

Facsimile of the Annual Housing Survey Questionnaire: 1975

(Sec. I, II, III) Form Approved: O.M.B. No. 41-R2771
 (Sec. IV) O.M.B. No. 41-575035; Approval Expires January 1976
 (Sec. V) Form Approved: O.M.B. No. 41-R2841

1. Control number (cc 1) PSU _____ Segment _____ Serial _____	2. MH No. (cc 2) _____	3. Sample (cc 4) (Circle one) F1 or F2	NOTICE - All information which would permit identification of the individual will be held in strict confidence, and will be used only by persons engaged in and for the purposes of the survey. The information will not be disclosed or released to others for any purposes. FORM AHS-2 (4-12-75) U.S. DEPARTMENT OF COMMERCE SOCIAL AND ECONOMIC STATISTICS ADMINISTRATION BUREAU OF THE CENSUS ACTING AS COLLECTING AGENT FOR DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
ANNUAL HOUSING SURVEY NATIONAL SAMPLE - 1975			
4. Type of Segment (cc 3) <input type="checkbox"/> Area <input type="checkbox"/> Special place <input type="checkbox"/> Address <input type="checkbox"/> CEN-SUP <input type="checkbox"/> Permit <input type="checkbox"/>	5a. Interviewer name _____ b. Code _____ 5b. Date interview completed Month/day/year _____ 5c. Line No. of MH respondent (cc 10) _____		
6. Conversion - merger status (001) <input type="checkbox"/> Merged - in current sample <input type="checkbox"/> Converted to more housing units <input type="checkbox"/> No change	7. Type of interview Interview (002) <input type="checkbox"/> Regular } Skip to Check Item A, page 14 <input type="checkbox"/> URE } <input type="checkbox"/> Vacant - Skip to Section IIB, page 4 <input type="checkbox"/> Noninterview		
Section I			
TRANSCRIBE FROM CONTROL CARD			
8. Reason for noninterview (cc 40d) a. Type A (003) <input type="checkbox"/> No one home <input type="checkbox"/> Temporarily absent <input type="checkbox"/> Refused <input type="checkbox"/> Unable to locate <input type="checkbox"/> Other occupied - Specify _____ b. Type B (003) <input type="checkbox"/> Permanent or temporary business or storage } Fill item 8c <input type="checkbox"/> OTHER unit, except unoccupied tent site or trailer site } <input type="checkbox"/> Unoccupied tent site or trailer site } <input type="checkbox"/> Under construction - not ready } <input type="checkbox"/> To be demolished. . . . } <input type="checkbox"/> Condemned. . . . } <input type="checkbox"/> Unfit, vandalized. . . . } Fill items 8d and e <input type="checkbox"/> Unfit, burned out. . . . } <input type="checkbox"/> Unfit, other. . . . } <input type="checkbox"/> Other - Specify _____ 13. Permit granted - construction not started	8. Reason for noninterview (cc 40d) c. Type C (003) <input type="checkbox"/> Unused line of listing sheet <input type="checkbox"/> Demolished <input type="checkbox"/> Disaster loss (fire, flood, etc.) <input type="checkbox"/> House or trailer moved <input type="checkbox"/> Merged - not in current sample <input type="checkbox"/> Built after April 1, 1970 <input type="checkbox"/> Other - Specify _____ 20. Unused permit - abandoned d. Unit boarded-up (cc 40e) (004) <input type="checkbox"/> Yes <input type="checkbox"/> No (Fill for Type B's only) e. Status of structure (005) <input type="checkbox"/> Structure has no housing unit <input type="checkbox"/> Structure has one or more housing units		

Section I - Continued				
	TYPE A	TYPE B	TYPE C	
QUESTIONNAIRE ITEMS TO BE FILLED FOR NONINTERVIEWS	1-3*	1-3*	1-3*	QUESTIONNAIRE ITEMS TO BE FILLED FOR VACANT UNITS
	4-5d**	4-5d**	4-5d**	
	7	7	7	
	8a	8b	Bc	
	10	8d and e (Where appropriate)		
	11			
	10	11		
	14	13		
*NOTE - Fill items 1-3 only if these items have not already been filled in by the Regional Office. **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.				
TRANSCRIBE FROM CONTROL CARD				
9. Structure originally built (cc 6) <input type="checkbox"/> April 1, 1970 or later (006) Month (01-12) / Year _____ OR (006) <input type="checkbox"/> 1969 to March 31, 1970 <input type="checkbox"/> 1965-1968 <input type="checkbox"/> 1960-1964 <input type="checkbox"/> 1950-1959 <input type="checkbox"/> 1940-1949 <input type="checkbox"/> 1939 or earlier	12. OFFICE USE ONLY 13. Land use code (cc 37a-d) (009) <input type="checkbox"/> A <input type="checkbox"/> B (Codes relate to acreage, crop sales, and urban-rural identification used for the value and rent tabulations.) <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			
10. Access (cc 9a) (007) <input type="checkbox"/> Direct <input type="checkbox"/> Through another unit	14. Occupancy status (cc 40c) (010) <input type="checkbox"/> Occupied - Skip to Section IIIA, page 8 <input type="checkbox"/> Vacant - Skip to Section IIIA, page 3 <input type="checkbox"/> URE - Skip to Section IIIA, page 8			
11. Type of living quarters (cc 9b and c) HOUSING UNIT (008) <input type="checkbox"/> House, apartment, flat <input type="checkbox"/> HU in nontransient hotel, motel, etc. <input type="checkbox"/> HU permanent in transient hotel, motel, etc. <input type="checkbox"/> HU in rooming house <input type="checkbox"/> Mobile home or trailer with NO permanent room added <input type="checkbox"/> Mobile home or trailer WITH one or more permanent rooms added <input type="checkbox"/> HU not specified above - Specify _____ OTHER UNIT (Treat as Type B Noninterview) <input type="checkbox"/> Quarters not HU in rooming or boarding house <input type="checkbox"/> Unit not permanent in transient hotel, motel, etc. <input type="checkbox"/> Unoccupied tent site or trailer site <input type="checkbox"/> OTHER unit not specified above - Specify _____	NOTES			

Facsimile of the Annual Housing Survey Questionnaire: 1975 - Continued

PGM 2

Section IIA - VACANT UNITS

TRANSCRIBE FROM CONTROL CARD

1a. Number of living quarters (cc 27a)	(022) 1 <input type="checkbox"/> Mobile home or trailer (no permanent room attached) - Skip to 3 2 <input type="checkbox"/> One, detached from any other building } Ask b 3 <input type="checkbox"/> One, attached to one or more buildings } 4 <input type="checkbox"/> 2 } Skip to c 5 <input type="checkbox"/> 3 or 4 } 6 <input type="checkbox"/> 5 to 9 } 7 <input type="checkbox"/> 10 to 19 } Skip to 2a 8 <input type="checkbox"/> 20 to 49 } 9 <input type="checkbox"/> 50 or more }
b. Other living quarters on property (cc 27d)	(025) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
c. Commercial establishment on property (cc 27e)	(026) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
d. Medical or dental office on property (cc 27f)	(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) 1 <input type="checkbox"/> Yes 2 <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 - END TRANSCRIPTION 2 <input type="checkbox"/> An individual well - Go to b 3 <input type="checkbox"/> Some other source - Specify - END TRANSCRIPTION
b. Type of well (cc 33b)	(037) 1 <input type="checkbox"/> Drilled 2 <input type="checkbox"/> Dug
END OF TRANSCRIPTION	

Section IIB - 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 <input type="checkbox"/> YEAR ROUND - Ask b Seasonal (241) 6 <input type="checkbox"/> Summers only } Skip to 8 9 <input type="checkbox"/> Winters only } 10 <input type="checkbox"/> Other seasonal - Specify in Notes on page 2 } 7 <input type="checkbox"/> Migratory - 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?	(038) 1 <input type="checkbox"/> Vacant - for rent Vacant - for sale only 2 <input type="checkbox"/> Regular ownership 3 <input type="checkbox"/> Condominium ownership 4 <input type="checkbox"/> Cooperative ownership 5 <input type="checkbox"/> Rented, not occupied 6 <input type="checkbox"/> Sold, not occupied 7 <input type="checkbox"/> Held for occasional use 8 <input type="checkbox"/> Other vacant - Specify
8. How many months has this house (apartment) been vacant?	(039) 1 <input type="checkbox"/> Less than 1 month 2 <input type="checkbox"/> 1 month up to 2 months 3 <input type="checkbox"/> 2 months up to 6 months 4 <input type="checkbox"/> 6 months up to 12 months 5 <input type="checkbox"/> 1 year up to 2 years 6 <input type="checkbox"/> 2 years or more
9. How many bedrooms are in this house (apartment)?	(038) _____ Bedrooms OR 0 <input type="checkbox"/> None - Skip to 11
10a. Is it necessary to go through anyone's bedroom to get to a bathroom?	(059) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b. Is it necessary to go through anyone's bedroom to get to any other room?	(060) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> 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?	<input type="checkbox"/> Yes - Are these facilities only for the use of the intended occupants? (063) 1 <input type="checkbox"/> Yes - Used for this household only 2 <input type="checkbox"/> No - Also used by another household 3 <input type="checkbox"/> 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?	<input type="checkbox"/> Yes - Are these facilities only for the use of the intended occupants? (072) 1 <input type="checkbox"/> Yes - Used for this household only - Ask 13 2 <input type="checkbox"/> No - Also used by another household - Skip to 14a 3 <input type="checkbox"/> No - Skip to 14a
13. How many complete bathrooms and half bathrooms does this house (apartment) have? A complete bathroom is a room with a flush toilet, bathtub or shower, and a washbasin with piped water. A half bathroom has at least a flush-toilet or a bathtub or shower, but does not have all the facilities for a complete bathroom.	(Mark only one box) (073) 1 <input type="checkbox"/> Complete plumbing facilities but not in one room 2 <input type="checkbox"/> 1 complete bathroom 3 <input type="checkbox"/> 1 complete bathroom plus a half bath with no flush toilet 4 <input type="checkbox"/> 1 complete bathroom plus a half bath with flush toilet 5 <input type="checkbox"/> 2 complete bathrooms 6 <input type="checkbox"/> More than 2 complete bathrooms

Facsimile of the Annual Housing Survey Questionnaire: 1975 - Continued

Section IIB - VACANT UNITS - Continued	
14a. Is this house (building) connected to a public sewer?	(078) 1 <input type="checkbox"/> Yes - Skip to 15 2 <input type="checkbox"/> No
b. What means of sewage disposal does it have?	(079) 1 <input type="checkbox"/> Septic tank or cesspool 2 <input type="checkbox"/> Chemical toilet 3 <input type="checkbox"/> Privy 4 <input type="checkbox"/> Use facilities in another structure 5 <input type="checkbox"/> Other - Specify <u> </u>
15. What type of heating equipment does this house (apartment) have? (Read answer categories) (If more than one, mark MAIN type of heating equipment)	(084) 1 <input type="checkbox"/> A central warm-air furnace with ducts in individual rooms, or a heat pump 2 <input type="checkbox"/> Steam or hot water system 3 <input type="checkbox"/> Built-in electric units (permanently installed in wall, ceiling, or baseboard) 4 <input type="checkbox"/> Floor, wall, or pipeless furnace 5 <input type="checkbox"/> Room heaters WITH flue or vent burning gas, oil, or kerosene 6 <input type="checkbox"/> Room heaters WITHOUT flue or vent burning gas, oil, or kerosene 7 <input type="checkbox"/> Fireplaces, stoves, or portable room heaters 8 <input type="checkbox"/> Unit has no heating equipment } Skip to 17a
16. How many rooms are there without hot air ducts or registers, radiators, or room heaters? (Exclude kitchen and bathrooms)	(086) 1 <input type="checkbox"/> None 2 <input type="checkbox"/> 1 room 3 <input type="checkbox"/> 2 rooms 4 <input type="checkbox"/> 3 rooms or more
17a. Does this house (apartment) have air conditioning?	(091) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to 18
b. Does it have a central air-conditioning system or individual room units?	(092) 1 <input type="checkbox"/> Central - Skip to 18 2 <input type="checkbox"/> Room units
c. How many room units?	(093) 1 <input type="checkbox"/> 1 2 <input type="checkbox"/> 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.)	(099) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM A	VACANCY STATUS (See item 7b)
	<p>FOR SALE ONLY</p> <p><input type="checkbox"/> A condominium - Skip to 20</p> <p>(See Control Card item 27a) <input type="checkbox"/> One-unit structure - Ask 19</p> <p><input type="checkbox"/> Two-or-more-unit structure, or a mobile home or trailer - Skip to 21</p> <p>FOR RENT</p> <p>(See Control Card item 27a) <input type="checkbox"/> One-unit structure - Ask 19</p> <p><input type="checkbox"/> Two-or-more-unit structure, or a mobile home or trailer - Skip to 22</p> <p><input type="checkbox"/> ALL OTHERS (See items 7a and 7b) (Other vacants, units rented or sold, units held for occasional use, seasonal, and similar units) - Skip to Check Item C, page 7</p>

Section IIB - VACANT UNITS - Continued	
(If rural transcribe from cc item 37b. If urban ask or fill by observation.)	(109) 1 <input type="checkbox"/> Yes, 10 acres or more 2 <input type="checkbox"/> No, less than 10 acres
19. Does this place have 10 acres or more?	
CHECK ITEM B	VACANT FOR SALE ONLY
	<p>If this is a -</p> <p><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 27e and f) - Ask 20</p> <p><input type="checkbox"/> All others - Skip to 27a</p> <p>VACANT FOR RENT</p> <p>If this is a -</p> <p><input type="checkbox"/> One-unit structure on less than 10 acres - Skip to 22</p> <p><input type="checkbox"/> One-unit structure on 10 acres or more - Skip to 27a</p>
20. What is the sale price asked for this property?	(110) 1 <input type="checkbox"/> Less than \$5,000 9 <input type="checkbox"/> 25,000 - 29,999 2 <input type="checkbox"/> \$ 5,000 - \$ 7,499 10 <input type="checkbox"/> 30,000 - 34,999 3 <input type="checkbox"/> 7,500 - 9,999 11 <input type="checkbox"/> 35,000 - 39,999 4 <input type="checkbox"/> 10,000 - 12,499 12 <input type="checkbox"/> 40,000 - 49,999 5 <input type="checkbox"/> 12,500 - 14,999 13 <input type="checkbox"/> 50,000 - 59,999 6 <input type="checkbox"/> 15,000 - 17,499 14 <input type="checkbox"/> 60,000 - 74,999 7 <input type="checkbox"/> 17,500 - 19,999 15 <input type="checkbox"/> 75,000 or more 8 <input type="checkbox"/> 20,000 - 24,999
SHOW FLASHCARD B	
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? (If rent is not to be paid by the month, mark the time period covered, compute the monthly rent in the "Notes" space, and enter the monthly rent on the line provided.) (Include site rent for mobile homes if it is to be paid separately.)	(146) \$ _____ (08) Per month (147) 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?	(151) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
24. In addition to rent, does the renter also pay for -	(153) 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?	(155) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, included in rent 3 <input type="checkbox"/> No, gas not used
c. Water?	(157) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, included in rent or no charge
d. Oil, coal, kerosene, wood, etc.?	(159) 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

Facsimile of the Annual Housing Survey Questionnaire: 1975 -Continued

PGM 2

Section IIIA - OCCUPIED UNITS (Include URE) - Continued

TRANSCRIBE FROM CONTROL CARD

3. Highest grade completed by head (cc 19)

012 Never attended school

1 Kindergarten 8 Seventh
 2 First 9 Eighth
 3 Second 10 Ninth
 4 Third 11 Tenth
 5 Fourth 12 Eleventh
 6 Fifth 13 Twelfth
 7 Sixth

College (Academic years)

14 C1 17 C4
 15 C2 18 C5
 16 C3 19 C6 or more

4. Ethnic origin (cc 20)

013 1 Mexican-American
 2 Chicano
 3 Mexican
 4 Mexicano
 5 Puerto Rican
 6 Cuban
 7 Central or South American
 8 Other Spanish - Specify _____

9 Other - Specify _____

5. When head moved in (cc 21)

After April 1, 1970

013 Month (01-12) / Year

OR

014 1 1965 to April 1, 1970
 2 1960 to 1964
 3 1950 to 1959
 4 1949 or earlier } Skip to 8

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

_____ County
 _____ State

OR

015 Outside the United States - Skip to 8

Section IIIA - OCCUPIED UNITS (Include URE) - Continued

TRANSCRIBE FROM CONTROL CARD

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

016 1 Yes - Name of place, _____
 2 No

017 _____

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

018 1 Yes
 2 No

9. Tenure (cc 25a)

019 1 Owned or being bought
 2 Owned or being bought as a cooperative
 3 Owned or being bought as a condominium
 4 Rented for cash by you or someone else
 5 Occupied without payment of cash rent

} Skip to 11a

10a. Why no cash rent (cc 26a)

020 1 Provided by job
 2 Provided by friend or relative
 3 Other

} Skip to 11a

b. Type of job (cc 26b)

Farm related

021 1 Tenant farmer (rent in crops and/or livestock)
 2 Farm manager
 3 Farm laborer or farm foreman
 4 Other - Specify _____

5 Nonfarm related

Facsimile of the Annual Housing Survey Questionnaire: 1975 -Continued

Section IIIA - OCCUPIED UNITS (Include URE) - Continued	
TRANSCRIBE FROM CONTROL CARD	
11a. Number of living quarters (cc 27a)	(022) 1 <input type="checkbox"/> Mobile home or trailer (no permanent room attached) 2 <input type="checkbox"/> One, detached from any other building } Skip to 11d 3 <input type="checkbox"/> One, attached to one or more buildings } 4 <input type="checkbox"/> 2 } Skip to 11e 5 <input type="checkbox"/> 3 or 4 } 6 <input type="checkbox"/> 5 to 9 } 7 <input type="checkbox"/> 10 to 19 } Skip to 13a 8 <input type="checkbox"/> 20 to 49 } 9 <input type="checkbox"/> 50 or more }
b. Anchored mobile home (cc 27b)	(023) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
c. In a group of 6 or more mobile homes (cc 27c)	(024) 1 <input type="checkbox"/> Yes } Skip to 12a 2 <input type="checkbox"/> No }
d. Other living quarters on property (cc 27d)	(025) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
e. Commercial establishment on property (cc 27e)	(026) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
f. Medical or dental office on property (cc 27f)	(027) 1 <input type="checkbox"/> Yes } Skip to 13a 2 <input type="checkbox"/> No }
12a. Year mobile home (trailer) acquired (cc 28a)	(028) 19 _____
b. Mobile home (trailer) new when acquired (cc 28b)	(029) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
c. Purchase price (cc 28c)	(030) \$ _____ (00) Purchase price } Skip to 14 0 <input type="checkbox"/> Not purchased }
13a. Number of stories (floors) (cc 29a)	(031) 1 <input type="checkbox"/> 1 to 3 - Skip to 14 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) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
14. Number of rooms (cc 30)	(033) _____ Rooms
15. Working electric wall outlet (wall plug) in each room (cc 31)	(034) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
16. Concealed wiring (cc 32)	(035) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

Section IIIA - OCCUPIED UNITS (Include URE) - Continued	
TRANSCRIBE FROM CONTROL CARD	
17a. Source of water (cc 33a)	(036) 1 <input type="checkbox"/> A public system or private company - Skip to 18a 2 <input type="checkbox"/> An individual well - Fill 17b 3 <input type="checkbox"/> Some other source - Specify - Skip to 18a
b. Type of well (cc 33b)	(037) 1 <input type="checkbox"/> Drilled 2 <input type="checkbox"/> Dug
<input type="checkbox"/> Two-or-more unit structure - Skip to 19	(040) 1 <input type="checkbox"/> Yes, all windows 2 <input type="checkbox"/> Yes, some windows 3 <input type="checkbox"/> No
18a. Storm windows (cc 34a)	
b. Storm doors (cc 34b)	(041) 1 <input type="checkbox"/> Yes, all doors 2 <input type="checkbox"/> Yes, some doors 3 <input type="checkbox"/> No
c. Attic or roof insulation (cc 34c)	(042) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
<input type="checkbox"/> Rented for cash or occupied without payment of cash rent - Skip to 20	(043) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
19. Garage or carport available (cc 35)	
20. Cooking fuel (cc 36)	Gas (044) 1 <input type="checkbox"/> From underground pipes serving the neighborhood 2 <input type="checkbox"/> Bottled, tank, or LP 3 <input type="checkbox"/> Electricity 4 <input type="checkbox"/> Fuel oil, kerosene, etc. 5 <input type="checkbox"/> Coal or coke 6 <input type="checkbox"/> Wood 7 <input type="checkbox"/> Other fuel 8 <input type="checkbox"/> No fuel used
21. Use of telephone (cc 38a)	(045) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM A	(See item 7, page 1) <input type="checkbox"/> Regular interview - Go to Section IIIB, page 13 <input type="checkbox"/> URE interview - END TRANSCRIPTION
NOTES	

Facsimile of the Annual Housing Survey Questionnaire: 1975 -Continued

Section IIIB - OCCUPIED UNITS	
TRANSCRIBE FROM Section V, Page 37	
82a. Head had a job last week	(046) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - END TRANSCRIPTION
b. Head's principal means of transportation to work	(047) Car, truck or carpool 1 <input type="checkbox"/> Drives alone 2 <input type="checkbox"/> Shares driving (carpool) 3 <input type="checkbox"/> Drives others 4 <input type="checkbox"/> Rides with someone else 5 <input type="checkbox"/> Walks only 6 <input type="checkbox"/> Works at home - END TRANSCRIPTION 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 _____ } Skip to 82d
c. Car used in journey to work	(048) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
d. Time from home to work	(049) 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	(050) 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
f. Reason for living 5 or more miles from work (1) If only one "Yes" marked in item 10b or c on page 39, transcribe that reason number. (2) If two or more "Yes" boxes marked in item 10b or c, transcribe reason number from item 11 on page 39. (3) If no "Yes" answers in item 10b or c, mark box 20.	(051) _____ Reason number 20 <input type="checkbox"/> No particular reason } END TRANSCRIPTION

Section IIIC - OCCUPIED UNITS (Include URE)	
CHECK ITEM A	Mark all 3 parts (See cc 21) (1) Household head lived here last 90 days (055) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (2) Household head lived here last winter (056) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (3) Household head moved here during the last 12 months (057) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
	35. How many bedrooms do you have in your house (apartment)? Count rooms used mainly for sleeping even if used for other purposes. (058) _____ Bedrooms OR 0 <input type="checkbox"/> None - Skip to 38
	36a. Is it necessary to go through anyone's bedroom to get to a bathroom? (059) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No b. Is it necessary to go through anyone's bedroom to get to any other room? (060) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM B	(See cc 11c) Do not count persons with usual residence elsewhere unless entire household is URE. <input type="checkbox"/> Household has 1 or 2 persons - Skip to 38 <input type="checkbox"/> Household has 3 or more persons - Ask 37a
	37a. Are any bedrooms used for sleeping by 3 or more persons? (061) <input type="checkbox"/> Yes - How many bedrooms are used for sleeping by 3 or more persons? 1 <input type="checkbox"/> 1 bedroom 2 <input type="checkbox"/> 2 or more bedrooms 3 <input type="checkbox"/> No - Skip to 38 b. Are any of the persons who use this bedroom (these bedrooms) 13 years of age or older? (062) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
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?	(063) 1 <input type="checkbox"/> Yes - For this household only 2 <input type="checkbox"/> Yes - Also used by another household 3 <input type="checkbox"/> No - Skip to 40
39a. Are the kitchen sink, refrigerator, and range or cookstove all in usable condition?	(064) 1 <input type="checkbox"/> Yes - Skip to Check Item C 2 <input type="checkbox"/> No
b. Which of the items are not in usable condition? (Mark all that apply)	(065) 1 <input type="checkbox"/> Kitchen sink 2 <input type="checkbox"/> Refrigerator 3 <input type="checkbox"/> Range or cookstove } Skip to Check Item C
40. Do you have piped water - a. In this building?	(066) 1 <input type="checkbox"/> Yes - Skip to Check Item C 2 <input type="checkbox"/> No
b. Available within 1/4 mile?	(067) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } Skip to 45b

Facsimile of the Annual Housing Survey Questionnaire: 1975 - Continued

Section IIIC - OCCUPIED UNITS (Include URE) - Continued	
CHECK ITEM C	Household head lived here last 90 days (See Check Item A(1), page 14) <input type="checkbox"/> Yes - Ask 41a <input type="checkbox"/> No - Skip to 42
41a. At any time in the last 90 days were you COMPLETELY without running water?	(068) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to 42
b. Were you completely without running water for 6 consecutive hours or more?	(069) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } Skip to 42
c. How many times?	(070) 1 <input type="checkbox"/> 1 2 <input type="checkbox"/> 2 3 <input type="checkbox"/> 3 or more
d. What was the (most common) reason you were completely without water for 6 consecutive hours or more - was it because of problems inside the building or problems outside the building?	(071) 1 <input type="checkbox"/> Inside - Specify problem 2 <input type="checkbox"/> Outside - Specify problem
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?	(072) 1 <input type="checkbox"/> Yes - For this household only 2 <input type="checkbox"/> Yes - Also used by another household } Skip to 45a 3 <input type="checkbox"/> No
43. How many complete bathrooms and half bathrooms do you have? A complete bathroom is a room with a flush toilet, bathtub or shower, and a washbasin with piped water. A half bathroom has at least a flush toilet or a bathtub or shower, but does not have all the facilities for a complete bathroom.	(073) (Mark only one box) 1 <input type="checkbox"/> Complete plumbing facilities but not in one room 2 <input type="checkbox"/> 1 complete bathroom 3 <input type="checkbox"/> 1 complete bathroom plus a half bath with no flush toilet 4 <input type="checkbox"/> 1 complete bathroom plus a half bath with flush toilet 5 <input type="checkbox"/> 2 complete bathrooms 6 <input type="checkbox"/> More than 2 complete bathrooms } Skip to 45a
CHECK ITEM D	Household head lived here last 90 days (See Check Item A(1), page 14) <input type="checkbox"/> Yes - Ask 44a <input type="checkbox"/> No - Skip to 45a
44a. At any time in the last 90 days was there a breakdown in your flush toilet; that is, was it completely unusable?	(074) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to 45a
b. Did any of these breakdowns last 6 consecutive hours or more?	(075) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to 45a
c. How many of these breakdowns were there?	(076) 1 <input type="checkbox"/> 1 2 <input type="checkbox"/> 2 3 <input type="checkbox"/> 3 4 <input type="checkbox"/> 4 or more
d. What was the (most common) reason you were completely without the use of your flush toilet for 6 consecutive hours or more - was it because of problems inside the building or problems outside the building?	(077) 1 <input type="checkbox"/> Inside - Specify problem 2 <input type="checkbox"/> Outside - Specify problem

Section IIIC - OCCUPIED UNITS (Include URE) - Continued	
CHECK ITEM E	Household head lived here last 90 days (See Check Item A(1), page 14) <input type="checkbox"/> Yes - Ask 46a <input type="checkbox"/> No - Skip to 47
45a. Is this house (building) connected to a public sewer?	(078) 1 <input type="checkbox"/> Yes - Skip to Check Item E 2 <input type="checkbox"/> No
b. What means of sewage disposal do you use?	(079) 1 <input type="checkbox"/> Septic tank or cesspool 2 <input type="checkbox"/> Chemical toilet 3 <input type="checkbox"/> Privy 4 <input type="checkbox"/> Use facilities in another structure 5 <input type="checkbox"/> Other - Describe } Skip to 47
CHECK ITEM E	Household head lived here last 90 days (See Check Item A(1), page 14) <input type="checkbox"/> Yes - Ask 46a <input type="checkbox"/> No - Skip to 47
46a. 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?	(080) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to 47
b. Did any of these breakdowns last 6 consecutive hours or more?	(081) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } Skip to 47
c. How many of these breakdowns were there?	(082) 1 <input type="checkbox"/> 1 2 <input type="checkbox"/> 2 3 <input type="checkbox"/> 3 or more
47. How is your house (apartment) heated - by gas, oil, electricity, or with some other fuel?	Gas (083) 1 <input type="checkbox"/> From underground pipes serving the neighborhood 2 <input type="checkbox"/> Bottled, tank, or LP 3 <input type="checkbox"/> Fuel oil, kerosene, etc. 4 <input type="checkbox"/> Electricity 5 <input type="checkbox"/> Coal or coke 6 <input type="checkbox"/> Wood 7 <input type="checkbox"/> Other fuel 8 <input type="checkbox"/> No fuel used
48. What type of heating equipment does your house (apartment) have? (Read answer categories) (Mark heating equipment used most)	(084) 1 <input type="checkbox"/> A central warm-air furnace with ducts in individual rooms, or a heat pump 2 <input type="checkbox"/> Steam or hot water system 3 <input type="checkbox"/> Built-in electric units (permanently installed in wall, ceiling, or baseboard) 4 <input type="checkbox"/> Floor, wall, or pipeless furnace 5 <input type="checkbox"/> Room heaters WITH flue or vent burning gas, oil, or kerosene 6 <input type="checkbox"/> Room heaters WITHOUT flue or vent burning gas, oil, or kerosene 7 <input type="checkbox"/> Fireplaces, stoves, or portable room heaters 8 <input type="checkbox"/> Unit has no heating equipment - Skip to 53a } Skip to Check Item G

Facsimile of the Annual Housing Survey Questionnaire: 1975 — Continued

Section IIIC — OCCUPIED UNITS (Include URE) — Continued	
CHECK ITEM F	Household head lived here LAST WINTER (See Check Item A(2), page 14) <input type="checkbox"/> Yes — Ask 49 <input type="checkbox"/> No — Skip to 50
49. During the winter of . . . (year), 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.)	(085) 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)	(086) 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
CHECK ITEM G	Household head lived here LAST WINTER (See Check Item A(2), page 14) <input type="checkbox"/> Yes — Ask 51a <input type="checkbox"/> No — Skip to 53a
51a. At any time during the winter of . . . (year), was there a breakdown in your heating equipment; that is, was it completely unusable for 6 consecutive hours or more?	(087) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to 52a
b. How many times did that happen?	(088) 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 winter of . . . (year), 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)	(089) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to 53a
b. Which rooms? (Mark all that apply)	(090) 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
53a. Do you have air conditioning?	(091) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to Check Item H
b. Do you have a central air-conditioning system or individual room units?	(092) 1 <input type="checkbox"/> Central — Skip to Check Item H 2 <input type="checkbox"/> Room units
c. How many room units do you have?	(093) 1 <input type="checkbox"/> 1 2 <input type="checkbox"/> 2 or more

Section IIIC — OCCUPIED UNITS (Include URE) — Continued	
CHECK ITEM H	Household head lived here last 90 days (See Check Item A(1), page 14) <input type="checkbox"/> Yes — Ask 54a <input type="checkbox"/> No — Skip to 55a
54a. Have any electric fuses or breaker switches blown in your house (apartment) in the last 90 days?	(094) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } Skip to 55a 3 <input type="checkbox"/> Don't know
b. How many times did this happen?	(095) 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)?	(096) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } Skip to 55c 3 <input type="checkbox"/> Don't know
b. How often is the garbage collected?	(097) 1 <input type="checkbox"/> Less than once a week 2 <input type="checkbox"/> Once a week } Skip to 56a 3 <input type="checkbox"/> Twice a week 4 <input type="checkbox"/> Three or more times a week 5 <input type="checkbox"/> Don't know
c. How do you dispose of your garbage (if more than one method used, mark the one used most.)	(098) 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
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.)	(099) 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?	(100) 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?	(101) 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)	(102) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b. Does this house (apartment) have holes in the floors?	(103) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
59a. Is there any area of broken plaster on the ceiling or inside walls which is larger than this piece of paper? (SHOW CLOSED QUESTIONNAIRE)	(104) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b. Is there any area of peeling paint on the ceiling or inside walls which is larger than this piece of paper? (SHOW CLOSED QUESTIONNAIRE)	(105) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

Facsimile of the Annual Housing Survey Questionnaire: 1975 - Continued

Section III C - OCCUPIED UNITS (Include URE) - Continued	
CHECK ITEM I	<input type="checkbox"/> If "Yes" was marked to any of the six previous questions 56b, 57, 58a, 58b, 59a, and/or 59b - Ask 60 <input type="checkbox"/> "No" marked in all of the above items - Skip to Check Item J
60. Is... (Specify the condition(s) mentioned in any of the six previous questions) so objectionable that you would like to move from this house?	(104) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM J	Household head lived here last 90 days (See Check Item A(1), page 14) <input type="checkbox"/> Yes - Ask 61a <input type="checkbox"/> No - Skip to Check Item K
61a. 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)?	(107) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to Check Item K
b. Is this house (building) serviced by an exterminator regularly, only when needed, irregularly, or not at all? (Include only exterminator service for mice or rats)	(108) 1 <input type="checkbox"/> Regularly 2 <input type="checkbox"/> Only when needed 3 <input type="checkbox"/> Irregularly 4 <input type="checkbox"/> Not at all
CHECK ITEM K	TENURE (cc item 25a) <input type="checkbox"/> OWNED AS A COOPERATIVE - Skip to 80 <input type="checkbox"/> OWNED AS A CONDOMINIUM - Skip to 63 OWNED OR BEING BOUGHT (See cc item 27a) <input type="checkbox"/> One-unit structure, or a mobile home or trailer - Ask 62 <input type="checkbox"/> Two-or-more-unit structure - Skip to 80 RENTED FOR CASH (See cc item 27a) <input type="checkbox"/> One-unit structure - Ask 62 <input type="checkbox"/> Two-or-more-unit structure, or a mobile home or trailer - Skip to 71 <input type="checkbox"/> OCCUPIED WITHOUT PAYMENT OF CASH RENT - Ask 62
(If rural transcribe from cc item 37b. If urban ask or fill by observation.)	(109) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
62. Does this place have 10 acres or more?	
CHECK ITEM L	(See Check Item K) OWNED OR BEING BOUGHT If this is a - <input type="checkbox"/> One-unit structure on less than 10 acres and there is no commercial establishment or medical or dental office on the property ("No" in Control Card items 27e and f) - Ask 63 <input type="checkbox"/> Mobile home or trailer on less than 10 acres - Skip to 64a <input type="checkbox"/> All others - Skip to 80 RENTED FOR CASH If this is a - <input type="checkbox"/> One-unit structure on less than 10 acres - Skip to 71 <input type="checkbox"/> One-unit structure on 10 acres or more - Skip to 80 OCCUPIED WITHOUT PAYMENT OF CASH RENT If this is a - <input type="checkbox"/> One-unit structure on less than 10 acres - Skip to Check Item N, page 23 <input type="checkbox"/> One-unit structure on 10 acres or more - Skip to 80 <input type="checkbox"/> Two-or-more-unit structure, or a mobile home or trailer - Skip to Check Item N, page 23

Section III C - OCCUPIED UNITS (Include URE) - Continued	
63. How much do you think this property, that is, house and lot, would sell for on today's market?	(110) 1 <input type="checkbox"/> Less than \$5,000 2 <input type="checkbox"/> \$ 5,000 - \$ 7,499 3 <input type="checkbox"/> 7,500 - 9,999 4 <input type="checkbox"/> 10,000 - 12,499 5 <input type="checkbox"/> 12,500 - 14,999 6 <input type="checkbox"/> 15,000 - 17,499 7 <input type="checkbox"/> 17,500 - 19,999 8 <input type="checkbox"/> 20,000 - 24,999 9 <input type="checkbox"/> 25,000 - 29,999 10 <input type="checkbox"/> 30,000 - 34,999 11 <input type="checkbox"/> 35,000 - 39,999 12 <input type="checkbox"/> 40,000 - 49,999 13 <input type="checkbox"/> 50,000 - 59,999 14 <input type="checkbox"/> 60,000 - 74,999 15 <input type="checkbox"/> 75,000 or more
CHECK ITEM M	SHOW FLASHCARD B (See Control Card item 25a) <input type="checkbox"/> OWNED AS A CONDOMINIUM - Skip to 80 <input type="checkbox"/> All others - Skip to 65
64a. Do you own the mobile home (or trailer) SITE or is it rented?	(111) 1 <input type="checkbox"/> Owned - Skip to c 2 <input type="checkbox"/> Rented - Ask b
b. What is the MONTHLY rent for the site?	(112) 0 <input type="checkbox"/> Occupied without payment of cash rent \$ _____ (00)
c. Do you have an installment loan or contract on this mobile home (or trailer) or do you own it free and clear?	(113) 1 <input type="checkbox"/> Installment loan or contract - Skip to 66a 2 <input type="checkbox"/> 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?	(114) 1 <input type="checkbox"/> Mortgage, deed of trust, or land contract 2 <input type="checkbox"/> Owned free and clear - Skip to 67a
66a. In regard to the mortgage (loan), what are the required payments to the lender? If more than one mortgage (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.)	(115) \$ _____ (00) PER (116) 1 <input type="checkbox"/> Month 2 <input type="checkbox"/> Year <input type="checkbox"/> Other - Specify _____
b. In regard to the mortgage (loan), do the required payments include - (1) Real estate taxes on this property? (2) Fire and hazard insurance?	(117) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (118) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
c. (1) What kind of mortgage do you have? SHOW FLASHCARD C	(119) 1 <input type="checkbox"/> Federal Housing Administration 2 <input type="checkbox"/> Veterans Administration 3 <input type="checkbox"/> Farmers Home Administration <input type="checkbox"/> None of the above } Skip to 68
(2) Is your mortgage privately insured? Do not count borrowers life insurance. (Private mortgage insurance insures the lender if the borrower fails to keep up his mortgage payments.)	(119) 4 <input type="checkbox"/> Yes 5 <input type="checkbox"/> No 6 <input type="checkbox"/> Don't know } Skip to 68

Facsimile of the Annual Housing Survey Questionnaire: 1975 - Continued

Section IIIC - OCCUPIED UNITS (Include URE) - Continued	
67a. Did you place or assume a mortgage (loan) when you acquired this property (mobile home)?	(120) 1 <input type="checkbox"/> Yes - Skip to 68 2 <input type="checkbox"/> No
b. How did you acquire this property (mobile home)?	(121) 1 <input type="checkbox"/> Inheritance or gift 2 <input type="checkbox"/> Paid all cash 3 <input type="checkbox"/> Other manner - Specify _____
68. Do you pay for -	(122) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, electricity not used - Skip to b(1)
a. (1) Electricity?	(122) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, electricity not used - Skip to b(1)
(2) What is the average MONTHLY cost?	(123) \$ _____ . 00
b. (1) Gas?	(124) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, gas not used - Skip to c(1)
(2) What is the average MONTHLY cost?	(125) \$ _____ . 00
c. (1) Oil, coal, kerosene, wood, etc.?	(126) 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?	(127) \$ _____ . 00
d. (1) Fire and hazard insurance? (Also include if part of mortgage payments.)	(128) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to e(1)
(2) What is the YEARLY cost?	(129) \$ _____ . 00
e. (1) Real estate taxes? (Also include if part of mortgage payments.)	(130) 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.)	(131) \$ _____ . 00
f. (1) Water and sewage disposal, separately from real estate taxes?	(132) 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?	(133) \$ _____ . 00
g. (1) Garbage and trash collection, separately from real estate taxes?	(134) 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?	(135) \$ _____ . 00

Section IIIC - OCCUPIED UNITS (Include URE) - Continued	
69a. During the past 12 months -	(136) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to b(1)
(1) Were any additions made to your property such as a room, basement, porch, or garage?	(136) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to b(1)
(2) Did any job cost \$100 or more?	(137) 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?	(138) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to c(1)
(2) Did any job cost \$100 or more?	(139) 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.)	(140) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to d(1)
(2) Did any job cost \$100 or more?	(141) 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?	(142) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to 70a
(2) Did any job cost \$100 or more?	(143) 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?	(144) 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?	(145) 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.)	(146) \$ _____ . 00 Per month (147) 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 IIIIC - OCCUPIED UNITS (Include URE) - Continued	
CHECK ITEM N	(See Control Card item 27a) <input type="checkbox"/> Mobile home or trailer - Ask 72a <input type="checkbox"/> All others - Skip to 73
72a. Do you own the mobile home site or is it rented?	(148) 1 <input type="checkbox"/> Owned - Skip to 75 2 <input type="checkbox"/> Rented
b. What is the MONTHLY rent for the site?	(149) \$ _____ .00 0 <input type="checkbox"/> Occupied without payment of cash rent - Skip to 75
c. Is the site rent included with the rent for the mobile home?	(150) 1 <input type="checkbox"/> Yes } Skip to 75 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?	(151) 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?	(152) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
75. (In addition to your rent) do you pay for -	
a. (1) Electricity?	(153) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, included in rent or supplied free } Skip to b(1) 3 <input type="checkbox"/> No, electricity not used
(2) What is the average MONTHLY cost?	(154) \$ _____ .00
b. (1) Gas?	(155) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, included in rent or supplied free } Skip to c(1) 3 <input type="checkbox"/> No, gas not used
(2) What is the average MONTHLY cost?	(156) \$ _____ .00
c. (1) Water?	(157) 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?	(158) \$ _____ .00
d. (1) Oil, coal, kerosene, wood, etc.?	(159) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, included in rent } Skip to 76a 3 <input type="checkbox"/> No, these fuels not used or obtained free
(2) What is the YEARLY cost?	(160) \$ _____ .00

Section IIIIC - OCCUPIED UNITS (Include URE) - Continued	
76a. (In addition to your rent) do you pay for garbage and trash collection?	(161) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to Check Item O
b. What is the YEARLY cost?	(162) \$ _____ .00
CHECK ITEM O	(See Check Item K, page 19) <input type="checkbox"/> Rented for cash - Ask 77a <input type="checkbox"/> Occupied without payment of cash rent - Skip to Check Item P
77a. Do you rent this apartment (house) furnished or unfurnished?	(163) 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?	(164) 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?	(165) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to 78a
d. What is the MONTHLY cost?	(166) \$ _____ .00
78a. Are parking facilities available in connection with this building?	(167) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to 78e
b. Do you rent such a space?	(168) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to 78e
c. What is the MONTHLY cost for this parking space?	(169) \$ _____ .00
d. Is the cost of the parking space included in the \$. . . (rent entered in 71), or do you pay for it separately?	(170) 1 <input type="checkbox"/> Included in rent } Skip to Check Item P. 2 <input type="checkbox"/> Separately . . .
e. Do you rent a parking space in the neighborhood other than that connected with the building?	(171) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM P	(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?	(172) 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?	(173) 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?	(174) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

Facsimile of the Annual Housing Survey Questionnaire: 1975 - Continued

Section III C - OCCUPIED UNITS (Include URE) - Continued	
81a. How many cars or passenger automobiles are owned or regularly used by members of your household? (Count company cars kept at home, do NOT count trucks.)	(175) 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.)	(176) 1 <input type="checkbox"/> None . . . 2 <input type="checkbox"/> 1 3 <input type="checkbox"/> 2 or more } Skip to Check Item Q, page 26
82. Transcription items	
NOTES	

Section III C - OCCUPIED UNITS (Include URE) - Continued	
CHECK ITEM Q	<input type="checkbox"/> URE household (See item 7, page 1) - Skip to 105, page 31 (See Check Item A(3), page 14)
	<input type="checkbox"/> Head moved here during the last 12 months - Ask 83 <input type="checkbox"/> Head has lived here 12 months or longer - Skip to 102a, page 30
83. What was the address of . . . 's (head) previous residence?	Address (Number and street) City or town County State ZIP code
	OR (177) <input type="checkbox"/> Outside the United States - Skip to 102a, page 30
84. What is the main reason . . . (head) moved from his previous residence? (Write all reasons mentioned below, and then mark the main reason.)	(178) 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 FAMILY (178) 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 OTHER (178) 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 III C - OCCUPIED UNITS (Include URE) - Continued	
85a. Was . . . (head) the head of the household in his previous residence at the time he moved?	(179) 1 <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 2 <input type="checkbox"/> No - Skip to 102a, page 30
b. Were you also a member of . . . 's (head) household in the previous residence?	(180) 1 <input type="checkbox"/> Yes 2 <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.	(181) _____ Number
87. How many bedrooms were in . . . 's (your) (head) previous residence? Count rooms used mainly for sleeping, even if used for other purposes.	(182) _____ Number 0 <input type="checkbox"/> None
88. How many persons were . . . 's (your) (head) previous residence at the time . . . (you) (head) moved?	(183) _____ 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? (184) 1 <input type="checkbox"/> Yes - Used for that household only 2 <input type="checkbox"/> No - Also used by another household 3 <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?	(185) 1 <input type="checkbox"/> Mobile home or trailer (no permanent room attached) 2 <input type="checkbox"/> One, detached from any other building 3 <input type="checkbox"/> One, attached to one or more buildings 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
91a. Was . . . 's (your) (head) previous residence owned or being bought by someone in the household?	<input type="checkbox"/> Yes Was it owned as a cooperative or condominium? (186) 1 <input type="checkbox"/> No - Skip to Check Item R 2 <input type="checkbox"/> Yes, a cooperative - Skip to 102a, page 30 3 <input type="checkbox"/> Yes, a condominium - Skip to 93 <input type="checkbox"/> No - Ask 91b
b. Was it rented for cash rent or occupied without payment of cash rent?	(186) 4 <input type="checkbox"/> Rented for cash 5 <input type="checkbox"/> Occupied without payment of cash rent

Section III C - OCCUPIED UNITS (Include URE) - Continued	
CHECK ITEM R	TENURE OF PREVIOUS RESIDENCE (See item 91, page 27) OWNED OR BEING BOUGHT (See item 90, page 27) <input type="checkbox"/> One-unit structure - Ask 92a <input type="checkbox"/> Two-or-more-unit structure, or a mobile home or trailer - Skip to 102a, page 30
	RENTED FOR CASH OR OCCUPIED WITHOUT PAYMENT OF CASH RENT (See item 90, page 27) <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 Check Item S
92a. Was that house on a place of 10 acres or more?	(187) 1 <input type="checkbox"/> Yes - Skip to 102a, page 30 2 <input type="checkbox"/> No
b. Was there a commercial establishment or medical or dental office on the property?	(188) 1 <input type="checkbox"/> Yes - Skip to 102a, page 30 2 <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?	(189) 1 <input type="checkbox"/> Less than \$5,000 2 <input type="checkbox"/> \$ 5,000 - \$ 7,499 3 <input type="checkbox"/> 7,500 - 9,999 4 <input type="checkbox"/> 10,000 - 12,499 5 <input type="checkbox"/> 12,500 - 14,999 6 <input type="checkbox"/> 15,000 - 17,499 7 <input type="checkbox"/> 17,500 - 19,999 8 <input type="checkbox"/> 20,000 - 24,999 9 <input type="checkbox"/> 25,000 - 29,999 10 <input type="checkbox"/> 30,000 - 34,999 11 <input type="checkbox"/> 35,000 - 39,999 12 <input type="checkbox"/> 40,000 - 49,999 13 <input type="checkbox"/> 50,000 - 59,999 14 <input type="checkbox"/> 60,000 - 74,999 15 <input type="checkbox"/> 75,000 or more Skip to 102a, page 30
SHOW FLASHCARD B	
94. Was that house on a place of 10 acres or more?	(190) 1 <input type="checkbox"/> Yes - Skip to 102a, page 30 2 <input type="checkbox"/> No
CHECK ITEM S	(See item 91, page 27) <input type="checkbox"/> Rented for cash - Ask 95 <input type="checkbox"/> Occupied without payment of cash rent - Skip to 96
95. 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.)	(191) \$ _____ 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?	(192) 1 <input type="checkbox"/> Yes - Skip to 98 2 <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?	(193) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

Facsimile of the Annual Housing Survey Questionnaire: 1975 - Continued

Section III C - OCCUPIED UNITS (Include URE) - Continued

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

a. (1) Electricity? (194) 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? (195) \$ _____ 00

b. (1) Gas? (196) 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? (197) \$ _____ 00

c. (1) Water? (198) 1 Yes
2 No, included in rent or no charge - Skip to d(1)

(2) What was the YEARLY cost? (199) \$ _____ 00

d. (1) Oil, coal, kerosene, wood, etc.? (200) 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? (201) \$ _____ 00

99a. (In addition to rent), did . . . (you) (head) also pay for garbage and trash collection? (202) 1 Yes
2 No - Skip to Check Item T

b. What was the YEARLY cost? (203) \$ _____ 00

CHECK ITEM T (See item 91, page 27)
 Rented for cash - Ask 100a
 Occupied without payment of cash rent - Skip to 102a, page 30

100a. Did . . . (you) (head) rent the apartment (house) furnished or unfurnished? (204) 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? (205) 1 Included in rent - Skip to 101a
2 Separately - Ask 100d

c. Did . . . (you) (head) rent furniture from some other source? (206) 1 Yes
2 No - Skip to 101a

d. What was the MONTHLY cost? (207) \$ _____ 00

Section III C - OCCUPIED UNITS (Include URE) - Continued

101a. Were parking facilities available in connection with the building? (208) 1 Yes
2 No - Skip to 101e

b. Did . . . (you) (head) rent such a space? (209) 1 Yes
2 No - Skip to 101e

c. What was the MONTHLY cost for that parking space? (210) \$ _____ 00

d. Was the cost of the parking space included in the \$. . . (rent entered in 95), or did . . . (you) (head) pay for it separately? (211) 1 Included in rent
2 Separately . . . } Skip to 102a

e. Did . . . (you) (head) rent a parking space in the neighborhood other than that connected with the building? (212) 1 Yes
2 No

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

102a. The following questions are concerned with different aspects of your present neighborhood. Here is a list of conditions which many people have on their streets. Which, if any, do you have?

(1) Street or highway noise?	(213) 1 <input type="checkbox"/> Yes * 2 <input type="checkbox"/> No	
(2) Heavy traffic?	(214) 1 <input type="checkbox"/> Yes * 2 <input type="checkbox"/> No	
(3) Streets or roads continually in need of repair, or open ditches?	(215) 1 <input type="checkbox"/> Yes * 2 <input type="checkbox"/> No	
(4) Roads impassable due to snow, water, etc.?	(216) 1 <input type="checkbox"/> Yes * 2 <input type="checkbox"/> No	
(5) Poor street lighting?	(217) 1 <input type="checkbox"/> Yes * 2 <input type="checkbox"/> No	
(6) Neighborhood crime?	(218) 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?	(219) 1 <input type="checkbox"/> Yes * 2 <input type="checkbox"/> No	
(8) Boarded-up or abandoned structures?	(220) 1 <input type="checkbox"/> Yes * 2 <input type="checkbox"/> No	
(9) Occupied housing in rundown condition?	(221) 1 <input type="checkbox"/> Yes * 2 <input type="checkbox"/> No	
(10) Commercial, industrial, or other nonresidential activities?	(222) 1 <input type="checkbox"/> Yes * 2 <input type="checkbox"/> No	
(11) Odors, smoke, or gas?	(223) 1 <input type="checkbox"/> Yes * 2 <input type="checkbox"/> No	
(12) Noise from airplane traffic?	(224) 1 <input type="checkbox"/> Yes * 2 <input type="checkbox"/> No	

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

	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	

Facsimile of the Annual Housing Survey Questionnaire: 1975 - Continued

Section IIIC - OCCUPIED UNITS (Include URE) - Continued

103. The following questions are concerned with neighborhood services.

a. Do you have adequate or satisfactory -

(1) Public transportation?	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
(2) Schools?	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
(3) Neighborhood shopping such as grocery stores or drug stores?	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
(4) Police protection?	231 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Ask b 3 <input type="checkbox"/> Don't know	232 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(5) Fire protection?	233 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Ask b 3 <input type="checkbox"/> Don't know	234 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(6) Hospitals or health clinics?	235 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Ask b 3 <input type="checkbox"/> Don't know	236 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?

237 1 Excellent
 2 Good
 3 Fair
 4 Poor

b. How would you rate this HOUSE (building) as a place to live - would you say it is excellent, good, fair or poor?

238 1 Excellent
 2 Good
 3 Fair
 4 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?

239 1 Yes
 2 No

CHECK ITEM U

URE Household (See item 7, page 1) - Ask 106 (See Control Card item 27a)
 A one-unit structure, or a mobile home or trailer - Skip to 109
 Two-or-more-unit structure - Skip to 107a

Section IIIC - OCCUPIED UNITS (Include URE) - Continued

(Ask for URE Households only)

106. Is this UNIT intended for year-round use, for occupancy only on a seasonal basis or for use by migrant workers?

241 6 YEAR ROUND (occupied temporarily at time of interview) } Fill items 112 and 113 and Go to Control Card item 38a
 Seasonal
 a Summers only
 9 Winters only
 10 Other seasonal - Specify in notes
 7 Migratory

OBSERVATION

107a. Do the public halls in this building have light fixtures?

242 1 Yes
 2 No } Skip to 108a
 3 No public halls

b. Are the light fixtures in working order?

243 1 All in working order
 2 Some in working order
 3 None in working order

108a. Are there loose, broken, or missing steps on any common stairways inside this building or attached to this building?

244 1 Yes
 2 No
 3 No common stairways - Skip to 109

b. Are all stair railings firmly attached?

245 1 Yes
 2 No
 3 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, marriage, or adoption. 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)
246 _____	247 \$ _____ .00
248 _____	249 \$ _____ .00
250 _____	251 \$ _____ .00
252 _____	253 \$ _____ .00
254 _____	255 \$ _____ .00
256 _____	257 \$ _____ .00

110a. In the past 12 months, how much did this family earn in net income from its own business, professional practice or partnership? (Exclude income previously reported in item 109.)

258 \$ _____ .00
 259 1 None
 2 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? (Exclude income previously reported in items 109 and 110a.)

260 \$ _____ .00
 261 1 None
 2 Lost money (Enter amount LOST on line above)

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) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(2) Estates, trusts or dividends?	(264) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(3) Interest on savings accounts or bonds?	(266) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(4) Net rental income?	(268) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(5) Welfare payments or other public assistance?	(270) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(6) Unemployment compensation?	(272) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(7) Workmen's compensation?	(274) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(8) Government employee pensions?	(276) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(9) Veterans payments?	(278) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(10) Private pensions or annuities?	(280) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(11) Alimony or child support?	(282) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(12) Regular contributions from persons not living in this household?	(284) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(13) Anything else?	(286) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

NOTE - Ask 111b only for those categories in 111a which were answered "Yes."

111b. How much was received from (source of income)?

(263) \$ _____	(00)
(265) \$ _____	(00)
(267) \$ _____	(00)
(269) \$ _____	(00)
(271) \$ _____	(00)
(273) \$ _____	(00)
(275) \$ _____	(00)
(277) \$ _____	(00)
(279) \$ _____	(00)
(281) \$ _____	(00)
(283) \$ _____	(00)
(285) \$ _____	(00)
(287) \$ _____	(00)

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) 1 6-99 2 100 or more

112. How many mobile homes are in this group?

OBSERVATION - Fill for 2 or more unit structures (289) 1 None, on same floor 2 One (up or down) 3 Two or more (up or down)

113. How many stories (floors) are there from the main entrance of the building to the main entrance of the apartment?

(See Control Card item 11b)

CHECK ITEM V

Household contains only family members - Skip to Check Item W, page 35

Household contains persons 14+ NOT RELATED TO THE HEAD by blood, marriage or adoption - Ask 114

FORM AHS-2 (4-17-75) Page 33

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 -

(1) Social Security or Railroad Retirement payments?	(290) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	116b. Who received this type of income? (Enter line numbers)
(2) Estates, trusts or dividends?	(291) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	_____
(3) Interest on savings accounts or bonds?	(292) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	_____
(4) Net rental income?	(293) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	_____
(5) Welfare payments or other public assistance?	(294) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	_____
(6) Unemployment compensation?	(295) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	_____
(7) Workmen's compensation?	(296) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	_____
(8) Government employee pensions?	(297) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	_____
(9) Veterans payments?	(298) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	_____
(10) Private pensions or annuities?	(299) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	_____
(11) Alimony or child support?	(300) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	_____
(12) Regular contributions from persons not living in this household?	(301) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	_____
(13) Anything else?	(302) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	_____

NOTES

(303) _____

FORM AHS-2 (4-17-75) Page 34

Facsimile of the Annual Housing Survey Questionnaire: 1975 -Continued

CHECK ITEM A	(Mark all 3 parts)	<input type="checkbox"/> Yes* <input type="checkbox"/> No
	(1) Head had job last week. ("Yes" in item 2c)	<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
	(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
* 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?	403 1 <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Skip to c	2 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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?	404 3 <input type="checkbox"/> Yes	4 <input type="checkbox"/> No
(2) You like your house (apartment)?	407 1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
(3) Your present home is close to good schools, or church?	408 3 <input type="checkbox"/> Yes	4 <input type="checkbox"/> No
(4) Your present home is convenient to shops, recreation, and similar facilities?	409 1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
(5) Your present home is close to the jobs of others (besides the head) in your family?	410 3 <input type="checkbox"/> Yes	4 <input type="checkbox"/> No
(6) You can afford your present home?	411 1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
(7) You're used to your present home, you're comfortable, you've always lived here?	412 3 <input type="checkbox"/> Yes	4 <input type="checkbox"/> No
(8) Some other reason I have not already mentioned?	413 1 <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Skip to Note above item 11)	2 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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 3 <input type="checkbox"/> Yes	4 <input type="checkbox"/> No
(10) You would not like to live among the type of people in the neighborhoods which are closer to work?	415 1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
(11) The neighborhoods closer to work have poor schools or lack churches?	416 3 <input type="checkbox"/> Yes	4 <input type="checkbox"/> No
(12) The neighborhoods closer to work are inconvenient to shops, recreation, or other similar facilities?	417 1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
(13) The neighborhoods closer to ...'s (head) work are too far from other family members' jobs?	418 3 <input type="checkbox"/> Yes	4 <input type="checkbox"/> No
(14) You cannot afford housing in neighborhoods closer to work?	419 1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
(15) There is no closer housing available?	420 3 <input type="checkbox"/> Yes	4 <input type="checkbox"/> No
(16) You don't like change; it's trouble to move?	421 1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
(17) ... (head's) present job is temporary, or ... (head) expects to change jobs?	422 3 <input type="checkbox"/> Yes	4 <input type="checkbox"/> No
(18) Some other reason I have not already mentioned?	423 1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
NOTE 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 1 <input type="checkbox"/> Truck	2 <input checked="" type="checkbox"/> Car or carpool	396 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
391 1 <input type="checkbox"/> Drives alone - Skip to 4a	2 <input type="checkbox"/> Shares driving	5. What time does ... usually leave for work?
3 <input type="checkbox"/> Drives others	4 <input type="checkbox"/> Rides with someone else	397 _____ Time
5 <input type="checkbox"/> Walks only - Skip to 4a	6 <input type="checkbox"/> Works at home - Skip to 8a	398 1 <input type="checkbox"/> a.m. 2 <input type="checkbox"/> p.m.
7 <input type="checkbox"/> Railroad	8 <input type="checkbox"/> Subway or elevated	6. How long does it usually take ... to get from home to work?
9 <input type="checkbox"/> Bus or streetcar	10 <input type="checkbox"/> Taxicab	399 _____ Minutes
11 <input type="checkbox"/> Motorcycle	12 <input type="checkbox"/> Bicycle	7. What is ...'s ONE-WAY distance from home to work?
13 <input type="checkbox"/> Other means - Specify _____		400 _____ Miles OR <input type="checkbox"/> Less than 1 mile
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	8a. In the last year, has ... changed his principal means of transportation to work?
c. How many people, including ... usually ride in the car to work?	393 _____ Number	401 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to 9
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. What was ...'s principal means of transportation to work (prior to the change)?
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	402 1 <input type="checkbox"/> Truck
c. Where is ...'s usual place of work?		2 <input checked="" type="checkbox"/> Car or carpool
(1) Company or business establishment name	_____	3 <input type="checkbox"/> Drives alone
(2) Address (Number and street)	_____	4 <input type="checkbox"/> Shared driving
Note - If address (number and street name) are not known, enter building name, shopping center name, or other physical location description.	_____	5 <input type="checkbox"/> Drives others
(3) Names of nearest intersecting streets	_____	6 <input type="checkbox"/> Rode with someone else
(4) Name of city, town, village, borough, etc.	_____	7 <input type="checkbox"/> Walked only
(5) County	_____	8 <input type="checkbox"/> Worked at home
State ZIP code	_____	9 <input type="checkbox"/> Railroad
		10 <input type="checkbox"/> Subway or elevated
		11 <input type="checkbox"/> Bus or streetcar
		12 <input type="checkbox"/> Taxicab
		13 <input type="checkbox"/> Motorcycle
		14 <input type="checkbox"/> Bicycle
		15 <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 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?
		Be sure to transcribe items 2c, 3a, 3b, 6 and 7 for head of household to items 92a-e on page 13 of AHS-2 questionnaire.
		INTERVIEWER
		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>(390) <input type="checkbox"/> Truck } <input type="checkbox"/> Car or carpool } (391) <input type="checkbox"/> Drives alone - Skip to 4a <input type="checkbox"/> Shares driving } <input type="checkbox"/> Drives others } Skip to 3c <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 _____</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>(396) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p>
<p>b. Does ... usually ALSO use a car for part of the trip to work?</p> <p>(392) <input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to 4a</p>		<p>5. What time does ... usually leave for work?</p> <p>(397) _____ Time (398) <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.</p>
<p>c. How many people, including ..., usually ride in the car to work?</p> <p>(393) _____ Number</p>		<p>6. How long does it usually take ... to get from home to work?</p> <p>(399) _____ Minutes</p>
<p>4a. Does ... usually WORK at the same location each day?</p> <p>(394) <input type="checkbox"/> Yes - Skip to 4c <input type="checkbox"/> No</p>		<p>7. What is ...'s ONE-WAY distance from home to work?</p> <p>(400) _____ Miles OR <input type="checkbox"/> Less than 1 mile</p>
<p>b. Does ... usually REPORT to the same location to begin work each day?</p> <p>(395) <input type="checkbox"/> Yes <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>(401) <input type="checkbox"/> Yes <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>(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. _____ _____ _____</p> <p>(3) Names of nearest intersecting streets _____ _____ _____</p> <p>(4) Name of city, town, village, borough, etc. _____ _____</p> <p>(5) County _____ Place type → _____ State ZIP code _____</p>		<p>b. What was ...'s principal means of transportation to work (prior to the change)?</p> <p>(402) <input type="checkbox"/> Truck } <input type="checkbox"/> Car or carpool } (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 _____</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>(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</p>		<p>9. 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>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>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>

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>(390) <input type="checkbox"/> Truck } <input type="checkbox"/> Car or carpool } (391) <input type="checkbox"/> Drives alone - Skip to 4a <input type="checkbox"/> Shares driving } <input type="checkbox"/> Drives others } Skip to 3c <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 _____</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>(396) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p>
<p>b. Does ... usually ALSO use a car for part of the trip to work?</p> <p>(392) <input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to 4a</p>		<p>5. What time does ... usually leave for work?</p> <p>(397) _____ Time (398) <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.</p>
<p>c. How many people, including ..., usually ride in the car to work?</p> <p>(393) _____ Number</p>		<p>6. How long does it usually take ... to get from home to work?</p> <p>(399) _____ Minutes</p>
<p>4a. Does ... usually WORK at the same location each day?</p> <p>(394) <input type="checkbox"/> Yes - Skip to 4c <input type="checkbox"/> No</p>		<p>7. What is ...'s ONE-WAY distance from home to work?</p> <p>(400) _____ Miles OR <input type="checkbox"/> Less than 1 mile</p>
<p>b. Does ... usually REPORT to the same location to begin work each day?</p> <p>(395) <input type="checkbox"/> Yes <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>(401) <input type="checkbox"/> Yes <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>(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. _____ _____ _____</p> <p>(3) Names of nearest intersecting streets _____ _____ _____</p> <p>(4) Name of city, town, village, borough, etc. _____ _____</p> <p>(5) County _____ Place type → _____ State ZIP code _____</p>		<p>b. What was ...'s principal means of transportation to work (prior to the change)?</p> <p>(402) <input type="checkbox"/> Truck } <input type="checkbox"/> Car or carpool } (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 _____</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>(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</p>		<p>9. 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>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>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>

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>390 <input type="checkbox"/> Truck <input type="checkbox"/> Car or carpool } 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 } Skip to 3c <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 _____</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>396 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p>	
<p>b. Does ... usually ALSO use a car for part of the trip to work?</p> <p>392 <input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to 4a</p>		<p>5. What time does ... usually leave for work?</p> <p>397 _____ Time 398 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.</p>	
<p>c. How many people, including ..., usually ride in the car to work?</p> <p>393 _____ Number</p>		<p>6. How long does it usually take ... to get from home to work?</p> <p>399 _____ Minutes</p>	
<p>4a. Does ... usually WORK at the same location each day?</p> <p>394 <input type="checkbox"/> Yes - Skip to 4c <input type="checkbox"/> No</p>		<p>7. What is ...'s ONE-WAY distance from home to work?</p> <p>400 _____ Miles OR <input type="checkbox"/> Less than 1 mile</p>	
<p>b. Does ... usually REPORT to the same location to begin work each day?</p> <p>395 <input type="checkbox"/> Yes <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>401 <input type="checkbox"/> Yes <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>(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. _____ _____ _____</p>		<p>b. What was ...'s principal means of transportation to work (prior to the change)?</p> <p>402 <input type="checkbox"/> Truck <input type="checkbox"/> Car or carpool } <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 _____</p>	
<p>(3) Names of nearest intersecting streets _____ _____</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>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</p>	
<p>(4) Name of city, town, village, borough, etc. _____ _____</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>(5) County _____ State ZIP code _____</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. 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>390 <input type="checkbox"/> Truck <input type="checkbox"/> Car or carpool } 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 } Skip to 3c <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 _____</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>396 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p>	
<p>b. Does ... usually ALSO use a car for part of the trip to work?</p> <p>392 <input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to 4a</p>		<p>5. What time does ... usually leave for work?</p> <p>397 _____ Time 398 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.</p>	
<p>c. How many people, including ..., usually ride in the car to work?</p> <p>393 _____ Number</p>		<p>6. How long does it usually take ... to get from home to work?</p> <p>399 _____ Minutes</p>	
<p>4a. Does ... usually WORK at the same location each day?</p> <p>394 <input type="checkbox"/> Yes - Skip to 4c <input type="checkbox"/> No</p>		<p>7. What is ...'s ONE-WAY distance from home to work?</p> <p>400 _____ Miles OR <input type="checkbox"/> Less than 1 mile</p>	
<p>b. Does ... usually REPORT to the same location to begin work each day?</p> <p>395 <input type="checkbox"/> Yes <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>401 <input type="checkbox"/> Yes <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>(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. _____ _____ _____</p>		<p>b. What was ...'s principal means of transportation to work (prior to the change)?</p> <p>402 <input type="checkbox"/> Truck <input type="checkbox"/> Car or carpool } <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 _____</p>	
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<p>(4) Name of city, town, village, borough, etc. _____ _____</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>(5) County _____ State ZIP code _____</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. Ask Question 10, page 39, for the HEAD</p>	