National Study on Health and Safety

X

Start Here

▶ Please use a black or blue pen to complete this for
► Mark 🗵 to indicate your answer.
If you want to change your answer, darken the box and mark the correct answer.
About You
This survey may be completed by any household memb

1.	Would you say in general that your health is ?	

Please answer the first questions about your own health

age 18 years or older. Completion of this survey is

voluntary.

and safety behaviors.

Excellent	
Very good	<u> </u>
Good	3
Fair	□ 4
Poor	□ 5

2. On average, during the last 12 months, how often have you ridden public transportation?

Almost every day (or more frequently)	1
At least once a week	2
At least once a month	3
Less often	4
Never	5

3. In the last 12 months, have you gone to a hospital or emergency room because of an injury?

Yes	L	1
No		2

Household Questions

Thank you for completing this survey.

Please answer the following questions for each adult in the household, age 18 years or older. Include yourself as Person 1. If more than five persons, continue on back.

Include adults who usually stay at this address but are temporarily away on business, on vacation, or in a hospital. Do not include college students who live away from home.

4.	How many adults age 18 years or older live in this household?
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	Person 1 (You)	Person 2	Person 3	Person 4	Person 5
5. What is the person's first name or initials?					
6. Is this person:	1 Male 2 Female	1 ☐ Male 2 ☐ Female	1 Male 2 Female	1 Male 2 Female	1 Male 2 Female
7. What is his/her age?	years	years	years	years	years
8. Is this person of Hispanic or Latino origin?	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No	1 Yes 2 No	1 ☐ Yes 2 ☐ No	1 Yes 2 No
9. What is his/her race? You may mark more than one.	1	1	1 White 2 Black or African American 3 American Indian or Alaska Native 4 Asian 5 Native Hawaiian or other Pacific Islander	1	1 White 2 Black or African American 3 American Indian or Alaska Native 4 Asian 5 Native Hawaiian or other Pacific Islander
Please provide us with your name and telephone number in case we need to contact you about this survey					

▶ Please continue on back if additional adults live in this household.



Household Questions

Please answer the following questions for each additional adult in the household, age 18 years or older.

_	What is the	Person 6	Person 7	Person 8
Э.	person's first name or initials?			
6.	Is this person:	1 ☐ Male 2 ☐ Female	1 ☐ Male 2 ☐ Female	1 ☐ Male 2 ☐ Female
7.	What is his/ her age?	years	years	years
8.	Is this person of Hispanic or Latino origin?	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No
9.	What is his/ her race? You may mark more than one.	1 White 2 Black or African American 3 American Indian or Alaska Native 4 Asian 5 Native Hawaiian or other Pacific Islander	1	1 White 2 Black or African American 3 American Indian or Alaska Native 4 Asian 5 Native Hawaiian or other Pacific Islander

All of the information you provide will be kept strictly confidential and not disclosed to anyone but the study researchers.

Return completed survey to Westat, 1600 Research Blvd., RW2634, Rockville, MD 20850



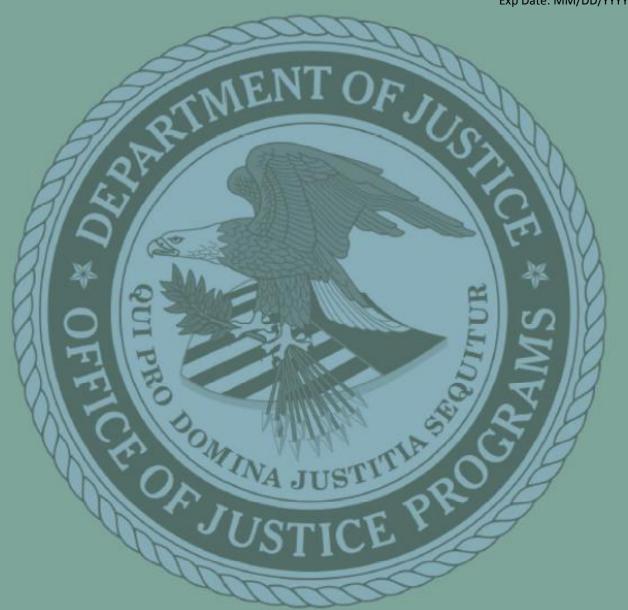


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Bureau of Justice Statistics

OMB #: xxxx-xxxx Exp Date: MM/DD/YYYY



Public reporting burden for this collection of information is estimated to average xx minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: xxx, ATTN: PRA (XXXX-XXXX).