries?	Is this unit within the same structure as the original sample unit?
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Sheet _____ Line _____	<input type="checkbox"/> Yes — Skip to col. (5) and mark according to Table A in Part C of manual <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No — Skip to col. (5) and mark N	<input type="checkbox"/> Yes — Mark HU in col. (5) <input type="checkbox"/> No — Mark N in col. (5)	<input type="checkbox"/> N — Stop Table X for this line <input type="checkbox"/> HU — Fill col. (6) or (7), as appropriate <input type="checkbox"/> OT — Fill col. (6) or (7), as appropriate	<input type="checkbox"/> Yes — Interview as an EXTRA unit <input type="checkbox"/> No — Do not interview	<input type="checkbox"/> Yes — List on first available line of listing sheet. Interview if in sample. <input type="checkbox"/> No — Do not interview
Sheet _____ Line _____	<input type="checkbox"/> Yes — Skip to col. (5) and mark according to Table A in Part C of manual <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No — Skip to col. (5) and mark N	<input type="checkbox"/> Yes — Mark HU in col. (5) <input type="checkbox"/> No — Mark N in col. (5)	<input type="checkbox"/> N — Stop Table X for this line <input type="checkbox"/> HU — Fill col. (6) or (7), as appropriate <input type="checkbox"/> OT — Fill col. (6) or (7), as appropriate	<input type="checkbox"/> Yes — Interview as an EXTRA unit <input type="checkbox"/> No — Do not interview	<input type="checkbox"/> Yes — List on first available line of listing sheet. Interview if in sample. <input type="checkbox"/> No — Do not interview
Sheet _____ Line _____	<input type="checkbox"/> Yes — Skip to col. (5) and mark according to Table A in Part C of manual <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No — Skip to col. (5) and mark N	<input type="checkbox"/> Yes — Mark HU in col. (5) <input type="checkbox"/> No — Mark N in col. (5)	<input type="checkbox"/> N — Stop Table X for this line <input type="checkbox"/> HU — Fill col. (6) or (7), as appropriate <input type="checkbox"/> OT — Fill col. (6) or (7), as appropriate	<input type="checkbox"/> Yes — Interview as an EXTRA unit <input type="checkbox"/> No — Do not interview	<input type="checkbox"/> Yes — List on first available line of listing sheet. Interview if in sample. <input type="checkbox"/> No — Do not interview
NOTE: Be sure to continue interview for original unit after completing Table X for all lines.						
FOOTNOTES						

FORM HIS-1(SB) (1985)
(4-25-85)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ACTING AS COLLECTING AGENT FOR THE
U.S. PUBLIC HEALTH SERVICE

NATIONAL HEALTH INTERVIEW SURVEY

HEALTH PROMOTION AND DISEASE PREVENTION SUPPLEMENT BOOKLET

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1. RT7D 3-7 8	2. R.O. Number 9-10	3. Sample 11-13
4. Control number 14-16 PSU	17-20 Segment	21-22 Serial
5. Person number 23-24	6. Sex 25 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	7. Sample Person 26-45 Last name First name

8. FINAL STATUS OF SUPPLEMENTS

No person 18+ in this family (Household page)

a. Section M (Household Respondent Section)

Interview

1 Complete interview (all appropriate items completed)

2 Partial interview (some but not all appropriate items completed) (Explain in notes)

Noninterview

3 Refusal } (Explain in notes)

4 Other }

b. Sections N through V (Sample Person Section)

Interview

1 Complete interview (all appropriate sections completed)

2 Partial interview (some but not all appropriate sections completed) (Explain in notes)

Noninterview

3 Refusal (Explain in notes)

4 SP temporarily absent

5 SP mentally or physically incapable

6 Other (Explain in notes)

9. Beginning time **Ending time**

63-66	67	68-71	72
1 a.m.		1 a.m.	
2 p.m.		2 p.m.	

10. Interviewer identification **73-74**

Name Code

11. FAMILY ROSTER

List all nondeleted family members 18+ by age (oldest to youngest). Refer to sample selection label and circle as appropriate. THEN circle Person No. in item 11 and mark "SP" box on HIS-1 for the selected sample person.

Line No.	Person No.	Name	Age
75	76-77		78-79
1			
2			
3			
4			
5			
6			
7			
8			
9			

12. Telephone in household (Household page, question 11, THEN 16) **80**

1 Yes 9 DK

2 No

13. Education of SP (page 42, question 2a) **81-82**

Never attended or kindergarten

Elem: 1 2 3 4 5 6 7 8

High: 9 10 11 12

College: 1 2 3 4 5 6+

Finish grade/year (Question 2b) **83**

1 Yes

2 No

14. Main Race of SP (page 42, question 3a/b) **84**

1 2 3 4 5 - Specify

15. Family Income (page 46, question 8b) **85-86**

00 <input type="checkbox"/> A	10 <input type="checkbox"/> K	20 <input type="checkbox"/> U
01 <input type="checkbox"/> B	11 <input type="checkbox"/> L	21 <input type="checkbox"/> V
02 <input type="checkbox"/> C	12 <input type="checkbox"/> M	22 <input type="checkbox"/> W
03 <input type="checkbox"/> D	13 <input type="checkbox"/> N	23 <input type="checkbox"/> X
04 <input type="checkbox"/> E	14 <input type="checkbox"/> O	24 <input type="checkbox"/> Y
05 <input type="checkbox"/> F	15 <input type="checkbox"/> P	25 <input type="checkbox"/> Z
06 <input type="checkbox"/> G	16 <input type="checkbox"/> Q	26 <input type="checkbox"/> ZZ
07 <input type="checkbox"/> H	17 <input type="checkbox"/> R	(Transcribe from 8a if 8b blank)
08 <input type="checkbox"/> I	18 <input type="checkbox"/> S	27 <input type="checkbox"/> \$20,000 or more
09 <input type="checkbox"/> J	19 <input type="checkbox"/> T	28 <input type="checkbox"/> Less than \$20,000

16. TELEPHONE NUMBER **87-88**

None

Area code Number

FOOTNOTES

Refer to HIS-1(SB) page 4, questions 4a and b. Transcribe from HIS-1 for the sample person, if required (page 20, questions 5a and b).