

FORM **DFS-4**  
(7-1-94)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
ACTING AS COLLECTING AGENT FOR THE  
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
U.S. PUBLIC HEALTH SERVICE  
CENTERS FOR DISEASE CONTROL AND PREVENTION  
NATIONAL CENTER FOR HEALTH STATISTICS

**DISABILITY FOLLOWBACK SURVEY  
(NHIS PHASE II)  
POLIO SURVIVOR QUESTIONNAIRE**

**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). Public reporting burden for this collection of information is estimated to vary from 40 to 50 minutes per response, with an average of 45 minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to PHS Reports Clearance Officer; ATTN: PRA; Humphrey Building, Room 721-H, 200 Independence Avenue, SW; Washington, DC 20201; and to the Office of Management and Budget, Paperwork Reduction Project (0920-0214) Washington, DC 20503.

RT 70  
3-7  
8

RT 76  
3-4

**Part I – CALL RECORD**

Mode	Date		Beginning time	Results	Ending time	Comments
	Month	Day				
5	6-7	8-9	10-14		15-19	
T			a.m.		a.m.	
P			p.m.		p.m.	
T			a.m.		a.m.	
P			p.m.		p.m.	
T			a.m.		a.m.	
P			p.m.		p.m.	
T			a.m.		a.m.	
P			p.m.		p.m.	

Notes

**Part II - STATUS**

**A. Final Status**

**Interview**

- 00  Never had polio
- 01  Complete
- 02  Partial (*Explain in notes*)

**Noninterview**

- 03  SP refused
- 04  Proxy refused
- 05  Unable to contact
- 06  Unable to locate
- 07  Deceased
- 08  Institutionalized, no proxy
- 09  Incapable, no proxy
- 10  Moved o/s PSU, unable to phone
- 11  Other noninterview

*(Explain in notes)*

5-6

**C. Respondent**

- 1  Self
- 2  Proxy  $\checkmark$

Reason for proxy

- 1  SP incapable
- 2  SP institutionalized
- 3  SP unavailable
- 4  Other - *Specify*  $\checkmark$

8

9

*(Fill II.D)*

**D. Proxy**

Name

Relationship to SP

10-11

**B. Mode**

- 1  Telephone
- 2  Personal visit

7

**Part III - NEW ADDRESS**

**A. Address (*Different from label*)**

Number and street

12-36

City

37-56

State

57-58

ZIP Code

59-67

**B. Telephone (*Different from label*)**

Area code

68-70

Number

71-77

1  None

9  DK number

7  Refused

78

Notes