

Facsimile of the Annual Housing Survey Questionnaire: 1975

Form Approved: O.M.B. No. 41-R2771

FOR OFFICE USE ONLY

1. Control number (cc 1) PSU Segment Serial

2. HH No. 4. Type of Segment (cc 3) Interviewer name Code

3. Sample F-3

5. Date interview completed (Month/Day/Year)

6. Line No. of HH respondent (cc 10)

ANNUAL HOUSING SURVEY (SMSA)

SAMPLE II - 1975/76

7. Type of interview

8. Reason for noninterview (cc 400)

9. Reason for noninterview (cc 400)

10. Reason for noninterview (cc 400)

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100. Reason for noninterview (cc 400)

TRANScribe FROM CONTROL CARD

9. Structure originally built (cc 6)

10. Access (cc 9a)

11. Type of living quarters (cc 9b and c)

12. Tenure (cc 25a)

13. Land use code (cc 37a-d)

14. Occupancy status (cc 40c)

15. Use of telephone (cc 38a)

16. Other unit (Treat as Type B Noninterview)

17. Other unit (Treat as Type B Noninterview)

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100. Other unit (Treat as Type B Noninterview)

* NOTE - in item 5d enter the relationship of the person providing the information for the noninterview or vacant; e.g., landlady or neighbor. If no one was consulted, leave item 5d blank.

NOTES

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Facsimile of the Annual Housing Survey Questionnaire: 1975 - Continued

PGM 3

Section IB - OCCUPIED UNITS (Include URE's)

TRANSCRIBE FROM CONTROL CARD

20. When head moved in. (cc 21)

After April 1, 1970

(019) Month (01-12) / Year

OR

(016) 1 1965 to April 1, 1970
 2 1960 to 1964
 3 1950 to 1959
 4 1949 or earlier } Skip to 23

21. Where head lived on April 1, 1970. (cc 22)

_____ County
 _____ State

OR

(017) 0 Outside the United States - Skip to 23

22. Head lived inside the limits of a city, town or village. (cc 23)

(018) 1 Yes - Name of place

2 No

(019) | | | | |

23. Head in Armed Forces on April 1, 1970. (cc 24)

(020) 1 Yes
 2 No

24a. Why no cash rent. (cc 26a)

(021) 1 Provided by job
 2 Provided by friend or relative
 3 Other } Skip to 25a

b. Type of job. (cc 26b)

Farm related

(022) 1 Tenant farmer (rent in crops and/or livestock)
 2 Farm manager
 3 Farm laborer or farm foreman
 4 Other - Specify

5 Nonfarm related

FORM AHS-92 (11-8-74)

Section IB - OCCUPIED UNITS (Include URE's) - Continued

TRANSCRIBE FROM CONTROL CARD

25a. Number of living quarters. (cc 27a)

(023) 1 Mobile home or trailer (no permanent room attached)
 2 One, detached from any other house
 3 One, attached to one or more houses } Skip to 25d
 4 2
 5 3 or 4
 6 5 to 9
 7 10 to 19
 8 20 to 49 } Skip to 27c
 9 50 or more

b. Anchored mobile home. (cc 27b)

(024) 1 Yes
 2 No
 3 Don't know

c. In group of 6 or more mobile homes. (cc 27c)

(025) 1 Yes } Skip to 26a
 2 No

d. Commercial establishment on property. (cc 27d)

(026) 1 Yes
 2 No

e. Medical or dental office on property. (cc 27e)

(027) 1 Yes } Skip to 27a
 2 No

26a. Year mobile home (trailer) acquired. (cc 28a)

(028) 19 _____

b. Mobile home (trailer) new when acquired. (cc 28b)

(029) 1 Yes
 2 No

c. Purchase price. (cc 28c)

(030) \$ _____ Purchase price
 0 Not purchased

27a. Number of stories (floors). (cc 29a)

(031) 1 1 to 3 - Skip to 28
 2 4 to 6
 3 7 to 12
 4 13 or more

b. Passenger elevator. (cc 29b)

(032) 1 Yes
 2 No

28. Number of rooms. (cc 30)

(033) _____ Rooms

29. Working electric wall outlet (wall plug) in each room. (cc 31)

(034) 1 Yes
 2 No

30. Concealed wiring. (cc 32)

(035) 1 Yes
 2 No

FORM AHS-92 (11-8-74)

Facsimile of the Annual Housing Survey Questionnaire: 1975—Continued

Section II - OCCUPIED UNITS (Include URE's)	
CHECK ITEM A	<p>Mark all 3 parts (See cc 21)</p> <p>(1) Household head lived here last 90 days <input type="checkbox"/> 045 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 2 <input type="checkbox"/> No</p> <p>(2) Household head lived here last winter <input type="checkbox"/> 046 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 2 <input type="checkbox"/> No</p> <p>(3) Household head moved here during the last 12 months <input type="checkbox"/> 047 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 2 <input type="checkbox"/> No</p>
35. How many bedrooms do you have in your house (apartment)? Count rooms used mainly for sleeping even if used for other purposes.	<p><input type="checkbox"/> 048 _____ Bedrooms</p> <p>OR</p> <p><input type="checkbox"/> None - Skip to 38</p>
36a. Is it necessary to pass through anyone's bedroom to get from one room to another - excluding bathrooms?	<p><input type="checkbox"/> 049 <input type="checkbox"/> Yes - Skip to Check Item B <input type="checkbox"/> 2 <input type="checkbox"/> No</p>
b. Is it necessary to pass through anyone's bedroom to get to the bathroom?	<p><input type="checkbox"/> 050 <input type="checkbox"/> Yes <input type="checkbox"/> 2 <input type="checkbox"/> No</p>
CHECK ITEM B	<p>(See cc 11c) Do not count persons with usual residence elsewhere unless entire household is URE.</p> <p><input type="checkbox"/> Household has 1 or 2 persons - Skip to 38</p> <p><input type="checkbox"/> Household has 3 or more persons - Ask 37a</p>
37a. Are any bedrooms used for sleeping by 3 or more persons?	<p><input type="checkbox"/> Yes - How many bedrooms are used for sleeping by 3 or more persons?</p> <p><input type="checkbox"/> 051 <input type="checkbox"/> 1 bedroom <input type="checkbox"/> 2 <input type="checkbox"/> 2, or more bedrooms <input type="checkbox"/> 3 <input type="checkbox"/> No - Skip to 38</p>
b. Are any of the persons who use this bedroom (these bedrooms) 13 years of age or older?	<p><input type="checkbox"/> 052 <input type="checkbox"/> Yes <input type="checkbox"/> 2 <input type="checkbox"/> No</p>
38. 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?	<p><input type="checkbox"/> 053 <input type="checkbox"/> Yes - Used for this household only <input type="checkbox"/> 2 <input type="checkbox"/> Yes - Also used by another household <input type="checkbox"/> 3 <input type="checkbox"/> No - Skip to 40</p>
39a. Are the kitchen sink, refrigerator, and range or cookstove all in usable condition?	<p><input type="checkbox"/> 054 <input type="checkbox"/> Yes - Skip to 41 <input type="checkbox"/> 2 <input type="checkbox"/> No</p>
b. Which of the items are not in usable condition? (Mark all that apply)	<p><input type="checkbox"/> 055 <input type="checkbox"/> Kitchen sink <input type="checkbox"/> 2 <input type="checkbox"/> Refrigerator <input type="checkbox"/> 3 <input type="checkbox"/> Range or cookstove } Skip to 41</p>
40a. In this building?	<p><input type="checkbox"/> 056 <input type="checkbox"/> Yes - Skip to 41 <input type="checkbox"/> 2 <input type="checkbox"/> No</p>
b. Available within 1/4 mile?	<p><input type="checkbox"/> 057 <input type="checkbox"/> Yes <input type="checkbox"/> 2 <input type="checkbox"/> No } Skip to 45b</p>

Section IB - OCCUPIED UNITS (Include URE's) - Continued	
TRANSCRIBE FROM CONTROL CARD	
31a. Source of water. (cc 33a)	<p><input type="checkbox"/> 039 <input type="checkbox"/> A public system or private company - Skip to 32a</p> <p><input type="checkbox"/> 2 <input type="checkbox"/> An individual well - Fill 31b</p> <p><input type="checkbox"/> 3 <input type="checkbox"/> Some other source - Specify and Skip to 32a</p>
b. Type of well. (cc 33b)	<p><input type="checkbox"/> 037 <input type="checkbox"/> Drilled <input type="checkbox"/> 2 <input type="checkbox"/> Dug</p>
32a. Storm windows (cc 34a)	<p><input type="checkbox"/> 040 <input type="checkbox"/> Yes, all windows <input type="checkbox"/> 2 <input type="checkbox"/> Yes, some windows <input type="checkbox"/> 3 <input type="checkbox"/> No</p>
b. Storm doors. (cc 34b)	<p><input type="checkbox"/> 041 <input type="checkbox"/> Yes, all doors <input type="checkbox"/> 2 <input type="checkbox"/> Yes, some doors <input type="checkbox"/> 3 <input type="checkbox"/> No</p>
c. Attic or roof insulation. (cc 34c)	<p><input type="checkbox"/> 042 <input type="checkbox"/> Yes <input type="checkbox"/> 2 <input type="checkbox"/> No <input type="checkbox"/> 3 <input type="checkbox"/> Don't know</p>
33. Garage or carport available. (cc 35)	<p><input type="checkbox"/> 043 <input type="checkbox"/> Yes <input type="checkbox"/> 2 <input type="checkbox"/> No</p>
34. Cooking fuel. (cc 36)	<p>Gas <input type="checkbox"/> 1 <input type="checkbox"/> From underground pipes serving the neighborhood</p> <p><input type="checkbox"/> 2 <input type="checkbox"/> Bottled, tank, or LP</p> <p><input type="checkbox"/> 3 <input type="checkbox"/> Fuel oil, kerosene, etc.</p> <p><input type="checkbox"/> 4 <input type="checkbox"/> Electricity</p> <p><input type="checkbox"/> 5 <input type="checkbox"/> Coal or coke</p> <p><input type="checkbox"/> 6 <input type="checkbox"/> Wood</p> <p><input type="checkbox"/> 7 <input type="checkbox"/> Other fuel</p> <p><input type="checkbox"/> 8 <input type="checkbox"/> No fuel used</p>
NOTES	

Facsimile of the Annual Housing Survey Questionnaire: 1975 — Continued

Section II — OCCUPIED UNITS (Include URE's) — Continued

41. INTERVIEWER (Mark one) Household head lived here last 90 days (See Check item A (1), page 8)

Yes
 No — Skip to 42

a. At any time in the last 90 days were you COMPLETELY without running water?

 (638) 1 Yes
 2 No — Skip to 42

b. Were you completely without running water for 6 consecutive hours or more?

 (639) 1 Yes
 2 No } Skip to 42
 3 Don't know

c. How many times?

 (640) 1
 2
 3 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?

 (641) 1 Inside — Specify problem 7
 2 Outside — Specify problem 7

42. 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?

 (642) 1 Yes — For this household only
 2 Yes — Also used by another household } Skip to 45a
 3 No } to 45a

(Mark only one box)

 (643) 1 Complete plumbing facilities but not in one room
 2 1 complete bathroom
 3 One complete bathroom plus half bath(s)
 4 Half bath does NOT have flush toilet
 5 Half bath has flush toilet } Skip to 45a
 6 More than 2 complete bathrooms

44. INTERVIEWER (Mark one) Household head lived here last 90 days (See Check item A(1), page 8)

Yes
 No — Skip to 45a

a. At any time in the last 90 days was there a breakdown in your flush toilet; that is, was it completely unusable?

 (649) 1 Yes
 2 No — Skip to 45a

b. Did any of these breakdowns last 6 consecutive hours or more?

 (645) 1 Yes
 2 No — Skip to 45a

c. How many of these breakdowns were there?

 (646) 1
 2
 3
 4 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?

 (647) 1 Inside — Specify problem 7
 2 Outside — Specify problem 7

FORM AHSRS (11-67-74)

Page 9

Section II — OCCUPIED UNITS (Include URE's) — Continued

45a. Is this house (building) connected to a public sewer?

 (648) 1 Yes — Skip to 46
 2 No

b. What means of sewage disposal do you use?

 (649) 1 Septic tank or cesspool
 2 Chemical toilet
 3 Privy
 4 Use facilities in another structure
 5 Other — Describe 7 } Skip to 47

46. INTERVIEWER (Mark one) Household head lived here last 90 days (See Check item A(1), page 8)

Yes
 No — Skip to 47

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?

 (670) 1 Yes
 2 No — Skip to 47

b. Did any of these breakdowns last 6 consecutive hours or more?

 (671) 1 Yes
 2 No } Skip to 47
 3 Don't know

c. How many of these breakdowns were there?

 (672) 1
 2
 3 3 or more

47. How is your house (apartment) heated — by gas, oil, electricity, or with some other fuel?

 (673) Gas 1 From underground pipes serving the neighborhood
 2 Bottled, tank, or LP
 3 Fuel oil, kerosene, etc.
 4 Electricity
 5 Coal or coke
 6 Wood
 7 Other fuel
 8 No fuel used

48. What type of heating equipment does your house (apartment) have? (Read answer categories)

 (Mark heating equipment used most)

 (674) 1 A central warm-air furnace with ducts in individual rooms, or a heat pump
 2 Steam or hot water system
 3 Built-in electric units (permanently installed in wall, ceiling, or baseboard)
 4 Floor, wall, or pipeless furnace
 5 Room heaters with flue or vent burning gas, oil, or kerosene
 6 Room heaters without flue or vent burning gas, oil, or kerosene } Skip to 51
 7 Fireplaces, stoves, or portable room heaters
 8 Unit has no heating equipment — Skip to 53a

FORM AHSRS (11-67-74)

Page 10

Facsimile of the Annual Housing Survey Questionnaire: 1975 - Continued

Section II - OCCUPIED UNITS (Include URE's) - Continued	
49. INTERVIEWER (Mark one)	Household head lived here LAST WINTER (See Check Item A(2), page 8) <input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to 50
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.)	
	075 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
50. How many rooms do you have without hot air ducts or registers, radiators, or room heaters? (Exclude kitchen and bathrooms)	076 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
51. INTERVIEWER (Mark one)	Household head lived here LAST WINTER (See Check Item A(2), page 8) <input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to 53a
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?	
	077 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to 52a
b. How many times did that happen?	
	078 1 <input type="checkbox"/> 1 2 <input type="checkbox"/> 2 3 <input type="checkbox"/> 3 4 <input type="checkbox"/> 4 or more
52a. 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)	
	079 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to 53a
b. Which rooms? (Mark all that apply)	
	080 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 <u> </u>
53a. Do you have air conditioning?	
	081 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to 54
b. Do you have a central air-conditioning system or individual room units?	
	082 1 <input type="checkbox"/> Central - Skip to 54 2 <input type="checkbox"/> Room units
c. How many room units do you have?	
	083 1 <input type="checkbox"/> 1 2 <input type="checkbox"/> 2 or more

Section II - OCCUPIED UNITS (Include URE's) - Continued	
54. INTERVIEWER (Mark one)	Household head lived here last 90 days (See Check Item A(1), page 8) <input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to 55a
a. Have any electric fuses or breaker switches blown in your house (apartment) in the last 90 days?	
	084 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } Skip to 55a
b. How many times did this happen?	
	085 1 <input type="checkbox"/> 1 2 <input type="checkbox"/> 2 3 <input type="checkbox"/> 3 or more
55a. Does your house (apartment) have garbage collection service (either public or private)?	
	086 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } Skip to 55c
b. How often is the garbage collected?	
	087 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 56a
c. How do you dispose of your garbage? (IF MORE THAN ONE METHOD USED, MARK THE ONE USED MOST.)	
	088 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 <u> </u>
56a. 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)	
	089 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to 57
b. Does the basement show any signs of water having leaked in from the outside?	
	090 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
57. Does the roof of this house (building) leak?	
	091 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
58a. Does this house (apartment) have open cracks or holes in the interior walls or ceiling? (Do not include hairline cracks)	
	092 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b. Does this house (apartment) have holes in the floors?	
	093 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
59a. Is there any broken plaster or peeling paint on the ceiling or inside walls?	
	094 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to 60
b. Is the area of broken plaster or peeling paint larger than this paper? (SHOW CLOSED QUESTIONNAIRE)	
	095 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

Facsimile of the Annual Housing Survey Questionnaire: 1975 -Continued

Section II - OCCUPIED UNITS (Include URE's) - Continued

60. INTERVIEWER (Mark one) If "Yes" was marked to any of the five previous questions 56b, 57, 58a, and b, and 59b) - Ask 60
 "No" marked in all of the above items - Skip to 61

Is . . . (Specify the condition(s) mentioned in any of the five previous questions) so objectionable that you would like to move from this house? (096) 1 Yes
 2 No

61. INTERVIEWER (Mark one) Household head lived here last 90 days (See Check item A(1), page 8)
 Yes
 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)? (097) 1 Yes
 2 No - Skip to Check Item C

b. Is this house (building) serviced by an exterminator regularly, only when needed, irregularly, or not at all? (098) 1 Regularly
 2 Only when needed
 3 Irregularly
 4 Not at all

CHECK ITEM C

TENURE (cc item 25a)

OWNED OR BEING BOUGHT
 (See cc item 27a) One-unit structure, or a mobile home or trailer - Ask 62
 Two-or-more-unit structure - Skip to 80

OWNED AS A COOPERATIVE OR CONDOMINIUM - Skip to 80

RENTED FOR CASH
 (See cc item 27a) One-unit structure - Ask 62
 Two-or-more-unit structure, or a mobile home or trailer - Skip to 71

OCCUPIED WITHOUT PAYMENT OF CASH RENT - Ask 62

(If rural transcribe from cc item 37b. If urban ask or fill by observation.)
 62. Does this place have 10 acres or more? (099) 1 Yes
 2 No

CHECK ITEM D

(See Check Item C)

OWNED OR BEING BOUGHT
 If this is a -
 One-unit structure on less than 10 acres and there is no commercial establishment or medical or dental office on the property ("No" in Control Card items 27d and e) - Ask 63
 Mobile home or trailer on less than 10 acres - Skip to 64a
 All others - Skip to 80

RENTED FOR CASH
 If this is a -
 One-unit structure on less than 10 acres - Skip to 71
 One-unit structure on 10 acres or more - Skip to 80

OCCUPIED WITHOUT PAYMENT OF CASH RENT
 If this is a -
 One-unit structure on less than 10 acres - Skip to 72
 One-unit structure on 10 acres or more - Skip to 80
 Two-or-more-unit structure, or a mobile home or trailer - Skip to 72

FORM AHS-82 (11-8-74) Page 13

Section II - OCCUPIED UNITS (Include URE's) - Continued

63. How much do you think this property, that is, house and lot, would sell for on today's market? (100)

1 Less than \$2,500
 2 \$ 2,500-\$ 4,999
 3 5,000- 7,499
 4 7,500- 9,999
 5 10,000- 12,499
 6 12,500- 14,999
 7 15,000- 17,499
 8 17,500- 19,999
 9 20,000- 24,999
 10 25,000- 29,999
 11 30,000- 34,999
 12 35,000- 39,999
 13 40,000- 49,999
 14 50,000- 59,999
 15 60,000 or more

SHOW FLASHCARD B

64a. Do you own the mobile home (or trailer) SITE or is it rented? (101) 1 Owned - Skip to c
 2 Rented - Ask b

b. What is the MONTHLY rent for the site? (102) a Occupied without payment of cash rent
 \$ _____ (00) per month

c. Do you have an installment loan or contract on this mobile home (or trailer) or do you own it free and clear? (282) 1 Installment loan or contract - Skip to 66a
 2 Owned free and clear - Skip to 67a

65. Do you have a mortgage, deed of trust, or land contract on this property, or do you own it free and clear? (103) 1 Mortgage, deed of trust, or land contract
 2 Owned free and clear - Skip to 67a

66. In regard to the mortgage (or loan) -

a. What are the required payments to the lender? If more than one mortgage (or loan) on this property, (mobile home or trailer), give sum of payments. (If there are separate loans on the mobile home and its site, combine amounts.) (104) \$ _____ (00)
 (105) PER Month
 2 Year
 Other - Specify _____

b. Do the required payments include - (106) 1 Yes
 2 No
 (1) Real estate taxes on this property?
 (2) Fire and hazard insurance? (107) 1 Yes
 2 No

c. Is the mortgage (or loan) insured by FHA, guaranteed by the VA, insured by the Farmers Home Administration, or insured by a private mortgage insurance company? Do not report borrowers life insurance as private mortgage insurance. (Private mortgage insurance insures the lender if the borrower fails to keep up his mortgage payments.) (108) 1 Yes, by Federal Housing Administration
 2 Yes, by Veterans Administration
 3 Yes, by Farmers Home Administration
 4 Yes, by private mortgage insurance company
 5 No } Skip to 68

67a. Did you place or assume a mortgage (or loan) when you acquired this property (mobile home)? (109) 1 Yes - Skip to 68
 2 No

b. How did you acquire this property (mobile home)? (110) 1 Inheritance or gift
 2 Paid all cash
 3 Other manner - Specify _____

FORM AHS-82 (11-8-74) Page 14

Facsimile of the Annual Housing Survey Questionnaire: 1975—Continued

Section II — OCCUPIED UNITS (Include URE's) — Continued	
68. Do you pay for —	
a. (1) Electricity?	(111) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, electricity not used — Skip to b(1)
(2) What is the average MONTHLY cost?	(112) \$ _____ .00
b. (1) Gas?	(113) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, gas not used — Skip to c(1)
(2) What is the average MONTHLY cost?	(114) \$ _____ .00
c. (1) Oil, coal, kerosene, wood, etc.?	(115) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, these fuels not used or obtained free — Skip to d(1)
(2) What is the YEARLY cost?	(116) \$ _____ .00
d. (1) Fire and hazard insurance? (Also include if part of mortgage payments.)	(117) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to e(1)
(2) What is the YEARLY cost?	(118) \$ _____ .00
e. (1) Real estate taxes? (Also include if part of mortgage payments.)	(119) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to f(1)
(2) What is the YEARLY cost? (Do not include taxes in arrears from previous years.)	(120) \$ _____ .00
f. (1) Water and sewage disposal separately from real estate taxes?	(121) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No or payment included in real estate taxes — Skip to g(1)
(2) What is the YEARLY cost?	(122) \$ _____ .00
g. (1) Garbage and trash collection separately from real estate taxes?	(123) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No or payment included in real estate taxes — Skip to 69a
(2) What is the YEARLY cost?	(124) \$ _____ .00

Section II — OCCUPIED UNITS (Include URE's) — Continued	
69a. During the past 12 months —	
(1) Were any additions made to your property such as a room, basement, porch, or garage?	(125) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to b(1)
(2) Did any job cost \$100 or more?	(126) 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?	(127) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to c(1)
(2) Did any job cost \$100 or more?	(128) 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.)	(129) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to d(1)
(2) Did any job cost \$100 or more?	(130) 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?	(131) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to 70a
(2) Did any job cost \$100 or more?	(132) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
70a. In the next 12 months, do you plan to make any additions, alterations, replacements, or repairs of the type I just asked you about?	(133) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } Skip to 80 3 <input type="checkbox"/> Don't know
b. Do you expect any job to cost \$100 or more?	(134) 1 <input type="checkbox"/> Yes } Skip to 80 2 <input type="checkbox"/> No } 3 <input type="checkbox"/> Don't know
71. 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.)	(135) \$ _____ .00 Per month (136) 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

Facsimile of the Annual Housing Survey Questionnaire: 1975—Continued

Section II - OCCUPIED UNITS (Include URE's) - Continued	
72. INTERVIEWER. (See Control Card item 27a) (Mark one) <input type="checkbox"/> Mobile home or trailer <input type="checkbox"/> All others - Skip to 73	
a. Do you own the mobile home site or is it rented?	(137) 1 <input type="checkbox"/> Owned - Skip to 73 2 <input type="checkbox"/> Rented
b. What is the MONTHLY rent for the site?	(138) \$ _____ .00 0 <input type="checkbox"/> Occupied without payment of cash rent - Skip to 73
c. Is the site rent included with the rent for the mobile home?	(139) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
73. Is this house (apartment) in a public housing project; that is, is it owned by a local housing authority or other public agency?	(140) 1 <input type="checkbox"/> Yes - Skip to 75 2 <input type="checkbox"/> No
74. Are you paying a lower rent because the Federal, State, or local Government is paying part of the cost?	(141) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
75. (In addition to your rent) do you pay for -	
a. (1) Electricity?	(142) 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 is the average MONTHLY cost?	(143) \$ _____ .00
b. (1) Gas?	(144) 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 is the average MONTHLY cost?	(145) \$ _____ .00
c. (1) Water?	(146) 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?	(147) \$ _____ .00
d. (1) Oil, coal, kerosene, wood, etc.?	(148) 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 76a
(2) What is the YEARLY cost?	(149) \$ _____ .00

FORM AHS-82 (11-8-74)

Section II - OCCUPIED UNITS (Include URE's) - Continued	
76a. (In addition to your rent) do you pay for garbage and trash collection?	(150) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to 77
b. What is the YEARLY cost?	(151) \$ _____ .00
77. INTERVIEWER (See Check Item C, page 13) (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?	(152) 1 <input type="checkbox"/> Furnished 2 <input type="checkbox"/> Unfurnished - Skip to 77c
b. Is the cost of this furniture included in the rent, or do you pay for it separately?	(153) 1 <input type="checkbox"/> Included in rent - Skip to 78a 2 <input type="checkbox"/> Separately - Skip to 77d
c. Do you rent furniture from some other source?	(154) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to 78a
d. What is the MONTHLY cost?	(155) \$ _____ .00
78a. Are parking facilities available in connection with this building?	(156) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to 78e
b. Do you rent such a space?	(157) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to 78e
c. What is the MONTHLY cost for this parking space?	(158) \$ _____ .00
d. Is the cost of the parking space included in the \$. . . (rent entered in 71), or do you pay for it separately?	(159) 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?	(160) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM E (See Control Card item 27a) <input type="checkbox"/> One-unit structure, or a mobile home or trailer - Skip to 80 <input type="checkbox"/> Two-or-more-unit structure - Ask 79a	
79a. Does the owner of this building live on this property?	(161) 1 <input type="checkbox"/> Yes - Skip to 80 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?	(162) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
80. Do you or any member of your household own a second home or other living quarters which you occupy sometime during the year?	(163) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

FORM AHS-82 (11-8-74)

Facsimile of the Annual Housing Survey Questionnaire: 1975 - Continued

Section II - OCCUPIED UNITS (Include URE's) - Continued	
81a. 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.)	(164) 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.)	(165) 1 <input type="checkbox"/> None . . . 2 <input type="checkbox"/> 1 3 <input type="checkbox"/> 2 or more } Skip to Check Item G, page 20
CHECK ITEM F Skip to Check Item G on page 20	
82a. Head had a job last week.	(166) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b. Head's principle means of transportation to work.	Car or carpool (167) 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 82d 5 <input type="checkbox"/> Walks only 6 <input type="checkbox"/> Works at home 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 _____
c. Car used in journey to work.	(168) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
d. Time from home to work.	(169) 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 hour and 30 minutes or more 7 <input type="checkbox"/> No fixed place of work
e. One-way distance from home to work.	(170) 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

Section II - OCCUPIED UNITS (Include URE's) - Continued	
CHECK ITEM G	<input type="checkbox"/> URE household (See item 7, page 1) - Skip to 10S, page 2S (See Check Item A(3), page 8) <input type="checkbox"/> Head moved here during the last 12 months - Ask B3 <input type="checkbox"/> Head has lived here 12 months or longer - Skip to Check Item I, page 24
83. What was the address of . . . 's (head) previous residence?	Address (Number and street) City or town County State ZIP code
	OR (171) 1 <input type="checkbox"/> Outside the United States - Skip to Check Item I, page 24
84. What is the main reason . . . (head) moved from his previous residence? (Write all reasons mentioned below, and then mark the main reason.)	(172) EMPLOYMENT 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 or looking for work 5 <input type="checkbox"/> Commuting reasons 6 <input type="checkbox"/> To attend school 7 <input type="checkbox"/> Other (172) FAMILY 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 (172) OTHER 18 <input type="checkbox"/> Neighborhood overcrowded 19 <input type="checkbox"/> Change in racial or ethnic composition of neighborhood 20 <input type="checkbox"/> Wanted better neighborhood 21 <input type="checkbox"/> Wanted to own residence 22 <input type="checkbox"/> Lower rent or less expensive house 23 <input type="checkbox"/> Wanted better house 24 <input type="checkbox"/> Displaced by urban renewal, highway construction, or other public activity 25 <input type="checkbox"/> Displaced by private action 26 <input type="checkbox"/> Schools 27 <input type="checkbox"/> Wanted to rent residence 28 <input type="checkbox"/> Wanted residence with more conveniences 29 <input type="checkbox"/> Natural disaster 30 <input type="checkbox"/> Wanted change of climate 31 <input type="checkbox"/> Other

Facsimile of the Annual Housing Survey Questionnaire: 1975 - Continued

Section II - OCCUPIED UNITS (Include URE's) - Continued	
85a. Was . . . (head) the head of the household in his previous residence at the time he moved?	(173) <input type="checkbox"/> Yes <input type="checkbox"/> Respondent is the head - Skip to INTERVIEWER INSTRUCTION <input type="checkbox"/> Respondent is not the head - Ask 85b <input type="checkbox"/> No - Skip to Check Item 1, page 24
b. Were you also a member of . . . 's (head) household in the previous residence?	(174) <input type="checkbox"/> Yes <input type="checkbox"/> No
INTERVIEWER INSTRUCTION	If the respondent is the head, or "Yes" was marked in 85b - Ask questions 86-101 in terms of "your" previous residence. If "No" was marked in 85b - Ask questions 86-101 in terms of "head's" previous residence.
86. How many rooms were in . . . 's (your) (head) previous residence? Do not count bathrooms, porches, balconies, halls, foyers, or half-rooms.	(175) _____ Number
87. How many bedrooms were in . . . 's (your) (head) previous residence? Count rooms used mainly for sleeping, even if used for other purposes.	(176) _____ Number <input type="checkbox"/> None
88. How many persons were in . . . 's (your) (head) previous residence at the time . . . (you) (head) moved?	(177) _____ Number
89. 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?	<input type="checkbox"/> Yes - Were these facilities used by . . . 's (your) (head) household only? (178) <input type="checkbox"/> Yes - Used for that household only <input type="checkbox"/> No - Also used by another household <input type="checkbox"/> No
90. How many living quarters, both occupied and vacant, were in the building where . . . 's (your) (head) previous residence was located?	(179) <input type="checkbox"/> Mobile home or trailer (no permanent room attached) <input type="checkbox"/> One, detached from any other house <input type="checkbox"/> One, attached to one or more houses <input type="checkbox"/> 2 <input type="checkbox"/> 3 or 4 <input type="checkbox"/> 5 to 9 <input type="checkbox"/> 10 to 19 <input type="checkbox"/> 20 to 49 <input type="checkbox"/> 50 or more
91. Was . . . 's (your) (head) previous residence - Owned or being bought by someone in the household? A cooperative which was owned or being bought by someone in the household? A condominium which was owned or being bought by someone in the household? Rented for cash rent by you or someone else? Occupied without payment of cash rent?	(180) <input type="checkbox"/> Owned or being bought <input type="checkbox"/> A cooperative <input type="checkbox"/> A condominium <input type="checkbox"/> Rented for cash <input type="checkbox"/> Occupied without payment of cash rent Skip to Check Item 1, page 24

Section II - OCCUPIED UNITS (Include URE's) - Continued	
CHECK ITEM H	TENURE OF PREVIOUS RESIDENCE (See item 91, page 21) OWNED OR BEING BOUGHT (See item 90, page 21) <input type="checkbox"/> One-unit structure - Ask 92a <input type="checkbox"/> Two-or-more-unit structure, or a mobile home or trailer - Skip to Check Item 1, page 24 RENTED FOR CASH OR OCCUPIED WITHOUT PAYMENT OF CASH RENT (See item 90, page 21) <input type="checkbox"/> One-unit structure - Skip to 94 <input type="checkbox"/> Two-or-more-unit structure, or a mobile home or trailer - Skip to 95
92a. Was that house on a place of 10 acres or more?	(181) <input type="checkbox"/> Yes - Skip to Check Item 1, page 24 <input type="checkbox"/> No
b. Was there a commercial establishment or medical or dental office on the property?	(182) <input type="checkbox"/> Yes - Skip to Check Item 1, page 24 <input type="checkbox"/> No
93. 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?	(183) <input type="checkbox"/> Less than \$2,500 <input type="checkbox"/> \$ 2,500-\$ 4,999 <input type="checkbox"/> 5,000- 7,499 <input type="checkbox"/> 7,500- 9,999 <input type="checkbox"/> 10,000- 12,499 <input type="checkbox"/> 12,500- 14,999 <input type="checkbox"/> 15,000- 17,499 <input type="checkbox"/> 17,500- 19,999 <input type="checkbox"/> 20,000- 24,999 <input type="checkbox"/> 25,000- 29,999 <input type="checkbox"/> 30,000- 34,999 <input type="checkbox"/> 35,000- 39,999 <input type="checkbox"/> 40,000- 49,999 <input type="checkbox"/> 50,000- 59,999 <input type="checkbox"/> 60,000 or more Skip to Check Item 1, page 24
SHOW FLASHCARD B	
94. Was that house on a place of 10 acres or more?	(184) <input type="checkbox"/> Yes - Skip to Check Item 1, page 24 <input type="checkbox"/> No
95. INTERVIEWER (See item 91, page 21) (Mark one) <input type="checkbox"/> Rented for cash - Ask 95 <input type="checkbox"/> Occupied without payment of cash rent - Skip to 96	
What was the MONTHLY rent for . . . 's (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.)	(185) \$ _____ Per month NOTES
96. Was that house (apartment) in a public housing project; that is, was it owned by a local housing authority or other public agency?	(186) <input type="checkbox"/> Yes - Skip to 98 <input type="checkbox"/> No
97. Did . . . (you) (head) pay a lower rent because the Federal, State, or local Government was paying part of the cost?	(187) <input type="checkbox"/> Yes <input type="checkbox"/> No

Facsimile of the Annual Housing Survey Questionnaire: 1975 - Continued

Section II - OCCUPIED UNITS (Include URE's) - Continued

98. (In addition to rent), did . . . (you) (head) also pay for -

a. (1) Electricity? (188) 1 Yes
2 No, included in rent or supplied free
3 No, electricity not used } Skip to b(1)

(2) What was the average MONTHLY cost? (189) \$ _____ .00

b. (1) Gas? (190) 1 Yes
2 No, included in rent or supplied free
3 No, gas not used } Skip to c(1)

(2) What was the average MONTHLY cost? (191) \$ _____ .00

c. (1) Water? (192) 1 Yes
2 No, included in rent or no charge - Skip to d(1)

(2) What was the YEARLY cost? (193) \$ _____ .00

d. (1) Oil, coal, kerosene, wood, etc.? (194) 1 Yes
2 No, included in rent
3 No, these fuels not used or obtained free } Skip to 99a

(2) What was the YEARLY cost? (195) \$ _____ .00

99a. (In addition to rent), did . . . (you) (head) also pay for garbage and trash collection? (196) 1 Yes
2 No - Skip to 100

b. What was the YEARLY cost? (197) \$ _____ .00

100. INTERVIEWER (See item 91, page 21)
(Mark one) Rented for cash
 Occupied without payment of cash rent - Skip to Check Item I, page 24

a. Did . . . (you) (head) rent the apartment (house) furnished or unfurnished? (198) 1 Furnished
2 Unfurnished - Ask 100c

b. Was the cost of the furniture included in the rent or did . . . (you) (head) pay for it separately? (199) 1 Included in rent - Skip to 101a
2 Separately - Ask 100d

c. Did . . . (you) (head) rent furniture from some other source? (200) 1 Yes
2 No - Skip to 101a

d. What was the MONTHLY cost? (201) \$ _____ .00

Section II - OCCUPIED UNITS (Include URE's) - Continued

101a. Were parking facilities available in connection with the building? (202) 1 Yes
2 No - Skip to 101e

b. Did . . . (you) (head) rent such a space? (203) 1 Yes
2 No - Skip to 101e

c. What was the MONTHLY cost for that parking space? (204) \$ _____ .00

d. Was the cost of the parking space included in the \$. . . (rent entered in 95), or did . . . (you) (head) pay for it separately? (205) 1 Included in rent
2 Separately . . . } Skip to Check Item I

e. Did . . . (you) (head) rent a parking space in the neighborhood other than that connected with the building? (206) 1 Yes
2 No

CHECK ITEM I **INTERVIEWER READ**
The following questions are concerned with different aspects of your present neighborhood.

NOTE - Ask all categories in 102a before proceeding to 102b.

102a. Here is a list of conditions which many people have on their streets. Which, if any, do you have?

(1) Street or highway noise?	(207) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(2) Heavy traffic?	(208) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(3) Streets or roads continually in need of repair, or open ditches?	(209) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(4) Roads impassable due to snow, water, etc.?	(210) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(5) Poor street lighting?	(211) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(6) Neighborhood crime?	(212) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(7) Trash, litter, or junk in the streets (roads), or on empty lots, or on properties in this neighborhood?	(213) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(8) Boarded-up or abandoned structures?	(214) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(9) Occupied housing in rundown condition?	(215) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(10) Commercial, industrial, or other nonresidential activities?	(216) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(11) Odors, smoke, or gas?	(217) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(12) Noise from airplane traffic?	(218) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

NOTE - Ask 102b only for those categories in 102a which were answered "Yes."

b. Does it (condition) bother you?	c. Is it so objectionable that you would like to move from the neighborhood?
(1) 3 <input type="checkbox"/> Yes - Ask c 4 <input type="checkbox"/> No	5 <input type="checkbox"/> Yes 6 <input type="checkbox"/> No
(2) 3 <input type="checkbox"/> Yes - Ask c 4 <input type="checkbox"/> No	5 <input type="checkbox"/> Yes 6 <input type="checkbox"/> No
(3) 3 <input type="checkbox"/> Yes - Ask c 4 <input type="checkbox"/> No	5 <input type="checkbox"/> Yes 6 <input type="checkbox"/> No
(4) 3 <input type="checkbox"/> Yes - Ask c 4 <input type="checkbox"/> No	5 <input type="checkbox"/> Yes 6 <input type="checkbox"/> No
(5) 3 <input type="checkbox"/> Yes - Ask c 4 <input type="checkbox"/> No	5 <input type="checkbox"/> Yes 6 <input type="checkbox"/> No
(6) 3 <input type="checkbox"/> Yes - Ask c 4 <input type="checkbox"/> No	5 <input type="checkbox"/> Yes 6 <input type="checkbox"/> No
(7) 3 <input type="checkbox"/> Yes - Ask c 4 <input type="checkbox"/> No	5 <input type="checkbox"/> Yes 6 <input type="checkbox"/> No
(8) 3 <input type="checkbox"/> Yes - Ask c 4 <input type="checkbox"/> No	5 <input type="checkbox"/> Yes 6 <input type="checkbox"/> No
(9) 3 <input type="checkbox"/> Yes - Ask c 4 <input type="checkbox"/> No	5 <input type="checkbox"/> Yes 6 <input type="checkbox"/> No
(10) 3 <input type="checkbox"/> Yes - Ask c 4 <input type="checkbox"/> No	5 <input type="checkbox"/> Yes 6 <input type="checkbox"/> No
(11) 3 <input type="checkbox"/> Yes - Ask c 4 <input type="checkbox"/> No	5 <input type="checkbox"/> Yes 6 <input type="checkbox"/> No
(12) 3 <input type="checkbox"/> Yes - Ask c 4 <input type="checkbox"/> No	5 <input type="checkbox"/> Yes 6 <input type="checkbox"/> No

NOTE - If "Yes" was answered for one or more of the categories in 102a, ask 102b.

Facsimile of the Annual Housing Survey Questionnaire: 1975 - Continued

Section II - OCCUPIED UNITS (Include URE's) - Continued		
103. The following questions are concerned with neighborhood services.		
a. Do you have adequate or satisfactory -		b. Is it so inadequate or unsatisfactory that you would like to move from the neighborhood?
(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
104a. 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	
a. 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		
105. 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 J	<input type="checkbox"/> URE Household (See item 7, page 1) - Ask 106 (See Control Card item 27a) <input type="checkbox"/> A one-unit structure, or a mobile home or trailer - Skip to 109 <input type="checkbox"/> Two-or-more-unit structure - Skip to 107a	

Section II - OCCUPIED UNITS (Include URE's) - Continued		
(Ask for URE Households only)		(235) 6 <input type="checkbox"/> YEAR ROUND (occupied temporarily at time of interview)
106. Is this UNIT intended for year-round use, for occupancy only on a seasonal basis or for use by migrant workers?	Seasonal 8 <input type="checkbox"/> Summers only 9 <input type="checkbox"/> Winters only 10 <input type="checkbox"/> Other seasonal - Specify in notes	7 <input type="checkbox"/> Migratory
OBSERVATION		
107a. Do the public halls in this building have light fixtures?	(236) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	} Skip to 108a
b. Are the light fixtures in working order?	(237) 1 <input type="checkbox"/> All in working order 2 <input type="checkbox"/> Some in working order 3 <input type="checkbox"/> None in working order	
108a. Are there loose, broken, or missing steps on any common stairways inside this building or attached to this building?	(238) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	3 <input type="checkbox"/> No common stairways - Skip to 109
b. Are all stair railings firmly attached?	(239) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	3 <input type="checkbox"/> No stair railings
109. 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.)	Line No.	Amount (Dollars only)
	(240) _____	(241) \$ _____ .00
	(242) _____	(243) \$ _____ .00
	(244) _____	(245) \$ _____ .00
	(246) _____	(247) \$ _____ .00
	(248) _____	(249) \$ _____ .00
	(250) _____	(251) \$ _____ .00
110a. In the past 12 months, how much did this family earn in net income from its own business, professional practice or partnership?	(252) \$ _____ .00	
	(253) 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?	(254) \$ _____ .00	
	(255) 1 <input type="checkbox"/> None 2 <input type="checkbox"/> Lost money (Enter amount LOST on line above)	

Facsimile of the Annual Housing Survey Questionnaire: 1975 - Continued

PGM 6

Section II - OCCUPIED UNITS - Continued	
NOTE - Ask 111a for all categories before asking 111b.	
111a. In the past 12 months, did any member of this family receive any money from -	
(1) Social Security or Railroad Retirement payments? (256)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(2) Estates, trusts or dividends? (258)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(3) Interest on savings accounts or bonds? (260)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(4) Net rental income? (262)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(5) Welfare payments or other public assistance? (264)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(6) Unemployment compensation? (266)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(7) Workmen's compensation? (268)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(8) Government employee pensions? (270)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(9) Veterans payments? (272)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(10) Private pensions or annuities? (274)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(11) Alimony or child support? (276)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(12) Regular contributions from persons not living in this household? (278)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(13) Anything else? (280)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
NOTE - If "Yes" was answered for one or more of the categories in 111a, ask 111b.	
NOTES	

Section III - VACANT UNITS	
TRANSCRIBE FROM CONTROL CARD	
1a. Number of living quarters. (cc 27a)	(023) 1 <input type="checkbox"/> Mobile home or trailer (no permanent room attached) - Skip to 3 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 } Skip to 2a
b. Commercial establishment on property. (cc 27d)	(026) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
c. Medical or dental office on property. (cc 27e)	(027) 3 <input type="checkbox"/> Yes 4 <input type="checkbox"/> No
2a. Number of stories (floors). (cc 29a)	(031) 1 <input type="checkbox"/> 1 to 3 - Skip to 3 2 <input type="checkbox"/> 4 to 6 3 <input type="checkbox"/> 7 to 12 4 <input type="checkbox"/> 13 or more
b. Passenger elevator. (cc 29b)	(032) 5 <input type="checkbox"/> Yes 6 <input type="checkbox"/> No
3. Number of rooms. (cc 30)	(033) _____ Rooms
4. Working electric wall outlet (wallplug) in all rooms. (cc 31)	(034) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
5. Concealed wiring. (cc 32)	(035) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
6a. Source of water. (cc 33a)	(036) 1 <input type="checkbox"/> A public system or private company - Skip to 7a 2 <input type="checkbox"/> An individual well - Ask b 3 <input type="checkbox"/> Some other source - Specify _____ - Skip to 7a
b. Type of well. (cc 33b)	(037) 4 <input type="checkbox"/> Drilled 5 <input type="checkbox"/> Dug
END OF TRANSCRIPTION	

Facsimile of the Annual Housing Survey Questionnaire: 1975 - Continued

Section IV - VACANT UNITS	
7a. Is this unit intended for year-round use, for occupancy only on a seasonal basis or for use by migrant workers?	6. YEAR ROUND - Ask b Seasonal 8 Summers only } 9 Winters only } 10 Other seasonal - Specify } in Notes on page 32 } 7. Migratory - Skip to 8 Skip to 8
b. Is this house (apartment) for rent, for sale only, rented not occupied, sold not occupied, held for occasional use, or something else?	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
8. How many months has this house (apartment) been vacant?	1. Less than 1 month 2. 1 month up to 2 months 3. 2 months up to 6 months 4. 6 months up to 12 months 5. 1 year up to 2 years 6. 2 years or more
9. How many bedrooms are in this house (apartment)?	Bedrooms OR 0. None - Skip to 11 1. Yes - Skip to 11 2. No
10a. Is it necessary to pass through a bedroom to get from one room to another, excluding bathrooms?	1. Yes - Skip to 11 2. No
b. Is it necessary to pass through a bedroom to get to the bathroom?	1. Yes 2. No
11. Does this house (building) have complete kitchen facilities; that is, a kitchen sink with piped water, a refrigerator, and a range or a cookstove?	1. Yes - Are these facilities only for the use of the intended occupants? 1. Yes - Used for this household only 2. No - Also used by another household 3. No
12. Does this house (building) have complete plumbing facilities; that is, hot and cold piped water, a flush toilet and a bathtub or shower?	1. Yes - Are these facilities only for the use of the intended occupants? 1. Yes - Used for this household only - Ask 13 2. No - Also used by another household - Skip to 14g 3. No - Skip to 14g
13. 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) 1. Complete plumbing facilities but not in one room 2. 1 complete bathroom 3. Half bath does NOT have flush toilet 4. Half bath has flush toilet 5. 2 complete bathrooms 6. More than 2 complete bathrooms

Section IV - VACANT UNITS - Continued	
14a. Is this house (building) connected to a public sewer?	1. Yes - Skip to 15 2. No
b. What means of sewage disposal does it have?	1. Septic tank or cesspool 2. Chemical toilet 3. Privy 4. Use facilities in another structure 5. Other - Specify 7
15. What type of heating equipment does this house (apartment) have? (If more than one, mark MAIN type c, heating equipment)	1. A central warm-air furnace with ducts in individual rooms, or a heat pump 2. Steam or hot water system 3. Built-in electric units (permanently installed in wall, ceiling, or baseboard) 4. Floor, wall, or pipeless furnace 5. Room heaters with flue or vent burning gas, oil, or kerosene 6. Room heaters without flue or vent burning gas, oil, or kerosene 7. Fireplaces, stoves, or portable room heaters 8. Unit has no heating equipment Skip to 17a
16. How many rooms are there without hot air ducts or registers, radiators, or room heaters? (Exclude kitchen and bathrooms)	1. None 2. 1 room 3. 2 rooms 4. 3 rooms or more
17a. Does this house (apartment) have air conditioning?	1. Yes 2. No - Skip to 18
b. Does it have a central air-conditioning system or individual room units?	1. Central - Skip to 18 2. Room units
c. How many room units?	1. 1 2. 2 or more
18. 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)	1. Yes 2. No
CHECK ITEM A	VACANCY STATUS (See item 7b) FOR SALE ONLY (See Control Card item 27a) <input type="checkbox"/> One-unit structure - Ask 19 <input type="checkbox"/> Two-or-more-unit structure, or a mobile home or trailer - Skip to 21 FOR RENT (See Control Card item 27a) <input type="checkbox"/> One-unit structure - Ask 19 <input type="checkbox"/> Two-or-more-unit structure, or a mobile home or trailer - Skip to 22 <input type="checkbox"/> ALL OTHERS (Other vacancies, units rented or sold, units held for occasional use and similar units) - Skip to Check Item C

Facsimile of the Annual Housing Survey Questionnaire: 1975 - Continued

Section IV - VACANT UNITS - Continued	
(If rural transcribe from cc item 37b. If urban ask or fill by observation.)	
19. Does this place have 10 acres or more?	(099) 1 <input type="checkbox"/> Yes, 10 acres or more 2 <input type="checkbox"/> No, less than 10 acres
CHECK ITEM B	VACANT FOR SALE ONLY 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 (Control Card items 27c and d) - Ask 20 <input type="checkbox"/> All others - Skip to 27a
	VACANT FOR RENT If this is a - <input type="checkbox"/> One-unit structure on less than 10 acres - Skip to 22 <input type="checkbox"/> One-unit structure on 10 acres or more - Skip to 27a
20. What is the sale price asked for this property?	(100) 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
21. Is there a garage or carport on this property which is available for the use of occupants?	(043) 1 <input type="checkbox"/> Yes } Skip to 27a 2 <input type="checkbox"/> No }
22. 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 to be paid separately.)</i>	(133) \$ _____ (00) Per month (136) 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
23. Is this house (apartment) in a public housing project; that is, is it owned by a local housing authority or other public agency?	(140) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
24. In addition to rent, does the renter also pay for -	(142) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, included in rent 3 <input type="checkbox"/> No, electricity not used
a. Electricity?	
b. Gas?	(144) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, included in rent 3 <input type="checkbox"/> No, gas not used
c. Water?	(146) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, included in rent or no charge
d. Oil, coal, kerosene, wood, etc.?	(148) 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

Section IV - VACANT UNITS - Continued	
25. In addition to rent, does the renter also pay for garbage and trash collection?	
(150) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
CHECK ITEM C	(See Control Card item 27a) <input type="checkbox"/> One-unit structure, or a mobile home or trailer - Skip to 27a <input type="checkbox"/> Two-or-more-unit structure - Ask 26a
	26a. Does the owner of this building/Do you (if speaking to the owner) live on this property?
(161) 1 <input type="checkbox"/> Yes - Skip to 27a 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?	
(162) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	
OBSERVATION	
27a. Is the unit boarded-up?	
(233) 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?	
(234) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
CHECK ITEM D	(See Control Card item 27a) <input type="checkbox"/> One-unit structure, or a mobile home or trailer - End AHS-52 Interview and go to Control Card item 38a <input type="checkbox"/> Two-or-more-unit structure - Ask 28a
	OBSERVATION
28a. Do the public halls in this building have light fixtures?	
(236) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> No public halls } Skip to 29a	
b. Are the light fixtures in working order?	
(237) 1 <input type="checkbox"/> All in working order 2 <input type="checkbox"/> Some in working order 3 <input type="checkbox"/> None in working order	
29a. Are there loose, broken, or missing steps on any common stairways inside this building or attached to this building?	
(238) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> No common stairways - End AHS-52 Interview and go to Control Card item 38a	
b. Are all stair railings firmly attached?	
(239) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> No stair railings } End AHS-52 Interview and go to Control Card item 38a	
Notes	

Facsimile of the Annual Housing Survey Questionnaire: 1975 -Continued

Section III C - OCCUPIED UNITS - Continued	
NOTE - Ask 111a for all categories before asking 111b.	
(Obtain family income for head and all persons 14+ in household related to head by blood, marriage, or adoption.)	
111a. In the past 12 months, did any member of this family receive any money from -	
(1) Social Security or Railroad Retirement payments?	(262) <input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Estates, trusts or dividends?	(264) <input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Interest on savings accounts or bonds?	(266) <input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Net rental income?	(268) <input type="checkbox"/> Yes <input type="checkbox"/> No
(5) Welfare payments or other public assistance?	(270) <input type="checkbox"/> Yes <input type="checkbox"/> No
(6) Unemployment compensation?	(272) <input type="checkbox"/> Yes <input type="checkbox"/> No
(7) Workmen's compensation?	(274) <input type="checkbox"/> Yes <input type="checkbox"/> No
(8) Government employee pensions?	(276) <input type="checkbox"/> Yes <input type="checkbox"/> No
(9) Veterans payments?	(278) <input type="checkbox"/> Yes <input type="checkbox"/> No
(10) Private pensions or annuities?	(280) <input type="checkbox"/> Yes <input type="checkbox"/> No
(11) Alimony or child support?	(282) <input type="checkbox"/> Yes <input type="checkbox"/> No
(12) Regular contributions from persons not living in this household?	(284) <input type="checkbox"/> Yes <input type="checkbox"/> No
(13) Anything else?	(286) <input type="checkbox"/> Yes <input type="checkbox"/> No
NOTE - If "Yes" was answered for one or more of the categories in 111a, ask 111b.	
OBSERVATION - Fill for mobile home in group of 6 or more.	(288) <input type="checkbox"/> 6-99
112. How many mobile homes are in this group?	<input type="checkbox"/> 2 <input type="checkbox"/> 100 or more
OBSERVATION - Fill for 2 or more unit structures	(289) <input type="checkbox"/> None, on same floor
113. How many stories (floors) are there from the main entrance of the building to the main entrance of the apartment?	<input type="checkbox"/> 2 <input type="checkbox"/> One (up or down)
	<input type="checkbox"/> 3 <input type="checkbox"/> Two or more (up or down)
CHECK ITEM V	(See Control Card item 11b)
<input type="checkbox"/> Household contains only family members - Skip to Check Item W, page 35	
<input type="checkbox"/> Household contains persons 14+ NOT RELATED TO THE HEAD by blood, marriage or adoption - Ask 114	

Section III C - OCCUPIED UNITS - Continued	
114. In the last 12 months, how much did . . . earn in wages, salaries, tips and commissions (before taxes and deductions)?	
(Obtain income for persons 14+ in household NOT RELATED TO HEAD by blood, marriage or adoption.)	
115a. In the past 12 months, how much did . . . earn in net income from his/her own business, professional practice or partnership?	
b. In the past 12 months, how much did . . . earn in net income from his/her own farm or ranch?	
NOTE - Ask 116b for each "Yes" response in 116a. Ask 116a (and 116b, as appropriate) for all categories before asking 116c.	
116a. In the past 12 months did . . . (names of persons 14+ NOT RELATED TO HEAD by blood, marriage or adoption) receive any money from -	116b. Who received this type of income? (Enter line numbers)
(1) Social Security or Railroad Retirement payments?	(290) <input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Estates, trusts or dividends?	(291) <input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Interest on savings accounts or bonds?	(292) <input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Net rental income?	(293) <input type="checkbox"/> Yes <input type="checkbox"/> No
(5) Welfare payments or other public assistance?	(294) <input type="checkbox"/> Yes <input type="checkbox"/> No
(6) Unemployment compensation?	(295) <input type="checkbox"/> Yes <input type="checkbox"/> No
(7) Workmen's compensation?	(296) <input type="checkbox"/> Yes <input type="checkbox"/> No
(8) Government employee pensions?	(297) <input type="checkbox"/> Yes <input type="checkbox"/> No
(9) Veterans payments?	(298) <input type="checkbox"/> Yes <input type="checkbox"/> No
(10) Private pensions or annuities?	(299) <input type="checkbox"/> Yes <input type="checkbox"/> No
(11) Alimony or child support?	(300) <input type="checkbox"/> Yes <input type="checkbox"/> No
(12) Regular contributions from persons not living in this household?	(301) <input type="checkbox"/> Yes <input type="checkbox"/> No
(13) Anything else?	(302) <input type="checkbox"/> Yes <input type="checkbox"/> No
NOTES	(303)

Facsimile of the Annual Housing Survey Questionnaire: 1975 - Continued

Line No.	Line No.	Line No.	Line No.
114. 304 \$ 00	114. 323 \$ 00	114. 342 \$ 00	114. 361 \$ 00
115a. 306 \$ 00	115a. 325 \$ 00	115a. 344 \$ 00	115a. 363 \$ 00
307 <input type="checkbox"/> None 2 <input type="checkbox"/> Lost money (Enter amount LOST on line above)	326 <input type="checkbox"/> None 2 <input type="checkbox"/> Lost money (Enter amount LOST on line above)	343 <input type="checkbox"/> None 2 <input type="checkbox"/> Lost money (Enter amount LOST on line above)	364 <input type="checkbox"/> None 2 <input type="checkbox"/> Lost money (Enter amount LOST on line above)
b. 308 \$ 00	b. 327 \$ 00	b. 346 \$ 00	b. 365 \$ 00
309 <input type="checkbox"/> None 2 <input type="checkbox"/> Lost money (Enter amount LOST on line above)	328 <input type="checkbox"/> None 2 <input type="checkbox"/> Lost money (Enter amount LOST on line above)	347 <input type="checkbox"/> None 2 <input type="checkbox"/> Lost money (Enter amount LOST on line above)	366 <input type="checkbox"/> None 2 <input type="checkbox"/> Lost money (Enter amount LOST on line above)
116c. How much did... receive from (source of income)?	116c. How much did... receive from (source of income)?	116c. How much did... receive from (source of income)?	116c. How much did... receive from (source of income)?
(1) 310 \$ 00	(1) 329 \$ 00	(1) 348 \$ 00	(1) 367 \$ 00
(2) 311 \$ 00	(2) 330 \$ 00	(2) 349 \$ 00	(2) 368 \$ 00
(3) 312 \$ 00	(3) 331 \$ 00	(3) 350 \$ 00	(3) 369 \$ 00
(4) 313 \$ 00	(4) 332 \$ 00	(4) 351 \$ 00	(4) 370 \$ 00
(5) 314 \$ 00	(5) 333 \$ 00	(5) 352 \$ 00	(5) 371 \$ 00
(6) 315 \$ 00	(6) 334 \$ 00	(6) 353 \$ 00	(6) 372 \$ 00
(7) 316 \$ 00	(7) 335 \$ 00	(7) 354 \$ 00	(7) 373 \$ 00
(8) 317 \$ 00	(8) 336 \$ 00	(8) 355 \$ 00	(8) 374 \$ 00
(9) 318 \$ 00	(9) 337 \$ 00	(9) 356 \$ 00	(9) 375 \$ 00
(10) 319 \$ 00	(10) 338 \$ 00	(10) 357 \$ 00	(10) 376 \$ 00
(11) 320 \$ 00	(11) 339 \$ 00	(11) 358 \$ 00	(11) 377 \$ 00
(12) 321 \$ 00	(12) 340 \$ 00	(12) 359 \$ 00	(12) 378 \$ 00
(13) 322 \$ 00	(13) 341 \$ 00	(13) 360 \$ 00	(13) 379 \$ 00
CHECK ITEM W (See Control Card item 27a.) <input type="checkbox"/> One-unit structure, detached, except mobile home or trailer - Skip to Section IV, page 36 <input type="checkbox"/> All others - Skip to Section V, page 37			

Section IV - ENERGY CONSERVATION	
INTRODUCTION	I have some questions about insulation you might have added or installed to your house during the past 12 months.
CHECK ITEM A	(Control Card item 34a) <input type="checkbox"/> "Yes, all windows" or "Yes, some windows" in 34a - Ask 1 <input type="checkbox"/> "No" marked in item 34a - Skip to Check item B
1. During the past 12 months were any storm windows, double-glazed glass, or other protective covering, such as closeable shutters, plastic, etc., installed over the window openings on this house?	380 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM B	(See Control Card item 34b) <input type="checkbox"/> "Yes, all doors" or "Yes, some doors" in 34b - Ask 2 <input type="checkbox"/> "No" marked in item 34b - Skip to 3
2. During the past 12 months were any storm doors installed on this house?	381 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
3. During the past 12 months was any insulation added or installed in this house?	382 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to 5
CHECK ITEM C	(See Control Card item 34c) <input type="checkbox"/> "Yes" marked in 34c - Ask 4a <input type="checkbox"/> "No" or "Don't know" in 34c - Skip to 4c
4a. During the past 12 months was attic or roof insulation installed?	383 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to c
b. How much insulation was ADDED to the attic or roof - was it less than 3 inches, 3 up to 6 inches, or 6 inches or more?	384 1 <input type="checkbox"/> Less than 3 inches 2 <input type="checkbox"/> 3 up to 6 inches 3 <input type="checkbox"/> 6 inches or more 4 <input type="checkbox"/> Don't know
c. During the past 12 months was any insulation added or installed in the exterior walls?	385 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
5. During the past 12 months have you added caulking or weatherstripping to the exterior doors or windows?	386 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM D	(See Control Card item 25a) <input type="checkbox"/> Owned or being bought <input type="checkbox"/> "Yes" marked in any of 1, 2, 4a, 4c, or 5 above - Ask 6 <input type="checkbox"/> "No" marked in 1, 2, 4a, 4c, and 5 above - Skip to Section V, page 37 (See Control Card item 25a) <input type="checkbox"/> Rented or rent free - Skip to Section V, page 37
6. What was the total cost of the (storm windows, storm doors, additional attic or roof insulation, additional wall insulation, or caulking or weatherstripping) which was added or installed during the past 12 months?	387 1 <input type="checkbox"/> \$1-99 2 <input type="checkbox"/> 100-199 3 <input type="checkbox"/> 200-399 4 <input type="checkbox"/> 400 or more 5 <input type="checkbox"/> Don't know 6 <input type="checkbox"/> No charge, or none

Facsimile of the Annual Housing Survey Questionnaire: 1975 -Continued

ITEM A		(Mark all 3 parts)	
(1) Head had job last week. ("Yes" in item 2c)	<input type="checkbox"/> Yes* <input type="checkbox"/> No	(1) Yes* <input type="checkbox"/> No	<input type="checkbox"/> Yes* <input type="checkbox"/> No
(2) Head reports to same location each day. ("Yes" in item 4a or 4b)	<input type="checkbox"/> Yes* <input type="checkbox"/> No	(2) Yes* <input type="checkbox"/> No	<input type="checkbox"/> Yes* <input type="checkbox"/> No
(3) Head works 5 miles or more from home. (Item 7 is 5 miles or more. If item 7 is blank, mark the "No" box.)	<input type="checkbox"/> Yes* <input type="checkbox"/> No	(3) Yes* <input type="checkbox"/> No	<input type="checkbox"/> Yes* <input type="checkbox"/> No
* All "Yes," go to item 10. Any other combination, go to the next worker.			
10a. Does ... (head) have any objections to the distance (he/she) travels to get to work?	405 <input type="checkbox"/> Yes <input type="checkbox"/> No Skip to c	2 <input type="checkbox"/> No <input type="checkbox"/> Yes Ask b	
b. What would you say your reasons are for living 5 or more miles from ...'s (head) place of work?			
Is it because -			
(1) You like the neighbors in your present neighborhood?	406 <input type="checkbox"/> Yes <input type="checkbox"/> No	3 <input type="checkbox"/> Yes <input type="checkbox"/> No	4 <input type="checkbox"/> No <input type="checkbox"/> Yes
(2) You like your house (apartment)?	407 <input type="checkbox"/> Yes <input type="checkbox"/> No	1 <input type="checkbox"/> Yes <input type="checkbox"/> No	2 <input type="checkbox"/> No <input type="checkbox"/> Yes
(3) Your present home is close to good schools, or church?	408 <input type="checkbox"/> Yes <input type="checkbox"/> No	3 <input type="checkbox"/> Yes <input type="checkbox"/> No	4 <input type="checkbox"/> No <input type="checkbox"/> Yes
(4) Your present home is convenient to shops, recreation, and similar facilities?	409 <input type="checkbox"/> Yes <input type="checkbox"/> No	1 <input type="checkbox"/> Yes <input type="checkbox"/> No	2 <input type="checkbox"/> No <input type="checkbox"/> Yes
(5) Your present home is close to the jobs of others (besides the head) in your family?	410 <input type="checkbox"/> Yes <input type="checkbox"/> No	3 <input type="checkbox"/> Yes <input type="checkbox"/> No	4 <input type="checkbox"/> No <input type="checkbox"/> Yes
(6) You can afford your present home?	411 <input type="checkbox"/> Yes <input type="checkbox"/> No	1 <input type="checkbox"/> Yes <input type="checkbox"/> No	2 <input type="checkbox"/> No <input type="checkbox"/> Yes
(7) You're used to your present home, you're comfortable, you've always lived here?	412 <input type="checkbox"/> Yes <input type="checkbox"/> No	3 <input type="checkbox"/> Yes <input type="checkbox"/> No	4 <input type="checkbox"/> No <input type="checkbox"/> Yes
(8) Some other reason I have not already mentioned?	413 <input type="checkbox"/> Yes <input type="checkbox"/> No	1 <input type="checkbox"/> Yes <input type="checkbox"/> No	2 <input type="checkbox"/> No <input type="checkbox"/> Yes
If "Yes," specify reason(s) - _____			
(Skip to Note above item 11)			
c. What are the reasons you don't live closer to ...'s (head) place of work?			
Is it because -			
(9) You don't like any houses which are closer to work?	414 <input type="checkbox"/> Yes <input type="checkbox"/> No	3 <input type="checkbox"/> Yes <input type="checkbox"/> No	4 <input type="checkbox"/> No <input type="checkbox"/> Yes
(10) You would not like to live among the type of people in the neighborhoods which are closer to work?	415 <input type="checkbox"/> Yes <input type="checkbox"/> No	1 <input type="checkbox"/> Yes <input type="checkbox"/> No	2 <input type="checkbox"/> No <input type="checkbox"/> Yes
(11) The neighborhoods closer to work have poor schools or lack churches?	416 <input type="checkbox"/> Yes <input type="checkbox"/> No	3 <input type="checkbox"/> Yes <input type="checkbox"/> No	4 <input type="checkbox"/> No <input type="checkbox"/> Yes
(12) The neighborhoods closer to work are inconvenient to shops, recreation, or other similar facilities?	417 <input type="checkbox"/> Yes <input type="checkbox"/> No	1 <input type="checkbox"/> Yes <input type="checkbox"/> No	2 <input type="checkbox"/> No <input type="checkbox"/> Yes
(13) The neighborhoods closer to ...'s (head) work are too far from other family members' jobs?	418 <input type="checkbox"/> Yes <input type="checkbox"/> No	3 <input type="checkbox"/> Yes <input type="checkbox"/> No	4 <input type="checkbox"/> No <input type="checkbox"/> Yes
(14) You cannot afford housing in neighborhoods closer to work?	419 <input type="checkbox"/> Yes <input type="checkbox"/> No	1 <input type="checkbox"/> Yes <input type="checkbox"/> No	2 <input type="checkbox"/> No <input type="checkbox"/> Yes
(15) There is no closer housing available?	420 <input type="checkbox"/> Yes <input type="checkbox"/> No	3 <input type="checkbox"/> Yes <input type="checkbox"/> No	4 <input type="checkbox"/> No <input type="checkbox"/> Yes
(16) You don't like change; it's trouble to move?	421 <input type="checkbox"/> Yes <input type="checkbox"/> No	1 <input type="checkbox"/> Yes <input type="checkbox"/> No	2 <input type="checkbox"/> No <input type="checkbox"/> Yes
(17) ... (head's) present job is temporary, or ... (head) expects to change jobs?	422 <input type="checkbox"/> Yes <input type="checkbox"/> No	3 <input type="checkbox"/> Yes <input type="checkbox"/> No	4 <input type="checkbox"/> No <input type="checkbox"/> Yes
(18) Some other reason I have not already mentioned?	423 <input type="checkbox"/> Yes <input type="checkbox"/> No	1 <input type="checkbox"/> Yes <input type="checkbox"/> No	2 <input type="checkbox"/> No <input type="checkbox"/> Yes
If "Yes," specify reason(s) - _____			
If 2 or more "Yes" answers in categories 1-18, ask item 11. If one "Yes" or all "No," go to next worker.			
11. You have told me that the reasons you live 5 or more miles from work are (Specify "Yes" answers mentioned in 1-18 above). Which reason would you say is the most important reason you live 5 or more miles from ...'s (head) work?	424 _____ Reason number	(Go to next worker)	

Line number of person (388)		Line number of respondent (389)		If last worker in this household, mark this box <input type="checkbox"/>	
3a. What is ...'s principal means of transportation to work?				4d. Is ...'s place of work inside the incorporated (legal) limits of (name of city, town, village, etc., listed in 4c(4)?	
390 <input type="checkbox"/> Truck <input type="checkbox"/> Car or carpool				396 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	
391 <input type="checkbox"/> Drives alone - Skip to 4a <input type="checkbox"/> Shares driving <input type="checkbox"/> Drives others <input type="checkbox"/> Rides with someone else <input type="checkbox"/> Walks only - Skip to 4a <input type="checkbox"/> Works at home - Skip to 8a <input type="checkbox"/> Railroad <input type="checkbox"/> Subway or elevated <input type="checkbox"/> Bus or streetcar <input type="checkbox"/> Taxicab <input type="checkbox"/> Motorcycle <input type="checkbox"/> Bicycle <input type="checkbox"/> Other means - Specify _____				5. What time does ... usually leave for work? 397 _____ Time 398 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
b. Does ... usually ALSO use a car for part of the trip to work? 392 <input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to 4a				6. How long does it usually take ... to get from home to work? 399 _____ Minutes	
c. How many people, including ... usually ride in the car to work? 393 _____ Number				7. What is ...'s ONE-WAY distance from home to work? 400 _____ Miles OR <input type="checkbox"/> Less than 1 mile	
4a. Does ... usually WORK at the same location each day? 394 <input type="checkbox"/> Yes - Skip to 4c <input type="checkbox"/> No				8a. In the last year, has ... changed his principal means of transportation to work? 401 <input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to 9	
b. Does ... usually REPORT to the same location to begin work each day? 395 <input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to 8a				b. What was ...'s principal means of transportation to work (prior to the change)? 402 <input type="checkbox"/> Truck <input type="checkbox"/> Car or carpool	
c. Where is ...'s usual place of work? (1) Company or business establishment name _____ _____ _____ (2) Address (Number and street) Note - If address (number and street name) are not known, enter building name, shopping center name, or other physical location description. _____ _____ _____ (3) Names of nearest intersecting streets _____ _____ (4) Name of city, town, village, borough, etc. _____ _____ (5) County _____ State ZIP code _____				403 <input type="checkbox"/> Drove alone <input type="checkbox"/> Shared driving <input type="checkbox"/> Drove others <input type="checkbox"/> Rode with someone else <input type="checkbox"/> Walked only <input type="checkbox"/> Worked at home <input type="checkbox"/> Railroad <input type="checkbox"/> Subway or elevated <input type="checkbox"/> Bus or streetcar <input type="checkbox"/> Taxicab <input type="checkbox"/> Motorcycle <input type="checkbox"/> Bicycle <input type="checkbox"/> Other means - Specify _____	
9. If "Yes" marked in 8a - ASK Compared to ...'s previous means of transportation to work (Given in 8b), how satisfied is ... with his present means of transportation to work - much more, more, about the same, less or much less satisfied? 404 <input type="checkbox"/> Much more satisfied <input type="checkbox"/> More satisfied <input type="checkbox"/> About the same satisfaction <input type="checkbox"/> Less satisfied <input type="checkbox"/> Much less satisfied <input type="checkbox"/> Don't know <input type="checkbox"/> Did not work last year				If "No" marked in 8a - ASK Compared to a year ago, how satisfied is ... now with his principal means of transportation to work - much more, more, about the same, less or much less satisfied?	
INTERVIEWER _____				Be sure to transcribe items 2c, 3a, 3b, 6 and 7 for head of household to items 32a-e on page 13 of AHS-2 Questionnaire.	
Ask Question 10, page 39, for the HEAD					

Facsimile of the Annual Housing Survey Questionnaire: 1975 -Continued

PGM 5

Line number of person 388	Line number of respondent 389	If last worker in this household, mark this box <input type="checkbox"/>
3a. What is . . . 's principal means of transportation to work? 390 1 <input type="checkbox"/> Truck } 2 <input type="checkbox"/> Car or carpool } 391 1 <input type="checkbox"/> Drives alone - Skip to 4a 2 <input type="checkbox"/> Shares driving } 3 <input type="checkbox"/> Drives others } Skip to 3c 4 <input type="checkbox"/> Rides with someone else } 5 <input type="checkbox"/> Walks only - Skip to 4a 6 <input type="checkbox"/> Works at home - Skip to 8a 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"/> Motorcycle 12 <input type="checkbox"/> Bicycle 13 <input type="checkbox"/> Other means - Specify _____		4d. Is . . . 's place of work inside the incorporated (legal) limits of (name of city, town, village, etc., listed in 4c(4)? 396 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know 5. What time does . . . usually leave for work? 397 _____ Time 398 1 <input type="checkbox"/> a.m. 2 <input type="checkbox"/> p.m. 6. How long does it usually take . . . to get from home to work? 399 _____ Minutes 7. What is . . . 's ONE-WAY distance from home to work? 400 _____ Miles OR <input type="checkbox"/> Less than 1 mile 8a. In the last year, has . . . changed his principal means of transportation to work? 401 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to 9 b. What was . . . 's principal means of transportation to work (prior to the change)? 402 1 <input type="checkbox"/> Truck } 2 <input type="checkbox"/> Car or carpool } 403 1 <input type="checkbox"/> Drove alone 2 <input type="checkbox"/> Shared driving 3 <input type="checkbox"/> Drove others 4 <input type="checkbox"/> Rode with someone else 5 <input type="checkbox"/> Walked only 6 <input type="checkbox"/> Worked at home 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"/> Motorcycle 12 <input type="checkbox"/> Bicycle 13 <input type="checkbox"/> Other means - Specify _____
b. Does . . . usually ALSO use a car for part of the trip to work? 392 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to 4a c. How many people, including . . . , usually ride in the car to work? 393 _____ Number 4a. Does . . . usually WORK at the same location each day? 394 1 <input type="checkbox"/> Yes - Skip to 4c 2 <input type="checkbox"/> No b. Does . . . usually REPORT to the same location to begin work each day? 395 3 <input type="checkbox"/> Yes 4 <input type="checkbox"/> No - Skip to 8a c. Where is . . . 's usual place of work? (1) Company or business establishment name _____ _____ _____ (2) Address (Number and street) Note - If address (number and street name) are not known, enter building name, shopping center name, or other physical location description. _____ _____ (3) Names of nearest intersecting streets _____ _____ (4) Name of city, town, village, borough, etc. _____ _____ (5) County _____ State _____ ZIP code _____		9. If "Yes" marked in 8a - ASK Compared to . . . 's previous means of transportation to work (Given in 8b), how satisfied is . . . with his present means of transportation to work - much more, more, about the same, less or much less satisfied? 404 1 <input type="checkbox"/> Much more satisfied 2 <input type="checkbox"/> More satisfied 3 <input type="checkbox"/> About the same satisfaction 4 <input type="checkbox"/> Less satisfied 5 <input type="checkbox"/> Much less satisfied 6 <input type="checkbox"/> Don't know 7 <input type="checkbox"/> Did not work last year If "No" marked in 8a - ASK Compared to a year ago, how satisfied is . . . now with his principal means of transportation to work - much more, more, about the same, less or much less satisfied?
INTERVIEWER } Be sure to transcribe items 2c, 3a, 3b, 6 and 7 for head of household to items 82a-e on page 13 of AHS-2 questionnaire.		INTERVIEWER } Be sure to transcribe items 2c, 3a, 3b, 6 and 7 for head of household to items 82a-e on page 13 of AHS-2 questionnaire.
Ask Question 10, page 39, for the HEAD		Ask Question 10, page 39, for the HEAD

PGM 5

Line number of person 388	Line number of respondent 389	If last worker in this household, mark this box <input type="checkbox"/>
3a. What is . . . 's principal means of transportation to work? 390 1 <input type="checkbox"/> Truck } 2 <input type="checkbox"/> Car or carpool } 391 1 <input type="checkbox"/> Drives alone - Skip to 4a 2 <input type="checkbox"/> Shares driving } 3 <input type="checkbox"/> Drives others } Skip to 3c 4 <input type="checkbox"/> Rides with someone else } 5 <input type="checkbox"/> Walks only - Skip to 4a 6 <input type="checkbox"/> Works at home - Skip to 8a 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"/> Motorcycle 12 <input type="checkbox"/> Bicycle 13 <input type="checkbox"/> Other means - Specify _____		4d. Is . . . 's place of work inside the incorporated (legal) limits of (name of city, town, village, etc., listed in 4c(4)? 396 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know 5. What time does . . . usually leave for work? 397 _____ Time 398 1 <input type="checkbox"/> a.m. 2 <input type="checkbox"/> p.m. 6. How long does it usually take . . . to get from home to work? 399 _____ Minutes 7. What is . . . 's ONE-WAY distance from home to work? 400 _____ Miles DR <input type="checkbox"/> Less than 1 mile 8a. In the last year, has . . . changed his principal means of transportation to work? 401 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to 9 b. What was . . . 's principal means of transportation to work (prior to the change)? 402 1 <input type="checkbox"/> Truck } 2 <input type="checkbox"/> Car or carpool } 403 1 <input type="checkbox"/> Drove alone 2 <input type="checkbox"/> Shared driving 3 <input type="checkbox"/> Drove others 4 <input type="checkbox"/> Rode with someone else 5 <input type="checkbox"/> Walked only 6 <input type="checkbox"/> Worked at home 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"/> Motorcycle 12 <input type="checkbox"/> Bicycle 13 <input type="checkbox"/> Other means - Specify _____
b. Does . . . usually ALSO use a car for part of the trip to work? 392 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to 4a c. How many people, including . . . , usually ride in the car to work? 393 _____ Number 4a. Does . . . usually WORK at the same location each day? 394 1 <input type="checkbox"/> Yes - Skip to 4c 2 <input type="checkbox"/> No b. Does . . . usually REPORT to the same location to begin work each day? 395 3 <input type="checkbox"/> Yes 4 <input type="checkbox"/> No - Skip to 8a c. Where is . . . 's usual place of work? (1) Company or business establishment name _____ _____ _____ (2) Address (Number and street) Note - If address (number and street name) are not known, enter building name, shopping center name, or other physical location description. _____ _____ (3) Names of nearest intersecting streets _____ _____ (4) Name of city, town, village, borough, etc. _____ _____ (5) County _____ State _____ ZIP code _____		9. If "Yes" marked in 8a - ASK Compared to . . . 's previous means of transportation to work (Given in 8b), how satisfied is . . . with his present means of transportation to work - much more, more, about the same, less or much less satisfied? 404 1 <input type="checkbox"/> Much more satisfied 2 <input type="checkbox"/> More satisfied 3 <input type="checkbox"/> About the same satisfaction 4 <input type="checkbox"/> Less satisfied 5 <input type="checkbox"/> Much less satisfied 6 <input type="checkbox"/> Don't know 7 <input type="checkbox"/> Did not work last year If "No" marked in 8a - ASK Compared to a year ago, how satisfied is . . . now with his principal means of transportation to work - much more, more, about the same, less or much less satisfied?
INTERVIEWER } Be sure to transcribe items 2c, 3a, 3b, 6 and 7 for head of household to items 82a-e on page 13 of AHS-2 questionnaire.		INTERVIEWER } Be sure to transcribe items 2c, 3a, 3b, 6 and 7 for head of household to items 82a-e on page 13 of AHS-2 questionnaire.
Ask Question 10, page 39, for the HEAD		Ask Question 10, page 39, for the HEAD

Facsimile of the Annual Housing Survey Questionnaire: 1975 - Continued

Line number of person: 388	Line number of respondent: 389	If last worker in this household, mark this box <input type="checkbox"/>
<p>3a. What is ...'s principal means of transportation to work?</p> <p>396 <input type="checkbox"/> Truck</p> <p>397 <input type="checkbox"/> Car or carpool</p> <p>398 <input type="checkbox"/> Drives alone - Skip to 4a</p> <p>399 <input type="checkbox"/> Shares driving</p> <p>400 <input type="checkbox"/> Drives others</p> <p>401 <input type="checkbox"/> Rides with someone else</p> <p>402 <input type="checkbox"/> Walks only - Skip to 4a</p> <p>403 <input type="checkbox"/> Works at home - Skip to 8a</p> <p>404 <input type="checkbox"/> Railroad</p> <p>405 <input type="checkbox"/> Subway or elevated</p> <p>406 <input type="checkbox"/> Bus or streetcar</p> <p>407 <input type="checkbox"/> Taxicab</p> <p>408 <input type="checkbox"/> Motorcycle</p> <p>409 <input type="checkbox"/> Bicycle</p> <p>410 <input type="checkbox"/> Other means - Specify _____</p>		<p>4d. Is ...'s place of work inside the incorporated (legal) limits of (name of city, town, village, etc., listed in 4c(4))?</p> <p>411 <input type="checkbox"/> Yes</p> <p>412 <input type="checkbox"/> No</p> <p>413 <input type="checkbox"/> Don't know</p>
<p>b. Does ... usually ALSO use a car for part of the trip to work?</p> <p>414 <input type="checkbox"/> Yes</p> <p>415 <input type="checkbox"/> No - Skip to 4a</p>		<p>5. What time does ... usually leave for work?</p> <p>416 _____ Time</p> <p>417 <input type="checkbox"/> a.m.</p> <p>418 <input type="checkbox"/> p.m.</p>
<p>c. How many people, including ..., usually ride in the car to work?</p> <p>419 _____ Number</p>		<p>6. How long does it usually take ... to get from home to work?</p> <p>420 _____ Minutes</p>
<p>4a. Does ... usually WORK at the same location each day?</p> <p>421 <input type="checkbox"/> Yes - Skip to 4c</p> <p>422 <input type="checkbox"/> No</p>		<p>7. What is ...'s ONE-WAY distance from home to work?</p> <p>423 _____ Miles OR</p> <p>424 <input type="checkbox"/> Less than 1 mile</p>
<p>b. Does ... usually REPORT to the same location to begin work each day?</p> <p>425 <input type="checkbox"/> Yes</p> <p>426 <input type="checkbox"/> No - Skip to 8a</p>		<p>8a. In the last year, has ... changed his principal means of transportation to work?</p> <p>427 <input type="checkbox"/> Yes</p> <p>428 <input type="checkbox"/> No - Skip to 9</p>
<p>c. Where is ...'s usual place of work?</p> <p>(1) Company or business establishment name</p> <p>_____</p> <p>(2) Address (Number and street)</p> <p>Note - If address (number and street name) are not known, enter building name, shopping center name, or other physical location description.</p> <p>_____</p> <p>(3) Names of nearest intersecting streets</p> <p>_____</p> <p>(4) Name of city, town, village, borough, etc.</p> <p>_____</p> <p>(5) County</p> <p>_____</p> <p>State _____ ZIP code _____</p>		<p>b. What was ...'s principal means of transportation to work (prior to the change)?</p> <p>429 <input type="checkbox"/> Truck</p> <p>430 <input type="checkbox"/> Car or carpool</p> <p>431 <input type="checkbox"/> Drove alone</p> <p>432 <input type="checkbox"/> Shared driving</p> <p>433 <input type="checkbox"/> Drove others</p> <p>434 <input type="checkbox"/> Rode with someone else</p> <p>435 <input type="checkbox"/> Walked only</p> <p>436 <input type="checkbox"/> Worked at home</p> <p>437 <input type="checkbox"/> Railroad</p> <p>438 <input type="checkbox"/> Subway or elevated</p> <p>439 <input type="checkbox"/> Bus or streetcar</p> <p>440 <input type="checkbox"/> Taxicab</p> <p>441 <input type="checkbox"/> Motorcycle</p> <p>442 <input type="checkbox"/> Bicycle</p> <p>443 <input type="checkbox"/> Other means - Specify _____</p>
<p>9. If "Yes" marked in 8a - ASK Compared to ...'s previous means of transportation to work (Given in 8b), how satisfied is ... with his present means of transportation to work - much more, more, about the same, less or much less satisfied?</p> <p>444 <input type="checkbox"/> Much more satisfied</p> <p>445 <input type="checkbox"/> More satisfied</p> <p>446 <input type="checkbox"/> About the same satisfaction</p> <p>447 <input type="checkbox"/> Less satisfied</p> <p>448 <input type="checkbox"/> Much less satisfied</p> <p>449 <input type="checkbox"/> Don't know</p> <p>450 <input type="checkbox"/> Did not work last year</p>		<p>If "No" marked in 8a - ASK Compared to a year ago, how satisfied is ... now with his principal means of transportation to work - much more, more, about the same, less or much less satisfied?</p> <p>451 <input type="checkbox"/> Much more satisfied</p> <p>452 <input type="checkbox"/> More satisfied</p> <p>453 <input type="checkbox"/> About the same satisfaction</p> <p>454 <input type="checkbox"/> Less satisfied</p> <p>455 <input type="checkbox"/> Much less satisfied</p> <p>456 <input type="checkbox"/> Don't know</p> <p>457 <input type="checkbox"/> Did not work last year</p>
<p>INTERVIEWER Be sure to transcribe items 2c, 3a, 3b, 6 and 7 for head of household to items 82a-e on page 13 of AHS-2 questionnaire.</p> <p>Ask Question 10, page 39, for the HEAD</p>		

Line number of person: 388	Line number of respondent: 389	If last worker in this household, mark this box <input type="checkbox"/>
<p>3a. What is ...'s principal means of transportation to work?</p> <p>396 <input type="checkbox"/> Truck</p> <p>397 <input type="checkbox"/> Car or carpool</p> <p>398 <input type="checkbox"/> Drives alone - Skip to 4a</p> <p>399 <input type="checkbox"/> Shares driving</p> <p>400 <input type="checkbox"/> Drives others</p> <p>401 <input type="checkbox"/> Rides with someone else</p> <p>402 <input type="checkbox"/> Walks only - Skip to 4a</p> <p>403 <input type="checkbox"/> Works at home - Skip to 8a</p> <p>404 <input type="checkbox"/> Railroad</p> <p>405 <input type="checkbox"/> Subway or elevated</p> <p>406 <input type="checkbox"/> Bus or streetcar</p> <p>407 <input type="checkbox"/> Taxicab</p> <p>408 <input type="checkbox"/> Motorcycle</p> <p>409 <input type="checkbox"/> Bicycle</p> <p>410 <input type="checkbox"/> Other means - Specify _____</p>		<p>4d. Is ...'s place of work inside the incorporated (legal) limits of (name of city, town, village, etc., listed in 4c(4))?</p> <p>411 <input type="checkbox"/> Yes</p> <p>412 <input type="checkbox"/> No</p> <p>413 <input type="checkbox"/> Don't know</p>
<p>b. Does ... usually ALSO use a car for part of the trip to work?</p> <p>414 <input type="checkbox"/> Yes</p> <p>415 <input type="checkbox"/> No - Skip to 4a</p>		<p>5. What time does ... usually leave for work?</p> <p>416 _____ Time</p> <p>417 <input type="checkbox"/> a.m.</p> <p>418 <input type="checkbox"/> p.m.</p>
<p>c. How many people, including ..., usually ride in the car to work?</p> <p>419 _____ Number</p>		<p>6. How long does it usually take ... to get from home to work?</p> <p>420 _____ Minutes</p>
<p>4a. Does ... usually WORK at the same location each day?</p> <p>421 <input type="checkbox"/> Yes - Skip to 4c</p> <p>422 <input type="checkbox"/> No</p>		<p>7. What is ...'s ONE-WAY distance from home to work?</p> <p>423 _____ Miles OR</p> <p>424 <input type="checkbox"/> Less than 1 mile</p>
<p>b. Does ... usually REPORT to the same location to begin work each day?</p> <p>425 <input type="checkbox"/> Yes</p> <p>426 <input type="checkbox"/> No - Skip to 8a</p>		<p>8a. In the last year, has ... changed his principal means of transportation to work?</p> <p>427 <input type="checkbox"/> Yes</p> <p>428 <input type="checkbox"/> No - Skip to 9</p>
<p>c. Where is ...'s usual place of work?</p> <p>(1) Company or business establishment name</p> <p>_____</p> <p>(2) Address (Number and street)</p> <p>Note - If address (number and street name) are not known, enter building name, shopping center name, or other physical location description.</p> <p>_____</p> <p>(3) Names of nearest intersecting streets</p> <p>_____</p> <p>(4) Name of city, town, village, borough, etc.</p> <p>_____</p> <p>(5) County</p> <p>_____</p> <p>State _____ ZIP code _____</p>		<p>b. What was ...'s principal means of transportation to work (prior to the change)?</p> <p>429 <input type="checkbox"/> Truck</p> <p>430 <input type="checkbox"/> Car or carpool</p> <p>431 <input type="checkbox"/> Drove alone</p> <p>432 <input type="checkbox"/> Shared driving</p> <p>433 <input type="checkbox"/> Drove others</p> <p>434 <input type="checkbox"/> Rode with someone else</p> <p>435 <input type="checkbox"/> Walked only</p> <p>436 <input type="checkbox"/> Worked at home</p> <p>437 <input type="checkbox"/> Railroad</p> <p>438 <input type="checkbox"/> Subway or elevated</p> <p>439 <input type="checkbox"/> Bus or streetcar</p> <p>440 <input type="checkbox"/> Taxicab</p> <p>441 <input type="checkbox"/> Motorcycle</p> <p>442 <input type="checkbox"/> Bicycle</p> <p>443 <input type="checkbox"/> Other means - Specify _____</p>
<p>9. If "Yes" marked in 8a - ASK Compared to ...'s previous means of transportation to work (Given in 8b), how satisfied is ... with his present means of transportation to work - much more, more, about the same, less or much less satisfied?</p> <p>444 <input type="checkbox"/> Much more satisfied</p> <p>445 <input type="checkbox"/> More satisfied</p> <p>446 <input type="checkbox"/> About the same satisfaction</p> <p>447 <input type="checkbox"/> Less satisfied</p> <p>448 <input type="checkbox"/> Much less satisfied</p> <p>449 <input type="checkbox"/> Don't know</p> <p>450 <input type="checkbox"/> Did not work last year</p>		<p>If "No" marked in 8a - ASK Compared to a year ago, how satisfied is ... now with his principal means of transportation to work - much more, more, about the same, less or much less satisfied?</p> <p>451 <input type="checkbox"/> Much more satisfied</p> <p>452 <input type="checkbox"/> More satisfied</p> <p>453 <input type="checkbox"/> About the same satisfaction</p> <p>454 <input type="checkbox"/> Less satisfied</p> <p>455 <input type="checkbox"/> Much less satisfied</p> <p>456 <input type="checkbox"/> Don't know</p> <p>457 <input type="checkbox"/> Did not work last year</p>
<p>INTERVIEWER Be sure to transcribe items 2c, 3a, 3b, 6 and 7 for head of household to items 82a-e on page 13 of AHS-2 questionnaire.</p> <p>Ask Question 10, page 39, for the HEAD</p>		