

FACSIMILE OF THE ANNUAL HOUSING SURVEY QUESTIONNAIRE: 1974

Form Approved: O.M.B. No. 41-R2771 (Sec. I, II, IV) Form Approved: O.M.B. No. 41-R2724 (Sec. III)

NOTICE - All information which would permit identification of the individual will be held in strict confidence, and will be used only by persons engaged in and for the purposes of the survey. The information will not be disclosed or released to others for any purposes.

FORM AHS-2 (5-1-74)

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
NATIONAL SAMPLE - 1974

1. HH No. (cc 2)
2. Sample (cc 4)
3. Control number (cc 5)
PSU Segment Serial

4. Type of segment (cc 3)
1 Area
2 Address
3 Permit
4 Special place
5 CEN-SUP

5a. Interviewer name
b. Code
c. Date interview completed Month/day/year
d. Line No. of HH respondent (cc 14)

6. Conversion - merger status
(001) 1 Merged - in current sample
2 Converted to more housing units
3 No change

7. Type of interview
Interview
(002) 1 Regular } Skip to 17, page 3
2 URE }
3 Vacant - Skip to section II, page 25
4 Noninterview

8. Reason for noninterview (cc 29c)
a. Type A
(003) 1 No one home
2 Temporarily absent
3 Refused
4 Unable to locate
5 Other occupied - Specify

b. Type B
(004) 6 Permanent or temporary business or storage
7 OTHER unit, except unoccupied tent site or trailer site
8 Unoccupied tent site or trailer site
9 To be demolished
10 Under construction - not ready
11 Condemned
22 Unfit, vandalized
23 Unfit, burned out
24 Unfit, other
12 Other - Specify } Fill item 8d
13 Permit granted - construction not started

c. Type C
(003) 14 Unused line of listing sheet
15 Demolished
21 Disaster loss (fire, flood, etc.)
16 House or trailer moved
17 Merged - not in current sample
18 Built after April 1, 1970
19 Other - Specify
20 Unused permit - abandoned

d. Unit boarded-up (cc 29e)
(006) 1 Yes
2 No

Notes

TRANSCRIBE FROM CONTROL CARD

9. Structure originally built (cc 7)
 April 1, 1970 or later
Month (01-12) / Year
(009) 1 1969 to March 31, 1970
2 1965-1968
3 1960-1964
4 1950-1959
5 1940-1949
6 1939 or earlier

10. Tenure (cc 10a)
(010) 1 Owned or being bought
2 Owned or being bought as a cooperative
3 Owned or being bought as a condominium
4 Rented for cash rent by you or someone else
5 Occupied without payment of cash rent

11. Land use code (cc 11-13)
(011) 1 A (Codes relate to acreage, crop sales, and urban-rural identification needed for the value and rent tabulations.)
2 B
3 C
4 D
5 E

12. Access (cc 24a)
(012) 1 Direct
2 Through another unit

13. Type of living quarters (cc 24b and c)
HOUSING UNIT
(013) 1 House, apartment, flat
2 HU in nontransient hotel, motel, etc.
3 HU permanent in transient hotel, motel, etc.
4 HU in rooming house
5 Mobile home or trailer
6 HU not specified above - Specify

OTHER UNIT (Treat as Type B Noninterview)
7 Quarters not HU in rooming or boarding house
8 Unit not permanent in transient hotel, motel, etc.
9 Vacant tent site or trailer site
10 OTHER unit not specified above - Specify

14. Occupancy status (cc 25)
(014) 1 Occupied - Skip to 16
2 Vacant
3 URE

15. Vacancy status (cc 26)
Year round
(015) 1 Vacant - for rent
2 Vacant - for sale only
3 Rented, not occupied
4 Sold, not occupied
5 Held for occasional use
6 Other vacant - Specify
7 Migratory
Seasonal (intended for occupancy during) }
8 Summers only
9 Winters only
10 Other seasonal - Specify

16. Use of telephone (cc 27a and b)
(016) 1 Yes
2 No

Notes

FACSIMILE OF THE ANNUAL HOUSING SURVEY QUESTIONNAIRE: 1974 (Continued)

Section 1 — OCCUPIED UNITS (Include URE's)						
17. When did . . . (head) move into this house (apartment)?	After April 1, 1970 <input checked="" type="checkbox"/> (017) <table border="1"> <tr> <td>Month (01-12)</td> <td>Year</td> </tr> <tr> <td> </td> <td> </td> </tr> </table> 1 <input type="checkbox"/> 1965 to April 1, 1970 2 <input type="checkbox"/> 1960 to 1964 3 <input type="checkbox"/> 1950 to 1959 4 <input type="checkbox"/> 1949 or earlier } Skip to 20	Month (01-12)	Year			
Month (01-12)	Year					
18. In which county and State did . . . (head) live on April 1, 1970?	_____ County _____ State OR (018) <input type="checkbox"/> Outside the United States — Skip to 20					
19. Did . . . (head) live inside the limits of a city, town or village?	(019) 1 <input type="checkbox"/> Yes — Name of place <input checked="" type="checkbox"/> _____ 2 <input type="checkbox"/> No (020) <table border="1"> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>					
20. Was . . . (head) in the U.S. Armed Forces on April 1, 1970?	(021) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No					
CHECK ITEM A	Mark all 3 parts (See item 17) (1) Household head lived here last 90 days (022) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (2) Household head lived here last winter (023) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (3) Household head moved here during the last 12 months (024) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No					
21a. How many living quarters, both occupied and vacant, are there in this house (building)?	(025) 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 } Skip to 21d 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 } Skip to 22a					
b. Is your mobile home (trailer) anchored, that is, secured with tiedowns or by other means?	(026) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know					
OBSERVATION						
c. Is the mobile home in a group of 6 or more mobile homes?	(027) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } Skip to 23					
OBSERVATION						
d. Is any part of this property used as a commercial establishment?	(028) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No					
OBSERVATION						
e. Is any part of this property used as a medical or dental office?	(029) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No					

Section 1 — OCCUPIED UNITS (Include URE's) — Continued	
22a. How many stories (floors) are in this house (building)? (Exclude basement)	(030) 1 <input type="checkbox"/> 1 to 3 — Skip to 23 2 <input type="checkbox"/> 4 to 6 3 <input type="checkbox"/> 7 to 12 4 <input type="checkbox"/> 13 or more
OBSERVATION	
b. Is there a passenger elevator in this building?	(031) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
23. How many rooms do you have in your house (apartment)? Do not count bathrooms, porches, balconies, foyers, halls, or half-rooms.	(032) _____ Number
24. Does each room in your house (apartment) have a working electric wall outlet (wall plug)?	(033) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
25. How many bedrooms do you have in your house (apartment)? Count rooms used mainly for sleeping even if used for other purposes.	(034) _____ Number OR 0 <input type="checkbox"/> None — Skip to 28
26a. Is it necessary to pass through anyone's bedroom to get from one room to another — excluding bathrooms?	(035) 1 <input type="checkbox"/> Yes — Skip to Check Item B 2 <input type="checkbox"/> No
b. Is it necessary to pass through anyone's bedroom to get to the bathroom?	(036) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM B	(See cc 15a) Do not count persons with usual residence elsewhere unless entire household is URE. <input type="checkbox"/> Household has 1 or 2 persons — Skip to 28 <input type="checkbox"/> Household has 3 or more persons — Ask 27a
27a. Are any bedrooms used for sleeping by 3 or more persons?	<input type="checkbox"/> Yes — How many bedrooms are used for sleeping by 3 or more persons? (037) 1 <input type="checkbox"/> 1 bedroom 2 <input type="checkbox"/> 2 or more bedrooms 3 <input type="checkbox"/> No — Skip to 28
b. Are any of the persons who use this bedroom (these bedrooms) 13 years of age or older?	(038) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
28. Do you have complete kitchen facilities in this house (building); that is, a kitchen sink with piped water, a refrigerator and a range or a cookstove?	(039) 1 <input type="checkbox"/> Yes — Exclusive use 2 <input type="checkbox"/> Yes — Also used by another household 3 <input type="checkbox"/> No — Skip to 30
29a. Are the kitchen sink, refrigerator, and range or cookstove all in usable condition?	(040) 1 <input type="checkbox"/> Yes — Skip to 30 2 <input type="checkbox"/> No
b. Which of the items are not in usable condition? (Mark all that apply)	(041) 1 <input type="checkbox"/> Kitchen sink * 2 <input type="checkbox"/> Refrigerator 3 <input type="checkbox"/> Range or cookstove
30. Which fuel is used most for cooking?	Gas <input checked="" type="checkbox"/> (042) 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

FACSIMILE OF THE ANNUAL HOUSING SURVEY QUESTIONNAIRE: 1974 (Continued)

Section I - OCCUPIED UNITS (Include URE's) - Continued	
31a. 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.)?	(043) 1 <input type="checkbox"/> A public system or private company - Skip to 32 2 <input type="checkbox"/> An individual well - Ask 31b 3 <input type="checkbox"/> Some other source - Specify <u> </u> } Skip to 32
b. Is the well drilled or dug?	(044) 1 <input type="checkbox"/> Drilled 2 <input type="checkbox"/> Dug
32. INTERVIEWER (Mark one) Complete kitchen facilities (See item 28)	<input type="checkbox"/> Yes - Skip to 33 <input type="checkbox"/> No
Do you have piped water -	
a. In this building?	(045) 1 <input type="checkbox"/> Yes - Skip to 33 2 <input type="checkbox"/> No
b. Available within 1/4 mile?	(046) 1 <input type="checkbox"/> Yes } Skip to 37b 2 <input type="checkbox"/> No
33. INTERVIEWER (Mark one) Household head lived here last 90 days (See Check Item A (1), page 3)	<input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to 34
a. At any time in the last 90 days were you COMPLETELY without running water?	(047) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to 34
b. Were you completely without running water for 6 consecutive hours or more?	(048) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } Skip to 34 3 <input type="checkbox"/> Don't know
c. How many times?	(049) 1 <input type="checkbox"/> 1 2 <input type="checkbox"/> 2 3 <input type="checkbox"/> 3 or more
d. What was the (most common) reason you were completely without water for 6 consecutive hours or more - was it because of problems inside the building or problems outside the building?	(050) 1 <input type="checkbox"/> Inside - Specify problem <u> </u> 2 <input type="checkbox"/> Outside - Specify problem <u> </u>
34. Do you have complete plumbing facilities in this house (building); that is, hot and cold piped water, a flush toilet and a bathtub or shower?	(051) 1 <input type="checkbox"/> Yes - Exclusive use 2 <input type="checkbox"/> Yes - Also used by another household } Skip to 37a 3 <input type="checkbox"/> No
35. 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.	(Mark only one box) (052) 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 37a

Section I - OCCUPIED UNITS (Include URE's) - Continued	
36. INTERVIEWER (Mark one) Household head lived here last 90 days (See Check Item A(1), page 3)	<input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to 37a
a. At any time in the last 90 days was there a breakdown in your flush toilet; that is, was it completely unusable?	(053) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to 37a
b. Did any of these breakdowns last 6 consecutive hours or more?	(054) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to 37a
c. How many of these breakdowns were there?	(055) 1 <input type="checkbox"/> 1 2 <input type="checkbox"/> 2 3 <input type="checkbox"/> 3 4 <input type="checkbox"/> 4 or more
d. What was the (most common) reason you were completely without the use of your flush toilet for 6 consecutive hours or more - was it because of problems inside the building or problems outside the building?	(056) 1 <input type="checkbox"/> Inside - Specify problem <u> </u> 2 <input type="checkbox"/> Outside - Specify problem <u> </u>
37a. Is this house (building) connected to a public sewer?	(057) 1 <input type="checkbox"/> Yes - Skip to 38 2 <input type="checkbox"/> No
b. What means of sewage disposal do you use?	(058) 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 } Skip to 39 5 <input type="checkbox"/> Other - Describe <u> </u>
38. INTERVIEWER (Mark one) Household head lived here last 90 days (See Check Item A(1), page 3)	<input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to 39
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?	(059) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to 39
b. Did any of these breakdowns last 6 consecutive hours or more?	(060) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } Skip to 39 3 <input type="checkbox"/> Don't know
c. How many of these breakdowns were there?	(061) 1 <input type="checkbox"/> 1 2 <input type="checkbox"/> 2 3 <input type="checkbox"/> 3 or more
39. How is your house (apartment) heated - by gas, oil, electricity, or with some other fuel?	Gas <u> </u> (062) 1 <input type="checkbox"/> From underground pipes serving the neighborhood 2 <input type="checkbox"/> Bottled, tank, or LP 3 <input type="checkbox"/> Fuel oil, kerosene, etc. 4 <input type="checkbox"/> Electricity 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

FACSIMILE OF THE ANNUAL HOUSING SURVEY QUESTIONNAIRE: 1974 (Continued)

Section I - OCCUPIED UNITS (Include URE's) - Continued	
40. What type of heating equipment does your house (apartment) have? (Read answer categories) (Mark heating equipment used most)	(063) 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 - Skip to 45
41. INTERVIEWER Household head lived here LAST WINTER (See Check Item A(2), page 3) (Mark one)	<input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to 42
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? Do not include additional sources of heat used solely because of the current energy shortage. (Additional sources of heat may be the kitchen stove, a fireplace, or a portable heater.)	(064) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
42. How many rooms do you have without hot air ducts or registers, radiators, or room heaters? (Exclude kitchen and bathrooms)	(065) 1 <input type="checkbox"/> None 2 <input type="checkbox"/> 1 room 3 <input type="checkbox"/> 2 rooms 4 <input type="checkbox"/> 3 or more rooms
43. INTERVIEWER Household head lived here LAST WINTER (See Check Item A(2), page 3) (Mark one)	<input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to 45
a. At any time during the past winter, was there a breakdown in your heating equipment; that is, was it completely unusable for 6 consecutive hours or more?	(066) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to 44a
b. How many times did that happen?	(067) 1 <input type="checkbox"/> 1 2 <input type="checkbox"/> 2 3 <input type="checkbox"/> 3 4 <input type="checkbox"/> 4 or more
44a. During the past winter did you completely close certain rooms for a week or longer because you couldn't get them warm? Do not include rooms closed solely for the purpose of saving fuel due to the current energy shortage. (Include kitchens and bathrooms)	(068) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to 45
b. Which rooms? (Mark all that apply)	(069) 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 _____

Section I - OCCUPIED UNITS (Include URE's) - Continued	
45. INTERVIEWER (See item 21a, page 3) (Mark one)	<input type="checkbox"/> One-unit structure, or a mobile home or trailer <input type="checkbox"/> Two-or-more-unit structure - Skip to 46a
Does your house (mobile home or trailer) have -	
a. Storm windows, double-glazed glass, or other protective covering over the window openings, such as closeable shutters, plastic, etc.?	(070) 1 <input type="checkbox"/> Yes, all windows 2 <input type="checkbox"/> Yes, some windows 3 <input type="checkbox"/> No
b. Storm doors?	(071) 1 <input type="checkbox"/> Yes, all doors 2 <input type="checkbox"/> Yes, some doors 3 <input type="checkbox"/> No
c. Attic or roof insulation?	(072) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
46a. Do you have air conditioning?	(073) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to 47
b. Do you have a central air-conditioning system or individual room units?	(074) 1 <input type="checkbox"/> Central - Skip to 47 2 <input type="checkbox"/> Room units
c. How many room units do you have?	(075) 1 <input type="checkbox"/> 1 2 <input type="checkbox"/> 2 or more
47. 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 48
a. Have any electric fuses or breaker switches blown in your house (apartment) in the last 90 days?	(076) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } Skip to 48 3 <input type="checkbox"/> Don't know
b. How many times did this happen?	(077) 1 <input type="checkbox"/> 1 2 <input type="checkbox"/> 2 3 <input type="checkbox"/> 3 or more
48. 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.	(078) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
49a. Does your house (apartment) have garbage collection service (either public or private)?	(079) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } Skip to 49c 3 <input type="checkbox"/> Don't know
b. How often is the garbage collected?	(080) 1 <input type="checkbox"/> Less than once a week 2 <input type="checkbox"/> Once a week } Skip to 50a 3 <input type="checkbox"/> Twice a week 4 <input type="checkbox"/> Three or more times a week 5 <input type="checkbox"/> Don't know
c. How do you dispose of your garbage? (IF MORE THAN ONE METHOD USED, MARK THE ONE USED MOST.)	(081) 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 _____

FACSIMILE OF THE ANNUAL HOUSING SURVEY QUESTIONNAIRE: 1974 (Continued)

Section I - OCCUPIED UNITS (Include URE's) - Continued	
50a. Is there a basement in this house (building)? (A basement is an enclosed space in which persons can walk upright under all or part of the building)	(082) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to 51
b. Does the basement show any signs of water having leaked in from the outside?	(083) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
51. Does the roof of this house (building) leak?	(084) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
52a. Does this house (apartment) have open cracks or holes in the interior walls or ceiling? (Do not include hairline cracks)	(085) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b. Does this house (apartment) have holes in the floor?	(086) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
53a. Is there any broken plaster or peeling paint on the ceiling or inside walls?	(087) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to 54
b. Is the area of broken plaster or peeling paint larger than this paper? (SHOW QUESTIONNAIRE)	(088) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
54. INTERVIEWER (Mark one)	<input type="checkbox"/> If "Yes" was marked to any of the five previous questions (50b, 51, 52a, and b, and 53a) - Ask 54 <input type="checkbox"/> "No" marked in all of the above items - Skip to 55 Is . . . (Specify the condition(s) mentioned in any of the five previous questions) so objectionable that you would like to move from this house? (089) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
55. INTERVIEWER (Mark one)	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)? (090) 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? (091) 1 <input type="checkbox"/> Regularly 2 <input type="checkbox"/> Only when needed 3 <input type="checkbox"/> Irregularly 4 <input type="checkbox"/> Not at all
CHECK ITEM C	TENURE (cc item 10) OWNED OR BEING BOUGHT (See item 25a, page 3) <input type="checkbox"/> One-unit structure, or a mobile home or trailer - Skip to 57 <input type="checkbox"/> Two-or-more-unit structure - Skip to 67 <input type="checkbox"/> OWNED AS A COOPERATIVE OR CONDOMINIUM - Skip to 67 RENTED FOR CASH (See item 21a, page 3) <input type="checkbox"/> One-unit structure - Skip to 57 <input type="checkbox"/> Two-or-more-unit structure, or a mobile home or trailer - Skip to 68 <input type="checkbox"/> OCCUPIED WITHOUT PAYMENT OF CASH RENT - Ask 56

Section I - OCCUPIED UNITS (Include URE's) - Continued	
56a. Do you occupy these quarters without payment of cash rent because they are provided as part of a job (performed by any household member), or provided by a friend or relative, or for some other reason?	(092) 1 <input type="checkbox"/> Provided by job 2 <input type="checkbox"/> Provided by friend or relative 3 <input type="checkbox"/> Other } Skip to 57
b. Is the job performed farm-related or nonfarm-related? A farm-related job includes a tenant farmer, farm manager, farm laborer or foreman, etc.; a nonfarm-related job includes a minister, janitor, resident manager, etc.	Farm related (093) 1 <input type="checkbox"/> Tenant farmer (rent in crops and/or livestock) 2 <input type="checkbox"/> Farm manager 3 <input type="checkbox"/> Farm laborer or farm foreman 4 <input type="checkbox"/> Other - Specify _____ 5 <input type="checkbox"/> Nonfarm related
(If rural transcribe from cc item 11b. If urban ask or fill by observation.)	
57. Does this place have 10 acres or more?	(094) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM D	(See Check Item C, page 9) OWNED OR BEING BOUGHT 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 ("No" in items 21d and e, page 3) - Ask 58 <input type="checkbox"/> Mobile home or trailer on less than 10 acres - Ask 59a <input type="checkbox"/> All others - Skip to 67 RENTED FOR CASH If this is a - <input type="checkbox"/> One-unit structure on less than 10 acres - Skip to 68 <input type="checkbox"/> One-unit structure on 10 acres or more - Skip to 77 OCCUPIED WITHOUT PAYMENT OF CASH RENT If this is a - <input type="checkbox"/> One-unit structure on less than 10 acres - Skip to 69 <input type="checkbox"/> One-unit structure on 10 acres or more - Skip to 77 <input type="checkbox"/> Two-or-more-unit structure, or a mobile home or trailer - Skip to 69
58. How much do you think this property, that is, house and lot, would sell for on today's market?	(095) 1 <input type="checkbox"/> Less than \$2,500 2 <input type="checkbox"/> \$ 2,500-\$ 4,999 3 <input type="checkbox"/> 5,000- 7,499 4 <input type="checkbox"/> 7,500- 9,999 5 <input type="checkbox"/> 10,000- 12,499 6 <input type="checkbox"/> 12,500- 14,999 7 <input type="checkbox"/> 15,000- 17,499 8 <input type="checkbox"/> 17,500- 19,999 9 <input type="checkbox"/> 20,000- 24,999 10 <input type="checkbox"/> 25,000- 29,999 11 <input type="checkbox"/> 30,000- 34,999 12 <input type="checkbox"/> 35,000- 39,999 13 <input type="checkbox"/> 40,000- 49,999 14 <input type="checkbox"/> 50,000- 59,999 15 <input type="checkbox"/> 60,000 or more } Skip to 61
SHOW FLASHCARD B	

FACSIMILE OF THE ANNUAL HOUSING SURVEY QUESTIONNAIRE: 1974 (Continued)

Section I — OCCUPIED UNITS (Include URE's) — Continued	
<p>59a. Do you own the mobile home site or is it rented?</p>	<p>(096) 1 <input type="checkbox"/> Owned — Skip to 60a 2 <input type="checkbox"/> Rented</p>
<p>b. What is the MONTHLY rent for the site?</p>	<p>(097) \$ _____ .00 Per month</p>
<p>60a. In what year did you acquire this mobile home (trailer)?</p>	<p>(098) 19 _____</p>
<p>b. Was the mobile home (trailer) NEW when you acquired it?</p>	<p>(099) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>c. When you acquired this mobile home (trailer) what was the purchase price? Do not include price of site or closing costs.</p>	<p>(100) \$ _____ .00 Purchase price 0 <input type="checkbox"/> Not purchased</p>
<p>61a. Do you have a mortgage or similar debt on this property (mobile home or trailer), or do you own it free and clear? (Consider payments for mobile homes or trailers as similar debt.)</p>	<p>(101) 1 <input type="checkbox"/> Mortgage or similar debt 2 <input type="checkbox"/> Owned free and clear — Skip to 63a</p>
<p>62. In regard to the mortgage or similar debt —</p> <p>a. What are the required payments to the lender? If more than one mortgage (or debt) on this property, give sum of payments. (If there are separate loans on the mobile home and its site, combine amounts.)</p>	<p>(102) \$ _____ .00 PER <u>Y</u> (103) 1 <input type="checkbox"/> Month 2 <input type="checkbox"/> Year <input type="checkbox"/> Other — Specify _____</p>
<p>b. Do the required payments include —</p> <p>(1) Real estate taxes on this property?</p>	<p>(104) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>(2) Fire and hazard insurance?</p>	<p>(105) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>c. Is the mortgage (or debt) insured by Federal Housing Administration, guaranteed by the Veterans Administration, insured by the Farmers Home Administration, or insured by a private mortgage insurance company?</p>	<p>(106) 1 <input type="checkbox"/> Yes, by Federal Housing Administration 2 <input type="checkbox"/> Yes, by Veterans Administration 3 <input type="checkbox"/> Yes, by Farmers Home Administration 4 <input type="checkbox"/> Yes, by private mortgage insurance company 5 <input type="checkbox"/> No</p> <p style="text-align: right;">} Skip to 64</p>
<p>63a. Did you place or assume a mortgage (or debt) when you acquired this property?</p>	<p>(107) 1 <input type="checkbox"/> Yes — Skip to 64 2 <input type="checkbox"/> No</p>
<p>b. How did you acquire this property?</p>	<p>(108) 1 <input type="checkbox"/> Inheritance or gift 2 <input type="checkbox"/> Paid all cash 3 <input type="checkbox"/> Other manner — Specify _____</p>

Section I — OCCUPIED UNITS (Include URE's) — Continued	
<p>64. Do you pay for —</p> <p>a. (1) Electricity?</p>	<p>(109) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, electricity not used — Skip to b(1)</p>
<p>(2) What is the average MONTHLY cost?</p>	<p>(110) \$ _____ .00</p>
<p>b. (1) Gas?</p>	<p>(111) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, gas not used — Skip to c(1)</p>
<p>(2) What is the average MONTHLY cost?</p>	<p>(112) \$ _____ .00</p>
<p>c. (1) Oil, coal, kerosene, wood, etc.?</p>	<p>(113) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, these fuels not used or obtained free — Skip to d(1)</p>
<p>(2) What is the YEARLY cost?</p>	<p>(114) \$ _____ .00</p>
<p>d. (1) Fire and hazard insurance? (Also include if part of mortgage payments.)</p>	<p>(115) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to e(1)</p>
<p>(2) What is the YEARLY cost?</p>	<p>(116) \$ _____ .00</p>
<p>e. (1) Real estate taxes? (Also include if part of mortgage payments.)</p>	<p>(117) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to f(1)</p>
<p>(2) What is the YEARLY cost? (Do not include taxes in arrears from previous years.)</p>	<p>(118) \$ _____ .00</p>
<p>f. (1) Water and sewage disposal separately from real estate taxes?</p>	<p>(119) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No or payment included in real estate taxes — Skip to g(1)</p>
<p>(2) What is the YEARLY cost?</p>	<p>(120) \$ _____ .00</p>
<p>g. (1) Garbage and trash collection separately from real estate taxes?</p>	<p>(121) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No or payment included in real estate taxes — Skip to 65</p>
<p>(2) What is the YEARLY cost?</p>	<p>(122) \$ _____ .00</p>

FACSIMILE OF THE ANNUAL HOUSING SURVEY QUESTIONNAIRE: 1974 (Continued)

Section I - OCCUPIED UNITS (Include URE's) - Continued	
65. During the past 12 months - a. (1) Were any additions made to your property such as a room, basement, porch, or garage?	(123) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to b(1)
(2) Did any job cost \$100 or more?	(124) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b. (1) Have any alterations been made to your property such as remodeling the kitchen or a bathroom, installing walks, driveways, fences, storm windows or doors, or planting trees or shrubbery?	(125) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to c(1)
(2) Did any job cost \$100 or more?	(126) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
c. (1) Have you had any replacement jobs on your property such as resurfacing the roof or outer walls, replacing gutters or downspouts, or replacing or installing fixed heating, electrical, or plumbing equipment? (Do not include appliances such as clothes washers, refrigerators, window air conditioners, etc.)	(127) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to d(1)
(2) Did any job cost \$100 or more?	(128) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
d. (1) Have you made any repairs on your property such as painting or papering a room, or patching a driveway or broken fence?	(129) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to 66a
(2) Did any job cost \$100 or more?	(130) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
66a. In the next 12 months, do you plan to make any additions, alterations, replacements, or repairs of the type I just asked you about?	(131) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } Skip to 67 3 <input type="checkbox"/> Don't know
b. Do you expect any job to cost \$100 or more?	(132) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
67. Do you have a garage or carport on this property which is currently available for your use?	(133) 1 <input type="checkbox"/> Yes } Skip to 77 2 <input type="checkbox"/> No
68. 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.) (Do not include site rent for mobile homes if it is paid separately.)	(134) \$ _____ .00 Per month (135) 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

Section I - OCCUPIED UNITS - (Include URE's) - Continued	
69. INTERVIEWER (See item 21a, page 3) (Mark one) <input type="checkbox"/> Mobile home or trailer <input type="checkbox"/> All others - Skip to 70	
a. Do you own the mobile home site or is it rented?	(136) 1 <input type="checkbox"/> Owned - Skip to 70 2 <input type="checkbox"/> Rented
b. Is the site rent included with the rent for the mobile home?	(137) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
c. What is the MONTHLY rent for the site?	(138) \$ _____ .00
70. Is this house (apartment) in a public housing project; that is, is it owned by a local housing authority or other public agency?	(139) 1 <input type="checkbox"/> Yes - Skip to 72 2 <input type="checkbox"/> No
71. Are you paying a lower rent because the Federal, State, or local Government is paying part of the cost?	(140) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
72. (In addition to your rent) do you pay for - a. (1) Electricity?	(141) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, included in rent or supplied free } Skip to b(1) 3 <input type="checkbox"/> No, electricity not used
(2) What is the average MONTHLY cost?	(142) \$ _____ .00
b. (1) Gas?	(143) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, included in rent or supplied free } Skip to c(1) 3 <input type="checkbox"/> No, gas not used
(2) What is the average MONTHLY cost?	(144) \$ _____ .00
c. (1) Water?	(145) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, included in rent or no charge - Skip to d(1)
(2) What is the YEARLY cost?	(146) \$ _____ .00
d. (1) Oil, coal, kerosene, wood, etc.?	(147) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, included in rent } Skip to 73a 3 <input type="checkbox"/> No, these fuels not used or obtained free
(2) What is the YEARLY cost?	(148) \$ _____ .00

FACSIMILE OF THE ANNUAL HOUSING SURVEY QUESTIONNAIRE: 1974 (Continued)

Section I — OCCUPIED UNITS (Include URE's) — Continued	
73a. (In addition to your rent) do you pay for garbage and trash collection?	(149) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to 74
b. What is the YEARLY cost?	(150) \$ _____ .00
74. INTERVIEWER (See Check Item C, page 9) (Mark one) <input type="checkbox"/> Rented for cash <input type="checkbox"/> Occupied without payment of cash rent — Skip to Check Item E	
a. Do you rent this apartment (house) furnished or unfurnished?	(151) 1 <input type="checkbox"/> Furnished 2 <input type="checkbox"/> Unfurnished — Skip to 74c
b. Is the cost of this furniture included in the rent, or do you pay for it separately?	(152) 1 <input type="checkbox"/> Included in rent — Skip to 75a 2 <input type="checkbox"/> Separately — Skip to 74d
c. Do you rent furniture from some other source?	(153) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to 75a
d. What is the MONTHLY cost?	(154) \$ _____ .00
75a. Are parking facilities available in connection with this building?	(155) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to 75e
b. Do you rent such a space?	(156) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to 75e
c. What is the MONTHLY cost for this parking space?	(157) \$ _____ .00
d. Is the cost of the parking space included in the \$. . . (rent entered in 68), or do you pay for it separately?	(158) 1 <input type="checkbox"/> Included in rent } Skip to Check Item E 2 <input type="checkbox"/> Separately . . . }
e. Do you rent a parking space in the neighborhood other than that connected with the building?	(159) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM E (See item 21a, page 3) <input type="checkbox"/> One-unit structure, or a mobile home or trailer — Skip to 77 <input type="checkbox"/> Two-or-more-unit structure — Ask 76a	
76a. Does the owner of this building live on this property?	(160) 1 <input type="checkbox"/> Yes — Skip to 77 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?	(161) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
77. Do you or any member of your household own a second home or other living quarters which you occupy sometime during the year?	(162) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

Section I — OCCUPIED UNITS (Include URE's) — Continued	
78a. 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.)	(163) 1 <input type="checkbox"/> None 2 <input type="checkbox"/> 1 3 <input type="checkbox"/> 2 4 <input type="checkbox"/> 3 5 <input type="checkbox"/> 4 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.)	(164) 1 <input type="checkbox"/> None 2 <input type="checkbox"/> 1 3 <input type="checkbox"/> 2 or more
79a. Did . . . (head) have a job last week? (Include if temporarily absent from work due to illness, vacation, layoff, etc.)	(165) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to Check Item F, page 17
b. What is . . . 's (head) principal means of transportation to work?	(166) Private auto or carpool 1 <input type="checkbox"/> Drives alone 2 <input type="checkbox"/> Shares driving (carpool) 3 <input type="checkbox"/> Drives others 4 <input type="checkbox"/> Rides with someone else } Skip to 79d 5 <input type="checkbox"/> Walks only 6 <input type="checkbox"/> Works at home — Skip to Check item F, page 17 7 <input type="checkbox"/> Railroad 8 <input type="checkbox"/> Subway or elevated 9 <input type="checkbox"/> Bus or streetcar 10 <input type="checkbox"/> Taxicab 11 <input type="checkbox"/> Bicycle or motorcycle 12 <input type="checkbox"/> Other means — Specify 7
c. Does . . . (head) usually ALSO use an auto for part of the trip to work?	(167) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
d. How long does it usually take . . . (head) to get from home to work?	(168) 1 <input type="checkbox"/> Under 15 minutes 2 <input type="checkbox"/> 15 to 29 minutes 3 <input type="checkbox"/> 30 to 44 minutes 4 <input type="checkbox"/> 45 to 59 minutes 5 <input type="checkbox"/> 1 hour to 1 hour 29 minutes 6 <input type="checkbox"/> 1 1/2 hours or more
e. What is . . . 's (head) ONE-WAY distance from home to work?	(169) 1 <input type="checkbox"/> Less than 1 mile 2 <input type="checkbox"/> 1 to 4 miles 3 <input type="checkbox"/> 5 to 9 miles 4 <input type="checkbox"/> 10 to 19 miles 5 <input type="checkbox"/> 20 to 29 miles 6 <input type="checkbox"/> 30 to 39 miles 7 <input type="checkbox"/> 40 to 49 miles 8 <input type="checkbox"/> 50 miles or more 9 <input type="checkbox"/> No fixed place of work

FACSIMILE OF THE ANNUAL HOUSING SURVEY QUESTIONNAIRE: 1974 (Continued)

Section I - OCCUPIED UNITS (Include URE's) - Continued	
CHECK ITEM F	<input type="checkbox"/> URE household (See cc item 25) - Skip to 102, page 22 (See Check Item A(3), page 3) <input type="checkbox"/> Head moved here during the last 12 months - Ask 80 <input type="checkbox"/> Head has lived here 12 months or longer - Skip to Check Item H, page 21
	<p>80. What was the address of . . . 's (head) previous residence?</p> <p>Address (Number and street)</p> <p>City or town</p> <p>County State ZIP code</p> <p style="text-align: center;">OR</p> <p>(170) <input type="checkbox"/> Outside the United States</p>
<p>81. What is the main reason . . . (head) moved from his previous residence? (Write all reasons mentioned below, and then mark the main reason.)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>EMPLOYMENT</p> <p>(171) <input type="checkbox"/> 1 Job transfer <input type="checkbox"/> 2 Entered or left U.S. Armed Forces <input type="checkbox"/> 3 Retirement <input type="checkbox"/> 4 New job or looking for work <input type="checkbox"/> 5 Commuting reasons <input type="checkbox"/> 6 To attend school <input type="checkbox"/> 7 Other</p> <p>FAMILY</p> <p>(171) <input type="checkbox"/> 8 Needed larger house or apartment <input type="checkbox"/> 9 Widowed <input type="checkbox"/> 10 Separated <input type="checkbox"/> 11 Divorced <input type="checkbox"/> 12 Moved to be closer to relatives <input type="checkbox"/> 13 Newly married <input type="checkbox"/> 14 Family increased <input type="checkbox"/> 15 Family decreased <input type="checkbox"/> 16 Wanted to establish own household <input type="checkbox"/> 17 Other</p> <p>OTHER</p> <p>(171) <input type="checkbox"/> 18 Neighborhood overcrowded <input type="checkbox"/> 19 Change in racial or ethnic composition of neighborhood <input type="checkbox"/> 20 Wanted better neighborhood <input type="checkbox"/> 21 Wanted to own residence <input type="checkbox"/> 22 Lower rent or less expensive house <input type="checkbox"/> 23 Wanted better house <input type="checkbox"/> 24 Displaced by urban renewal, highway construction, or other public activity <input type="checkbox"/> 25 Displaced by private action <input type="checkbox"/> 26 Schools <input type="checkbox"/> 27 Wanted to rent residence <input type="checkbox"/> 28 Wanted residence with more conveniences <input type="checkbox"/> 29 Natural disaster <input type="checkbox"/> 30 Wanted change of climate <input type="checkbox"/> 31 Other</p>

Section I - OCCUPIED UNITS (Include URE's) - Continued	
<p>82a. Was . . . (head) the head of the household in his previous residence at the time he moved?</p> <p>(172) <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 Respondent is the head - Skip to INTERVIEWER INSTRUCTION <input type="checkbox"/> Respondent is not the head - Ask 82b <input type="checkbox"/> 2 No - Skip to Check Item H, page 21</p> <p>b. Were you also a member of . . . 's (head) household in the previous residence?</p> <p>(173) <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No</p> <p>INTERVIEWER INSTRUCTION If the respondent is the head, or "Yes" was marked in 82b - Ask questions 83-98 in terms of "your" previous residence. If "No" was marked in 82b - Ask questions 83-98 in terms of "head's" previous residence.</p>	<p>83. How many rooms were in . . . 's (your) (head) previous residence? Do not count bathrooms, porches, balconies, halls, foyers, or half-rooms.</p> <p>(174) _____ Number</p> <p>84. How many bedrooms were in . . . 's (your) (head) previous residence? Count rooms used mainly for sleeping, even if used for other purposes.</p> <p>(175) _____ Number <input type="checkbox"/> 0 None</p> <p>85. How many persons were in . . . 's (your) (head) previous residence at the time . . . (you) (head) moved?</p> <p>(176) _____ Number</p> <p>86. Did . . . (you) (head) have complete plumbing facilities in . . . 's (your) (head) previous residence (building); that is, hot and cold piped water, a flush toilet, and a bathtub or shower?</p> <p>(177) <input type="checkbox"/> Yes - Were these facilities used by . . . 's (your) (head) household only? <input type="checkbox"/> 1 Yes - Exclusive use <input type="checkbox"/> 2 No - Also used by another household <input type="checkbox"/> 3 No</p> <p>87. How many living quarters, both occupied and vacant, were in the building where . . . 's (your) (head) previous residence was located?</p> <p>(178) <input type="checkbox"/> 1 Mobile home or trailer <input type="checkbox"/> 2 One, detached from any other house <input type="checkbox"/> 3 One, attached to one or more houses <input type="checkbox"/> 4 2 <input type="checkbox"/> 5 3 or 4 <input type="checkbox"/> 6 5 to 9 <input type="checkbox"/> 7 10 to 19 <input type="checkbox"/> 8 20 to 49 <input type="checkbox"/> 9 50 or more</p> <p>88. Was . . . 's (your) (head) previous residence -</p> <p>Owned or being bought by someone in the household? (179) <input type="checkbox"/> 1 Owned or being bought</p> <p>A cooperative which was owned or being bought by someone in the household? <input type="checkbox"/> 2 A cooperative</p> <p>A condominium which was owned or being bought by someone in the household? <input type="checkbox"/> 3 A condominium</p> <p>Rented for cash rent by you or someone else? <input type="checkbox"/> 4 Rented for cash</p> <p>Occupied without payment of cash rent? <input type="checkbox"/> 5 Occupied without payment of cash rent</p> <p style="text-align: right;">} Skip to Check Item H, page 21</p>

FACSIMILE OF THE ANNUAL HOUSING SURVEY QUESTIONNAIRE: 1974 (Continued)

Section I - OCCUPIED UNITS (Include URE's) - Continued	
CHECK ITEM G	TENURE OF PREVIOUS RESIDENCE (See item 88, page 18)
	<p>OWNED OR BEING BOUGHT</p> <p>(See item 87, page 18) <input type="checkbox"/> One-unit structure - Ask 89a <input type="checkbox"/> Two-or-more-unit structure, or a mobile home or trailer - Skip to Check Item H, page 21</p> <p>RENTED FOR CASH OR OCCUPIED WITHOUT PAYMENT OF CASH RENT</p> <p>(See item 87, page 18) <input type="checkbox"/> One-unit structure - Skip to 91 <input type="checkbox"/> Two-or-more-unit structure, or a mobile home or trailer - Skip to 92</p>
89a. Was that house on a place of 10 acres or more?	(180) 1 <input type="checkbox"/> Yes - Skip to Check Item H, page 21 2 <input type="checkbox"/> No
b. Was there a commercial establishment or medical or dental office on the property?	(181) 1 <input type="checkbox"/> Yes - Skip to Check Item H, page 21 2 <input type="checkbox"/> No
90. 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? SHOW FLASHCARD B	(182) 1 <input type="checkbox"/> Less than \$2,500 2 <input type="checkbox"/> \$ 2,500- 4,999 3 <input type="checkbox"/> 5,000- 7,499 4 <input type="checkbox"/> 7,500- 9,999 5 <input type="checkbox"/> 10,000- 12,499 6 <input type="checkbox"/> 12,500- 14,999 7 <input type="checkbox"/> 15,000- 17,499 8 <input type="checkbox"/> 17,500- 19,999 9 <input type="checkbox"/> 20,000- 24,999 10 <input type="checkbox"/> 25,000- 29,999 11 <input type="checkbox"/> 30,000- 34,999 12 <input type="checkbox"/> 35,000- 39,999 13 <input type="checkbox"/> 40,000- 49,999 14 <input type="checkbox"/> 50,000- 59,999 15 <input type="checkbox"/> 60,000 or more
91. Was that house on a place of 10 acres or more?	(183) 1 <input type="checkbox"/> Yes - Skip to Check Item H, page 21 2 <input type="checkbox"/> No
92. INTERVIEWER (See item 88, page 18) (Mark one) <input type="checkbox"/> Rented for cash - Ask 92 <input type="checkbox"/> Occupied without payment of cash rent - Skip to 93	
What was the MONTHLY rent for . . . (your) (head) previous apartment (house)? (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.) (Include site rent for mobile homes if it was paid separately.)	(184) \$ _____ .00 Per month Notes
93. Was that house (apartment) in a public housing project; that is, was it owned by a local housing authority or other public agency?	(185) 1 <input type="checkbox"/> Yes - Skip to 95 2 <input type="checkbox"/> No
94. Did . . . (you) (head) pay a lower rent because the Federal, State, or local Government was paying part of the cost?	(186) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

Section I - OCCUPIED UNITS (Include URE's) - Continued	
95. (In addition to rent), did . . . (you) (head) also pay for -	
a. (1) Electricity?	(187) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, included in rent or supplied free 3 <input type="checkbox"/> No, electricity not used } Skip to b(1)
(2) What was the average MONTHLY cost?	(188) \$ _____ .00
b. (1) Gas?	(189) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, included in rent or supplied free 3 <input type="checkbox"/> No, gas not used } Skip to c(1)
(2) What was the average MONTHLY cost?	(190) \$ _____ .00
c. (1) Water?	(191) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, included in rent or no charge - Skip to d(1)
(2) What was the YEARLY cost?	(192) \$ _____ .00
d. (1) Oil, coal, kerosene, wood, etc.?	(193) 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 96a
(2) What was the YEARLY cost?	(194) \$ _____ .00
96a. (In addition to rent), did . . . (you) (head) also pay for garbage and trash collection?	(195) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to 97
b. What was the YEARLY cost?	(196) \$ _____ .00
97. INTERVIEWER (See item 88, page 18) (Mark one) <input type="checkbox"/> Rented for cash <input type="checkbox"/> Occupied without payment of cash rent - Skip to Check Item H, page 21	
a. Did . . . (you) (head) rent the apartment (house) furnished or unfurnished?	(197) 1 <input type="checkbox"/> Furnished 2 <input type="checkbox"/> Unfurnished - Ask 97c
b. Was the cost of the furniture included in the rent or did . . . (you) (head) pay for it separately?	(198) 1 <input type="checkbox"/> Included in rent - Skip to 98a 2 <input type="checkbox"/> Separately - Ask 97d
c. Did . . . (you) (head) rent furniture from some other source?	(199) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to 98a
d. What was the MONTHLY cost?	(200) \$ _____ .00

FACSIMILE OF THE ANNUAL HOUSING SURVEY QUESTIONNAIRE: 1974 (Continued)

Section I - OCCUPIED UNITS (Include URE's) - Continued			
98a. Were parking facilities available in connection with the building?		201 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to 98e	
b. Did . . . (you) (head) rent such a space?		202 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to 98e	
c. What was the MONTHLY cost for that parking space?		203 \$ _____ .00	
d. Was the cost of the parking space included in the \$. . . (rent entered in 92), or did . . . (you) (head) pay for it separately?		204 1 <input type="checkbox"/> Included in rent } Skip to 2 <input type="checkbox"/> Separately } Check Item H	
e. Did . . . (you) (head) rent a parking space in the neighborhood other than that connected with the building?		205 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
CHECK ITEM H	INTERVIEWER READ The following questions are concerned with different aspects of your present neighborhood.		
99a. Here is a list of conditions which many people have in the vicinity of their homes. Which, if any, do you have? (If respondent is uncertain, vicinity may be defined as the area within a quarter of a mile of respondent's property.)		b. Does it (condition) bother you?	c. Is it so objectionable that you would like to move from the neighborhood?
(1) Street or highway noise?	206 1 <input type="checkbox"/> Yes - Ask b 2 <input type="checkbox"/> No	3 <input type="checkbox"/> Yes - Ask c 4 <input type="checkbox"/> No	3 <input type="checkbox"/> Yes 4 <input type="checkbox"/> No
(2) Heavy traffic?	207 1 <input type="checkbox"/> Yes - Ask b 2 <input type="checkbox"/> No	3 <input type="checkbox"/> Yes - Ask c 4 <input type="checkbox"/> No	3 <input type="checkbox"/> Yes 4 <input type="checkbox"/> No
(3) Streets or roads continually in need of repair, or open ditches?	208 1 <input type="checkbox"/> Yes - Ask b 2 <input type="checkbox"/> No	3 <input type="checkbox"/> Yes - Ask c 4 <input type="checkbox"/> No	3 <input type="checkbox"/> Yes 4 <input type="checkbox"/> No
(4) Roads impassable due to snow, water, etc.?	209 1 <input type="checkbox"/> Yes - Ask b 2 <input type="checkbox"/> No	3 <input type="checkbox"/> Yes - Ask c 4 <input type="checkbox"/> No	3 <input type="checkbox"/> Yes 4 <input type="checkbox"/> No
(5) Inadequate street lighting?	210 1 <input type="checkbox"/> Yes - Ask b 2 <input type="checkbox"/> No	3 <input type="checkbox"/> Yes - Ask c 4 <input type="checkbox"/> No	3 <input type="checkbox"/> Yes 4 <input type="checkbox"/> No
(6) Neighborhood crime?	211 1 <input type="checkbox"/> Yes - Ask b 2 <input type="checkbox"/> No	3 <input type="checkbox"/> Yes - Ask c 4 <input type="checkbox"/> No	3 <input type="checkbox"/> Yes 4 <input type="checkbox"/> No
(7) Trash, litter, or junk in the streets or roads, on empty lots, or on properties in this neighborhood?	212 1 <input type="checkbox"/> Yes - Ask b 2 <input type="checkbox"/> No	3 <input type="checkbox"/> Yes - Ask c 4 <input type="checkbox"/> No	3 <input type="checkbox"/> Yes 4 <input type="checkbox"/> No
(8) Boarded-up or abandoned structures?	214 1 <input type="checkbox"/> Yes - Ask b 2 <input type="checkbox"/> No	3 <input type="checkbox"/> Yes - Ask c 4 <input type="checkbox"/> No	3 <input type="checkbox"/> Yes 4 <input type="checkbox"/> No
(9) Occupied housing in rundown condition?	215 1 <input type="checkbox"/> Yes - Ask b 2 <input type="checkbox"/> No	3 <input type="checkbox"/> Yes - Ask c 4 <input type="checkbox"/> No	3 <input type="checkbox"/> Yes 4 <input type="checkbox"/> No
(10) Commercial, industrial, or other non-residential activities?	216 1 <input type="checkbox"/> Yes - Ask b 2 <input type="checkbox"/> No	3 <input type="checkbox"/> Yes - Ask c 4 <input type="checkbox"/> No	3 <input type="checkbox"/> Yes 4 <input type="checkbox"/> No
(11) Odors, smoke, or gas?	217 1 <input type="checkbox"/> Yes - Ask b 2 <input type="checkbox"/> No	3 <input type="checkbox"/> Yes - Ask c 4 <input type="checkbox"/> No	3 <input type="checkbox"/> Yes 4 <input type="checkbox"/> No
(12) Noise from airplane traffic?	218 1 <input type="checkbox"/> Yes - Ask b 2 <input type="checkbox"/> No	3 <input type="checkbox"/> Yes - Ask c 4 <input type="checkbox"/> No	3 <input type="checkbox"/> Yes 4 <input type="checkbox"/> No

Section I - OCCUPIED UNITS (Include URE's) - Continued			
100. The following questions are concerned with neighborhood services.		b. Is it so inadequate or unsatisfactory that you would like to move from the neighborhood?	
a. Do you have adequate or satisfactory -			
(1) Public transportation?	219 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Ask b 3 <input type="checkbox"/> Don't know	220 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
(2) Schools?	221 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Ask b 3 <input type="checkbox"/> Don't know	222 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
(3) Neighborhood shopping such as grocery stores or drug stores?	223 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Ask b 3 <input type="checkbox"/> Don't know	224 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
(4) Police protection?	225 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Ask b 3 <input type="checkbox"/> Don't know	226 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
(5) Fire protection?	227 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Ask b 3 <input type="checkbox"/> Don't know	228 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
(6) Hospitals or health clinics?	229 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Ask b 3 <input type="checkbox"/> Don't know	230 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
101a. In view of all the things we have talked about, how would you rate this NEIGHBORHOOD as a place to live - would you say it is excellent, good, fair or poor?		231 1 <input type="checkbox"/> Excellent 2 <input type="checkbox"/> Good 3 <input type="checkbox"/> Fair 4 <input type="checkbox"/> Poor	
b. How would you rate this HOUSE (building) as a place to live - would you say it is excellent, good, fair or poor?		232 1 <input type="checkbox"/> Excellent 2 <input type="checkbox"/> Good 3 <input type="checkbox"/> Fair 4 <input type="checkbox"/> Poor	
OBSERVATION			
102. Are there any buildings that appear to be abandoned and/or are there any buildings with windows broken or boarded-up on this street?		233 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
CHECK ITEM I	<input type="checkbox"/> URE Household (See item 7, page 1) - END AHS-2 QUESTIONS (See item 21a, page 3) <input type="checkbox"/> A one-unit structure, or a mobile home or trailer - Skip to 105 <input type="checkbox"/> Two-or-more-unit structure - Go to 103a		

FACSIMILE OF THE ANNUAL HOUSING SURVEY QUESTIONNAIRE: 1974 (Continued)

Section I - OCCUPIED UNITS - Continued																						
OBSERVATION 103a. Do the public halls in this building have light fixtures?	(234) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } Skip to 104a 3 <input type="checkbox"/> No public halls																					
b. Are the light fixtures in working order?	(235) 1 <input type="checkbox"/> All in working order 2 <input type="checkbox"/> Some in working order 3 <input type="checkbox"/> None in working order																					
104a. Are there loose, broken, or missing steps on any common stairways inside this building or attached to this building?	(236) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> No common stairways - Skip to 105																					
b. Are all stair railings firmly attached?	(237) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> No stair railings																					
105. 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. If the family has more than six members 14+, combine the amounts for all other persons on the last "Amount" line.)	<table border="0"> <thead> <tr> <th>Line No.</th> <th>Amount (Dollars only)</th> <th></th> </tr> </thead> <tbody> <tr> <td>(238) _____</td> <td>(239) \$ _____</td> <td>.00</td> </tr> <tr> <td>(240) _____</td> <td>(241) \$ _____</td> <td>.00</td> </tr> <tr> <td>(242) _____</td> <td>(243) \$ _____</td> <td>.00</td> </tr> <tr> <td>(244) _____</td> <td>(245) \$ _____</td> <td>.00</td> </tr> <tr> <td>(246) _____</td> <td>(247) \$ _____</td> <td>.00</td> </tr> <tr> <td>(248) _____</td> <td>(249) \$ _____</td> <td>.00</td> </tr> </tbody> </table>	Line No.	Amount (Dollars only)		(238) _____	(239) \$ _____	.00	(240) _____	(241) \$ _____	.00	(242) _____	(243) \$ _____	.00	(244) _____	(245) \$ _____	.00	(246) _____	(247) \$ _____	.00	(248) _____	(249) \$ _____	.00
Line No.	Amount (Dollars only)																					
(238) _____	(239) \$ _____	.00																				
(240) _____	(241) \$ _____	.00																				
(242) _____	(243) \$ _____	.00																				
(244) _____	(245) \$ _____	.00																				
(246) _____	(247) \$ _____	.00																				
(248) _____	(249) \$ _____	.00																				
106a. In the past 12 months, how much did this family earn in net income from its own business, professional practice or partnership?	(250) \$ _____ .00 (251) 1 <input type="checkbox"/> None 2 <input type="checkbox"/> Lost money (Enter amount LOST on line above)																					
b. In the past 12 months, how much did this family earn in net income from its own farm or ranch?	(252) \$ _____ .00 (253) 1 <input type="checkbox"/> None 2 <input type="checkbox"/> Lost money (Enter amount LOST on line above)																					

Section I - OCCUPIED UNITS - Continued		
107. In the past 12 months, did any member of this family receive any money from -		How much? ⁷
a. Social Security or Railroad Retirement payments?	(254) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	(255) \$ _____ .00
b. Estates, trusts or dividends?	(256) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	(257) \$ _____ .00
c. Interest on savings accounts or bonds?	(258) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	(259) \$ _____ .00
d. Net rental income?	(260) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	(261) \$ _____ .00
e. Welfare payments or other public assistance?	(262) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	(263) \$ _____ .00
f. Unemployment compensation?	(264) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	(265) \$ _____ .00
g. Workmen's compensation?	(266) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	(267) \$ _____ .00
h. Government employee pensions?	(268) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	(269) \$ _____ .00
i. Veterans payments?	(270) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	(271) \$ _____ .00
j. Private pensions or annuities?	(272) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	(273) \$ _____ .00
k. Alimony or child support?	(274) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	(275) \$ _____ .00
l. Regular contributions from persons not living in this household?	(276) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	(277) \$ _____ .00
m. Anything else?	(278) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	(279) \$ _____ .00
CHECK ITEM J	<input type="checkbox"/> Household is panel 2 or 6 - Ask section III, page 30 <input type="checkbox"/> Household is panel 1, 3, 4, or 5 - END AHS-2 QUESTIONS	
Notes		

FACSIMILE OF THE ANNUAL HOUSING SURVEY QUESTIONNAIRE: 1974 (Continued)

Section II - VACANT UNITS	
1. How many months has this house (apartment) been vacant?	(280) <input type="checkbox"/> 1 Less than 1 month <input type="checkbox"/> 2 1 month up to 2 months <input type="checkbox"/> 3 2 months up to 6 months <input type="checkbox"/> 4 6 months up to 12 months <input type="checkbox"/> 5 1 year up to 2 years <input type="checkbox"/> 6 2 years or more
2a. How many living quarters, both occupied and vacant, are there in this house (building)?	(281) <input type="checkbox"/> 1 Mobile home or trailer - Skip to 4 <input type="checkbox"/> 2 One, detached from any other house <input type="checkbox"/> 3 One, attached to one or more houses <input type="checkbox"/> 4 2 <input type="checkbox"/> 5 3 or 4 <input type="checkbox"/> 6 5 to 9 <input type="checkbox"/> 7 10 to 19 <input type="checkbox"/> 8 20 to 49 <input type="checkbox"/> 9 50 or more } Skip to 3a
OBSERVATION	
b. Is any part of this property used as a commercial establishment?	(282) <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No
OBSERVATION	
c. Is any part of this property used as a medical or dental office?	(283) <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No
OBSERVATION	
3a. How many stories (floors) are in this house (building)? (Exclude basement)	(284) <input type="checkbox"/> 1 1 to 3 - Skip to 4 <input type="checkbox"/> 2 4 to 6 <input type="checkbox"/> 3 7 to 12 <input type="checkbox"/> 4 13 or more
OBSERVATION	
b. Is there a passenger elevator in this building?	(285) <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No
4. How many rooms are in this house (apartment)? Do not count bathrooms, porches, balconies, foyers, halls or half-rooms.	(286) _____ Number
5. Does each room in this house (apartment) have a working electric wall outlet (wall plug)?	(287) <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No
6. How many bedrooms are in this house (apartment)?	(288) _____ Number OR <input type="checkbox"/> 0 None - Skip to 8
7a. Is it necessary to pass through a bedroom to get from one room to another, excluding bathrooms?	(289) <input type="checkbox"/> 1 Yes - Skip to 8 <input type="checkbox"/> 2 No
b. Is it necessary to pass through a bedroom to get to the bathroom?	(290) <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No
8. Does this house (building) have complete kitchen facilities; that is, a kitchen sink with piped water, a refrigerator, and a range or a cookstove?	<input type="checkbox"/> Yes - Are these facilities only for the use of the intended occupants? (291) <input type="checkbox"/> 1 Yes - Exclusive use <input type="checkbox"/> 2 No - Also used by another household <input type="checkbox"/> 3 No

Section II - VACANT UNITS - Continued	
9a. 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.)?	(292) <input type="checkbox"/> 1 A public system or private company - Skip to 10 <input type="checkbox"/> 2 An individual well <input type="checkbox"/> 3 Some other source - Skip to 10
b. Is the well drilled or dug?	(293) <input type="checkbox"/> 1 Drilled <input type="checkbox"/> 2 Dug
10. Does this house (building) have complete plumbing facilities; that is, hot and cold piped water, a flush toilet and a bathtub or shower?	<input type="checkbox"/> Yes - Are these facilities only for the use of the intended occupants? (294) <input type="checkbox"/> 1 Yes - Exclusive use - Ask 11 <input type="checkbox"/> 2 No - Also used by another household - Skip to 12a <input type="checkbox"/> 3 No - Skip to 12a
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.	(Mark only one box) (295) <input type="checkbox"/> 1 Complete plumbing facilities but not in one room <input type="checkbox"/> 2 1 complete bathroom One complete bathroom plus half bath(s) } <input type="checkbox"/> 3 Half bath does NOT have flush toilet <input type="checkbox"/> 4 Half bath has flush toilet <input type="checkbox"/> 5 2 complete bathrooms <input type="checkbox"/> 6 More than 2 complete bathrooms
12a. Is this house (building) connected to a public sewer?	(296) <input type="checkbox"/> 1 Yes - Skip to 13 <input type="checkbox"/> 2 No
b. What means of sewage disposal does it have?	(297) <input type="checkbox"/> 1 Septic tank or cesspool <input type="checkbox"/> 2 Chemical toilet <input type="checkbox"/> 3 Privy <input type="checkbox"/> 4 Use facilities in another structure <input type="checkbox"/> 5 Other - Describe _____
13. What type of heating equipment does this house (apartment) have? (If more than one, mark MAIN type of heating equipment)	(298) <input type="checkbox"/> 1 A central warm-air furnace with ducts in individual rooms, or a heat pump <input type="checkbox"/> 2 Steam or hot water system <input type="checkbox"/> 3 Built-in electric units (permanently installed in wall, ceiling, or baseboard) <input type="checkbox"/> 4 Floor, wall, or pipeless furnace <input type="checkbox"/> 5 Room heaters with flue or vent burning gas, oil, or kerosene <input type="checkbox"/> 6 Room heaters without flue or vent burning gas, oil, or kerosene <input type="checkbox"/> 7 Fireplaces, stoves, or portable room heaters <input type="checkbox"/> 8 Unit has no heating equipment } Skip to 15a
14. How many rooms are there without hot air ducts or registers, radiators, or room heaters? (Exclude kitchen and bathrooms)	(299) <input type="checkbox"/> 1 None <input type="checkbox"/> 2 1 room <input type="checkbox"/> 3 2 rooms <input type="checkbox"/> 4 3 rooms or more

FACSIMILE OF THE ANNUAL HOUSING SURVEY QUESTIONNAIRE: 1974 (Continued)

Section II - VACANT UNITS - Continued	
15a. Does this house (apartment) have air conditioning?	<input checked="checked" type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No - Skip to 16
b. Does it have a central air-conditioning system or individual room units?	<input checked="checked" type="checkbox"/> 1 Central - Skip to 16 <input type="checkbox"/> 2 Room units
c. How many room units?	<input checked="checked" type="checkbox"/> 1 1 <input type="checkbox"/> 2 2 or more
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.	<input checked="checked" type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No
17. Is there a basement in this house (building)? (A basement is an enclosed space in which persons can walk upright under all or part of the building)	<input checked="checked" type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No
CHECK ITEM A	VACANCY STATUS (cc item 26) FOR SALE ONLY (See item 2a, page 25) <ul style="list-style-type: none"> <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 FOR RENT (See item 2a, page 25) <ul style="list-style-type: none"> <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 <input type="checkbox"/> ALL OTHERS (Other vacants, units rented or sold, units held for occasional use and similar units) - Skip to Check Item C
	(If rural transcribe from cc item 11b. If urban ask or fill by observation.) 18. Does this place have 10 acres or more? <input checked="checked" type="checkbox"/> 1 Yes, 10 acres or more <input type="checkbox"/> 2 No, less than 10 acres
CHECK ITEM B	VACANT FOR SALE ONLY If this is a - <ul style="list-style-type: none"> <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 25) - Ask 19 <input type="checkbox"/> All others - Skip to 20 VACANT FOR RENT If this is a - <ul style="list-style-type: none"> <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 26a

Section II - VACANT UNITS - Continued	
19. What is the sale price asked for this property? SHOW FLASHCARD B	<input checked="checked" type="checkbox"/> 1 Less than \$2,500 <input type="checkbox"/> 2 \$ 2,500 - \$ 4,999 <input type="checkbox"/> 3 5,000 - 7,499 <input type="checkbox"/> 4 7,500 - 9,999 <input type="checkbox"/> 5 10,000 - 12,499 <input type="checkbox"/> 6 12,500 - 14,999 <input type="checkbox"/> 7 15,000 - 17,499 <input type="checkbox"/> 8 17,500 - 19,999 <input type="checkbox"/> 9 20,000 - 24,999 <input type="checkbox"/> 10 25,000 - 29,999 <input type="checkbox"/> 11 30,000 - 34,999 <input type="checkbox"/> 12 35,000 - 39,999 <input type="checkbox"/> 13 40,000 - 49,999 <input type="checkbox"/> 14 50,000 - 59,999 <input type="checkbox"/> 15 60,000 or more
20. Is there a garage or carport on this property which is available for the use of occupants?	<input checked="checked" type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No } Skip to 26a
21. What is the MONTHLY rent? (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.) (Include site rent for mobile homes if it is to be paid separately.)	<input checked="checked" type="checkbox"/> 308 \$ _____ .00 Per month <input checked="checked" type="checkbox"/> 309 <input type="checkbox"/> More frequently than once a month <input type="checkbox"/> Less frequently than once a month <input type="checkbox"/> Once a month Notes
22. Is this house (apartment) in a public housing project; that is, is it owned by a local housing authority or other public agency?	<input checked="checked" type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No
23. In addition to rent, does the renter also pay for -	
a. Electricity?	<input checked="checked" type="checkbox"/> 311 <input type="checkbox"/> Yes <input type="checkbox"/> 2 No, included in rent <input type="checkbox"/> 3 No, electricity not used
b. Gas?	<input checked="checked" type="checkbox"/> 312 <input type="checkbox"/> Yes <input type="checkbox"/> 2 No, included in rent <input type="checkbox"/> 3 No, gas not used
c. Water?	<input checked="checked" type="checkbox"/> 313 <input type="checkbox"/> Yes <input type="checkbox"/> 2 No, included in rent or no charge
d. Oil, coal, kerosene, wood, etc.?	<input checked="checked" type="checkbox"/> 314 <input type="checkbox"/> Yes <input type="checkbox"/> 2 No, included in rent <input type="checkbox"/> 3 No, these fuels not used or obtained free
24. In addition to rent, does the renter also pay for garbage and trash collection?	<input checked="checked" type="checkbox"/> 315 <input type="checkbox"/> Yes <input type="checkbox"/> 2 No

FACSIMILE OF THE ANNUAL HOUSING SURVEY QUESTIONNAIRE: 1974 (Continued)

Section II - VACANT UNITS - Continued	
CHECK ITEM C	(See item 2a, page 25) <input type="checkbox"/> One-unit structure, or a mobile home or trailer - Skip to 26a <input type="checkbox"/> Two-or-more-unit structure - Ask 25a
25a. Does the owner of this building live on this property?	(316) 1 <input type="checkbox"/> Yes - Skip to 26a 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?	(317) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
OBSERVATION 26a. Is the unit boarded-up?	(318) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
OBSERVATION b. Are there any buildings (other than this building) that appear to be abandoned and/or are there any buildings with windows broken or boarded-up on this street?	(319) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM D	(See item 2a, page 25) <input type="checkbox"/> One-unit structure, or a mobile home or trailer - END INTERVIEW <input type="checkbox"/> Two-or-more-unit structure - Ask 27a
OBSERVATION 27a. Do the public halls in this building have light fixtures?	(320) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> No public halls } Skip to 28a
b. Are the light fixtures in working order?	(321) 1 <input type="checkbox"/> All in working order 2 <input type="checkbox"/> Some in working order 3 <input type="checkbox"/> None in working order
28a. Are there loose, broken, or missing steps on any common stairways inside this building or attached to this building?	(322) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> No common stairways - END INTERVIEW
b. Are all stair railings firmly attached?	(323) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> No stair railings } END INTERVIEW
Notes	

Section III - PURCHASES AND OWNERSHIP (Automobiles and Home Appliances)		
Now I have some questions about vehicles and household items you might have.		(324) <input type="checkbox"/> Yes - How many?
1. Does anyone in this family own a car or station wagon?	<input type="checkbox"/> No	
2. Does anyone in your family own any other 4-wheel vehicle such as a pickup truck, passenger van, jeep type vehicle, or other similar vehicle?	<input type="checkbox"/> No	
Ask 3-19 for each vehicle owned. Ask for four newest if more than four are owned.	<input type="checkbox"/> Newest vehicle	<input type="checkbox"/> Second newest vehicle
3. What kind of vehicle is your (newest vehicle, second newest vehicle) - a car, station wagon, truck or what?	(326) 1 <input type="checkbox"/> Car, station wagon 2 <input type="checkbox"/> Pickup truck 3 <input type="checkbox"/> Passenger van (with windows) 4 <input type="checkbox"/> Motor home (self contained) 5 <input type="checkbox"/> Other vehicle	(327) 1 <input type="checkbox"/> Car, station wagon 2 <input type="checkbox"/> Pickup truck 3 <input type="checkbox"/> Passenger van (with windows) 4 <input type="checkbox"/> Motor home (self contained) 5 <input type="checkbox"/> Other vehicle
4. What is the model year?	(328) 19 _____	(329) 19 _____
5. How many cylinders does it have?	(330) 1 <input type="checkbox"/> None (rotary) 3 <input type="checkbox"/> Six 2 <input type="checkbox"/> Four 4 <input type="checkbox"/> Eight	(331) 1 <input type="checkbox"/> None (rotary) 3 <input type="checkbox"/> Six 2 <input type="checkbox"/> Four 4 <input type="checkbox"/> Eight
6. Was this vehicle new or used when you purchased it?	(332) 1 <input type="checkbox"/> New - Skip to 8 2 <input type="checkbox"/> Used - Ask 7	(333) 1 <input type="checkbox"/> New - Skip to 8 2 <input type="checkbox"/> Used - Ask 7
7. Was it purchased from an automobile dealer or a private party?	(334) 1 <input type="checkbox"/> Auto dealer 2 <input type="checkbox"/> Private party	(335) 1 <input type="checkbox"/> Auto dealer 2 <input type="checkbox"/> Private party
8. Is it used for any business purpose other than driving to and from work?	(336) 1 <input type="checkbox"/> Yes - Ask 9 2 <input type="checkbox"/> No - Skip to 10	(337) 1 <input type="checkbox"/> Yes - Ask 9 2 <input type="checkbox"/> No - Skip to 10
9. About what percentage of the mileage for this vehicle is for business purposes other than driving to and from work?	(338) _____ %	(339) _____ %
10. Was this vehicle purchased within the past 12 months; that is, since (month), 1973?	(340) 1 <input type="checkbox"/> Yes - Skip to 13 2 <input type="checkbox"/> No - Ask 11	(341) 1 <input type="checkbox"/> Yes - Skip to 13 2 <input type="checkbox"/> No - Ask 11
11. In what year was it purchased?	(342) 19 _____	(343) 19 _____
12. How many thousands of miles was this vehicle driven during the past 12 months?	(344) _____ ,000 (Go to next vehicle or question 20)	(345) _____ ,000 (Go to next vehicle or question 20)
13. In what month was it purchased?	(346) _____	(347) _____
14. How many thousands of miles has this vehicle been driven since you purchased it?	(348) _____ ,000 <input type="checkbox"/> Less than 1,000	(349) _____ ,000 <input type="checkbox"/> Less than 1,000
15. How much did the car cost after any deduction for a trade-in?	(350) \$ _____ .00	(351) \$ _____ .00
16. How much was your trade-in allowance?	(352) \$ _____ .00 OR <input type="checkbox"/> No trade-in - Go to next vehicle or q.20, page 32	(353) \$ _____ .00 OR <input type="checkbox"/> No trade-in - Go to next vehicle or q.20, page 32
17a. Twelve months ago; that is, in (month), 1973, did you own the vehicle that you traded in?	(354) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	(355) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b. What type of vehicle was it?	(356) 1 <input type="checkbox"/> Car, station wagon 2 <input type="checkbox"/> Pickup truck 3 <input type="checkbox"/> Passenger van (with windows) 4 <input type="checkbox"/> Motor home (self contained) 5 <input type="checkbox"/> Other vehicle	(357) 1 <input type="checkbox"/> Car, station wagon 2 <input type="checkbox"/> Pickup truck 3 <input type="checkbox"/> Passenger van (with windows) 4 <input type="checkbox"/> Motor home (self contained) 5 <input type="checkbox"/> Other vehicle
18. What was the model year?	(358) 19 _____	(359) 19 _____
19. How many cylinders did it have?	(360) 1 <input type="checkbox"/> None (rotary) 3 <input type="checkbox"/> Six 2 <input type="checkbox"/> Four 4 <input type="checkbox"/> Eight	(361) 1 <input type="checkbox"/> None (rotary) 3 <input type="checkbox"/> Six 2 <input type="checkbox"/> Four 4 <input type="checkbox"/> Eight

FACSIMILE OF THE ANNUAL HOUSING SURVEY QUESTIONNAIRE: 1974 (Continued)

Section III - PURCHASES AND OWNERSHIP (Automobiles and Home Appliances) - Continued		
	<input type="checkbox"/> Third newest vehicle	<input type="checkbox"/> Fourth newest vehicle
3. What kind of vehicle is your (third newest vehicle, fourth newest vehicle) - a car, station wagon, truck or what?	(362) 1 <input type="checkbox"/> Car, station wagon 2 <input type="checkbox"/> Pickup truck 3 <input type="checkbox"/> Passenger van (with windows) 4 <input type="checkbox"/> Motor home (self contained) 5 <input type="checkbox"/> Other vehicle	(363) 1 <input type="checkbox"/> Car, station wagon 2 <input type="checkbox"/> Pickup truck 3 <input type="checkbox"/> Passenger van (with windows) 4 <input type="checkbox"/> Motor home (self contained) 5 <input type="checkbox"/> Other vehicle
4. What is the model year?	(364) 19 _____	(365) 19 _____
5. How many cylinders does it have?	(366) 1 <input type="checkbox"/> None (rotary) 3 <input type="checkbox"/> Six 2 <input type="checkbox"/> Four 4 <input type="checkbox"/> Eight	(367) 1 <input type="checkbox"/> None (rotary) 3 <input type="checkbox"/> Six 2 <input type="checkbox"/> Four 4 <input type="checkbox"/> Eight
6. Was this vehicle new or used when you purchased it?	(368) 1 <input type="checkbox"/> New - Skip to 8 2 <input type="checkbox"/> Used - Ask 7	(369) 1 <input type="checkbox"/> New - Skip to 8 2 <input type="checkbox"/> Used - Ask 7
7. Was it purchased from an automobile dealer or a private party?	(370) 1 <input type="checkbox"/> Auto dealer 2 <input type="checkbox"/> Private party	(371) 1 <input type="checkbox"/> Auto dealer 2 <input type="checkbox"/> Private party
8. Is it used for any business purpose other than driving to and from work?	(372) 1 <input type="checkbox"/> Yes - Ask 9 2 <input type="checkbox"/> No - Skip to 10	(373) 1 <input type="checkbox"/> Yes - Ask 9 2 <input type="checkbox"/> No - Skip to 10
9. About what percentage of the mileage for this vehicle is for business purposes other than driving to and from work?	(374) _____ %	(375) _____ %
10. Was this vehicle purchased within the past 12 months; that is, since (month), 1973?	(376) 1 <input type="checkbox"/> Yes - Skip to 13 2 <input type="checkbox"/> No - Ask 11	(377) 1 <input type="checkbox"/> Yes - Skip to 13 2 <input type="checkbox"/> No - Ask 11
11. In what year was it purchased?	(378) 19 _____	(379) 19 _____
12. How many thousands of miles was this vehicle driven during the past 12 months?	(380) _____ ,000 (Go to next vehicle or question 20)	(381) _____ ,000 (Go to question 20)
13. In what month was it purchased?	(382) _____	(383) _____
14. How many thousands of miles has this vehicle been driven since you purchased it?	(384) _____ ,000 0 <input type="checkbox"/> Less than 1,000	(385) _____ ,000 0 <input type="checkbox"/> Less than 1,000
15. How much did the car cost after any deduction for a trade-in?	(386) \$ _____ .00	(387) \$ _____ .00
16. How much was your trade-in allowance?	(388) \$ _____ .00 OR 1 <input type="checkbox"/> No trade-in - Go to next vehicle or q. 20, page 32	(389) \$ _____ .00 OR 1 <input type="checkbox"/> No trade-in - Go to q. 20, page 32
17a. Twelve months ago, that is, in (month), 1973, did you own the vehicle that you traded in?	(390) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	(391) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b. What type of vehicle was it?	(392) 1 <input type="checkbox"/> Car, station wagon 2 <input type="checkbox"/> Pickup truck 3 <input type="checkbox"/> Passenger van (with windows) 4 <input type="checkbox"/> Motor home (self contained) 5 <input type="checkbox"/> Other vehicle	(393) 1 <input type="checkbox"/> Car, station wagon 2 <input type="checkbox"/> Pickup truck 3 <input type="checkbox"/> Passenger van (with windows) 4 <input type="checkbox"/> Motor home (self contained) 5 <input type="checkbox"/> Other vehicle
18. What was the model year?	(394) 19 _____	(395) 19 _____
19. How many cylinders did it have?	(396) 1 <input type="checkbox"/> None (rotary) 3 <input type="checkbox"/> Six 2 <input type="checkbox"/> Four 4 <input type="checkbox"/> Eight	(397) 1 <input type="checkbox"/> None (rotary) 3 <input type="checkbox"/> Six 2 <input type="checkbox"/> Four 4 <input type="checkbox"/> Eight

Section III - PURCHASES AND OWNERSHIP (Automobiles and Home Appliances) - Continued		
20. (Not including any vehicles which you have traded-in, have you sold or otherwise disposed of a vehicle within the past 12 months; that is, since (month), 1973?	(398) 1 <input type="checkbox"/> Yes - Ask 21 (If more than one, ask 21 for most recently disposed of vehicle) 2 <input type="checkbox"/> No - Skip to Check Item A	
21. Did you own this vehicle 12 months ago, that is, in (month), 1973?	(399) 1 <input type="checkbox"/> Yes - Ask 22 2 <input type="checkbox"/> No - Skip to Check Item A	
22. What type of vehicle was it?	(400) 1 <input type="checkbox"/> Car, station wagon 2 <input type="checkbox"/> Pickup truck 3 <input type="checkbox"/> Passenger van (with windows) 4 <input type="checkbox"/> Motor home (self contained) 5 <input type="checkbox"/> Other vehicle	
23. What was the model year?	(401) 19 _____	
24. How many cylinders did it have?	(402) 1 <input type="checkbox"/> None (rotary) 2 <input type="checkbox"/> Four 3 <input type="checkbox"/> Six 4 <input type="checkbox"/> Eight	
CHECK ITEM A	(See section I, Items 46a-c, page 8) <input type="checkbox"/> Household has one or more room air conditioners - Ask 25a <input type="checkbox"/> Household has central air conditioning only <input type="checkbox"/> Household has no air conditioning } Skip to 26	
25a. Within the past 12 months; that is, since (month), 1973 have you or another family member purchased a room air conditioner?	(403) <input type="checkbox"/> Yes - How many? 1 <input type="checkbox"/> 1 2 <input type="checkbox"/> 2 or more 3 <input type="checkbox"/> No - Skip to 26	
b. Was it purchased new or used?	(404) 1 <input type="checkbox"/> New 2 <input type="checkbox"/> Used	(405) 1 <input type="checkbox"/> New 2 <input type="checkbox"/> Used
c. How much did it cost?	(406) \$ _____ .00	(407) \$ _____ .00
26. How many black and white television sets do you have in your home?	(408) 1 <input type="checkbox"/> None 2 <input type="checkbox"/> One 3 <input type="checkbox"/> Two 4 <input type="checkbox"/> Three or more	
27. How many color television sets do you have in your home?	(409) 1 <input type="checkbox"/> None 2 <input type="checkbox"/> One 3 <input type="checkbox"/> Two 4 <input type="checkbox"/> Three or more	
28a. Have you or another family member purchased a television set within the past 12 months, that is, since (month), 1973?	(410) <input type="checkbox"/> Yes - How many? 1 <input type="checkbox"/> 1 2 <input type="checkbox"/> 2 or more 3 <input type="checkbox"/> No - Skip to 29a	
b. Was it a black and white or color set?	(411) 1 <input type="checkbox"/> Black and white 2 <input type="checkbox"/> Color	(412) 1 <input type="checkbox"/> Black and white 2 <input type="checkbox"/> Color
c. Was it purchased new or used?	(413) 1 <input type="checkbox"/> New 2 <input type="checkbox"/> Used	(414) 1 <input type="checkbox"/> New 2 <input type="checkbox"/> Used
d. How much did it cost?	(415) \$ _____ .00	(416) \$ _____ .00

FACSIMILE OF THE ANNUAL HOUSING SURVEY QUESTIONNAIRE: 1974 (Continued)

Section III - PURCHASES AND OWNERSHIP (Automobiles and Home Appliances) - Continued				
29a. Which of the following items do you have in this household, either owned by you or another family member or furnished by someone else?	b. Is it owned or furnished?	c. Was it purchased within the past 12 months; that is, since (month), 1973?	d. Was it purchased new or used?	e. How much did it cost?
(1) A washing machine?	(417) 1 <input type="checkbox"/> Yes - Ask b 2 <input type="checkbox"/> No (418) 1 <input type="checkbox"/> Furnished	<input type="checkbox"/> Yes - Ask c (418) 2 <input type="checkbox"/> No	(418) 3 <input type="checkbox"/> New 4 <input type="checkbox"/> Used	(419) \$ _____ .00
(2) A clothes dryer?	(420) 1 <input type="checkbox"/> Yes - Ask b 2 <input type="checkbox"/> No (421) 1 <input type="checkbox"/> Furnished	<input type="checkbox"/> Owned - Ask c (421) 2 <input type="checkbox"/> No	(421) 3 <input type="checkbox"/> New 4 <input type="checkbox"/> Used	(422) \$ _____ .00
(3) A dishwasher?	(423) 1 <input type="checkbox"/> Yes - Ask b 2 <input type="checkbox"/> No (424) 1 <input type="checkbox"/> Furnished	<input type="checkbox"/> Owned - Ask c (424) 2 <input type="checkbox"/> No	(424) 3 <input type="checkbox"/> New 4 <input type="checkbox"/> Used	(425) \$ _____ .00
(4) A refrigerator?	(426) 1 <input type="checkbox"/> Yes - Ask b 2 <input type="checkbox"/> No (427) 1 <input type="checkbox"/> Furnished	<input type="checkbox"/> Owned - Ask c (427) 2 <input type="checkbox"/> No	(427) 3 <input type="checkbox"/> New 4 <input type="checkbox"/> Used	(428) \$ _____ .00
(5) A separate food freezer?	(429) 1 <input type="checkbox"/> Yes - Ask b 2 <input type="checkbox"/> No (430) 1 <input type="checkbox"/> Furnished	<input type="checkbox"/> Owned - Ask c (430) 2 <input type="checkbox"/> No	(430) 3 <input type="checkbox"/> New 4 <input type="checkbox"/> Used	(431) \$ _____ .00
(6) A kitchen range?	(432) 1 <input type="checkbox"/> Yes - Ask b 2 <input type="checkbox"/> No (433) 1 <input type="checkbox"/> Furnished	<input type="checkbox"/> Owned - Ask c (433) 2 <input type="checkbox"/> No	(433) 3 <input type="checkbox"/> New 4 <input type="checkbox"/> Used	(434) \$ _____ .00
Notes				

Notes

