

FACSIMILE OF THE ANNUAL HOUSING SURVEY QUESTIONNAIRE: 1973

Form Approved: O.M.B. No. 41-R2714

1. HH No. (cc 2)	2. Sample (cc 4) F	3. Control number (cc 5) PSU Segment Serial		NOTICE - All information which would permit identification of the individual will be held in strict confidence, will be used only by persons engaged in and for the purposes of the survey, and will not be disclosed or released to others for any purposes. FORM AHS-2 (4-15-73) U.S. DEPARTMENT OF COMMERCE SOCIAL AND ECONOMIC STATISTICS ADMINISTRATION BUREAU OF THE CENSUS ACTING AS COLLECTING AGENT FOR DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT ANNUAL HOUSING SURVEY
4a. Interviewer name		b. Code		
c. Date interview completed		d. Line No. of HH respondent (cc 14)		
TRANSCRIBE FROM CONTROL CARD				
5. Structure originally built (cc 7) <input type="checkbox"/> April 1, 1970 or later <input checked="" type="checkbox"/> <div style="border: 1px solid black; padding: 5px; width: fit-content;"> Month (01-12) / Year </div> (001) (002) 1 <input type="checkbox"/> 1969 to March 31, 1970 2 <input type="checkbox"/> 1965-1968 3 <input type="checkbox"/> 1960-1964 4 <input type="checkbox"/> 1950-1959 5 <input type="checkbox"/> 1940-1949 6 <input type="checkbox"/> 1939 or earlier				10. Do not fill - OFFICE USE ONLY Household composition (cc 15b) (Mark all that apply) (010) * 1 <input type="checkbox"/> Head 2 <input type="checkbox"/> Wife of head Unmarried children of head Children under 6 <input checked="" type="checkbox"/> (011) _____ Number Children 6-17 <input checked="" type="checkbox"/> (012) _____ Number Children 18 and over <input checked="" type="checkbox"/> (013) _____ Number Subfamilies Subfamily head under 30 <input checked="" type="checkbox"/> (014) _____ Number Subfamily head 30-64 <input checked="" type="checkbox"/> (015) _____ Number Subfamily head 65 or over <input checked="" type="checkbox"/> (016) _____ Number (017) * 1 <input type="checkbox"/> Other relatives of head 2 <input type="checkbox"/> Nonrelatives of head
6. Tenure (cc 10) (003) 1 <input type="checkbox"/> Owned or being bought 2 <input type="checkbox"/> Owned or being bought as a cooperative or condominium 3 <input type="checkbox"/> Rented for cash 4 <input type="checkbox"/> Occupied without payment of cash rent				11. Age of head (cc 18) (018) _____
7. Land use code (cc 11-13) (004) 1 <input type="checkbox"/> A (Codes relate to acreage, crop sales, and urban-rural identification needed for the value and rent tabulations.) 2 <input type="checkbox"/> B 3 <input type="checkbox"/> C 4 <input type="checkbox"/> D 5 <input type="checkbox"/> E				12. Race of head (cc 20) (019) 1 <input type="checkbox"/> White 2 <input type="checkbox"/> Negro 3 <input type="checkbox"/> Other
8. Line number of HH head (cc 14) (005) _____				13. Sex of head (cc 21) (020) 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female
9a. Number of persons in household (cc 15) (006) _____ Household members ("Y" in cc 15c) (007) _____ Persons URE ("N" in cc 15c)				14. Ethnic origin (cc 23) (021) 1 <input type="checkbox"/> Mexican-American 2 <input type="checkbox"/> Chicano 3 <input type="checkbox"/> Mexican 4 <input type="checkbox"/> Mexicano 5 <input type="checkbox"/> Puerto Rican 6 <input type="checkbox"/> Cuban 7 <input type="checkbox"/> Central or South American 8 <input type="checkbox"/> Other Spanish - Specify <input checked="" type="checkbox"/> _____ 9 <input type="checkbox"/> Other - Specify _____
b. Number of persons in household 65 or over (008) _____ Household members 65+ ("Y" in cc 15c) (009) _____ Persons URE 65+ ("N" in cc 15c)				

FACSIMILE OF THE ANNUAL HOUSING SURVEY QUESTIONNAIRE: 1973 (Continued)

<p>15. Type of living quarters (cc 24b and c)</p> <p>HOUSING UNIT</p> <p>(022) 1 <input type="checkbox"/> House, apartment, flat 2 <input type="checkbox"/> HU in nontransient hotel, motel, etc. 3 <input type="checkbox"/> HU permanent in transient hotel, motel, etc. 4 <input type="checkbox"/> HU in rooming house 5 <input type="checkbox"/> Mobile home or trailer 6 <input type="checkbox"/> HU not specified above — Specify <u>7</u></p> <hr/> <p>OTHER UNIT (Treat as Type "B" Noninterview)</p> 7 <input type="checkbox"/> Quarters not HU in rooming or boarding house 8 <input type="checkbox"/> Unit not permanent in transient hotel, motel, etc. 9 <input type="checkbox"/> Vacant tent site or trailer site 10 <input type="checkbox"/> Other unit not specified above — Specify <u>7</u>	<p>19. Type of interview</p> <p>Interview</p> <p>(026) 1 <input type="checkbox"/> Regular } Skip to 21 2 <input type="checkbox"/> URE } 3 <input type="checkbox"/> Vacant — Skip to section II 4 <input type="checkbox"/> Noninterview</p> <hr/> <p>20. Reason for noninterview (cc 29c)</p> <p>a. Type A</p> <p>(027) 1 <input type="checkbox"/> No one home 2 <input type="checkbox"/> Temporarily absent 3 <input type="checkbox"/> Refused 4 <input type="checkbox"/> Unable to locate 5 <input type="checkbox"/> Other occupied — Specify <u>7</u></p> <hr/> <p>b. Type B (Fill item 20d)</p> <p>(027) 6 <input type="checkbox"/> Permanent or temporary business or storage 7 <input type="checkbox"/> OTHER unit, except unoccupied tent site or trailer site 8 <input type="checkbox"/> Unoccupied tent site or trailer site 9 <input type="checkbox"/> Unfit or to be demolished 10 <input type="checkbox"/> Under construction — not ready 11 <input type="checkbox"/> Condemned 12 <input type="checkbox"/> Other — Specify _____ 13 <input type="checkbox"/> Permit granted — construction not started</p> <hr/> <p>c. Type C</p> <p>(027) 14 <input type="checkbox"/> Unused line of listing sheet 15 <input type="checkbox"/> Demolished 16 <input type="checkbox"/> House or trailer moved } Fill item below 17 <input type="checkbox"/> Merged — not in current sample } 18 <input type="checkbox"/> Built after April 1, 1970 } 19 <input type="checkbox"/> Other — Specify <u>7</u></p> <hr/> <p>20 <input type="checkbox"/> Unused permit — abandoned</p> <p>d. Fill for address segments only</p> <p>(1) 1970 ED (Transcribe from 11-211 A Listing Sheet)</p> <p style="text-align: right;">Suffix</p> <p>(028) <input style="width: 20px; height: 20px;" type="text"/> — <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p>(2) Street address of sample unit (cc 6a)</p> <p>Number and Street (include apartment number)</p> <hr/> <p style="text-align: center;">OFFICE USE ONLY</p> <p>(029) <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p>
<p>16. Occupancy status (cc 25)</p> <p>(023) 1 <input type="checkbox"/> Occupied — Skip to 18 2 <input type="checkbox"/> Vacant 3 <input type="checkbox"/> URE</p>	
<p>17. Vacancy status (cc 26)</p> <p>Year round</p> <p>(024) 1 <input type="checkbox"/> Vacant — for rent 2 <input type="checkbox"/> Vacant — for sale only 3 <input type="checkbox"/> Rented, not occupied 4 <input type="checkbox"/> Sold, not occupied 5 <input type="checkbox"/> Held for occasional use 6 <input type="checkbox"/> Other vacant — Specify _____ 7 <input type="checkbox"/> Migratory</p> <p>Seasonal (intended for occupancy during)</p> 8 <input type="checkbox"/> Summers only 9 <input type="checkbox"/> Winters only 10 <input type="checkbox"/> Other seasonal — Specify <u>7</u>	
<p>18. Conversion — merger status</p> <p>(025) 1 <input type="checkbox"/> Merged — in current sample 2 <input type="checkbox"/> Converted to more units 3 <input type="checkbox"/> No change</p>	
<p>Notes</p>	

FACSIMILE OF THE ANNUAL HOUSING SURVEY QUESTIONNAIRE: 1973 (Continued)

Section I — OCCUPIED UNITS (Include URE's) — Continued	
<p>28. Does each room in your house (apartment) have a working electric wall outlet (wall plug)?</p>	<p>(045) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>29. How many bedrooms do you have in your house (apartment)? Count rooms used mainly for sleeping even if used for other purposes.</p>	<p>(046) _____ Number OR 0 <input type="checkbox"/> None — Skip to 32</p>
<p>30a. Is it necessary to pass through anyone's bedroom to get from one room to another — excluding bathrooms?</p>	<p>(047) 1 <input type="checkbox"/> Yes — Skip to Check Item B 2 <input type="checkbox"/> No</p>
<p>b. Is it necessary to pass through anyone's bedroom to get to the bathroom?</p>	<p>(048) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM B Do not count persons with usual residence elsewhere unless entire household is URE. (See cc 15a) <input type="checkbox"/> Household has 1 or 2 persons — Skip to 32 <input type="checkbox"/> Household has 3 or more persons — Ask 31a</p>	
<p>31a. Are any bedrooms used for sleeping by 3 or more persons?</p>	<p>(049) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to 32</p>
<p>b. How many bedrooms are used for sleeping by 3 or more persons?</p>	<p>(050) 1 <input type="checkbox"/> 1 bedroom 2 <input type="checkbox"/> 2 or more bedrooms</p>
<p>32. Do you have complete kitchen facilities in this house (apartment); that is, a kitchen sink with piped water, a refrigerator and a range or a cookstove?</p>	<p>(051) 1 <input type="checkbox"/> Yes — Exclusive use 2 <input type="checkbox"/> Yes — Also used by another household 3 <input type="checkbox"/> No</p>
<p>33. Which fuel is used most for cooking?</p>	<p>Gas → (052) 1 <input type="checkbox"/> From underground pipes serving the neighborhood 2 <input type="checkbox"/> Bottled, tank or LP 3 <input type="checkbox"/> Electricity 4 <input type="checkbox"/> Fuel oil, kerosene, etc. 5 <input type="checkbox"/> Coal or coke 6 <input type="checkbox"/> Wood 7 <input type="checkbox"/> Other fuel 8 <input type="checkbox"/> No fuel used</p>
<p>34. Do you get water from a public system (city water department, etc.) or private company, an individual well, or some other source (a spring, creek, river, cistern, etc.)?</p>	<p>(053) 1 <input type="checkbox"/> A public system or private company 2 <input type="checkbox"/> An individual well 3 <input type="checkbox"/> Some other source — Skip to 36</p>
<p>35. INTERVIEWER Household head lived here last 90 days (See Check Item A (1), page 3) (Mark one) <input type="checkbox"/> Yes <input type="checkbox"/> No — Skip to 36</p>	
<p>a. At any time in the last 90 days were you COMPLETELY without running water?</p>	<p>(054) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to 36</p>
<p>b. Were you completely without running water for 6 hours or more?</p>	<p>(055) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } Skip to 36</p>
<p>c. How many times?</p>	<p>(056) 1 <input type="checkbox"/> 1 2 <input type="checkbox"/> 2 3 <input type="checkbox"/> 3 or more</p>
<p>d. What was the (most common) reason you were completely without water for 6 hours or more — was it because of problems inside the building or problems outside the building?</p>	<p>(057) 1 <input type="checkbox"/> Inside — Specify problem ? 2 <input type="checkbox"/> Outside — Specify problem ?</p>

FACSIMILE OF THE ANNUAL HOUSING SURVEY QUESTIONNAIRE: 1973 (Continued)

Section I — OCCUPIED UNITS (Include URE's) — Continued	
<p>36. Do you have complete plumbing facilities in this house (apartment); that is, hot and cold piped water, a flush toilet and a bathtub or shower?</p>	<p>(058) 1 <input type="checkbox"/> Yes — Exclusive use 2 <input type="checkbox"/> Yes — Also used by another household — Skip to 39a 3 <input type="checkbox"/> No — Skip to 39a</p>
<p>37. How many bathrooms do you have? A complete bathroom is a room with a flush toilet, bathtub or shower, and a washbasin with piped water. A half bathroom has at least a flush toilet or a bathtub or shower, but does not have all the facilities for a complete bathroom.</p>	<p>(059) 1 <input type="checkbox"/> Complete plumbing facilities but not in one room 2 <input type="checkbox"/> 1 complete bathroom One complete bathroom plus half bath(s) 3 <input type="checkbox"/> Half bath does NOT have flush toilet 4 <input type="checkbox"/> Half bath has flush toilet 5 <input type="checkbox"/> 2 complete bathrooms 6 <input type="checkbox"/> More than 2 complete bathrooms } Skip to 39a</p>
<p>38. INTERVIEWER Household head lived here last 90 days (See Check Item A(1), page 3) (Mark one) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No — Skip to 39a</p>	
<p>a. At any time in the last 90 days was there a breakdown in your flush toilet; that is, was it completely unusable?</p>	<p>(060) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to 39a</p>
<p>b. Did any of these breakdowns last 6 hours or longer?</p>	<p>(061) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to 39a</p>
<p>c. How many of these breakdowns were there?</p>	<p>(062) 1 <input type="checkbox"/> 1 2 <input type="checkbox"/> 2 3 <input type="checkbox"/> 3 4 <input type="checkbox"/> 4 or more</p>
<p>d. What was the (most common) reason you were completely without the use of your flush toilet for 6 hours or more — was it because of problems inside the building or problems outside the building?</p>	<p>(063) 1 <input type="checkbox"/> Inside — Specify problem _____ _____ 2 <input type="checkbox"/> Outside — Specify problem _____ _____</p>
<p>39a. Is this house (building) connected to a public sewer?</p>	<p>(064) 1 <input type="checkbox"/> Yes — Skip to 40 2 <input type="checkbox"/> No</p>
<p>b. What means of sewage disposal do you use?</p>	<p>(065) 1 <input type="checkbox"/> Septic tank or cesspool 2 <input type="checkbox"/> Chemical toilet 3 <input type="checkbox"/> Privy 4 <input type="checkbox"/> Use facilities in another structure 5 <input type="checkbox"/> Other — Describe _____ _____ } Skip to 41</p>
<p>40. INTERVIEWER Household head lived here last 90 days (See Check Item A(1), page 3) (Mark one) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No — Skip to 41</p>	
<p>a. At any time in the last 90 days was there a breakdown in your public sewer (septic tank or cesspool); that is, was it completely unusable?</p>	<p>(066) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to 41</p>
<p>b. Did any of these breakdowns last 6 hours or longer?</p>	<p>(067) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } Skip to 41</p>
<p>c. How many of these breakdowns were there?</p>	<p>(068) 1 <input type="checkbox"/> 1 2 <input type="checkbox"/> 2 3 <input type="checkbox"/> 3 or more</p>

FACSIMILE OF THE ANNUAL HOUSING SURVEY QUESTIONNAIRE: 1973 (Continued)

Section I — OCCUPIED UNITS (Include URE's) — Continued	
<p>41. How is your house (apartment) heated — by gas, oil, electricity, or with some other fuel?</p>	<p style="text-align: center;">Gas →</p> <p>(069) 1 <input type="checkbox"/> From underground pipes serving the neighborhood</p> <p>2 <input type="checkbox"/> Bottled, tank, or LP</p> <p>3 <input type="checkbox"/> Fuel oil, kerosene, etc.</p> <p>4 <input type="checkbox"/> Electricity</p> <p>5 <input type="checkbox"/> Coal or coke</p> <p>6 <input type="checkbox"/> Wood</p> <p>7 <input type="checkbox"/> Other fuel</p> <p>8 <input type="checkbox"/> No fuels used</p>
<p>42. What type of heating equipment does your house (apartment) have? (Mark heating equipment used most.)</p>	<p>(070) 1 <input type="checkbox"/> A central warm-air furnace with ducts in individual rooms, or a heat pump</p> <p>2 <input type="checkbox"/> Steam or hot water system</p> <p>3 <input type="checkbox"/> Built-in electric units (permanently installed in wall, ceiling, or baseboard)</p> <p>4 <input type="checkbox"/> Floor, wall, or pipeless furnace</p> <p>5 <input type="checkbox"/> Room heaters with flue or vent burning gas, oil, or kerosene</p> <p>6 <input type="checkbox"/> Room heaters without flue or vent burning gas, oil, or kerosene</p> <p>7 <input type="checkbox"/> Fireplaces, stoves, or portable room heaters</p> <p>8 <input type="checkbox"/> Unit has no heating equipment — Skip to 47a</p> <p style="text-align: right;">} Skip to 45</p>
<p>43. INTERVIEWER (Mark one) ▷ Household head lived here LAST WINTER (See Check Item A(2), page 3)</p> <p style="margin-left: 100px;"><input type="checkbox"/> Yes</p> <p style="margin-left: 100px;"><input type="checkbox"/> No — Skip to 44a</p>	
<p>During the past winter, when your regular heating system was working, did you, at any time, have to use additional sources of heat because your regular system did not provide enough heat? (Additional sources may be the kitchen stove, a fireplace, or a portable heater.)</p>	<p>(071) 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>
<p>44a. Do you have any rooms without hot air ducts or registers, radiators, or room heaters? (Exclude kitchen and bathrooms.)</p>	<p>(072) 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No — Skip to 45</p>
<p>b. How many?</p>	<p>(073) 1 <input type="checkbox"/> 1 room</p> <p>2 <input type="checkbox"/> 2 rooms</p> <p>3 <input type="checkbox"/> 3 rooms or more</p>
<p>45. INTERVIEWER (Mark one) ▷ Household head lived here LAST WINTER (See Check Item A(2), page 3)</p> <p style="margin-left: 100px;"><input type="checkbox"/> Yes</p> <p style="margin-left: 100px;"><input type="checkbox"/> No — Skip to 47a</p>	
<p>a. At any time during the past winter, was there a breakdown in your heating equipment; that is, was it completely unusable for 6 hours or more?</p>	<p>(074) 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No — Skip to 46a</p>
<p>b. How many times did that happen?</p>	<p>(075) 1 <input type="checkbox"/> 1</p> <p>2 <input type="checkbox"/> 2</p> <p>3 <input type="checkbox"/> 3</p> <p>4 <input type="checkbox"/> 4 or more</p>

FACSIMILE OF THE ANNUAL HOUSING SURVEY QUESTIONNAIRE: 1973 (Continued)

Section I - OCCUPIED UNITS (Include URE's) - Continued	
<p>46a. During the past winter did you completely close certain rooms for a week or longer because you couldn't get them warm?</p> <p>b. Which rooms? (Mark all that apply)</p>	<p>(076) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to 47a</p> <p>(077) 1 <input type="checkbox"/> Living room * 2 <input type="checkbox"/> Dining room 3 <input type="checkbox"/> One or more bedrooms 4 <input type="checkbox"/> Other - Specify _____</p>
<p>47a. Do you have air conditioning?</p> <p>b. Do you have a central air-conditioning system or individual room units?</p> <p>c. How many room units do you have?</p>	<p>(078) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to 48</p> <p>(079) 1 <input type="checkbox"/> Central - Skip to 48 2 <input type="checkbox"/> Room units</p> <p>(080) 1 <input type="checkbox"/> 1 2 <input type="checkbox"/> 2 or more</p>
<p>48. INTERVIEWER Household head lived here last 90 days (See Check Item A(1), page 3) (Mark one) <input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to 49</p>	
<p>a. Have any electric fuses or breaker switches blown in your house (apartment) in the last 90 days?</p> <p>b. How many times did this happen?</p>	<p>(081) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } Skip to 49</p> <p>(082) 1 <input type="checkbox"/> 1 2 <input type="checkbox"/> 2 3 <input type="checkbox"/> 3 or more</p>
<p>49. Is all the wiring in this house (apartment) concealed in the walls or in metal coverings? Do not count appliance cords, extension cords or chandelier cords.</p>	<p>(083) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>50a. Does your house (apartment) have garbage collection service (either public or private)?</p> <p>b. How often is the garbage collected?</p> <p>c. How do you dispose of your garbage? (IF MORE THAN ONE METHOD USED, MARK THE ONE USED MOST.)</p>	<p>(084) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } Skip to 50c</p> <p>(085) 1 <input type="checkbox"/> Less than once a week 2 <input type="checkbox"/> Once a week 3 <input type="checkbox"/> Twice a week 4 <input type="checkbox"/> Three or more times a week 5 <input type="checkbox"/> Don't know } Skip to 51a</p> <p>(086) 1 <input type="checkbox"/> Incinerator 2 <input type="checkbox"/> Trash chute or compactor 3 <input type="checkbox"/> Garbage disposal 4 <input type="checkbox"/> Carry out to be picked up 5 <input type="checkbox"/> Other - Specify _____</p>
<p>51a. Is there a basement in this house (building)? (An enclosed space in which persons can walk upright under all or part of the building)</p> <p>b. Does the basement show any signs of water having leaked in from the outside?</p>	<p>(087) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to 52</p> <p>(088) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p>

FACSIMILE OF THE ANNUAL HOUSING SURVEY QUESTIONNAIRE: 1973 (Continued)

Section I — OCCUPIED UNITS (Include URE's) — Continued	
52. Does the roof of this house (building) leak?	(089) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
53a. Does this house (apartment) have open cracks or holes in the interior walls or ceiling? (Do not include hairline cracks)	(090) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b. Does this house (apartment) have holes in the floor?	(091) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
54a. Is there any broken plaster or peeling paint on the ceiling or inside walls?	(092) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to 55
b. Is the area of broken plaster or peeling paint larger than this paper? (Show questionnaire)	(093) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
55. INTERVIEWER (Mark one) <input checked="" type="checkbox"/> Household head lived here last 90 days (See Check Item A(1), page 3) <input type="checkbox"/> Yes <input type="checkbox"/> No — Skip to Check Item C	
a. At any time in the last 90 days have you seen any mice or rats, or signs of mice or rats in this house (building)?	(094) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to Check Item C
b. Is this house (building) serviced by an exterminator regularly, only when needed, irregularly, or not at all?	(095) 1 <input type="checkbox"/> Regularly 2 <input type="checkbox"/> Only when needed 3 <input type="checkbox"/> Irregularly 4 <input type="checkbox"/> Not at all
TENURE (CC item 10) Owned or being bought <input checked="" type="checkbox"/> (See item 25a, page 3) <input type="checkbox"/> One-unit structure — Ask 56 <input type="checkbox"/> Two-or-more-unit structure, or a mobile home or trailer — Skip to 60 CHECK ITEM C <input type="checkbox"/> Owned as a cooperative or condominium — Skip to 60 Rented for cash <input checked="" type="checkbox"/> (See item 25a, page 3) <input type="checkbox"/> One-unit structure — Ask 56 <input type="checkbox"/> Two-or-more-unit structure, or a mobile home or trailer — Skip to 61 <input type="checkbox"/> Occupied without payment of cash rent — Skip to Check Item E	
(If rural transcribe from C.C. item 11b. If urban ask or fill by observation.) 56. Does this place have 10 acres or more?	
(096) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
CHECK ITEM D <input type="checkbox"/> OWNERS If this is a — <input type="checkbox"/> One-unit structure on less than 10 acres and there is no commercial establishment or medical or dental office on the property (25b and c, page 3) — Ask 57 <input type="checkbox"/> All others — Skip to 60	<input type="checkbox"/> RENTERS If this is a — <input type="checkbox"/> One-unit structure on less than 10 acres — Skip to 61 <input type="checkbox"/> One-unit structure on 10 acres or more — Skip to 69

FACSIMILE OF THE ANNUAL HOUSING SURVEY QUESTIONNAIRE: 1973 (Continued)

Section I - OCCUPIED UNITS (Include URE's) - Continued	
<p>57. How much do you think this property (house and lot) would sell for on today's market? SHOW FLASHCARD B</p>	<p>(097) 1 <input type="checkbox"/> Less than \$2,500 9 <input type="checkbox"/> 20,000-24,999 2 <input type="checkbox"/> \$ 2,500-\$ 4,999 10 <input type="checkbox"/> 25,000-29,999 3 <input type="checkbox"/> 5,000- 7,499 11 <input type="checkbox"/> 30,000-34,999 4 <input type="checkbox"/> 7,500- 9,999 12 <input type="checkbox"/> 35,000-39,999 5 <input type="checkbox"/> 10,000- 12,499 13 <input type="checkbox"/> 40,000-49,999 6 <input type="checkbox"/> 12,500- 14,999 14 <input type="checkbox"/> 50,000-59,999 7 <input type="checkbox"/> 15,000- 17,499 15 <input type="checkbox"/> 60,000 or more 8 <input type="checkbox"/> 17,500- 19,999</p>
<p>58a. Do you have a mortgage or similar debt on this property, or do you own it free and clear?</p>	<p>(098) 1 <input type="checkbox"/> Mortgage or similar debt 2 <input type="checkbox"/> Owned free and clear - Skip to 59</p>
<p>b. Is the mortgage (similar debt) insured by FHA, guaranteed by the VA, or insured by the Farmers' Home Administration?</p>	<p>(099) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>59. What was last year's real estate tax on this property? (Do not include taxes in arrears from previous years.)</p>	<p>(100) \$ _____ . <input type="checkbox"/> 00 OR 0 <input type="checkbox"/> None</p>
<p>60. Do you have a garage or carport on this property which is currently available for your use?</p>	<p>(101) 1 <input type="checkbox"/> Yes } Skip to 69 2 <input type="checkbox"/> No }</p>
<p>61. What is the MONTHLY rent? (If rent is not paid by the month, mark the time period covered, compute MONTHLY rent in "Notes" space, and enter monthly rent on the line provided.) (Include site rent for mobile homes if it is paid separately.)</p>	<p>(102) \$ _____ . <input type="checkbox"/> 00 Per month (103) 1 <input type="checkbox"/> More frequently than once a month 2 <input type="checkbox"/> Less frequently than once a month 3 <input type="checkbox"/> Once a month Notes</p>
<p>62. Is this house (apartment) in a public housing project; that is, is it owned by a local housing authority or other public agency?</p>	<p>(104) 1 <input type="checkbox"/> Yes - Skip to 64 2 <input type="checkbox"/> No</p>
<p>63. Are you paying a lower rent because the Federal, State, or local Government is paying part of the cost?</p>	<p>(105) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>64. In addition to your rent, do you also pay for -</p>	<p>(106) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, included in rent 3 <input type="checkbox"/> No, electricity not used } Skip to b (1)</p>
<p>a. (1) Electricity?</p>	<p>(107) \$ _____ . <input type="checkbox"/> 00</p>
<p>(2) What is the average MONTHLY cost?</p>	<p>(108) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, included in rent 3 <input type="checkbox"/> No, gas not used } Skip to c (1)</p>
<p>b. (1) Gas?</p>	<p>(109) \$ _____ . <input type="checkbox"/> 00</p>
<p>(2) What is the average MONTHLY cost?</p>	<p>(110) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, included in rent or no charge -Skip to d (1)</p>
<p>c. (1) Water?</p>	<p>(111) \$ _____ . <input type="checkbox"/> 00</p>
<p>(2) What is the YEARLY cost?</p>	<p>(112) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, included in rent 3 <input type="checkbox"/> No, these fuels not used or obtained free } Skip to 65a</p>
<p>d. (1) Oil, coal, kerosene, wood, etc.?</p>	<p>(113) \$ _____ . <input type="checkbox"/> 00</p>
<p>(2) What is the YEARLY cost?</p>	<p>(113) \$ _____ . <input type="checkbox"/> 00</p>

FACSIMILE OF THE ANNUAL HOUSING SURVEY QUESTIONNAIRE: 1973 (Continued)

Section I — OCCUPIED UNITS (Include URE's) — Continued	
65a. In addition to your rent, do you also pay for garbage and trash collection?	(114) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to 66a
b. What is the YEARLY cost?	(115) \$ _____ . <input type="text" value="00"/>
66a. Do you rent this apartment (house) furnished or unfurnished?	(116) 1 <input type="checkbox"/> Furnished 2 <input type="checkbox"/> Unfurnished — Skip to 66c
b. Is the cost of this furniture included in the rent, or do you pay for it separately?	(117) 1 <input type="checkbox"/> Included in rent — Skip to 67a 2 <input type="checkbox"/> Separately — Skip to 66d
c. Do you rent furniture from some other source?	(118) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to 67a
d. What is the MONTHLY cost?	(119) \$ _____ . <input type="text" value="00"/>
67a. Are parking facilities available in connection with this building?	(120) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to 67e
b. Do you rent such a space?	(121) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to 67e
c. What is the MONTHLY cost for this parking space?	(122) \$ _____ . <input type="text" value="00"/>
d. Is the cost of the parking space included in the \$. . . (rent entered in 61), or do you pay for it separately?	(123) 1 <input type="checkbox"/> Included in rent 2 <input type="checkbox"/> Separately } Skip to Check Item E
e. Do you rent a parking space in the neighborhood other than that connected with the building?	(124) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM E (See item 25a, page 3) <input type="checkbox"/> One-unit structure, or a mobile home or trailer — Skip to 69 <input type="checkbox"/> Two-or-more-unit structure — Ask 68a	
68a. Does the owner of this building live on this property?	(125) 1 <input type="checkbox"/> Yes — Skip to 69 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
b. Is there a resident manager, superintendent, or janitor who lives on this property?	(126) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
69. Do you or any member of your household own a second home or other living quarters which you occupy sometime during the year?	(127) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
70a. How many cars (passenger automobiles) are owned or regularly used by members of your household? (Count company cars kept at home, do NOT count trucks.)	(128) 1 <input type="checkbox"/> None 2 <input type="checkbox"/> 1 3 <input type="checkbox"/> 2 4 <input type="checkbox"/> 3 or more
b. How many trucks of one-ton capacity or less are owned or regularly used by members of your household? (Count company trucks kept at home)	(129) 1 <input type="checkbox"/> None 2 <input type="checkbox"/> 1 3 <input type="checkbox"/> 2 or more

FACSIMILE OF THE ANNUAL HOUSING SURVEY QUESTIONNAIRE: 1973 (Continued)

Section I — OCCUPIED UNITS (Include URE's) — Continued				
<p>CHECK ITEM F </p>	<p><input type="checkbox"/> URE household (See cc item 25) — Skip to 92, page 15</p> <p>(See Check Item A (3), page 3) {</p> <p><input type="checkbox"/> Head moved here during the last 12 months — Ask 71</p> <p><input type="checkbox"/> Head has lived here 12 months or longer — Skip to Check Item H</p>			
<p>71. What was the address of . . . 's (head) previous residence?</p>	<p>Address (Number and street)</p> <hr/> <p>City or town</p> <hr/> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 33%;">County</td> <td style="border: 1px solid black; width: 33%;">State</td> <td style="border: 1px solid black; width: 33%;">ZIP code</td> </tr> </table> <p style="text-align: center; margin: 5px 0;">OR</p> <p>(130) 1 <input type="checkbox"/> Outside the United States — Skip to 72</p> <p>(131) <input type="checkbox"/> <input type="checkbox"/></p> <hr style="border-top: 1px dashed black;"/> <p>(132) 1 <input type="checkbox"/> Same city or town 2 <input type="checkbox"/> Different city or town</p> <p>(133) 1 <input type="checkbox"/> Same county 2 <input type="checkbox"/> Different county</p> <p>(134) 1 <input type="checkbox"/> Same State 2 <input type="checkbox"/> Different State</p> <div style="margin-left: 150px;"> <p>} Interviewer</p> <p>} Mark one in each group</p> </div>	County	State	ZIP code
County	State	ZIP code		
<p>72. What is the main reason . . . (head) moved from his previous residence? (Write all reasons mentioned below, and then mark the main reason.)</p> <hr/>	<p>EMPLOYMENT</p> <p>(135) 1 <input type="checkbox"/> Job transfer 2 <input type="checkbox"/> Entered or left U.S. Armed Forces 3 <input type="checkbox"/> Retirement 4 <input type="checkbox"/> New job 5 <input type="checkbox"/> Commuting reasons 6 <input type="checkbox"/> To attend school 7 <input type="checkbox"/> Other</p> <p>FAMILY</p> <p>(135) 8 <input type="checkbox"/> Needed larger house or apartment 9 <input type="checkbox"/> Widowed 10 <input type="checkbox"/> Separated 11 <input type="checkbox"/> Divorced 12 <input type="checkbox"/> Moved to be closer to relatives 13 <input type="checkbox"/> Newly married 14 <input type="checkbox"/> Family increased 15 <input type="checkbox"/> Family decreased 16 <input type="checkbox"/> Wanted to establish own household 17 <input type="checkbox"/> Other</p> <p>OTHER</p> <p>(135) 18 <input type="checkbox"/> Neighborhood 19 <input type="checkbox"/> Wanted to own residence 20 <input type="checkbox"/> Lower rent or less expensive house 21 <input type="checkbox"/> Wanted better house 22 <input type="checkbox"/> Displaced by urban renewal, highway construction, or other public activity 23 <input type="checkbox"/> Displaced by private action 24 <input type="checkbox"/> Schools 25 <input type="checkbox"/> Wanted to rent residence 26 <input type="checkbox"/> Wanted residence with more conveniences 27 <input type="checkbox"/> Natural disaster 28 <input type="checkbox"/> Wanted change of climate 29 <input type="checkbox"/> Other</p>			

FACSIMILE OF THE ANNUAL HOUSING SURVEY QUESTIONNAIRE: 1973 (Continued)

Section I — OCCUPIED UNITS (Include URE's) — Continued	
73a. Was . . . (head) the head of the household in his previous residence at the time he moved?	(136) 1 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> <input type="checkbox"/> Respondent is the head — Skip to INTERVIEWER INSTRUCTION <input type="checkbox"/> Respondent is not the head — Ask 73b 2 <input type="checkbox"/> No — Skip to Check Item H, page 14
b. Were you also a member of . . . 's (head) household in the previous residence?	(137) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
INTERVIEWER INSTRUCTION	If the respondent is the head, or "Yes" was marked in 73b — Ask questions 74–88 in terms of "your" previous residence. If "No" was marked in 73b — Ask questions 74–88 in terms of "head's" previous residence.
74. How many rooms were in . . . 's (your) (head) previous residence? Do not count bathrooms, porches, balconies, halls, foyers, or half-rooms.	(138) _____ Number
75. How many bedrooms were in . . . 's (your) (head) previous residence? Count rooms used mainly for sleeping, even if used for other purposes.	(139) _____ Number OR 0 <input type="checkbox"/> None
76. How many persons were in . . . 's (your) (head) previous residence at the time . . . (you) (head) moved?	(140) _____ Number
77. Did . . . (you) (head) have complete plumbing facilities in . . . 's (your) (head) previous residence; that is, hot and cold piped water, a flush toilet, and a bathtub or shower?	<input type="checkbox"/> Yes — Were these facilities used by . . . 's (your) (head) household only? (141) 1 <input type="checkbox"/> Yes — Exclusive use 2 <input type="checkbox"/> No — Also used by another household 3 <input type="checkbox"/> No
78. How many living quarters, both occupied and vacant, were in the building where . . . 's (your) (head) previous residence was located?	(142) 1 <input type="checkbox"/> Mobile home or trailer 2 <input type="checkbox"/> One, detached from any other house 3 <input type="checkbox"/> One, attached to one or more houses 4 <input type="checkbox"/> 2 5 <input type="checkbox"/> 3 or 4 6 <input type="checkbox"/> 5 to 9 7 <input type="checkbox"/> 10 to 19 8 <input type="checkbox"/> 20 to 49 9 <input type="checkbox"/> 50 or more
79. Was . . . 's (your) (head) previous residence — Owned or being bought by someone in the household? A cooperative or condominium which was owned or being bought by someone in the household? Rented for cash? Occupied without payment of cash rent?	(143) 1 <input type="checkbox"/> Owned or being bought 2 <input type="checkbox"/> A cooperative or condominium — Skip to Check Item H, page 14 3 <input type="checkbox"/> Rented for cash — Skip to 82 4 <input type="checkbox"/> Occupied without payment of cash rent — Skip to Check Item H, page 14
CHECK ITEM G	(See item 78) <input type="checkbox"/> Previous residence was a one-unit structure (exclude mobile home or trailer) — Ask 80a <input type="checkbox"/> Previous residence was a two-or-more-unit structure, or was a mobile home or trailer — Skip to Check Item H, page 14
80a. Was that house on a place of 10 acres or more?	(144) 1 <input type="checkbox"/> Yes — Skip to Check Item H, page 14 2 <input type="checkbox"/> No
b. Was there a commercial establishment or medical or dental office on the property?	(145) 1 <input type="checkbox"/> Yes — Skip to Check Item H, page 14 2 <input type="checkbox"/> No

FACSIMILE OF THE ANNUAL HOUSING SURVEY QUESTIONNAIRE: 1973 (Continued)

Section I - OCCUPIED UNITS (Include URE's) - Continued	
<p>81. What was the value of that property when . . . (you) (head) moved; that is, about how much did that property (house and lot) sell for, or would it have sold for, had it been for sale?</p> <p style="text-align: center;">SHOW FLASHCARD B</p>	<p>(146) 1 <input type="checkbox"/> Less than \$2,500 9 <input type="checkbox"/> 20,000-24,999 2 <input type="checkbox"/> \$ 2,500-\$ 4,999 10 <input type="checkbox"/> 25,000-29,999 3 <input type="checkbox"/> 5,000- 7,499 11 <input type="checkbox"/> 30,000-34,999 4 <input type="checkbox"/> 7,500- 9,999 12 <input type="checkbox"/> 35,000-39,999 5 <input type="checkbox"/> 10,000- 12,499 13 <input type="checkbox"/> 40,000-49,999 6 <input type="checkbox"/> 12,500- 14,999 14 <input type="checkbox"/> 50,000-59,999 7 <input type="checkbox"/> 15,000- 17,499 15 <input type="checkbox"/> 60,000 or more 8 <input type="checkbox"/> 17,500- 19,999</p> <p style="text-align: right; font-size: small;">} Skip to Check Item H</p>
<p>82. What was the MONTHLY rent for . . . 's (your) (head) previous apartment (house)? <i>(If rent was not paid by the month, write the amount and the time period covered in the "Notes" space, then compute MONTHLY rent and enter on the line provided.)</i> <i>(Include site rent for mobile homes if it is paid separately.)</i></p>	<p>(147) \$ _____ . <input type="text" value="00"/> per month</p> <p>Notes _____</p>
<p>83. Was that house (apartment) in a public housing project; that is, was it owned by a local housing authority or other public agency?</p>	<p>(148) 1 <input type="checkbox"/> Yes - Skip to 85 2 <input type="checkbox"/> No</p>
<p>84. Did . . . (you) (head) pay a lower rent because the Federal, State, or local Government was paying part of the cost?</p>	<p>(149) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>85. In addition to rent, did . . . (you) (head) also pay for -</p> <p style="padding-left: 20px;">a. (1) Electricity?</p> <p style="padding-left: 40px;">(2) What was the average MONTHLY cost? _____</p> <p style="padding-left: 20px;">b. (1) Gas?</p> <p style="padding-left: 40px;">(2) What was the average MONTHLY cost? _____</p> <p style="padding-left: 20px;">c. (1) Water?</p> <p style="padding-left: 40px;">(2) What was the YEARLY cost?</p> <p style="padding-left: 20px;">d. (1) Oil, coal, kerosene, wood, etc.?</p> <p style="padding-left: 40px;">(2) What was the YEARLY cost?</p>	<p>(150) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, included in rent 3 <input type="checkbox"/> No, electricity not used } Skip to b(1)</p> <p>(151) \$ _____ . <input type="text" value="00"/></p> <p>(152) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, included in rent 3 <input type="checkbox"/> No, gas not used } Skip to c(1)</p> <p>(153) \$ _____ . <input type="text" value="00"/></p> <p>(154) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, included in rent or no charge - Skip to d(1)</p> <p>(155) \$ _____ . <input type="text" value="00"/></p> <p>(156) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, included in rent 3 <input type="checkbox"/> No, these fuels not used or obtained free } Skip to 86a</p> <p>(157) \$ _____ . <input type="text" value="00"/></p>
<p>86a. In addition to the rent, did . . . (you) (head) also pay for garbage and trash collection?</p> <p style="padding-left: 20px;">b. What was the YEARLY cost? _____</p>	<p>(158) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No -- Skip to 87a</p> <p>(159) \$ _____ . <input type="text" value="00"/></p>

FACSIMILE OF THE ANNUAL HOUSING SURVEY QUESTIONNAIRE: 1973 (Continued)

Section I — OCCUPIED UNITS (Include URE's) — Continued		
<p>87a. Did . . . (you) (head) rent the apartment (house) furnished or unfurnished?</p> <p>b. Was the cost of the furniture included in the rent or did . . . (you) (head) pay for it separately?</p> <p>c. Did . . . (you) (head) rent furniture from some other source?</p> <p>d. What was the MONTHLY cost?</p>	<p>(160)</p> <p>(161)</p> <p>(162)</p> <p>(163)</p>	<p>1 <input type="checkbox"/> Furnished 2 <input type="checkbox"/> Unfurnished — Ask 87c</p> <p>1 <input type="checkbox"/> Included in rent — Skip to 88a 2 <input type="checkbox"/> Separately — Ask 87d</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to 88a</p> <p>\$ _____ 00</p>
<p>88a. Were parking facilities available in connection with the building?</p> <p>b. Did . . . (you) (head) rent such a space?</p> <p>c. What was the MONTHLY cost for that parking space?</p> <p>d. Was the cost of the parking space included in the \$. . . (rent entered in 82), or did . . . (you) (head) pay for it separately?</p> <p>e. Did . . . (you) (head) rent a parking space in the neighborhood other than that connected with the building?</p>	<p>(164)</p> <p>(165)</p> <p>(166)</p> <p>(167)</p> <p>(168)</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to 88e</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to 88e</p> <p>\$ _____ 00</p> <p>1 <input type="checkbox"/> Included in rent } Skip to 2 <input type="checkbox"/> Separately } Check Item H</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM H INTERVIEWER READ The following questions are concerned with different aspects of your present neighborhood.</p>		
<p>89a. Here is a list of conditions which many people have on their streets. Which, if any, do you have?</p>	<p>b. Do you consider it (condition) to be disturbing, harmful or dangerous?</p>	<p>c. Is it so objectionable that you would like to move from the neighborhood?</p>
<p>(1) Street noise?</p> <p>(2) Noise from airplane traffic?</p> <p>(3) Heavy street traffic?</p> <p>(4) Odors, smoke or gas?</p> <p>(5) Trash, litter, or junk in the streets, on empty lots, or on properties on this street?</p> <p>(6) Boarded up or abandoned structures?</p> <p>(7) Occupied housing in run down condition?</p> <p>(8) Commercial, industrial or other nonresidential activities?</p> <p>(9) Streets continually in need of repair, or open ditches?</p> <p>(10) Inadequate street lighting?</p> <p>(11) Street or neighborhood crime?</p>	<p>(169) 1 <input type="checkbox"/> Yes — Ask b 2 <input type="checkbox"/> No</p> <p>(172) 1 <input type="checkbox"/> Yes — Ask b 2 <input type="checkbox"/> No</p> <p>(175) 1 <input type="checkbox"/> Yes — Ask b 2 <input type="checkbox"/> No</p> <p>(178) 1 <input type="checkbox"/> Yes — Ask b 2 <input type="checkbox"/> No</p> <p>(181) 1 <input type="checkbox"/> Yes — Ask b 2 <input type="checkbox"/> No</p> <p>(184) 1 <input type="checkbox"/> Yes — Ask b 2 <input type="checkbox"/> No</p> <p>(187) 1 <input type="checkbox"/> Yes — Ask b 2 <input type="checkbox"/> No</p> <p>(190) 1 <input type="checkbox"/> Yes — Ask b 2 <input type="checkbox"/> No</p> <p>(193) 1 <input type="checkbox"/> Yes — Ask b 2 <input type="checkbox"/> No</p> <p>(196) 1 <input type="checkbox"/> Yes — Ask b 2 <input type="checkbox"/> No</p> <p>(199) 1 <input type="checkbox"/> Yes — Ask b 2 <input type="checkbox"/> No</p>	<p>(170) 1 <input type="checkbox"/> Yes — Ask c 2 <input type="checkbox"/> No</p> <p>(173) 1 <input type="checkbox"/> Yes — Ask c 2 <input type="checkbox"/> No</p> <p>(176) 1 <input type="checkbox"/> Yes — Ask c 2 <input type="checkbox"/> No</p> <p>(179) 1 <input type="checkbox"/> Yes — Ask c 2 <input type="checkbox"/> No</p> <p>(182) 1 <input type="checkbox"/> Yes — Ask c 2 <input type="checkbox"/> No</p> <p>(185) 1 <input type="checkbox"/> Yes — Ask c 2 <input type="checkbox"/> No</p> <p>(188) 1 <input type="checkbox"/> Yes — Ask c 2 <input type="checkbox"/> No</p> <p>(191) 1 <input type="checkbox"/> Yes — Ask c 2 <input type="checkbox"/> No</p> <p>(194) 1 <input type="checkbox"/> Yes — Ask c 2 <input type="checkbox"/> No</p> <p>(197) 1 <input type="checkbox"/> Yes — Ask c 2 <input type="checkbox"/> No</p> <p>(200) 1 <input type="checkbox"/> Yes — Ask c 2 <input type="checkbox"/> No</p>
	<p>(171) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>(174) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>(177) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>(180) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>(183) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>(186) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>(189) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>(192) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>(195) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>(198) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>(201) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	

FACSIMILE OF THE ANNUAL HOUSING SURVEY QUESTIONNAIRE: 1973 (Continued)

Section I — OCCUPIED UNITS (Include URE's) — Continued													
<p>90. The following questions are concerned with neighborhood services.</p>													
<p>a. Do you have inadequate or unsatisfactory —</p>	<p>b. Is it so inadequate or unsatisfactory that you would like to move from the neighborhood?</p>												
<p>(1) Public transportation?</p>	<p>(202) 1 <input type="checkbox"/> Yes — Ask b 2 <input type="checkbox"/> No</p>												
<p>(2) Schools?</p>	<p>(203) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>												
<p>(3) Neighborhood shopping such as grocery stores or drug stores?</p>	<p>(204) 1 <input type="checkbox"/> Yes — Ask b 2 <input type="checkbox"/> No</p> <p>(205) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>(206) 1 <input type="checkbox"/> Yes — Ask b 2 <input type="checkbox"/> No</p> <p>(207) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>												
<p>91. In view of all the things we have talked about, how would you rate this street as a place to live — would you say it is excellent, good, fair or poor?</p>	<p>(208) 1 <input type="checkbox"/> Excellent 2 <input type="checkbox"/> Good 3 <input type="checkbox"/> Fair 4 <input type="checkbox"/> Poor</p>												
<p>OBSERVATION</p> <p>92. Are there any buildings that appear to be abandoned and/or are there any buildings with windows broken or boarded up on this street?</p>	<p>(209) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>												
<p>CHECK <input type="checkbox"/> URE Household (See cc item 25, page 2) — END AHS-2 INTERVIEW</p> <p>ITEM I <input type="checkbox"/> A one-unit structure, or a mobile home or trailer — Skip to 95</p> <p> (See item 25a, page 3) <input type="checkbox"/> Two-or-more-unit structure — Go to 93a</p>													
<p>OBSERVATION</p> <p>93a. Do the public halls in this building have light fixtures?</p>	<p>(210) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> No public halls } Skip to 94a</p>												
<p>b. Are the light fixtures in working order?</p>	<p>(211) 1 <input type="checkbox"/> All in working order 2 <input type="checkbox"/> Some in working order 3 <input type="checkbox"/> None in working order</p>												
<p>94a. Are there loose, broken, or missing steps on any common stairways inside this building or attached to this building?</p>	<p>(212) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> No common stairways — Skip to 95</p>												
<p>b. Are all stair railings firmly attached?</p>	<p>(213) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> No stair railings</p>												
<p>95. In the last 12 months, how much did . . . earn in wages, salaries, tips and commissions (before taxes and deductions)? (Obtain family income for head and all persons 14+ in household related to head by blood or marriage.)</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Line No.</th> <th style="text-align: right;">Amount</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>_____</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>_____</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>_____</td> <td style="text-align: right;">_____</td> </tr> <tr> <td style="text-align: right;">(214)</td> <td style="text-align: right;">\$ _____ 00 TOTAL</td> </tr> </tbody> </table>	Line No.	Amount	_____	\$ _____	_____	_____	_____	_____	_____	_____	(214)	\$ _____ 00 TOTAL
Line No.	Amount												
_____	\$ _____												
_____	_____												
_____	_____												
_____	_____												
(214)	\$ _____ 00 TOTAL												
<p>96. In the past 12 months, how much did this family earn in net income from its own business, professional practice, partnership or own farm?</p>	<p>(215) \$ _____ 00</p> <p>(216) 1 <input type="checkbox"/> None OR 2 <input type="checkbox"/> Lost money (Enter amount LOST on line above)</p>												

FACSIMILE OF THE ANNUAL HOUSING SURVEY QUESTIONNAIRE: 1973 (Continued)

Section I — OCCUPIED UNITS (Include URE's) — Continued		Notes
<p>97. In the past 12 months, did any member of this family receive any money from —</p> <p>a. Social Security or Railroad Retirement payments?</p>	<p>(217) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	
<p>b. Estates, trusts or dividends?</p>	<p>(218) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	
<p>c. Interest on savings accounts or bonds?</p>	<p>(219) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	
<p>d. Net rental income?</p>	<p>(220) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	
<p>e. Welfare payments or other public assistance?</p>	<p>(221) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	
<p>f. Unemployment compensation?</p>	<p>(222) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	
<p>g. Workmen's compensation?</p>	<p>(223) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	
<p>h. Government employee pensions?</p>	<p>(224) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	
<p>i. Veterans' payments?</p>	<p>(225) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	
<p>j. Private pensions or annuities?</p>	<p>(226) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	
<p>k. Alimony or child support?</p>	<p>(227) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	
<p>l. Regular contributions from persons not living in this household?</p>	<p>(228) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	
<p>m. Anything else?</p>	<p>(229) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	
<p>(Ask if "Yes" to one or more in 97a-m)</p> <p>98. In the past 12 months, how much did your family receive from (read "Yes" sources)?</p>		<p>(230) \$ _____ <input type="checkbox"/></p>
<p>Notes</p>		<p>OFFICE USE ONLY</p> <p>(231) _____</p> <p>(232) _____</p> <p>(233) _____</p>

FACSIMILE OF THE ANNUAL HOUSING SURVEY QUESTIONNAIRE: 1973 (Continued)

Section II - VACANT UNITS	
<p>1. How many months has this house (apartment) been vacant?</p>	<p>(234) 1 <input type="checkbox"/> Less than 1 month 2 <input type="checkbox"/> 1 month up to 2 months 3 <input type="checkbox"/> 2 months up to 6 months 4 <input type="checkbox"/> 6 months up to 12 months 5 <input type="checkbox"/> 1 year up to 2 years 6 <input type="checkbox"/> 2 years or more</p>
<p>2a. How many living quarters, both occupied and vacant, are there in this house (building)?</p>	<p>(235) 1 <input type="checkbox"/> Mobile home or trailer - Skip to 4 2 <input type="checkbox"/> One, detached from any other house 3 <input type="checkbox"/> One, attached to one or more houses 4 <input type="checkbox"/> 2 5 <input type="checkbox"/> 3 or 4 6 <input type="checkbox"/> 5 to 9 7 <input type="checkbox"/> 10 to 19 8 <input type="checkbox"/> 20 to 49 9 <input type="checkbox"/> 50 or more</p> <p style="text-align: right;">} Skip to 3a</p>
<p>OBSERVATION b. Is any part of this property used as a commercial establishment?</p>	<p>(236) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>OBSERVATION c. Is any part of this property used as a medical or dental office?</p>	<p>(237) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>OBSERVATION 3a. How many stories (floors) are in this house (building)? (Exclude basement)</p>	<p>(238) 1 <input type="checkbox"/> 1 to 3 - Skip to 4 2 <input type="checkbox"/> 4 to 6 3 <input type="checkbox"/> 7 to 12 4 <input type="checkbox"/> 13 or more</p>
<p>OBSERVATION b. Is there a passenger elevator in this building?</p>	<p>(239) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>4. How many rooms are in this house (apartment)? Do not count bathrooms, porches, balconies, foyers, halls or half-rooms.</p>	<p>(240) _____ Number</p>
<p>5. Does each room in this house (apartment) have a working electric wall outlet (wall plug)?</p>	<p>(241) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>6. How many bedrooms are in this house (apartment)?</p>	<p>(242) _____ Number OR 0 <input type="checkbox"/> None - Skip to 8</p>
<p>7a. Is it necessary to pass through a bedroom to get from one room to another, excluding bathrooms?</p>	<p>(243) 1 <input type="checkbox"/> Yes - Skip to 8 2 <input type="checkbox"/> No</p>
<p>b. Is it necessary to pass through a bedroom to get to the bathroom?</p>	<p>(244) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>8. Does this house (apartment) have complete kitchen facilities; that is, a kitchen sink with piped water, a refrigerator, and a range or a cookstove?</p>	<p><input type="checkbox"/> Yes - Are these facilities only for the use of the intended occupants? (245) 1 <input type="checkbox"/> Yes - Exclusive use 2 <input type="checkbox"/> No - Also used by another household 3 <input type="checkbox"/> No</p>
<p>9. Does the water for this house (apartment) come from a public system (city water department, etc.) or private company, an individual well, or some other source (a spring, creek, river, cistern, etc.)?</p>	<p>(246) 1 <input type="checkbox"/> A public system or private company 2 <input type="checkbox"/> An individual well 3 <input type="checkbox"/> Some other source</p>

FACSIMILE OF THE ANNUAL HOUSING SURVEY QUESTIONNAIRE: 1973 (Continued)

Section II - VACANT UNITS - Continued	
<p>10. Does this house (apartment) have complete plumbing facilities; that is, hot and cold piped water, a flush toilet and a bathtub or shower?</p>	<p><input type="checkbox"/> Yes - Are these facilities only for the use of the intended occupants?</p> <p>(247) 1 <input type="checkbox"/> Yes - Exclusive use - Ask 11 2 <input type="checkbox"/> No - Also used by another household - Skip to 12a 3 <input type="checkbox"/> No - Skip to 12a</p>
<p>11. How many bathrooms does this house (apartment) have? A complete bathroom is a room with a flush toilet, a bathtub or shower, and a washbasin with piped water. A half bathroom has at least a flush toilet or a bathtub or shower, but does not have all the facilities for a complete bathroom.</p>	<p>(248) 1 <input type="checkbox"/> Complete plumbing facilities but not in one room 2 <input type="checkbox"/> 1 complete bathroom One complete bathroom plus half bath(s) <i>P</i> 3 <input type="checkbox"/> Half bath does NOT have flush toilet 4 <input type="checkbox"/> Half bath has flush toilet 5 <input type="checkbox"/> 2 complete bathrooms 6 <input type="checkbox"/> More than 2 complete bathrooms</p>
<p>12a. Is this house (building) connected to a public sewer?</p>	<p>(249) 1 <input type="checkbox"/> Yes - Skip to 13 2 <input type="checkbox"/> No</p>
<p>b. What means of sewage disposal does it have?</p>	<p>(250) 1 <input type="checkbox"/> Septic tank or cesspool 2 <input type="checkbox"/> Chemical toilet 3 <input type="checkbox"/> Privy 4 <input type="checkbox"/> Use facilities in another structure 5 <input type="checkbox"/> Other - Describe _____</p>
<p>13. What type of heating equipment does this house (apartment) have? (If more than one, mark MAIN type of heating equipment)</p>	<p>(251) 1 <input type="checkbox"/> A central warm-air furnace with ducts in individual rooms, or a heat pump 2 <input type="checkbox"/> Steam or hot water system 3 <input type="checkbox"/> Built-in electric units (permanently installed in wall, ceiling, or baseboard) 4 <input type="checkbox"/> Floor, wall, or pipeless furnace 5 <input type="checkbox"/> Room heaters with flue or vent burning gas, oil, or kerosene 6 <input type="checkbox"/> Room heaters without flue or vent burning gas, oil, or kerosene 7 <input type="checkbox"/> Fireplaces, stoves, or portable room heaters 8 <input type="checkbox"/> Unit has no heating equipment</p> <p style="text-align: right;">} Skip to 15a</p>
<p>14a. Are there any rooms without hot air ducts or registers, radiators, or room heaters? (Exclude kitchen and bathrooms)</p>	<p>(252) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to 15a</p>
<p>b. How many?</p>	<p>(253) 1 <input type="checkbox"/> 1 room 2 <input type="checkbox"/> 2 rooms 3 <input type="checkbox"/> 3 rooms or more</p>
<p>15a. Does this house (apartment) have air conditioning?</p>	<p>(254) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to 16</p>
<p>b. Does it have a central air-conditioning system or individual room units?</p>	<p>(255) 1 <input type="checkbox"/> Central - Skip to 16 2 <input type="checkbox"/> Room units</p>
<p>c. How many room units?</p>	<p>(256) 1 <input type="checkbox"/> 1 2 <input type="checkbox"/> 2 or more</p>

FACSIMILE OF THE ANNUAL HOUSING SURVEY QUESTIONNAIRE: 1973 (Continued)

Section II – VACANT UNITS – Continued	
<p>16. Is all wiring in this house (apartment) concealed in the walls or in metal coverings? Do not count appliance cords, extension cords, or chandelier cords.</p>	<p>(257) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>17. Is there a basement in this house (building)? (An enclosed space in which persons can walk upright under all or part of the building)</p>	<p>(258) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p style="text-align: center;">VACANCY STATUS (Control Card item 26)</p> <p>For sale only or sold, not occupied → (See item 2a, page 17) <input type="checkbox"/> One-unit structure – Ask 18 <input type="checkbox"/> Two-or-more-unit structure, or a mobile home or trailer – Skip to 20</p> <p>CHECK ITEM A → For rent or rented, not occupied → (See item 2a, page 17) <input type="checkbox"/> One-unit structure – Ask 18 <input type="checkbox"/> Two-or-more-unit structure, or a mobile home or trailer – Skip to 21</p> <p><input type="checkbox"/> All others (other vacants, units held for occasional use and similar units) – Skip to Check Item C</p>	
<p>(If rural transcribe from Control Card item 11b. If urban ask or fill by observation)</p> <p>18. Does this place have 10 acres or more?</p>	<p>(259) 1 <input type="checkbox"/> Yes, 10 acres or more 2 <input type="checkbox"/> No, less than 10 acres</p>
<p>CHECK ITEM B →</p> <p style="text-align: center;">Vacant for sale only OR Sold, not occupied</p> <p>If this is a – <input type="checkbox"/> One-unit structure on less than 10 acres and there is no commercial establishment or medical or dental office on the property (Items 2b and 2c, page 17) – Ask 19 <input type="checkbox"/> All others – Skip to 20</p>	<p style="text-align: center;">Vacant for rent OR Rented, not occupied</p> <p>If this is a – <input type="checkbox"/> One-unit structure on less than 10 acres – Skip to 21 <input type="checkbox"/> One-unit structure on 10 acres or more – Skip to 26</p>
<p>19. What is the sale price asked for this property? SHOW FLASHCARD B</p>	<p>(260) 1 <input type="checkbox"/> Less than \$2,500 9 <input type="checkbox"/> 20,000–24,999 2 <input type="checkbox"/> \$ 2,500–\$ 4,999 10 <input type="checkbox"/> 25,000–29,999 3 <input type="checkbox"/> 5,000– 7,499 11 <input type="checkbox"/> 30,000–34,999 4 <input type="checkbox"/> 7,500– 9,999 12 <input type="checkbox"/> 35,000–39,999 5 <input type="checkbox"/> 10,000– 12,499 13 <input type="checkbox"/> 40,000–49,999 6 <input type="checkbox"/> 12,500– 14,999 14 <input type="checkbox"/> 50,000–59,999 7 <input type="checkbox"/> 15,000– 17,499 15 <input type="checkbox"/> 60,000 or more 8 <input type="checkbox"/> 17,500– 19,999</p>
<p>20. Is there a garage or carport on this property which is available for the use of occupants?</p>	<p>(261) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } Skip to 26</p>

FACSIMILE OF THE ANNUAL HOUSING SURVEY QUESTIONNAIRE: 1973 (Continued)

Section II - VACANT UNITS - Continued	
<p>21. What is the MONTHLY rent? <i>(If rent is not to be paid by the month, mark the time period covered, compute the monthly rent in the "Notes" space, and enter the monthly rent on the line provided.)</i> <i>(Include site rent for mobile homes if it is paid separately.)</i></p>	<p>(262) \$ _____ . 00 per month</p> <p>(263) 1 <input type="checkbox"/> More frequently than once a month 2 <input type="checkbox"/> Less frequently than once a month 3 <input type="checkbox"/> Once a month</p> <p>Notes</p>
<p>22. Is this house (apartment) in a public housing project; that is, is it owned by a local housing authority or other public agency?</p>	<p>(264) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>23. In addition to rent, does the renter also pay for -</p> <p style="margin-left: 20px;">a. Electricity?</p> <p style="margin-left: 20px;">b. Gas?</p> <p style="margin-left: 20px;">c. Water?</p> <p style="margin-left: 20px;">d. Oil, coal, kerosene, wood, etc.?</p>	<p>(265) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, included in rent 3 <input type="checkbox"/> No, electricity not used</p> <p>(266) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, included in rent 3 <input type="checkbox"/> No, gas not used</p> <p>(267) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, included in rent or no charge</p> <p>(268) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, included in rent 3 <input type="checkbox"/> No, these fuels not used or obtained free</p>
<p>24. In addition to rent, does the renter also pay for garbage and trash collection?</p>	<p>(269) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM C ▶ (See item 2a page 17) <input type="checkbox"/> One-unit structure, or a mobile home or trailer - Skip to 26 <input type="checkbox"/> Two-or-more-unit structure - Ask 25a</p>	
<p>25a. Does the owner of this building live on this property?</p>	<p>(270) 1 <input type="checkbox"/> Yes - Skip to 26 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p>
<p>b. Is there a resident manager, superintendent or janitor who lives on this property?</p>	<p>(271) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p>
<p>OBSERVATION</p>	
<p>26. Are there any buildings that appear to be abandoned and/or are there any buildings with windows broken or boarded up on this street?</p>	<p>(272) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM D ▶ (See item 2a page 17) <input type="checkbox"/> One-unit structure, or a mobile home or trailer - END INTERVIEW <input type="checkbox"/> Two-or-more-unit structure - Ask 27a</p>	
<p>OBSERVATION</p>	
<p>27a. Do the public halls in this building have light fixtures?</p>	<p>(273) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> No public halls } Skip to 28a</p>
<p>b. Are the light fixtures in working order?</p>	<p>(274) 1 <input type="checkbox"/> All in working order 2 <input type="checkbox"/> Some in working order 3 <input type="checkbox"/> None in working order</p>
<p>28a. Are there loose, broken, or missing steps on any common stairways inside this building or attached to this building?</p>	<p>(275) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> No common stairways - END INTERVIEW</p>
<p>b. Are all stair railings firmly attached?</p>	<p>(276) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> No stair railings</p>