

Appendix III

Questionnaires and flashcards

OMB No. 0937-0021 Approval Expires March 31, 1988

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 309(d) of the Public Health Service Act (42 USC 242m).

FORM **HIS-1 (1987)**
15 30 99

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 _____

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

City _____ State _____ County _____ 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 4-1-80 (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? None Area code/number _____

12. Interview observed? Yes No

13a. Interviewer's name _____ Code _____

b. Language of interview
 1 English 3 Both English and Spanish
 2 Spanish 8 Other

14. Noninterview reason

TYPE A
 01 Refusal — Describe in footnotes
 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		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.
5		P T	a.m. p.m.	a.m. p.m.
6		P T	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	Section N	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. HU OT Separate unit – Do not include on this questionnaire. Complete the appropriate segment type column for interviewing instructions.	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	
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NOTE: Be sure to continue interview for original unit after completing Table X for all lines.							
FOOTNOTES							