

Facsimile of the Annual Housing Survey Questionnaire: 1980

Form Approved: O.M.B. No. 63-R1592

1. Control number (cc 1) PSU Segment Serial Panel		2. Sample F-3	<p>NOTICE - All information which would permit identification of the individual will be held in strict confidence by law, under U.S. Code, title 13, section 9a. It may be seen only by sworn Census employees and may be used only for statistical purposes.</p> <p>FORM AHS-52 (9-25-79)</p> <p style="text-align: center; font-size: small;">U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS ACTING AS COLLECTING AGENT FOR U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT</p> <p style="text-align: center; font-weight: bold; font-size: large;">ANNUAL HOUSING SURVEY (SMSA)</p> <p style="text-align: center; font-weight: bold;">GROUP CC-1</p> <p style="text-align: center;">1980/81</p>
3. House- hold No. (cc 2)		4. Type of segment (cc 3) 1 <input type="checkbox"/> Unit 2 <input type="checkbox"/> Area 3 <input type="checkbox"/> Permit 4 <input type="checkbox"/> Special place	5a. Interviewer name c. Date completed
6a. Status of unit (001) 1 <input type="checkbox"/> Unit in sample last enumeration period - Skip to 7 <input type="checkbox"/> Unit in sample for first time this enumeration period - Fill item 6b		7. Type of Interview Interview (002) 1 <input type="checkbox"/> Regular - (One or more "Y's") <input type="checkbox"/> URE - (All "N's" in cc 11c) <input type="checkbox"/> Vacant - Skip to item 6a, page 4 <input type="checkbox"/> Noninterview { <input type="checkbox"/> Type A - STOP <input type="checkbox"/> Type B or C - Go to AHS-97	
b. Reason for adding sample unit 2 <input type="checkbox"/> New construction 3 <input type="checkbox"/> Mobile home moved in 4 <input type="checkbox"/> House moved in 5 <input type="checkbox"/> Unit resulted from structural conversion		6 <input type="checkbox"/> Conversion of nonresidential unit 7 <input type="checkbox"/> Other - Specify	
Section I (TRANSCRIBE FROM CONTROL CARD)			
8. Reason for noninterview (cc 40d) a. Type A (003) 1 <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		8. Reason for noninterview (cc 40d) c. Type C (003) 30 <input type="checkbox"/> Unit eliminated in structural conversion <input type="checkbox"/> Demolished <input type="checkbox"/> Disaster loss (flood, tornado, etc.) <input type="checkbox"/> Disaster loss - fire <input type="checkbox"/> House or mobile home moved (Do not mark if the sample unit is a mobile home in a mobile home park) <input type="checkbox"/> Merged - not in current sample <input type="checkbox"/> FOR OFFICE USE <input type="checkbox"/> Other - Specify	
b. Type B (003) 10 <input type="checkbox"/> Unit for nonresidential use (e.g., business, school, or commercial storage) <input type="checkbox"/> OTHER unit, except unoccupied site for mobile home or tent <input type="checkbox"/> Unoccupied site for mobile home or tent <input type="checkbox"/> Under construction - not ready <input type="checkbox"/> Scheduled to be demolished <input type="checkbox"/> Condemned or occupancy prohibited by law <input type="checkbox"/> Interior exposed to the elements <input type="checkbox"/> Unit severely damaged by fire <input type="checkbox"/> Other - Specify		31 <input type="checkbox"/> Unused permit - abandoned (Fill 8d and 8a for Type B's only) d. Unit boarded-up (cc 40e) (004) 1 <input type="checkbox"/> Yes <input type="checkbox"/> No	
19 <input type="checkbox"/> Permit granted - construction not started		e. Status of structure (AHS-97, item 8) (005) 1 <input type="checkbox"/> Structure currently has no housing units <input type="checkbox"/> Structure currently has one or more housing units	

Section I - Continued			
QUESTIONNAIRE ITEMS TO BE FILLED FOR NONINTERVIEWS	TYPE A I.D. Items 1* 3 4-5d** 6-7 Section I items 8a 10 11 13 14	TYPE B I.D. Items 1* 3 4-5d** 6-7 Section I items 8b 8d and e (Where appropriate) 10 11 13	TYPE C I.D. Items 1* 3 4-5d** 6-7 Section I items 8c
			QUESTIONNAIRE ITEMS TO BE FILLED FOR VACANT UNITS I.D. Items 1* 3 4-7** Section I items 9-11 13 14 Section IIIA, page 3 Section IIIB, pages 4-7 Section IV, page 44
*NOTE - Fill item 1 only if AHS-52 is not labeled or if control number on label is incorrect.			
**NOTE - In item 5d enter the relationship of the person providing the information for the noninterview or vacant; e.g., manager, agent 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 Year (006) <input type="text"/> OR (006) 1 <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	
10. Access (cc 9a) (007) 1 <input type="checkbox"/> Direct <input type="checkbox"/> Through another unit		13. Land use code (cc 37a-d) (009) 1 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	
11. Type of living quarters (cc 9b and c) HOUSING UNIT (008) 1 <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		14. Occupancy status (cc 40c) (010) 1 <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	
OTHER UNIT (Treat as Type B Noninterview) 8 <input type="checkbox"/> Quarters not HU in rooming or boarding house 9 <input type="checkbox"/> Unit not permanent in transient hotel, motel, etc. 10 <input type="checkbox"/> Unoccupied tent site or trailer site 11 <input type="checkbox"/> OTHER unit not specified above - Specify		NOTES	

FORM AHS-52 (9-25-79)

Page 2

Facsimile of the Annual Housing Survey Questionnaire: 1980—Continued

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Section IIIA - VACANT UNITS

TRANSCRIBE FROM CONTROL CARD

1a. Number of living quarters (cc 27a) (022) 1 Mobile home or trailer (no permanent room attached) - Skip to 2
 2 One, detached from any other building } Go to b
 3 One, attached to one or more buildings }
 4 2 } Skip to c
 5 3 or 4 }
 6 5 to 9 } Skip to 2
 7 10 to 19 }
 8 20 to 49 }
 9 50 or more }

b. Other living quarters on property (cc 27d) (023) 1 Yes
 2 No

c. Commercial establishment on property (cc 27e) (024) 1 Yes
 2 No

d. Medical or dental office on property (cc 27f) (027) 1 Yes
 2 No

2. Number of rooms (cc 30) (033) _____ Rooms

3. Working electric wall outlet (wallplug) in all rooms (cc 31) (034) 1 Yes
 2 No

4. Concealed wiring (cc 32) (035) 1 Yes
 2 No

5a. Source of water (cc 33a) (036) 1 A public system or private company - **END TRANSCRIPTION**
 2 An individual well - Go to b
 3 Some other source - Specify - **END TRANSCRIPTION**

b. Type of well (cc 33b) (037) 1 Drilled
 2 Dug

END OF TRANSCRIPTION

Notes

Section IIIB - VACANT UNITS

6a. Is this unit intended for year-round use, for occupancy only on a seasonal basis or for use by migrant workers? (241) YEAR ROUND - Ask b
 Seasonal
 10 Summers only } Skip to 7
 11 Winters only }
 12 Other seasonal - Specify in Notes on page 2 }
 9 Migratory - Skip to 7

b. Is this house (apartment) for rent, for sale only, rented not occupied, sold not occupied, held for occasional use, or something else? (241) 1 Vacant - for rent OR (for rent OR for sale) Vacant - for sale ONLY
 2 Regular ownership
 3 Condominium ownership
 4 Cooperative ownership
 5 Rented, not occupied
 6 Sold, not occupied
 7 Held for occasional use
 8 Other vacant - Specify _____

7. How many months has this house (apartment) been vacant? (039) 1 Less than 1 month
 2 1 month up to 2 months
 3 2 months up to 6 months
 4 6 months up to 12 months
 5 1 year up to 2 years
 6 2 years or more

8. How many bedrooms are in this house (apartment)? (058) _____ Bedrooms
 OR
 0 None - Skip to 10

9a. Is it necessary to go through anyone's bedroom to get to any bathroom? (059) 1 Yes
 2 No

b. Is it necessary to go through anyone's bedroom to get to any other room? (060) 1 Yes
 2 No

10. Does this house (building) have complete kitchen facilities; that is, an installed sink with piped water, a refrigerator, and range or cookstove, which are available for the use of the intended occupants of this house (apartment)? (063) Yes - Are these facilities ONLY for the use of the intended occupants?
 1 Yes - Used for this household only
 2 No - Also used by another household
 3 No

11. Does this house (building) have complete plumbing facilities; that is, hot and cold piped water, a flush toilet and a bathtub or shower, which are available for the use of the intended occupants of this house (apartment)? (072) Yes - Are these facilities ONLY for the use of the intended occupants?
 1 Yes - Used for this household only - Ask 12
 2 No - Also used by another household - Skip to 13a
 3 No - Skip to 13a

12. 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 Complete plumbing facilities but not in one room
 2 1 complete bathroom
 3 1 complete bathroom plus a half bath with no flush toilet
 4 1 complete bathroom plus a half bath with flush toilet
 5 2 complete bathrooms
 6 More than 2 complete bathrooms

How many complete bathrooms and half bathrooms does this house (apartment) have?

Facsimile of the Annual Housing Survey Questionnaire: 1980—Continued

<p>13a. Is this house (building) connected to a public sewer?</p> <p>(078) 1 <input type="checkbox"/> Yes - Skip to 14 2 <input type="checkbox"/> No</p>	
<p>b. What means of sewage disposal does it have?</p> <p>(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 _____</p>	
<p>14. What type of heating equipment does this house (apartment) have? (Mark heating equipment used most)</p> <p>SHOW FLASHCARD B</p> <p>(084) 1 <input type="checkbox"/> Central warm-air furnace with ducts in individual rooms 2 <input type="checkbox"/> Heat pump 3 <input type="checkbox"/> Steam or hot water system 4 <input type="checkbox"/> Built-in electric units (permanently installed in wall, ceiling, or baseboard) 5 <input type="checkbox"/> Floor, wall, or pipeless furnace 6 <input type="checkbox"/> Room heaters WITH flue or vent burning gas, oil, or kerosene 7 <input type="checkbox"/> Room heaters WITHOUT flue or vent burning gas, oil, or kerosene 8 <input type="checkbox"/> Fireplaces, stoves, or portable room heaters 9 <input type="checkbox"/> Unit has no heating equipment</p> <p style="text-align: right;">} Skip to 16a</p>	
<p>15. How many rooms are there without hot air ducts or registers, radiators, or room heaters? Do not count the kitchen and bathroom(s).</p> <p>(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</p>	
<p>16a. Does this house (apartment) have air conditioning, either individual room units or a central system?</p> <p>(091) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to 17</p>	
<p>b. Which does it have?</p> <p>(092) 1 <input type="checkbox"/> Central - Skip to 17 2 <input type="checkbox"/> Room units</p>	
<p>c. How many room units?</p> <p>(093) _____ Room units</p>	
<p>17. Is there a basement in this house (building)? (A basement is an enclosed space in which persons can walk upright under all or part of the building.)</p> <p>(099) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	
<p>CHECK ITEM A</p>	<p>VACANCY STATUS (See item 6b, page 4)</p> <p>• FOR SALE ONLY</p> <p>(See Central Card item 27a) <input type="checkbox"/> A condominium - Skip to 19 <input type="checkbox"/> One-unit structure - Ask 18 <input type="checkbox"/> Mobile home or trailer - Skip to 20 <input type="checkbox"/> Two-or-more-unit structure - Skip to 26a</p>
	<p>• FOR RENT</p> <p>(See Central Card item 27a) <input type="checkbox"/> One-unit structure - Ask 18 <input type="checkbox"/> Two-or-more-unit structure, or a mobile home or trailer - Skip to 21</p> <p><input type="checkbox"/> ALL OTHERS (See items 6a and 6b) (Other vacants, units rented or sold, units held for occasional use, seasonal, and similar units) - Skip to 25</p>
<p>OBSERVATION - If rural transcribe from CC item 37b.</p> <p>18. Does this place have 10 acres or more?</p> <p>(109) 1 <input type="checkbox"/> Yes, 10 acres or more 2 <input type="checkbox"/> No, less than 10 acres</p>	

<p>CHECK ITEM B</p>	<p>VACANT FOR SALE ONLY</p> <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 27f) - Ask 19 <input type="checkbox"/> All others - Skip to 26a</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 21 <input type="checkbox"/> One-unit structure on 10 acres or more - Skip to 25</p>																														
	<p>19. What is the sale price asked for this property (condominium unit)?</p> <p>(110)</p> <table border="0"> <tr> <td>1 <input type="checkbox"/> Less than \$5,000</td> <td>16 <input type="checkbox"/> 50,000- 54,999</td> </tr> <tr> <td>2 <input type="checkbox"/> \$5,000-\$7,499</td> <td>17 <input type="checkbox"/> 55,000- 59,999</td> </tr> <tr> <td>3 <input type="checkbox"/> 7,500- 9,999</td> <td>18 <input type="checkbox"/> 60,000- 64,999</td> </tr> <tr> <td>4 <input type="checkbox"/> 10,000-12,499</td> <td>19 <input type="checkbox"/> 65,000- 69,999</td> </tr> <tr> <td>5 <input type="checkbox"/> 12,500-14,999</td> <td>20 <input type="checkbox"/> 70,000- 74,999</td> </tr> <tr> <td>6 <input type="checkbox"/> 15,000-17,499</td> <td>21 <input type="checkbox"/> 75,000- 79,999</td> </tr> <tr> <td>7 <input type="checkbox"/> 17,500-19,999</td> <td>22 <input type="checkbox"/> 80,000- 89,999</td> </tr> <tr> <td>8 <input type="checkbox"/> 20,000-22,499</td> <td>23 <input type="checkbox"/> 90,000- 99,999</td> </tr> <tr> <td>9 <input type="checkbox"/> 22,500-24,999</td> <td>24 <input type="checkbox"/> 100,000-124,999</td> </tr> <tr> <td>10 <input type="checkbox"/> 25,000-27,499</td> <td>25 <input type="checkbox"/> 125,000-149,999</td> </tr> <tr> <td>11 <input type="checkbox"/> 27,500-29,999</td> <td>26 <input type="checkbox"/> 150,000-199,999</td> </tr> <tr> <td>12 <input type="checkbox"/> 30,000-34,999</td> <td>27 <input type="checkbox"/> 200,000-249,999</td> </tr> <tr> <td>13 <input type="checkbox"/> 35,000-39,999</td> <td>28 <input type="checkbox"/> 250,000-299,999</td> </tr> <tr> <td>14 <input type="checkbox"/> 40,000-44,999</td> <td>29 <input type="checkbox"/> 300,000 or more</td> </tr> <tr> <td>15 <input type="checkbox"/> 45,000-49,999</td> <td></td> </tr> </table> <p>SHOW FLASHCARD C</p>		1 <input type="checkbox"/> Less than \$5,000	16 <input type="checkbox"/> 50,000- 54,999	2 <input type="checkbox"/> \$5,000-\$7,499	17 <input type="checkbox"/> 55,000- 59,999	3 <input type="checkbox"/> 7,500- 9,999	18 <input type="checkbox"/> 60,000- 64,999	4 <input type="checkbox"/> 10,000-12,499	19 <input type="checkbox"/> 65,000- 69,999	5 <input type="checkbox"/> 12,500-14,999	20 <input type="checkbox"/> 70,000- 74,999	6 <input type="checkbox"/> 15,000-17,499	21 <input type="checkbox"/> 75,000- 79,999	7 <input type="checkbox"/> 17,500-19,999	22 <input type="checkbox"/> 80,000- 89,999	8 <input type="checkbox"/> 20,000-22,499	23 <input type="checkbox"/> 90,000- 99,999	9 <input type="checkbox"/> 22,500-24,999	24 <input type="checkbox"/> 100,000-124,999	10 <input type="checkbox"/> 25,000-27,499	25 <input type="checkbox"/> 125,000-149,999	11 <input type="checkbox"/> 27,500-29,999	26 <input type="checkbox"/> 150,000-199,999	12 <input type="checkbox"/> 30,000-34,999	27 <input type="checkbox"/> 200,000-249,999	13 <input type="checkbox"/> 35,000-39,999	28 <input type="checkbox"/> 250,000-299,999	14 <input type="checkbox"/> 40,000-44,999	29 <input type="checkbox"/> 300,000 or more	15 <input type="checkbox"/> 45,000-49,999
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5 <input type="checkbox"/> 12,500-14,999	20 <input type="checkbox"/> 70,000- 74,999																														
6 <input type="checkbox"/> 15,000-17,499	21 <input type="checkbox"/> 75,000- 79,999																														
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15 <input type="checkbox"/> 45,000-49,999																															
<p>20. What type of offstreet parking facilities are available on this property for the use of the intended occupants? (Read all answer categories)</p> <p>(043) 1 <input type="checkbox"/> Offstreet but not covered 2 <input type="checkbox"/> Carport 3 <input type="checkbox"/> One car garage 4 <input type="checkbox"/> Two car garage 5 <input type="checkbox"/> Three or more car garage 6 <input type="checkbox"/> None</p> <p style="text-align: right;">} (Skip to 26a)</p>																															
<p>21. What is the MONTHLY rent? (Mark the frequency of payment box and enter the MONTHLY rent. If rent is not to be paid by the month, 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.)</p> <p>(146) \$ _____ 00 Per month</p> <p>(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</p> <p>Notes _____</p>																															
<p>22. Is this house (apartment) in a public housing project; that is, is it owned by a local housing authority or other public agency?</p> <p>(151) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>																															
<p>23a. In addition to rent, does the renter also pay for electricity?</p> <p>(153) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, included in rent 3 <input type="checkbox"/> No, electricity not used</p>																															
<p>b. In addition to rent, does the renter also pay for gas?</p> <p>(153) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, included in rent 3 <input type="checkbox"/> No, gas not used</p>																															
<p>c. In addition to rent, does the renter also pay for water?</p> <p>(157) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, included in rent or no charge</p>																															
<p>d. In addition to rent, does the renter also pay for oil, coal, kerosene, wood, or any other fuel?</p> <p>(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</p>																															

Facsimile of the Annual Housing Survey Questionnaire: 1980—Continued

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Section IIIA - OCCUPIED UNITS (Include URE) - Continued

TRANSCRIBE FROM CONTROL CARD

3. Highest grade completed by reference person (cc 19) (012)

Never attended school

1 <input type="checkbox"/> Kindergarten	8 <input type="checkbox"/> Seventh
2 <input type="checkbox"/> First	9 <input type="checkbox"/> Eighth
3 <input type="checkbox"/> Second	10 <input type="checkbox"/> Ninth
4 <input type="checkbox"/> Third	11 <input type="checkbox"/> Tenth
5 <input type="checkbox"/> Fourth	12 <input type="checkbox"/> Eleventh
6 <input type="checkbox"/> Fifth	13 <input type="checkbox"/> Twelfth
7 <input type="checkbox"/> Sixth	

College (Academic years)

14 <input type="checkbox"/> C1	17 <input type="checkbox"/> C4
15 <input type="checkbox"/> C2	18 <input type="checkbox"/> C5
16 <input type="checkbox"/> C3	19 <input type="checkbox"/> C6 or more

4. Ethnic origin of reference person (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 reference person moved in (cc 21)

After April 1, 1970

Month (01-12) / Year

(014)

OR

(014)

1 <input type="checkbox"/> 1965 to April 1, 1970	} Skip to 8
2 <input type="checkbox"/> 1960 to 1964	
3 <input type="checkbox"/> 1950 to 1959	
4 <input type="checkbox"/> 1949 or earlier	

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

_____ County

_____ State

OR

(015) 1 Outside the United States - Skip to 8

Section IIIA - OCCUPIED UNITS (Include URE) - Continued

TRANSCRIBE FROM CONTROL CARD

7. Reference person lived inside the limits of a city, town, borough or village (cc 23) (016)

1 Yes - Name of place _____

2 No

(017)

OFFICE USE ONLY				

8. Reference person 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: 1980—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 13 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 group of 6 or more mobile homes (cc 27c)	(024) 1 <input type="checkbox"/> Yes } Skip to 12a 2 <input type="checkbox"/> No }
<input type="checkbox"/> Renter occupied — Skip to 11e	(025) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
d. Other living quarters on property (cc 27d)	(026) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
e. Commercial establishment on property (cc 27e)	(027) 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 13 2 <input type="checkbox"/> No }
<input type="checkbox"/> Renter occupied — Skip to 13	
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) \$ _____ . <input type="checkbox"/> Purchase price 0 <input type="checkbox"/> Not purchased
13. Number of rooms (cc 30)	(033) _____ Rooms
14. Working electric wall outlet (wall plug) in each room (cc 31)	(034) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
15. Concealed wiring (cc 32)	(035) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
Notes	

Section IIIA — OCCUPIED UNITS (Include URE) — Continued	
TRANSCRIBE FROM CONTROL CARD	
16a. Source of water (cc 33a)	(036) 1 <input type="checkbox"/> A public system or private company — Skip to 17a 2 <input type="checkbox"/> An individual well — Fill 16b 3 <input type="checkbox"/> Some other source — Specify — Skip to 17a
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 18	
17a. Storm windows (cc 34a)	(040) 1 <input type="checkbox"/> Yes, all windows 2 <input type="checkbox"/> Yes, some windows 3 <input type="checkbox"/> No
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
18. 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
19. Use of telephone (cc 38a)	(045) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
END OF TRANSCRIPTION	
Notes	

Facsimile of the Annual Housing Survey Questionnaire: 1980—Continued

Section IIIB - OCCUPIED UNITS (Include URE)	
CHECK ITEM A	Mark all 3 parts (See cc 21) (1) Reference person lived here last 90 days (055) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (2) Reference person lived here last winter (056) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (3) Reference person MOVED HERE during the last 12 months (057) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
	Mark 1 of 3 parts <input type="checkbox"/> URE INTERVIEW (See item 7, page 1) - Skip to 34 (See cc item 25 and AHS-52 Check Item A(3)) <input type="checkbox"/> OWNED OR BEING BOUGHT AND REFERENCE PERSON MOVED HERE DURING LAST 12 MONTHS ("Yes" box marked in Check Item A(3)) - Ask 32a <input type="checkbox"/> ALL OTHERS - Skip to 33
	32a. Is this the first home . . . (reference person) has ever owned as his (her), usual residence? (Do not include vacation homes, or homes purchased for commercial or rental purposes.) (030) 1 <input type="checkbox"/> Yes - Skip to 33 2 <input type="checkbox"/> No - Ask 32b 3 <input type="checkbox"/> Reference person is not the owner - Skip to 33 b. How many homes has . . . (reference person) owned altogether? (Do not include vacation homes, or homes purchased for commercial or rental purposes.) (031) 1 <input type="checkbox"/> Two 2 <input type="checkbox"/> Three or more
33. Was . . . (reference person) the first occupant of this house (apartment) or did someone else live here before . . . (reference person)? (032) 1 <input type="checkbox"/> First occupants 2 <input type="checkbox"/> Previously occupied	
34a. How many stories (floors) are in this house (building)? Do not count the basement. (Mark mobile homes by observation.) (031) 1 <input type="checkbox"/> One } Skip to 35 2 <input type="checkbox"/> Two } 3 <input type="checkbox"/> Three } 4 <input type="checkbox"/> Four to six 5 <input type="checkbox"/> Seven to twelve 6 <input type="checkbox"/> Thirteen or more	
OBSERVATION b. Is there a passenger elevator in this building? (032) 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 37	
36a. Is it necessary to go through anyone's bedroom to get to any 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	

Section IIIB - OCCUPIED UNITS (Include URE) - Continued	
37. Do you have complete kitchen facilities in this house (building); that is, an installed sink with piped water, a refrigerator and a range or a cookstove, which are available for your use? (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 39	
38. Are the kitchen sink, refrigerator, and range or cookstove all in useable condition? (064) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } Skip to Check Item C	
39a. Do you have piped water in this building? (066) 1 <input type="checkbox"/> Yes - Skip to Check Item C 2 <input type="checkbox"/> No	
b. Do you have piped water available within 1/4 mile? (067) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } Skip to 44b, page 16	
Notes	

Facsimile of the Annual Housing Survey Questionnaire: 1980—Continued

Section IIIB - OCCUPIED UNITS (Include URE) - Continued	
CHECK ITEM C	Reference person lived here last 90 days (See Check Item A(1), page 13) <input type="checkbox"/> Yes - Ask 40a <input type="checkbox"/> No - Skip to 41
40a. 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 41
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 41
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
41. 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 which are available for your use?	(072) 1 <input type="checkbox"/> Yes - For this household only 2 <input type="checkbox"/> Yes - Also used by another household } Skip to 44a 3 <input type="checkbox"/> No
42. 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. How many complete bathrooms and half bathrooms do you have?	(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 half bath with no flush toilet 4 <input type="checkbox"/> 1 complete bathroom plus half bath with flush toilet 5 <input type="checkbox"/> 2 complete bathrooms 6 <input type="checkbox"/> More than 2 complete bathrooms } Skip to 44a
CHECK ITEM D	Reference person lived here last 90 days (See Check Item A(1), page 13) <input type="checkbox"/> Yes - Ask 43a <input type="checkbox"/> No - Skip to 44a
43a. 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 44a
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 44a
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 IIIB - OCCUPIED UNITS (Include URE) - Continued	
44a. 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 46
CHECK ITEM E	Reference person lived here last 90 days (See Check Item A(1), page 13) <input type="checkbox"/> Yes - Ask 45a <input type="checkbox"/> No - Skip to 46
45a. 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 46
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 46
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
46. 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
47. What type of heating equipment does your house (apartment) have? (Mark heating equipment used most) SHOW FLASHCARD B	(084) 1 <input type="checkbox"/> Central warm-air furnace with ducts in individual rooms 2 <input type="checkbox"/> Heat pump 3 <input type="checkbox"/> Steam or hot water system 4 <input type="checkbox"/> Built-in electric units (permanently installed in wall, ceiling, or baseboard) 5 <input type="checkbox"/> Floor, wall, or pipeless furnace 6 <input type="checkbox"/> Room heaters WITH flue or vent burning gas, oil, or kerosene 7 <input type="checkbox"/> Room heaters WITHOUT flue or vent burning gas, oil, or kerosene 8 <input type="checkbox"/> Fireplaces, stoves, or portable room heaters 9 <input type="checkbox"/> Unit has no heating equipment - Skip to 52a } Skip to Check Item G

Facsimile of the Annual Housing Survey Questionnaire: 1980—Continued

Section III B - OCCUPIED UNITS (Include URE) - Continued	
CHECK ITEM F	Reference person lived here LAST WINTER (See Check Item A(2), page 13) <input type="checkbox"/> Yes - Ask 48 <input type="checkbox"/> No - Skip to 49
48. 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
49. How many rooms do you have without hot air ducts or registers, radiators, or room heaters? Do not count the kitchen or bathroom(s).	(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	Reference person lived here LAST WINTER (See Check Item A(2), page 13) <input type="checkbox"/> Yes - Ask 50a <input type="checkbox"/> No - Skip to 52a
50a. At any time during the winter of . . . (year), was there a breakdown in your main 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 51a
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
51a. 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 52a
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 _____
52a. Do you have air conditioning, either individual room units or a central system?	(091) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to Check Item H
b. Which do you have?	(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) _____ Room units

Section III B - OCCUPIED UNITS (Include URE) - Continued	
CHECK ITEM H	Reference person lived here last 90 days (See Check Item A(1), page 13) <input type="checkbox"/> Yes - Ask 53a <input type="checkbox"/> No - Skip to 54a
53a. 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 54a 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
54a. Does your house (apartment) have garbage (food waste) collection service either public or private?	(096) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } Skip to 54c 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 55a 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 _____
55a. 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 56
b. During the last 90 days did 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
56. During the last 90 days did 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
57a. 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
58a. Is there any area of broken plaster on the ceiling or inside walls which is larger than this piece of paper? (SHOW CLOSED INTERVIEWER FLASHCARD AND INFORMATION BOOKLET)	(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 INTERVIEWER FLASHCARD AND INFORMATION BOOKLET)	(105) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

Facsimile of the Annual Housing Survey Questionnaire: 1980—Continued

Section IIIB - OCCUPIED UNITS (Include URE) - Continued	
CHECK ITEM I	<input type="checkbox"/> If "Yes" was marked in any of the six previous questions 55b, 56, 57a, 57b, 58a, and/or 58b - Ask 59 <input type="checkbox"/> All others - Skip to Check Item J
59. Is . . . (Specify the condition(s) mentioned in any of the six previous questions) so objectionable that you would like to move from this house (apartment)?	(106) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM J	Reference person lived here last 90 days (See Check Item A(1), page 13) <input type="checkbox"/> Yes - Ask 60a <input type="checkbox"/> No - Skip to Check Item K
60a. 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. Do you know whether they were mice or rats?	(433) 1 <input type="checkbox"/> Yes, mice 2 <input type="checkbox"/> Yes, rats 3 <input type="checkbox"/> Yes, mice and rats 4 <input type="checkbox"/> Don't know
c. Is this house (building) serviced by an exterminator for mice or rats regularly, only when needed, irregularly, or not at all?	(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 79, page 24 <input type="checkbox"/> OWNED AS A CONDOMINIUM - Skip to 62 OWNED OR BEING BOUGHT (See cc item 27a) <input type="checkbox"/> One-unit structure, or a mobile home or trailer - Ask 61 <input type="checkbox"/> Two-or-more-unit structure - Skip to 79, page 24 RENTED FOR CASH (See cc item 27a) <input type="checkbox"/> One-unit structure - Ask 61 <input type="checkbox"/> Two-or-more-unit structure, or a mobile home or trailer - Skip to 70, page 22 OCCUPIED WITHOUT PAYMENT OF CASH RENT (See cc item 27a) <input type="checkbox"/> One-unit structure - Ask 61 <input type="checkbox"/> Two-or-more-unit structure, or a mobile home or trailer - Skip to Check Item N, page 23
OBSERVATION - If rural transcribe from cc item 37b.	(109) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
61. 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 27f) - Ask 62 <input type="checkbox"/> Mobile home or trailer on less than 10 acres - Skip to 63a <input type="checkbox"/> All others - Skip to 79, page 24 RENTED FOR CASH If this is a - <input type="checkbox"/> One-unit structure on less than 10 acres - Skip to 70, page 22 <input type="checkbox"/> One-unit structure on 10 acres or more - Skip to 79, page 24 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 79, page 24

Section IIIB - OCCUPIED UNITS (Include URE) - Continued	
62. How much do you think this property, that is house and lot, (condominium unit) 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"/> 20,000-22,499 9 <input type="checkbox"/> 22,500-24,999 10 <input type="checkbox"/> 25,000-27,499 11 <input type="checkbox"/> 27,500-29,999 12 <input type="checkbox"/> 30,000-34,999 13 <input type="checkbox"/> 35,000-39,999 14 <input type="checkbox"/> 40,000-44,999 15 <input type="checkbox"/> 45,000-49,999 16 <input type="checkbox"/> 50,000-54,999 17 <input type="checkbox"/> 55,000-59,999 18 <input type="checkbox"/> 60,000-64,999 19 <input type="checkbox"/> 65,000-69,999 20 <input type="checkbox"/> 70,000-74,999 21 <input type="checkbox"/> 75,000-79,999 22 <input type="checkbox"/> 80,000-89,999 23 <input type="checkbox"/> 90,000-99,999 24 <input type="checkbox"/> 100,000-124,999 25 <input type="checkbox"/> 125,000-149,999 26 <input type="checkbox"/> 150,000-199,999 27 <input type="checkbox"/> 200,000-249,999 28 <input type="checkbox"/> 250,000-299,999 29 <input type="checkbox"/> 300,000 or more
SHOW FLASHCARD C	
CHECK ITEM M	(See Control Card item 25a) <input type="checkbox"/> OWNED AS A CONDOMINIUM - Skip to 79, page 24 <input type="checkbox"/> All others - Skip to 64
63a. Do you own the mobile home (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?	0 <input type="checkbox"/> Occupied without payment of cash rent (112) \$ _____
c. Do you have an installment loan or contract on this mobile home (trailer) or do you own it free and clear?	(113) 1 <input type="checkbox"/> Installment loan or contract - Skip to 65a 2 <input type="checkbox"/> Owned free and clear - Skip to 66a
64. 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 66a
65a. 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) give sum of payments. (If there are separate loans on the mobile home and its site, combine amounts.)	(115) \$ _____ 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 -	(117) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(1) Real estate taxes on this property?	
(2) Fire and hazard insurance?	(118) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
c. What kind of mortgage (loan) do you have?	(119) 1 <input type="checkbox"/> Federal Housing Administration 2 <input type="checkbox"/> Veterans Administration 3 <input type="checkbox"/> Farmers Home Administration 4 <input type="checkbox"/> None of the above } Skip to 67a
SHOW FLASHCARD D	

Facsimile of the Annual Housing Survey Questionnaire: 1980—Continued

Section IIIB - OCCUPIED UNITS (Include URE) - Continued		
CHECK ITEM N	(See Control Card item 27a)	
	<input type="checkbox"/> Mobile home or trailer - Ask 71a <input type="checkbox"/> All others - Skip to 72	
71a. Do you own the mobile home site or is it rented?	(148) 1 <input type="checkbox"/> Owned - Skip to 74a 2 <input type="checkbox"/> Rented	
b. What is the MONTHLY rent for the site?	(149) \$ _____	0 <input type="checkbox"/> Occupied without payment of cash rent - Skip to 74a
c. Is the site rent included with the rent for the mobile home?	(150) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	Skip to 74a
72. 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 74a 2 <input type="checkbox"/> No	
73. 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	
NOTE - Ask 74a for all categories before asking 74b		NOTE - Ask 74b only for those categories in 74a which were answered "Yes"
74a. (1) (In addition to rent), do you pay for electricity?	(153) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, included in rent or supplied free 3 <input type="checkbox"/> No, electricity not used	74b. (1) What is the average MONTHLY cost for electricity? (154) \$ _____
(2) (In addition to rent), do you pay for gas?	(155) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, included in rent or supplied free 3 <input type="checkbox"/> No, gas not used	(2) What is the average MONTHLY cost for gas? (156) \$ _____
(3) (In addition to rent), do you pay for water?	(157) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, included in rent or no charge	(3) What is the YEARLY cost for water? (158) \$ _____
(4) (In addition to rent), do you pay for oil, coal, kerosene, wood, or any other fuel?	(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	(4) What is the YEARLY cost for oil, coal, kerosene, wood, or any other fuel? (160) \$ _____
Notes		

Section IIIB - OCCUPIED UNITS (Include URE) - Continued	
75a. (In addition to your rent) do you pay for garbage (food waste) collection?	(161) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to 76
b. What is the YEARLY cost?	(162) \$ _____ . 00
76. Is this house (apartment) part of a condominium?	(165) 1 <input type="checkbox"/> Yes, part of a condominium 2 <input type="checkbox"/> No
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 79
77a. Do you rent this apartment (house) furnished or unfurnished?	(163) 1 <input type="checkbox"/> Furnished 2 <input type="checkbox"/> Unfurnished - Skip to 78a
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 - Ask 77c
c. What is the MONTHLY cost?	(166) \$ _____ . 00
78a. Are offstreet parking facilities available in connection with this building?	(167) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to 80
b. Do you rent such a space?	(168) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No or available at no extra charge - Skip to 79
c. Is the cost of the parking space included in the \$. . . (rent entered in 70) or do you pay for it separately?	(169) 1 <input type="checkbox"/> Included in rent - Skip to 79 2 <input type="checkbox"/> Separately
d. What is the MONTHLY cost for this parking space?	(170) \$ _____ . 00
79. What type of offstreet parking facilities are currently available on this property for your use? (Read all answer categories)	(163) 1 <input type="checkbox"/> Offstreet but not covered 2 <input type="checkbox"/> Carport 3 <input type="checkbox"/> One car garage 4 <input type="checkbox"/> Two car garage 5 <input type="checkbox"/> Three or more car garage 6 <input type="checkbox"/> None
80. How many cars and trucks are available for regular use by members of your household? Exclude trucks of more than one-ton capacity. (Count company cars and trucks kept at home.)	(175) 1 <input type="checkbox"/> None 2 <input type="checkbox"/> One 3 <input type="checkbox"/> Two 4 <input type="checkbox"/> Three 5 <input type="checkbox"/> Four or more

Facsimile of the Annual Housing Survey Questionnaire: 1980—Continued

Section H1B - OCCUPIED UNITS (Include URE) - Continued	
CHECK ITEM P	<input type="checkbox"/> URE interview (See item 7, page 1) - Skip to 103, page 31 (See Check Item A(3), page 13) <input type="checkbox"/> Reference person moved here during the last 12 months - Ask 81 <input type="checkbox"/> Reference person has lived here 12 months or longer - Skip to 100a, page 30
<p>81. The following questions are about the place where . . . (reference person) lived before moving here. What was the address of . . . 's (reference person) previous residence?</p>	<p>Address (Number and street)</p> <hr/> <p>City or town</p> <hr/> <p>County State ZIP code</p> <hr/> <p style="text-align: center;">OR</p> <p>(177) <input type="checkbox"/> Outside the United States - Skip to 100a, page 30</p>
<p>Notes</p>	
CHECK ITEM Q	<input type="checkbox"/> Two or more boxes marked in item 82a - Ask 82b <input type="checkbox"/> If only ONE box is marked in item 82a - Transcribe code to item 82b
<p>82b. What was the MAIN reason . . . (reference person) moved from previous residence?</p>	

Section H1B - OCCUPIED UNITS - Continued	
<p>82a. Why did . . . (reference person) move from the previous residence?</p> <p>(Mark all that apply)</p> <p style="text-align: center;">SHOW FLASHCARD F</p>	<p>EMPLOYMENT</p> <p>(401) <input type="checkbox"/> Job transfer</p> <p><input type="checkbox"/> To look for work</p> <p><input type="checkbox"/> To take a new job</p> <p><input type="checkbox"/> Entered or left U.S. Armed Forces</p> <p><input type="checkbox"/> Retirement</p> <p><input type="checkbox"/> Commuting reasons</p> <p><input type="checkbox"/> To attend school</p> <p><input type="checkbox"/> Other employment reasons - Specify <u> </u></p> <hr/> <p>FAMILY</p> <p>(403) <input type="checkbox"/> Needed larger house or apartment</p> <p><input type="checkbox"/> Divorced or separated</p> <p><input type="checkbox"/> Widowed</p> <p>(404) <input type="checkbox"/> To be closer to relatives</p> <p><input type="checkbox"/> Newly married</p> <p><input type="checkbox"/> Family increased</p> <p><input type="checkbox"/> Family decreased</p> <p>(405) <input type="checkbox"/> To establish own household</p> <p><input type="checkbox"/> Other family reasons - Specify <u> </u></p> <hr/> <p>OTHER</p> <p>(406) <input type="checkbox"/> Neighborhood overcrowded</p> <p><input type="checkbox"/> Change in racial or ethnic composition of neighborhood</p> <p><input type="checkbox"/> Crime</p> <p>(407) <input type="checkbox"/> Wanted neighborhood with children</p> <p><input type="checkbox"/> Wanted neighborhood without children</p> <p><input type="checkbox"/> Wanted better neighborhood</p> <p>(408) <input type="checkbox"/> Wanted more expensive place or better investment</p> <p><input type="checkbox"/> Wanted to own residence</p> <p><input type="checkbox"/> Wanted better house</p> <p>(409) <input type="checkbox"/> Wanted to rent residence</p> <p><input type="checkbox"/> Wanted residence with more conveniences</p> <p><input type="checkbox"/> Lower rent or less expensive house</p> <p>(410) <input type="checkbox"/> Wanted change of climate</p> <p><input type="checkbox"/> Displaced by urban renewal, highway construction or other public activity</p> <p><input type="checkbox"/> Displaced by private action</p> <p>(411) <input type="checkbox"/> Schools</p> <p><input type="checkbox"/> Natural disaster</p> <p><input type="checkbox"/> Other - Specify <u> </u></p>
CHECK ITEM Q	<input type="checkbox"/> Two or more boxes marked in item 82a - Ask 82b <input type="checkbox"/> If only ONE box is marked in item 82a - Transcribe code to item 82b
<p>82b. What was the MAIN reason . . . (reference person) moved from previous residence?</p>	
<p>(178) <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Box number of MAIN reason</p>	

Facsimile of the Annual Housing Survey Questionnaire: 1980—Continued

Section III B - OCCUPIED UNITS - Continued	
83a. Was . . . (reference person) the person who owned or rented the previous residence of the time he/she moved?	(179) <input type="checkbox"/> Yes 1 <input type="checkbox"/> Respondent is the reference person - Skip to INTERVIEWER INSTRUCTION 2 <input type="checkbox"/> Respondent is not the reference person - Ask 83b 3 <input type="checkbox"/> No - Skip to 100a, page 30
b. Were you also a member of . . . 's (reference person) household in the previous residence?	(180) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
INTERVIEWER INSTRUCTION	If the respondent is the reference person, or "Yes" was marked in 83b - Ask questions 84-99 in terms of "your" previous residence. If "No" was marked in 83b - Ask questions 84-99 in terms of "reference person's" previous residence.
84. How many rooms were in . . . 's (your) (reference person) previous residence? Do not count bathrooms, porches, balconies, halls, foyers, or half-rooms.	(181) _____ Number
85. How many bedrooms were in . . . 's (your) (reference person) previous residence? Count rooms used mainly for sleeping, even if used for other purposes.	(182) _____ Number 0 <input type="checkbox"/> None
86. How many persons were in . . . 's (your) (reference person) previous residence at the time . . . (you) (reference person) moved?	(183) _____ Number
87. Did . . . (you) (reference person) have complete plumbing facilities in . . . 's (your) (reference person) previous residence (building); that is, hot and cold piped water, a flush toilet, and a bathtub or shower which were available for . . . 's (your) (reference person) use?	<input type="checkbox"/> Yes Were these facilities used by . . . 's (your) (reference person) 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
88. How many living quarters, either occupied or vacant, were in the building where . . . 's (your) (reference person) 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
89a. Was . . . 's (your) (reference person) 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 100a, page 30 3 <input type="checkbox"/> Yes, a condominium - Skip to 91 <input type="checkbox"/> No - Ask 89b
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 B - OCCUPIED UNITS - Continued	
CHECK ITEM R	TENURE OF PREVIOUS RESIDENCE (See item 89, page 27)
	OWNED OR BEING BOUGHT (See item 88, page 27) <input type="checkbox"/> One-unit structure - Ask 90a <input type="checkbox"/> Two-or-more-unit structure, or a mobile home or trailer - Skip to 100a, page 30 RENTED FOR CASH OR OCCUPIED WITHOUT PAYMENT OF CASH RENT (See item 88, page 27) <input type="checkbox"/> One-unit structure - Skip to 92 <input type="checkbox"/> Two-or-more-unit structure, or a mobile home or trailer - Skip to Check Item S
90a. Was that house on a place of 10 acres or more?	(187) 1 <input type="checkbox"/> Yes - Skip to 100a, 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 100a, page 30 2 <input type="checkbox"/> No
91. What was the value of that property when . . . (you) (reference person) moved; that is, about how much did that property (house and lot) (condominium unit), 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- 22,499 9 <input type="checkbox"/> 22,500- 24,999 10 <input type="checkbox"/> 25,000- 27,499 11 <input type="checkbox"/> 27,500- 29,999 12 <input type="checkbox"/> 30,000- 34,999 13 <input type="checkbox"/> 35,000- 39,999 14 <input type="checkbox"/> 40,000- 44,999 15 <input type="checkbox"/> 45,000- 49,999 16 <input type="checkbox"/> 50,000- 54,999 17 <input type="checkbox"/> 55,000- 59,999 18 <input type="checkbox"/> 60,000- 64,999 19 <input type="checkbox"/> 65,000- 69,999 20 <input type="checkbox"/> 70,000- 74,999 21 <input type="checkbox"/> 75,000- 79,999 22 <input type="checkbox"/> 80,000- 89,999 23 <input type="checkbox"/> 90,000- 99,999 24 <input type="checkbox"/> 100,000-124,999 25 <input type="checkbox"/> 125,000-149,999 26 <input type="checkbox"/> 150,000-199,999 27 <input type="checkbox"/> 200,000-249,999 28 <input type="checkbox"/> 250,000-299,999 29 <input type="checkbox"/> 300,000 or more
SHOW FLASHCARD C	
92. Was that house on a place of 10 acres or more?	(190) 1 <input type="checkbox"/> Yes - Skip to 100a, page 30 2 <input type="checkbox"/> No
CHECK ITEM S	(See item 89b, page 27) <input type="checkbox"/> Rented for cash - Ask 93 <input type="checkbox"/> Occupied without payment of cash rent - Skip to 94
93. What was the MONTHLY rent for . . . 's (your) (reference person) 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) \$ _____ .00 Notes _____

Facsimile of the Annual Housing Survey Questionnaire: 1980—Continued

Section IIIB - OCCUPIED UNITS - Continued	
94. 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 96a 2 <input type="checkbox"/> No
95. Did . . . (you) (reference person) 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
NOTE - Ask all categories in 96a before asking 96b.	
96a. (1) (In addition to rent), did . . . (you) (reference person) pay for electricity?	(194) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, included in rent or supplied free 3 <input type="checkbox"/> No, electricity not used
(2) (In addition to rent), did . . . (you) (reference person) pay for gas?	(196) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, included in rent or supplied free 3 <input type="checkbox"/> No, gas not used
(3) (In addition to rent), did . . . (you) (reference person) pay for water?	(198) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, included in rent or no charge
(4) (In addition to rent), did . . . (you) (reference person) pay for oil, coal, kerosene, wood, or any other fuel?	(200) 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
96b. (1) What was the average MONTHLY cost for electricity?	(195) \$ _____ .00
(2) What was the average MONTHLY cost for gas?	(197) \$ _____ .00
(3) What was the YEARLY cost for water?	(199) \$ _____ .00
(4) What was the YEARLY cost for oil, coal, kerosene, wood, or any other fuel?	(201) \$ _____ .00
97a. (In addition to rent), did . . . (you) (reference person) pay for garbage (food waste) collection?	(202) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to Check Item T
b. What was the YEARLY cost?	(203) \$ _____ .00
CHECK ITEM T (See item 89b, page 27) <input type="checkbox"/> Rented for cash - Ask 98a <input type="checkbox"/> Occupied without payment of cash rent - Skip to 100a	
98a. Did . . . (you) (reference person) rent the apartment (house) furnished or unfurnished?	(204) 1 <input type="checkbox"/> Furnished 2 <input type="checkbox"/> Unfurnished - Skip to 99a
b. Was the cost of the furniture included in the rent or did . . . (you) (reference person) pay for it separately?	(205) 1 <input type="checkbox"/> Included in rent 2 <input type="checkbox"/> Separately
99a. Were offstreet parking facilities available in connection with the building?	(208) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to 100a
b. Did . . . (you) (reference person) rent such a space?	(209) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No or available at no extra charge - Skip to 100a
c. Was the cost of the parking space included in the \$. . . (rent entered in 93), or did . . . (you) (reference person) pay for it separately?	(210) 1 <input type="checkbox"/> Included in rent 2 <input type="checkbox"/> Separately

Section IIIB - OCCUPIED UNITS - Continued	
NOTE - Ask ALL categories in 100a before proceeding to 100b	
NOTE - Ask 100b only for those categories in 100a which were answered "Yes."	
100a. The following questions are concerned with different aspects of your PRESENT neighborhood. Here is a list of conditions which many people have in their neighborhoods. Which, if any, do you have?	
(1) Street (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) Industries, businesses, stores, 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
b. Here is a Flashcard. (Show Flashcard G.) Which of these 4 categories best describes how you feel about . . . (Condition)? (Pause) Does not bother you, bothers you a little, bothers you very much, or bothers you so much you would like to move.	
3 <input type="checkbox"/> Does not bother	5 <input type="checkbox"/> Bothers very much
4 <input type="checkbox"/> Bothers a little	6 <input type="checkbox"/> Bothers so much I would like to move
3 <input type="checkbox"/> Does not bother	5 <input type="checkbox"/> Bothers very much
4 <input type="checkbox"/> Bothers a little	6 <input type="checkbox"/> Bothers so much I would like to move
3 <input type="checkbox"/> Does not bother	5 <input type="checkbox"/> Bothers very much
4 <input type="checkbox"/> Bothers a little	6 <input type="checkbox"/> Bothers so much I would like to move
3 <input type="checkbox"/> Does not bother	5 <input type="checkbox"/> Bothers very much
4 <input type="checkbox"/> Bothers a little	6 <input type="checkbox"/> Bothers so much I would like to move
3 <input type="checkbox"/> Does not bother	5 <input type="checkbox"/> Bothers very much
4 <input type="checkbox"/> Bothers a little	6 <input type="checkbox"/> Bothers so much I would like to move
3 <input type="checkbox"/> Does not bother	5 <input type="checkbox"/> Bothers very much
4 <input type="checkbox"/> Bothers a little	6 <input type="checkbox"/> Bothers so much I would like to move
3 <input type="checkbox"/> Does not bother	5 <input type="checkbox"/> Bothers very much
4 <input type="checkbox"/> Bothers a little	6 <input type="checkbox"/> Bothers so much I would like to move
3 <input type="checkbox"/> Does not bother	5 <input type="checkbox"/> Bothers very much
4 <input type="checkbox"/> Bothers a little	6 <input type="checkbox"/> Bothers so much I would like to move
3 <input type="checkbox"/> Does not bother	5 <input type="checkbox"/> Bothers very much
4 <input type="checkbox"/> Bothers a little	6 <input type="checkbox"/> Bothers so much I would like to move
NOTE - If "Yes" was answered for one or more of the categories in 100a, ask 100b.	
Notes	

Facsimile of the Annual Housing Survey Questionnaire: 1980—Continued

Section IIIB - OCCUPIED UNITS (Include URE) - Continued	
<p>NOTE - Ask ALL categories in 101a before proceeding to 101b</p> <p>101a. The following questions are concerned with neighborhood services.</p>	
(1) Do you have satisfactory public transportation?	(225) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
(2) Do you have satisfactory schools?	(227) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
(3) Do you have satisfactory neighborhood shopping such as grocery stores or drug stores?	(229) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
(4) Do you have satisfactory police protection?	(231) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
(5) Do you have satisfactory outdoor recreation facilities such as parks, playgrounds, or swimming pools?	(233) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
(6) Do you have satisfactory hospitals or health clinics?	(235) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
<p>NOTE - If "No" was answered for one or more categories in 101a, ask 101b</p>	
102a. 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 <input type="checkbox"/> Excellent 2 <input type="checkbox"/> Good 3 <input type="checkbox"/> Fair 4 <input type="checkbox"/> Poor
b. How would you rate this HOUSE (building) as a place to live - would you say it is excellent, good, fair or poor?	(238) 1 <input type="checkbox"/> Excellent 2 <input type="checkbox"/> Good 3 <input type="checkbox"/> Fair 4 <input type="checkbox"/> Poor
<p>OBSERVATION</p> <p>103. Are there any buildings that appear to be abandoned or are there any buildings with windows broken or boarded-up on this street?</p>	
	(240) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<p>CHECK ITEM U</p> <p><input type="checkbox"/> URE Interview (See item 7, page 1) - Ask 104 (See Control Card item 27a)</p> <p><input type="checkbox"/> A one-unit structure, or a mobile home or trailer - Skip to 107</p> <p><input type="checkbox"/> Two-or-more-unit structure - Skip to 105a</p>	

Section IIIB - OCCUPIED UNITS (Include URE) - Continued	
<p>(Ask for URE Interviews only)</p> <p>104. Is this UNIT intended for year-round use, for occupancy only on a seasonal basis or for use by migrant workers?</p>	
	(241) 8 <input type="checkbox"/> YEAR ROUND (occupied temporarily at time of interview)
	Seasonal
	10 <input type="checkbox"/> Summers only
	11 <input type="checkbox"/> Winters only
	12 <input type="checkbox"/> Other seasonal - Specify in notes
	9 <input type="checkbox"/> Migratory
<p>OBSERVATION</p> <p>105a. Do the public halls in this building have light fixtures?</p>	
	(242) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } Skip to 106a 3 <input type="checkbox"/> No public halls
<p>b. Are the light fixtures in working order?</p>	
	(243) 1 <input type="checkbox"/> All in working order 2 <input type="checkbox"/> Some in working order 3 <input type="checkbox"/> None in working order
<p>106a. Are there loose, broken, or missing steps on any common stairways inside this building or attached to this building?</p>	
	(244) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> No common stairways - Skip to 107
<p>b. Are all stair railings firmly attached?</p>	
	(245) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> No stair railings
<p>107. In the last 12 months, how much did . . . earn in wages, salaries, tips and commissions before taxes and deductions? (Obtain income for reference person and all household members 14+ RELATED TO REFERENCE PERSON by blood, marriage, or adoption. If the family has more than six members 14+ enter in the "Notes," beginning with the sixth person and then combine the amounts for all these persons on the last "Amount" line.)</p>	
Line No.	Amount (Dollars only)
(246) _____	(247) \$ _____ .00
(248) _____	(249) \$ _____ .00
(250) _____	(251) \$ _____ .00
(252) _____	(253) \$ _____ .00
(254) _____	(255) \$ _____ .00
(256) _____	(257) \$ _____ .00
<p>Notes</p>	
<p>108a. In the past 12 months, how much did this family (you) earn in net income from its (your) own business, professional practice or partnership? (Exclude income previously reported in item 107. Probe if identical amounts are reported. Indicate that identical amounts are correct by marking this box <input type="checkbox"/>).</p>	
(258) \$ _____	.00
(259) 1 <input type="checkbox"/> None	
2 <input type="checkbox"/> Lost money (Enter amount LOST on line above)	
<p>b. In the past 12 months, how much did this family (you) earn in net income from its (your) own farm or ranch? (Exclude income previously reported in items 107 and 108a. Probe if identical amounts are reported. Indicate that identical amounts are correct by marking this box <input type="checkbox"/>).</p>	
(260) \$ _____	.00
(261) 1 <input type="checkbox"/> None	
2 <input type="checkbox"/> Lost money (Enter amount LOST on line above)	

Facsimile of the Annual Housing Survey Questionnaire: 1980—Continued

Section IIIB - OCCUPIED UNITS (Include URE) - Continued

NOTE - Ask all categories in 109a before asking 109b.

(Obtain income for reference person and all household members 14+ RELATED TO REFERENCE PERSON by blood, marriage, or adoption.)

109a. In the past 12 months, did any member of this family (you) 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 109b only for those categories in 109a. which were answered "Yes."

109b. How much was received from (source of income) in the past 12 months?

(263) \$ _____	<input type="checkbox"/> 00
(265) \$ _____	<input type="checkbox"/> 00
(267) \$ _____	<input type="checkbox"/> 00
(269) \$ _____	<input type="checkbox"/> 00
(271) \$ _____	<input type="checkbox"/> 00
(273) \$ _____	<input type="checkbox"/> 00
(275) \$ _____	<input type="checkbox"/> 00
(277) \$ _____	<input type="checkbox"/> 00
(279) \$ _____	<input type="checkbox"/> 00
(281) \$ _____	<input type="checkbox"/> 00
(283) \$ _____	<input type="checkbox"/> 00
(285) \$ _____	<input type="checkbox"/> 00
(287) \$ _____	<input type="checkbox"/> 00

NOTE - If "Yes" was answered for one or more of the categories in 109a, ask 109b. Exclude income previously reported in items 107 and 108. Probe if identical amounts are reported. Indicate that identical amounts are correct by marking this box .

OBSERVATION - Fill for mobile home in group of 6 or more. (288) 1 6-99 2 100 or more

110. 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)

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

CHECK ITEM V URE Interview (See item 7, page 1) - Skip to Check Item Y, page 37 (See Control Card item 11b) Household contains only family members - Skip to Check Item W, page 36 Household contains persons 14+ NOT RELATED TO THE REFERENCE PERSON by blood, marriage or adoption - Ask 112, page 34

FORM AHS-52 (9-25-79) Page 33

Section IIIB - OCCUPIED UNITS - Continued

112. In the last 12 months, how much did . . . earn in wages, salaries, tips and commissions before taxes and deductions? (Obtain income for household members 14+ NOT RELATED TO REFERENCE PERSON by blood, marriage or adoption.)

113a. In the past 12 months, how much did . . . earn in net income from his(her) own business, professional practice or partnership? (Exclude income previously reported in item 112. Probe if identical amounts are reported for an individual. Indicate that identical amounts are correct by marking this box. .

b. In the past 12 months, how much did . . . earn in net income from his(her) own farm or ranch? (Exclude income previously reported in items 112 and 113a. Probe if identical amounts are reported for an individual. Indicate that identical amounts are correct by marking this box .

NOTE - Ask 114b for each "Yes" response in 114a. Ask all categories in 114a (and 114b, as appropriate) before asking 114c.

114a. In the past 12 months did . . . (names of household members 14+ NOT RELATED TO REFERENCE PERSON 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	114b. 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

FORM AHS-52 (9-25-79) Page 34

Facsimile of the Annual Housing Survey Questionnaire: 1980—Continued

Section IIIB - OCCUPIED UNITS - Continued			
304 _____ Line No.	323 _____ Line No.	342 _____ Line No.	361 _____ Line No.
112. (305) \$ _____ 00	112. (324) \$ _____ 00	112. (343) \$ _____ 00	112. (362) \$ _____ 00
113a. (306) \$ _____ 00 (307) 1 <input type="checkbox"/> None 2 <input type="checkbox"/> Lost money (Enter amount LOST on line above)	113a. (325) \$ _____ 00 (326) 1 <input type="checkbox"/> None 2 <input type="checkbox"/> Lost money (Enter amount LOST on line above)	113a. (344) \$ _____ 00 (345) 1 <input type="checkbox"/> None 2 <input type="checkbox"/> Lost money (Enter amount LOST on line above)	113a. (363) \$ _____ 00 (364) 1 <input type="checkbox"/> None 2 <input type="checkbox"/> Lost money (Enter amount LOST on line above)
b. (308) \$ _____ 00 (309) 1 <input type="checkbox"/> None 2 <input type="checkbox"/> Lost money (Enter amount LOST on line above)	b. (327) \$ _____ 00 (328) 1 <input type="checkbox"/> None 2 <input type="checkbox"/> Lost money (Enter amount LOST on line above)	b. (346) \$ _____ 00 (347) 1 <input type="checkbox"/> None 2 <input type="checkbox"/> Lost money (Enter amount LOST on line above)	b. (365) \$ _____ 00 (366) 1 <input type="checkbox"/> None 2 <input type="checkbox"/> Lost money (Enter amount LOST on line above)
114c. How much did ... receive from (source of income) in the past 12 months?	114c. How much did ... receive from (source of income) in the past 12 months?	114c. How much did ... receive from (source of income) in the past 12 months?	114c. How much did ... receive from (source of income) in the past 12 months?
(1) (310) \$ _____ 00	(1) (329) \$ _____ 00	(1) (348) \$ _____ 00	(1) (367) \$ _____ 00
(2) (311) \$ _____ 00	(2) (330) \$ _____ 00	(2) (349) \$ _____ 00	(2) (368) \$ _____ 00
(3) (312) \$ _____ 00	(3) (331) \$ _____ 00	(3) (350) \$ _____ 00	(3) (369) \$ _____ 00
(4) (313) \$ _____ 00	(4) (332) \$ _____ 00	(4) (351) \$ _____ 00	(4) (370) \$ _____ 00
(5) (314) \$ _____ 00	(5) (333) \$ _____ 00	(5) (352) \$ _____ 00	(5) (371) \$ _____ 00
(6) (315) \$ _____ 00	(6) (334) \$ _____ 00	(6) (353) \$ _____ 00	(6) (372) \$ _____ 00
(7) (316) \$ _____ 00	(7) (335) \$ _____ 00	(7) (354) \$ _____ 00	(7) (373) \$ _____ 00
(8) (317) \$ _____ 00	(8) (336) \$ _____ 00	(8) (355) \$ _____ 00	(8) (374) \$ _____ 00
(9) (318) \$ _____ 00	(9) (337) \$ _____ 00	(9) (356) \$ _____ 00	(9) (375) \$ _____ 00
(10) (319) \$ _____ 00	(10) (338) \$ _____ 00	(10) (357) \$ _____ 00	(10) (376) \$ _____ 00
(11) (320) \$ _____ 00	(11) (339) \$ _____ 00	(11) (358) \$ _____ 00	(11) (377) \$ _____ 00
(12) (321) \$ _____ 00	(12) (340) \$ _____ 00	(12) (359) \$ _____ 00	(12) (378) \$ _____ 00
(13) (322) \$ _____ 00	(13) (341) \$ _____ 00	(13) (360) \$ _____ 00	(13) (379) \$ _____ 00

NOTE - Exclude income previously reported in items 112 and 113. Probe if identical amounts are reported for an individual. Indicate that identical amounts are correct by marking this box .

Section IIIB - OCCUPIED UNITS - Continued	
CHECK ITEM W	(1) (See Check Item A(3), page 13) <input type="checkbox"/> Reference person moved here during the last 12 months - Go to Check Item W(2) <input type="checkbox"/> Reference person did not move here in the last 12 months - Skip to item 117
	(2) (See Item 62, page 20) <input type="checkbox"/> Amount, "DK," "NA" or "Refused" entered in item 62 - Ask item 115a <input type="checkbox"/> Item 62 is blank - Skip to Check Item X
115a. Was this property purchased in the past 12 months?	(435) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to Check Item X
b. When this house and lot (condominium unit) was acquired, what was the purchase price? Do not include closing costs.	(436) \$ _____
CHECK ITEM X	(See item 65a, page 20) <input type="checkbox"/> Amount, "DK," "NA" or "Refused" entered in item 65a - Ask item 116a <input type="checkbox"/> Item 65a is blank - Skip to item 117
116a. Earlier you told me that this property (mobile home) is mortgaged. When you acquired this property did you originate (place) a new mortgage or assume an existing mortgage?	(428) 1 <input type="checkbox"/> Originated mortgage 2 <input type="checkbox"/> Assumed mortgage - Skip to item 117
b. At the time you acquired this property (mobile home), what was the amount of the mortgage? Do not include second trusts, or any other loan associated with the property?	(429) \$ _____
Notes	

Facsimile of the Annual Housing Survey Questionnaire: 1980—Continued

PGM 6

Section IIIB - OCCUPIED UNITS (Include URE) - Continued	
117. Did . . . (reference person) have a job last week?	(434) <input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to Check Item Y
118. What is . . . 's (reference person) principal means of transportation to work?	(390) <input type="checkbox"/> Truck <input type="checkbox"/> Car or carpool } (391) <input type="checkbox"/> Drives alone <input type="checkbox"/> Shares driving <input type="checkbox"/> Drives others <input type="checkbox"/> Rides with someone else (390) <input type="checkbox"/> Walks only <input type="checkbox"/> Works at home - Skip to Check Item Y <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 _____
119. Does . . . (reference person) usually REPORT to the same location to begin work each day?	(395) <input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to Check Item Y
120. How long does it usually take . . . (reference person) to get from home to work?	(399) _____ Minutes
121. What is . . . 's (reference person) ONE-WAY distance from home to work?	(400) _____ Miles OR <input type="checkbox"/> Less than 1 mile
CHECK ITEM Y	<input type="checkbox"/> Urban box marked in Control Card item 37a - Skip to Check Item Z <input type="checkbox"/> Rural box marked in Control Card item 37a AND <input type="checkbox"/> "Yes" in Control Card item 37c or 37d - Ask 122 <input type="checkbox"/> "No," "NA" or "DK" in Control Card item 37c or 37d - Skip to Check Item Z
122. During the past 12 months did sales of crops, livestock and other farm products from this place amount to \$1,000 or more?	(425) <input type="checkbox"/> Yes <input type="checkbox"/> No
CHECK ITEM Z	<input type="checkbox"/> Regular interview - Ask 123a <input type="checkbox"/> URE interview - Skip to Check Item CC, page 42

Section IIIB - OCCUPIED UNITS - Continued			
INTRODUCTION - The next few questions are about the ability of people in this household to get around in or use the home. Some people are limited in what they can do because of continuing poor health or a physical problem of long duration.			
123a. Does anyone in this household (do you) now have any of the conditions on this list? Show Flashcard H		(501) <input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to 124a	
b. Who has which condition?	Enter line number(s)	Mark condition(s)	Enter line number(s)
Mark all that apply	01	<input type="checkbox"/> Paralysis of any kind	14 <input type="checkbox"/> High blood pressure, Hypertension
	02	<input type="checkbox"/> Chronic stiffness or deformity of the back or spine	15 <input type="checkbox"/> Diabetes
	03	<input type="checkbox"/> Other trouble with back or spine	16 <input type="checkbox"/> Cancer or other tumor, growth or cyst
	04	<input type="checkbox"/> Arthritis or rheumatism	17 <input type="checkbox"/> Asthma
	05	<input type="checkbox"/> Chronic stiffness or deformity of the foot, leg, arm, or hand	18 <input type="checkbox"/> Any other lung problem such as Tuberculosis, Chronic Bronchitis, or Emphysema
	06	<input type="checkbox"/> Missing legs, feet, or toes	19 <input type="checkbox"/> Convulsions or epileptic seizures
	07	<input type="checkbox"/> Missing arms, hands, or fingers	20 <input type="checkbox"/> Other - Specify _____
	08	<input type="checkbox"/> Cerebral palsy	20 <input type="checkbox"/> Other - Specify _____
	09	<input type="checkbox"/> Effects of stroke	20 <input type="checkbox"/> Other - Specify _____
	10	<input type="checkbox"/> Blindness or serious trouble seeing	20 <input type="checkbox"/> Other - Specify _____
	11	<input type="checkbox"/> Deafness or serious trouble hearing	20 <input type="checkbox"/> Other - Specify _____
	12	<input type="checkbox"/> Effects of heart attack	20 <input type="checkbox"/> Other - Specify _____
	13	<input type="checkbox"/> Any other heart trouble	20 <input type="checkbox"/> Other - Specify _____
NOTE - Ask all categories in 124a before asking 124b.		NOTE - Ask 124b only for those categories in 124a which were answered "Yes."	
124a. Does anyone in this household (do you) have -	Yes	No	124b. Who has . . . (difficulty)? Enter line numbers
(1) difficulty going in or out of this house (apartment or building)?	(502) <input type="checkbox"/>	<input type="checkbox"/>	(1) _____
(2) difficulty going up or down stairs either inside or outside of this house (apartment or building)?	(503) <input type="checkbox"/>	<input type="checkbox"/>	(2) _____
(3) difficulty getting around inside this house (apartment)?	(504) <input type="checkbox"/>	<input type="checkbox"/>	(3) _____
(4) difficulty using the bathroom facilities, kitchen equipment or other equipment in this house (apartment)?	(505) <input type="checkbox"/>	<input type="checkbox"/>	(4) _____

Facsimile of the Annual Housing Survey Questionnaire: 1980—Continued

APPENDIX A—Continued

Section III B - OCCUPIED UNITS - Continued	
CHECK ITEM AA	(See items 123a and 124a) <input type="checkbox"/> If any "Yes's" marked - Ask 125 <input type="checkbox"/> If all "No's" marked - Skip to Check Item CC, page 42
	<p>125. Do you now have any of these features in your house (apartment or building)? If "Yes," mark all that apply Show Flashcard I</p> <p><input type="checkbox"/> Yes</p> <p>506 1 <input type="checkbox"/> Extra handrails or grab bars 2 <input type="checkbox"/> Ramps 3 <input type="checkbox"/> Elevators or stair lift 4 <input type="checkbox"/> Extra wide doors or hallways 5 <input type="checkbox"/> Door handles instead of knobs 6 <input type="checkbox"/> Raised lettering or braille 7 <input type="checkbox"/> Push bars on doors 8 <input type="checkbox"/> Sinks, faucets, or cabinets 9 <input type="checkbox"/> Wall sockets or light switches 10 <input type="checkbox"/> Bathroom designed for wheelchair use 11 <input type="checkbox"/> Specially equipped telephone 12 <input type="checkbox"/> Flashing lights 13 <input type="checkbox"/> Any other features - Specify _____</p> <p>507 508 509</p> <p>14 <input type="checkbox"/> No - Skip to Check Item BB</p> <p style="text-align: right;">Skip to Check Item BB</p>
Notes	

Section III B - OCCUPIED UNITS - Continued			
CHECK ITEM BB	Transcribe each different line number entered in 123b or 124b. For each line number, mark the numbered box that corresponds to any difficulties reported in item 124a.	(S10) Line number	(S30) Line number
		(S11) (1) (2) (3) (4)	(S31) (1) (2) (3) (4)
	OFFICE USE ONLY	(S12) *	(S32) *
		(S13) *	(S33) *
126a. Does . . . (do you) need help from another person to get around or to function better?	(S14) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	(S34) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
b. Does . . . (do you) use special equipment to get around or to function better?	(S15) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	(S35) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
Ask 127(1), (2), (3), and (4) as applicable for each person for each difficulty entered in Check Item BB. If no difficulties reported, go to Check Item CC.	(S16) * <input type="checkbox"/> Yes 1 <input type="checkbox"/> Extra handrails 2 <input type="checkbox"/> Ramps 3 <input type="checkbox"/> Elevator 4 <input type="checkbox"/> Extra wide doors 5 <input type="checkbox"/> Door handles 6 <input type="checkbox"/> Raised lettering 7 <input type="checkbox"/> Push bars 8 <input type="checkbox"/> Other - Specify _____ 9 <input type="checkbox"/> No	(S36) * <input type="checkbox"/> Yes 1 <input type="checkbox"/> Extra handrails 2 <input type="checkbox"/> Ramps 3 <input type="checkbox"/> Elevator 4 <input type="checkbox"/> Extra wide doors 5 <input type="checkbox"/> Door handles 6 <input type="checkbox"/> Raised lettering 7 <input type="checkbox"/> Push bars 8 <input type="checkbox"/> Other - Specify _____ 9 <input type="checkbox"/> No	
127. (1) Would any of the following features help . . . go outside this house (apartment or building) more easily? Show Flashcard J	(S17) * <input type="checkbox"/> Yes 1 <input type="checkbox"/> Extra handrails 2 <input type="checkbox"/> Ramps 3 <input type="checkbox"/> Elevators 4 <input type="checkbox"/> Any other - Specify _____ 5 <input type="checkbox"/> No	(S37) * <input type="checkbox"/> Yes 1 <input type="checkbox"/> Extra handrails 2 <input type="checkbox"/> Ramps 3 <input type="checkbox"/> Elevators 4 <input type="checkbox"/> Any other - Specify _____ 5 <input type="checkbox"/> No	
(2) Would any of the following features help . . . go up and down stairs either inside or outside of this house (apartment or building) more easily? Show Flashcard K	(S18) * <input type="checkbox"/> Yes 1 <input type="checkbox"/> Extra handrails 2 <input type="checkbox"/> Ramps 3 <input type="checkbox"/> Elevators 4 <input type="checkbox"/> Any other - Specify _____ 5 <input type="checkbox"/> No	(S38) * <input type="checkbox"/> Yes 1 <input type="checkbox"/> Extra handrails 2 <input type="checkbox"/> Ramps 3 <input type="checkbox"/> Elevators 4 <input type="checkbox"/> Any other - Specify _____ 5 <input type="checkbox"/> No	
(3) Would any of the following features help . . . get around inside of the house (apartment) more easily? Show Flashcard J	(S19) * <input type="checkbox"/> Yes 1 <input type="checkbox"/> Extra handrails 2 <input type="checkbox"/> Ramps 3 <input type="checkbox"/> Elevator 4 <input type="checkbox"/> Extra wide doors 5 <input type="checkbox"/> Door handles 6 <input type="checkbox"/> Raised lettering 7 <input type="checkbox"/> Push bars 8 <input type="checkbox"/> Other - Specify _____ 9 <input type="checkbox"/> No	(S39) * <input type="checkbox"/> Yes 1 <input type="checkbox"/> Extra handrails 2 <input type="checkbox"/> Ramps 3 <input type="checkbox"/> Elevator 4 <input type="checkbox"/> Extra wide doors 5 <input type="checkbox"/> Door handles 6 <input type="checkbox"/> Raised lettering 7 <input type="checkbox"/> Push bars 8 <input type="checkbox"/> Other - Specify _____ 9 <input type="checkbox"/> No	
(4) Would any of the following features help . . . use the appliances or facilities in this house (apartment) more easily? Show Flashcard L	(S21) * <input type="checkbox"/> Yes 1 <input type="checkbox"/> Sinks, faucets, or cabinets 2 <input type="checkbox"/> Wall sockets 3 <input type="checkbox"/> Bathroom redesigned 4 <input type="checkbox"/> Door handles 5 <input type="checkbox"/> Raised lettering 6 <input type="checkbox"/> Push bars 7 <input type="checkbox"/> Telephone 8 <input type="checkbox"/> Flashing lights 9 <input type="checkbox"/> Extra handrails 10 <input type="checkbox"/> Other - Specify _____ 11 <input type="checkbox"/> No	(S41) * <input type="checkbox"/> Yes 1 <input type="checkbox"/> Sinks, faucets, or cabinets 2 <input type="checkbox"/> Wall sockets 3 <input type="checkbox"/> Bathroom redesigned 4 <input type="checkbox"/> Door handles 5 <input type="checkbox"/> Raised lettering 6 <input type="checkbox"/> Push bars 7 <input type="checkbox"/> Telephone 8 <input type="checkbox"/> Flashing lights 9 <input type="checkbox"/> Extra handrails 10 <input type="checkbox"/> Other - Specify _____ 11 <input type="checkbox"/> No	
	(S22) * (S23) *	(S42) * (S43) *	

App-39

Facsimile of the Annual Housing Survey Questionnaire: 1980—Continued

Section IIIB — OCCUPIED UNITS — Continued

550 Line number		570 Line number		590 Line number		610 Line number	
551	(1) (2) (3) (4)	571	(1) (2) (3) (4)	591	(1) (2) (3) (4)	611	(1) (2) (3) (4)
552		572		592		612	
553		573		593		613	
554	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	574	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	594	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	614	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
555	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	575	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	595	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	615	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
556	<input type="checkbox"/> Yes 1 <input type="checkbox"/> Extra handrails 2 <input type="checkbox"/> Ramps 3 <input type="checkbox"/> Elevator 4 <input type="checkbox"/> Extra wide doors 5 <input type="checkbox"/> Door handles 6 <input type="checkbox"/> Raised lettering 7 <input type="checkbox"/> Push bars 8 <input type="checkbox"/> Other — Specify 9 <input type="checkbox"/> No	576	<input type="checkbox"/> Yes 1 <input type="checkbox"/> Extra handrails 2 <input type="checkbox"/> Ramps 3 <input type="checkbox"/> Elevator 4 <input type="checkbox"/> Extra wide doors 5 <input type="checkbox"/> Door handles 6 <input type="checkbox"/> Raised lettering 7 <input type="checkbox"/> Push bars 8 <input type="checkbox"/> Other — Specify 9 <input type="checkbox"/> No	596	<input type="checkbox"/> Yes 1 <input type="checkbox"/> Extra handrails 2 <input type="checkbox"/> Ramps 3 <input type="checkbox"/> Elevator 4 <input type="checkbox"/> Extra wide doors 5 <input type="checkbox"/> Door handles 6 <input type="checkbox"/> Raised lettering 7 <input type="checkbox"/> Push bars 8 <input type="checkbox"/> Other — Specify 9 <input type="checkbox"/> No	616	<input type="checkbox"/> Yes 1 <input type="checkbox"/> Extra handrails 2 <input type="checkbox"/> Ramps 3 <input type="checkbox"/> Elevator 4 <input type="checkbox"/> Extra wide doors 5 <input type="checkbox"/> Door handles 6 <input type="checkbox"/> Raised lettering 7 <input type="checkbox"/> Push bars 8 <input type="checkbox"/> Other — Specify 9 <input type="checkbox"/> No
557		577		597		617	
558	<input type="checkbox"/> Yes 1 <input type="checkbox"/> Extra handrails 2 <input type="checkbox"/> Ramps 3 <input type="checkbox"/> Elevator 4 <input type="checkbox"/> Any other — Specify 5 <input type="checkbox"/> No	578	<input type="checkbox"/> Yes 1 <input type="checkbox"/> Extra handrails 2 <input type="checkbox"/> Ramps 3 <input type="checkbox"/> Elevator 4 <input type="checkbox"/> Any other — Specify 5 <input type="checkbox"/> No	598	<input type="checkbox"/> Yes 1 <input type="checkbox"/> Extra handrails 2 <input type="checkbox"/> Ramps 3 <input type="checkbox"/> Elevator 4 <input type="checkbox"/> Any other — Specify 5 <input type="checkbox"/> No	618	<input type="checkbox"/> Yes 1 <input type="checkbox"/> Extra handrails 2 <input type="checkbox"/> Ramps 3 <input type="checkbox"/> Elevator 4 <input type="checkbox"/> Any other — Specify 5 <input type="checkbox"/> No
559	<input type="checkbox"/> Yes 1 <input type="checkbox"/> Extra handrails 2 <input type="checkbox"/> Ramps 3 <input type="checkbox"/> Elevator 4 <input type="checkbox"/> Extra wide doors 5 <input type="checkbox"/> Door handles 6 <input type="checkbox"/> Raised lettering 7 <input type="checkbox"/> Push bars 8 <input type="checkbox"/> Other — Specify 9 <input type="checkbox"/> No	579	<input type="checkbox"/> Yes 1 <input type="checkbox"/> Extra handrails 2 <input type="checkbox"/> Ramps 3 <input type="checkbox"/> Elevator 4 <input type="checkbox"/> Extra wide doors 5 <input type="checkbox"/> Door handles 6 <input type="checkbox"/> Raised lettering 7 <input type="checkbox"/> Push bars 8 <input type="checkbox"/> Other — Specify 9 <input type="checkbox"/> No	599	<input type="checkbox"/> Yes 1 <input type="checkbox"/> Extra handrails 2 <input type="checkbox"/> Ramps 3 <input type="checkbox"/> Elevator 4 <input type="checkbox"/> Extra wide doors 5 <input type="checkbox"/> Door handles 6 <input type="checkbox"/> Raised lettering 7 <input type="checkbox"/> Push bars 8 <input type="checkbox"/> Other — Specify 9 <input type="checkbox"/> No	619	<input type="checkbox"/> Yes 1 <input type="checkbox"/> Extra handrails 2 <input type="checkbox"/> Ramps 3 <input type="checkbox"/> Elevator 4 <input type="checkbox"/> Extra wide doors 5 <input type="checkbox"/> Door handles 6 <input type="checkbox"/> Raised lettering 7 <input type="checkbox"/> Push bars 8 <input type="checkbox"/> Other — Specify 9 <input type="checkbox"/> No
560		580		600		620	
561	<input type="checkbox"/> Yes 1 <input type="checkbox"/> Sinks, faucets, or cabinets 2 <input type="checkbox"/> Wall sockets 3 <input type="checkbox"/> Bathroom redesigned 4 <input type="checkbox"/> Door handles 5 <input type="checkbox"/> Raised lettering 6 <input type="checkbox"/> Push bars 7 <input type="checkbox"/> Telephone 8 <input type="checkbox"/> Flashing lights 9 <input type="checkbox"/> Extra handrails 10 <input type="checkbox"/> Other — Specify 11 <input type="checkbox"/> No	581	<input type="checkbox"/> Yes 1 <input type="checkbox"/> Sinks, faucets, or cabinets 2 <input type="checkbox"/> Wall sockets 3 <input type="checkbox"/> Bathroom redesigned 4 <input type="checkbox"/> Door handles 5 <input type="checkbox"/> Raised lettering 6 <input type="checkbox"/> Push bars 7 <input type="checkbox"/> Telephone 8 <input type="checkbox"/> Flashing lights 9 <input type="checkbox"/> Extra handrails 10 <input type="checkbox"/> Other — Specify 11 <input type="checkbox"/> No	601	<input type="checkbox"/> Yes 1 <input type="checkbox"/> Sinks, faucets, or cabinets 2 <input type="checkbox"/> Wall sockets 3 <input type="checkbox"/> Bathroom redesigned 4 <input type="checkbox"/> Door handles 5 <input type="checkbox"/> Raised lettering 6 <input type="checkbox"/> Push bars 7 <input type="checkbox"/> Telephone 8 <input type="checkbox"/> Flashing lights 9 <input type="checkbox"/> Extra handrails 10 <input type="checkbox"/> Other — Specify 11 <input type="checkbox"/> No	621	<input type="checkbox"/> Yes 1 <input type="checkbox"/> Sinks, faucets, or cabinets 2 <input type="checkbox"/> Wall sockets 3 <input type="checkbox"/> Bathroom redesigned 4 <input type="checkbox"/> Door handles 5 <input type="checkbox"/> Raised lettering 6 <input type="checkbox"/> Push bars 7 <input type="checkbox"/> Telephone 8 <input type="checkbox"/> Flashing lights 9 <input type="checkbox"/> Extra handrails 10 <input type="checkbox"/> Other — Specify 11 <input type="checkbox"/> No
562		582		602		622	
563		583		603		623	

Section IV — HEATING SUPPLEMENT

Check Item CC

Main Heating Equipment (See item 47, page 16)

1 <input type="checkbox"/> Central warm-air furnace with ducts in individual rooms	} Ask 128	7 <input type="checkbox"/> Room heaters WITHOUT flue or vent burning gas, oil, or kerosene	} Go to Control Card item 38a
2 <input type="checkbox"/> Heat pump		8 <input type="checkbox"/> Fireplaces, stoves, or portable room heaters	
3 <input type="checkbox"/> Steam or hot water system		9 <input type="checkbox"/> Unit has no heating equipment	
4 <input type="checkbox"/> Built-in electric units (permanently installed in wall, ceiling, or baseboard)		<input type="checkbox"/> Item 47 blank, DK, NA, or Refused	
5 <input type="checkbox"/> Floor, wall or pipeless furnace			
6 <input type="checkbox"/> Room heaters WITH flue or vent burning gas, oil, or kerosene			

128. Please look at this card (Show Flashcard M). Earlier you told me that the main heating equipment for this house (apartment) was . . . (Specify heating equipment marked in Check Item CC). What other types of heating equipment does this house (apartment) have?

(1) (437) 1 Central warm-air furnace with ducts in individual rooms

(2) (438) 2 Heat pump

(3) (439) 3 Steam or hot water system

(4) (440) 4 Built-in electric units (permanently installed in wall, ceiling, or baseboard)

(5) (441) 5 Floor, wall or pipeless furnace

(6) (442) 6 Room heaters WITH flue or vent burning gas, oil, or kerosene

(7) (443) 7 Room heaters WITHOUT flue or vent burning gas, oil, or kerosene

(8) (444) 8 Fireplaces

(9) (445) 9 Stoves

(10) (446) 10 Portable room heaters

(11) (447) 11 Other — Specify

(12) (448) 12 None — Go to Control Card item 38a

Check Item DD Reference person lived here LAST WINTER (See Check Item A(2), page 13)

Yes — Ask 129a and b for each type of heating equipment reported in item 128.

No — Go to Control Card item 38a

Facsimile of the Annual Housing Survey Questionnaire: 1980—Continued

Section IV - HEATING SUPPLEMENT			
NOTE: Ask 129a and b for each type of heating equipment reported in item 128.			
129a. Please look at this card (Show Flashcard N). Which category best describes how many days the (Specify heating equipment marked in item 128) was used for heating this home last winter?		b. Please look at this card (Show Flashcard O). What fuels were used for the (Specify heating equipment marked in item 128) last winter? Mark all fuels mentioned	
(1) 449	1 <input type="checkbox"/> Less than 10 2 <input type="checkbox"/> 10-30 days 3 <input type="checkbox"/> 31-60 days 4 <input type="checkbox"/> 61-90 days 5 <input type="checkbox"/> More than 90 days 6 <input type="checkbox"/> Not used <u>1/</u>	(1) 440	1 <input type="checkbox"/> Gas (piped) 4 <input type="checkbox"/> Kerosene 7 <input type="checkbox"/> Wood * 2 <input type="checkbox"/> Gas (bottled) 5 <input type="checkbox"/> Electricity 8 <input type="checkbox"/> Solar heat 3 <input type="checkbox"/> Fuel oil 6 <input type="checkbox"/> Coal or coke 9 <input type="checkbox"/> Other
(2) 450	1 <input type="checkbox"/> Less than 10 2 <input type="checkbox"/> 10-30 days 3 <input type="checkbox"/> 31-60 days 4 <input type="checkbox"/> 61-90 days 5 <input type="checkbox"/> More than 90 days 6 <input type="checkbox"/> Not used <u>1/</u>	(2) 461	1 <input type="checkbox"/> Gas (piped) 4 <input type="checkbox"/> Kerosene 7 <input type="checkbox"/> Wood * 2 <input type="checkbox"/> Gas (bottled) 5 <input type="checkbox"/> Electricity 8 <input type="checkbox"/> Solar heat 3 <input type="checkbox"/> Fuel oil 6 <input type="checkbox"/> Coal or coke 9 <input type="checkbox"/> Other
(3) 451	1 <input type="checkbox"/> Less than 10 2 <input type="checkbox"/> 10-30 days 3 <input type="checkbox"/> 31-60 days 4 <input type="checkbox"/> 61-90 days 5 <input type="checkbox"/> More than 90 days 6 <input type="checkbox"/> Not used <u>1/</u>	(3) 462	1 <input type="checkbox"/> Gas (piped) 4 <input type="checkbox"/> Kerosene 7 <input type="checkbox"/> Wood * 2 <input type="checkbox"/> Gas (bottled) 5 <input type="checkbox"/> Electricity 8 <input type="checkbox"/> Solar heat 3 <input type="checkbox"/> Fuel oil 6 <input type="checkbox"/> Coal or coke 9 <input type="checkbox"/> Other
(4) 452	1 <input type="checkbox"/> Less than 10 2 <input type="checkbox"/> 10-30 days 3 <input type="checkbox"/> 31-60 days 4 <input type="checkbox"/> 61-90 days 5 <input type="checkbox"/> More than 90 days 6 <input type="checkbox"/> Not used <u>1/</u>	(4) 463	1 <input type="checkbox"/> Gas (piped) 4 <input type="checkbox"/> Kerosene 7 <input type="checkbox"/> Wood * 2 <input type="checkbox"/> Gas (bottled) 5 <input type="checkbox"/> Electricity 8 <input type="checkbox"/> Solar heat 3 <input type="checkbox"/> Fuel oil 6 <input type="checkbox"/> Coal or coke 9 <input type="checkbox"/> Other
(5) 453	1 <input type="checkbox"/> Less than 10 2 <input type="checkbox"/> 10-30 days 3 <input type="checkbox"/> 31-60 days 4 <input type="checkbox"/> 61-90 days 5 <input type="checkbox"/> More than 90 days 6 <input type="checkbox"/> Not used <u>1/</u>	(5) 464	1 <input type="checkbox"/> Gas (piped) 4 <input type="checkbox"/> Kerosene 7 <input type="checkbox"/> Wood * 2 <input type="checkbox"/> Gas (bottled) 5 <input type="checkbox"/> Electricity 8 <input type="checkbox"/> Solar heat 3 <input type="checkbox"/> Fuel oil 6 <input type="checkbox"/> Coal or coke 9 <input type="checkbox"/> Other
(6) 454	1 <input type="checkbox"/> Less than 10 2 <input type="checkbox"/> 10-30 days 3 <input type="checkbox"/> 31-60 days 4 <input type="checkbox"/> 61-90 days 5 <input type="checkbox"/> More than 90 days 6 <input type="checkbox"/> Not used <u>1/</u>	(6) 465	1 <input type="checkbox"/> Gas (piped) 4 <input type="checkbox"/> Kerosene 7 <input type="checkbox"/> Wood * 2 <input type="checkbox"/> Gas (bottled) 5 <input type="checkbox"/> Electricity 8 <input type="checkbox"/> Solar heat 3 <input type="checkbox"/> Fuel oil 6 <input type="checkbox"/> Coal or coke 9 <input type="checkbox"/> Other
(7) 455	1 <input type="checkbox"/> Less than 10 2 <input type="checkbox"/> 10-30 days 3 <input type="checkbox"/> 31-60 days 4 <input type="checkbox"/> 61-90 days 5 <input type="checkbox"/> More than 90 days 6 <input type="checkbox"/> Not used <u>1/</u>	(7) 466	1 <input type="checkbox"/> Gas (piped) 4 <input type="checkbox"/> Kerosene 7 <input type="checkbox"/> Wood * 2 <input type="checkbox"/> Gas (bottled) 5 <input type="checkbox"/> Electricity 8 <input type="checkbox"/> Solar heat 3 <input type="checkbox"/> Fuel oil 6 <input type="checkbox"/> Coal or coke 9 <input type="checkbox"/> Other
(8) 456	1 <input type="checkbox"/> Less than 10 2 <input type="checkbox"/> 10-30 days 3 <input type="checkbox"/> 31-60 days 4 <input type="checkbox"/> 61-90 days 5 <input type="checkbox"/> More than 90 days 6 <input type="checkbox"/> Not used <u>1/</u>	(8) 467	1 <input type="checkbox"/> Gas (piped) 4 <input type="checkbox"/> Kerosene 7 <input type="checkbox"/> Wood * 2 <input type="checkbox"/> Gas (bottled) 5 <input type="checkbox"/> Electricity 8 <input type="checkbox"/> Solar heat 3 <input type="checkbox"/> Fuel oil 6 <input type="checkbox"/> Coal or coke 9 <input type="checkbox"/> Other
(9) 457	1 <input type="checkbox"/> Less than 10 2 <input type="checkbox"/> 10-30 days 3 <input type="checkbox"/> 31-60 days 4 <input type="checkbox"/> 61-90 days 5 <input type="checkbox"/> More than 90 days 6 <input type="checkbox"/> Not used <u>1/</u>	(9) 468	1 <input type="checkbox"/> Gas (piped) 4 <input type="checkbox"/> Kerosene 7 <input type="checkbox"/> Wood * 2 <input type="checkbox"/> Gas (bottled) 5 <input type="checkbox"/> Electricity 8 <input type="checkbox"/> Solar heat 3 <input type="checkbox"/> Fuel oil 6 <input type="checkbox"/> Coal or coke 9 <input type="checkbox"/> Other
(10) 458	1 <input type="checkbox"/> Less than 10 2 <input type="checkbox"/> 10-30 days 3 <input type="checkbox"/> 31-60 days 4 <input type="checkbox"/> 61-90 days 5 <input type="checkbox"/> More than 90 days 6 <input type="checkbox"/> Not used <u>1/</u>	(10) 469	1 <input type="checkbox"/> Gas (piped) 4 <input type="checkbox"/> Kerosene 7 <input type="checkbox"/> Wood * 2 <input type="checkbox"/> Gas (bottled) 5 <input type="checkbox"/> Electricity 8 <input type="checkbox"/> Solar heat 3 <input type="checkbox"/> Fuel oil 6 <input type="checkbox"/> Coal or coke 9 <input type="checkbox"/> Other
(11) 459	1 <input type="checkbox"/> Less than 10 2 <input type="checkbox"/> 10-30 days 3 <input type="checkbox"/> 31-60 days 4 <input type="checkbox"/> 61-90 days 5 <input type="checkbox"/> More than 90 days 6 <input type="checkbox"/> Not used <u>1/</u>	(11) 470	1 <input type="checkbox"/> Gas (piped) 4 <input type="checkbox"/> Kerosene 7 <input type="checkbox"/> Wood * 2 <input type="checkbox"/> Gas (bottled) 5 <input type="checkbox"/> Electricity 8 <input type="checkbox"/> Solar heat 3 <input type="checkbox"/> Fuel oil 6 <input type="checkbox"/> Coal or coke 9 <input type="checkbox"/> Other
<u>1/</u> Ask 129a for next heating equipment marked in item 128, or if last heating equipment go to Control Card item 38a.			
NOTES:			

Section IV - HEATING SUPPLEMENT															
CHECK ITEM EE	(See item 7, page 1) <input type="checkbox"/> Regular interview - End AHS-52 Interview and go to Control Card item 38a <input type="checkbox"/> Vacant interview - Continue with Check Item FF														
CHECK ITEM FF	Main Heating Equipment (See item 14, page 5) <table border="0"> <tr> <td>1 <input type="checkbox"/> Central warm-air furnace with ducts in individual rooms</td> <td rowspan="6">} Ask 130</td> <td>7 <input type="checkbox"/> Room heaters WITHOUT flue or vent burning gas, oil, or kerosene</td> <td rowspan="6">} Ask 130</td> </tr> <tr> <td>2 <input type="checkbox"/> Heat pump</td> <td>8 <input type="checkbox"/> Fireplaces, stoves, or portable room heaters</td> </tr> <tr> <td>3 <input type="checkbox"/> Steam or hot water system</td> <td>9 <input type="checkbox"/> Unit has no heating equipment</td> </tr> <tr> <td>4 <input type="checkbox"/> Built-in electric units (permanently installed in wall, ceiling, or baseboard)</td> <td><input type="checkbox"/> Item 14 blank, DK, NA, or Refused</td> </tr> <tr> <td>5 <input type="checkbox"/> Floor, wall or pipeless furnace</td> <td></td> </tr> <tr> <td>6 <input type="checkbox"/> Room heaters WITH flue or vent burning gas, oil, or kerosene</td> <td></td> </tr> </table>	1 <input type="checkbox"/> Central warm-air furnace with ducts in individual rooms	} Ask 130	7 <input type="checkbox"/> Room heaters WITHOUT flue or vent burning gas, oil, or kerosene	} Ask 130	2 <input type="checkbox"/> Heat pump	8 <input type="checkbox"/> Fireplaces, stoves, or portable room heaters	3 <input type="checkbox"/> Steam or hot water system	9 <input type="checkbox"/> Unit has no heating equipment	4 <input type="checkbox"/> Built-in electric units (permanently installed in wall, ceiling, or baseboard)	<input type="checkbox"/> Item 14 blank, DK, NA, or Refused	5 <input type="checkbox"/> Floor, wall or pipeless furnace		6 <input type="checkbox"/> Room heaters WITH flue or vent burning gas, oil, or kerosene	
1 <input type="checkbox"/> Central warm-air furnace with ducts in individual rooms	} Ask 130	7 <input type="checkbox"/> Room heaters WITHOUT flue or vent burning gas, oil, or kerosene		} Ask 130											
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5 <input type="checkbox"/> Floor, wall or pipeless furnace															
6 <input type="checkbox"/> Room heaters WITH flue or vent burning gas, oil, or kerosene															
130. Please look at this card (Show Flashcard M). Earlier you told me that the main heating equipment for this house (apartment) was . . . (Specify heating equipment marked in Check Item FF). What other types of heating equipment does this house (apartment) have? Mark all types mentioned. Do not include cooking stoves, ovens, etc., unless also used for heating.	<table border="0"> <tr> <td>(437) 1 <input type="checkbox"/> Central warm-air furnace with ducts in individual rooms</td> <td rowspan="12">} End AHS-52 Interview and go to Control Card item 39</td> </tr> <tr> <td>(438) 2 <input type="checkbox"/> Heat pump</td> </tr> <tr> <td>(439) 3 <input type="checkbox"/> Steam or hot water system</td> </tr> <tr> <td>(440) 4 <input type="checkbox"/> Built-in electric units (permanently installed in wall, ceiling, or baseboard)</td> </tr> <tr> <td>(441) 5 <input type="checkbox"/> Floor, wall or pipeless furnace</td> </tr> <tr> <td>(442) 6 <input type="checkbox"/> Room heaters WITH flue or vent burning gas, oil, or kerosene</td> </tr> <tr> <td>(443) 7 <input type="checkbox"/> Room heaters WITHOUT flue or vent burning gas, oil, or kerosene</td> </tr> <tr> <td>(444) 8 <input type="checkbox"/> Fireplaces</td> </tr> <tr> <td>(445) 9 <input type="checkbox"/> Stoves</td> </tr> <tr> <td>(446) 10 <input type="checkbox"/> Portable room heaters</td> </tr> <tr> <td>(447) 11 <input type="checkbox"/> Other - Specify _____</td> </tr> <tr> <td>(448) 12 <input type="checkbox"/> None</td> </tr> </table>	(437) 1 <input type="checkbox"/> Central warm-air furnace with ducts in individual rooms	} End AHS-52 Interview and go to Control Card item 39	(438) 2 <input type="checkbox"/> Heat pump	(439) 3 <input type="checkbox"/> Steam or hot water system	(440) 4 <input type="checkbox"/> Built-in electric units (permanently installed in wall, ceiling, or baseboard)	(441) 5 <input type="checkbox"/> Floor, wall or pipeless furnace	(442) 6 <input type="checkbox"/> Room heaters WITH flue or vent burning gas, oil, or kerosene	(443) 7 <input type="checkbox"/> Room heaters WITHOUT flue or vent burning gas, oil, or kerosene	(444) 8 <input type="checkbox"/> Fireplaces	(445) 9 <input type="checkbox"/> Stoves	(446) 10 <input type="checkbox"/> Portable room heaters	(447) 11 <input type="checkbox"/> Other - Specify _____	(448) 12 <input type="checkbox"/> None	
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(438) 2 <input type="checkbox"/> Heat pump															
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Notes															