Facsimile of the Annual Housing Survey Questionnaire: 1983

O.M.B. No. 2528-0017: Approval Expires March 31, 1984

PGM 2

1. Control number (cc 1)
PSU Segment Serial

2. Sample (cc 4) (Circle one)
F F
1 or 2

Office use only (Ck. Dg.)

Exact address (cc 5a)

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.

FORM AHS-2
(2-9-83)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ACTING AS COLLECTING AGENT FOR
DEPARTMENT OF HOUSING AND
URBAN DEVELOPMENT

ANNUAL HOUSING SURVEY

NATIONAL SAMPLE – 1983

3. Household No. (cc 2)

4. Type of segment (cc 3)
1 ☐ Area
2 ☐ Address
3 ☐ Permit
4 ☐ Special place
5 ☐ Cen-Sup

5a. Interviewer name

b. Code

c. Date of first visit — Month Day Year

d. Date interview completed — Month Day Year

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

6. LAND USE

RURAL

(001) 1 ☐ Reg. units OR
So. Pl. units coded 85–88 in Control Card item 5c

2 ☐ So. Pl. units not coded 85–88 in Control Card item 5c

URBAN

3 ☐ All Reg. and So. Pl. units

7a. Status of control number

(002) 1 ☐ Control number in sample previously – *Skip to item 8*

☐ Control number in sample for first time this enumeration period – *Fill item 7b*

b. Reason for adding control number

(002) 2 ☐ New construction
3 ☐ Mobile home moved in
4 ☐ House moved in
5 ☐ Unit resulted from structural conversion
6 ☐ Conversion of nonresidential unit
7 ☐ Other – *Specify*

8. Type of interview

(003) 1 ☐ Regular – *(One or more "Y's" in cc 11c)*
2 ☐ URE – *(All "N's" in cc 11c)*
3 ☐ Vacant
} *Skip to Section II, page 3*

4 ☐ Noninterview –
☐ Type A or B – *Skip to 15a, page 54*
☐ Type C – *Enclose completed AHS-397 and go to Control Card item 39*

Section I (TRANSCRIBE FROM CONTROL CARD)

9. Reason for noninterview (cc 40d)

a. Type A

(004) 1 ☐ No one home
2 ☐ Temporarily absent
3 ☐ Refused
4 ☐ Unable to locate
5 ☐ Other occupied – *Specify*

b. Type B

(004) 10 ☐ Units for nonresidential use (e.g., business school, or commercial storage)
11 ☐ OTHER unit, except unoccupied site for mobile home or tent
} *Fill item 9e*

12 ☐ Unoccupied site for mobile home or tent
13 ☐ Under construction – not ready
14 ☐ Scheduled to be demolished
15 ☐ Condemned or occupancy prohibited by law
16 ☐ Interior exposed to the elements
17 ☐ Unit severely damaged by fire
18 ☐ Other – *Specify*
} *Fill items 9d and e*

19 ☐ Permit granted – construction not started

9. Reason for noninterview (cc 40d) – Continued

c. Type C

(004) 30 ☐ Unit eliminated in structural conversion
31 ☐ Demolished
32 ☐ Disaster loss (flood, tornado, etc.)
33 ☐ Disaster loss – fire
34 ☐ House or mobile home moved
35 ☐ Merged – not in current sample
36 ☐ Built after April 1, 1970
37 ☐ Other – *Specify*

38 ☐ Unused permit – abandoned

(Fill for type B14 thru B18 only)

d. Unit boarded-up (cc 40e)

(005) 1 ☐ Yes
2 ☐ No

(Fill for type B10, 11, 14–18 only)

e. Status of structure *(Item 8, Form AHS-397)*

(006) 1 ☐ Structure currently has no housing units
2 ☐ Structure currently has one or more housing units

Section I – Continued (TRANSCRIBE FROM CONTROL CARD)

10. Structure originally built (cc 6)

☐ April 1, 1970 or later

(007) Month (01–12) Year

OR

(007) 1 ☐ 1969 to March 31, 1970
2 ☐ 1965–1968
3 ☐ 1960–1964
4 ☐ 1950–1959
5 ☐ 1940–1949
6 ☐ 1939 or earlier

OFFICE USE ONLY
(007) ×☐

11. Access (cc 9a)

(008) 1 ☐ Direct
2 ☐ Through another unit

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

HOUSING UNIT

(009) 1 ☐ House, apartment, flat
2 ☐ HU in nontransient hotel, motel, etc.
3 ☐ HU permanent in transient hotel, motel, etc.
4 ☐ HU in rooming house
5 ☐ Mobile home or trailer with NO permanent room added
6 ☐ Mobile home or trailer WITH one or more permanent rooms added
7 ☐ HU not specified above – *Specify*

OTHER UNIT (Treat as Type B Noninterview)

8 ☐ Quarters not HU in rooming or boarding house
9 ☐ Unit not permanent in transient hotel, motel, etc.
10 ☐ Unoccupied tent site or trailer site
11 ☐ OTHER unit not specified above – *Specify*

13. Occupancy status (cc 40c)

(010) 1 ☐ "Reg. Occu." or "Occu." – *Skip to Section IVA, page 8*
2 ☐ Vac. – *Skip to Section XV, page 56*
3 ☐ "URE, Occu." or "URE" – *Skip to Section IVA, page 8*

Type B and Type C Noninterviews (cc 40c = blank) – *Skip to Section XV, page 56*

NOTES

QUESTIONNAIRE ITEMS TO BE FILLED FOR NONINTERVIEWS AND VACANT INTERVIEWS

NONINTERVIEWS			VACANT INTERVIEWS
TYPE A	TYPE B	TYPE C	
I.D. Items 1, 2 and Address* 3–5e** 6–8 Section I items 9a 11 12 13 Section XIV, page 54 Section XV, page 56	I.D. Items 1, 2 and Address* 3–5e** 6–8 Section I items 9b 9d and e *(Where appropriate)* 11 12 Section XIV, page 54 Section XV, page 56	I.D. Items 1, 2 and Address* 3–5e** 6–8 Section I items 9c Section XV, page 56	I.D. Items 1, 2 and Address* 3–8** Section I items 10–13 Section II, page 3 Section III, pages 4–7 Section XIV, page 54 Section XV, page 56

*NOTE – Fill items 1 and 2 only if AHS-2 is not labeled or if control number on label is incorrect. In addition, the complete address of the sample unit must be entered or updated on each questionnaire.

**NOTE – In item 5e enter the relationship of the person providing the information for the Noninterview or Vacant interview; e.g., manager, agent, or neighbor. If no one was consulted, leave item 5e blank.

FORM AHS-2 (2-9-83)

Page 2

Facsimile of the Annual Housing Survey Questionnaire: 1983—Continued

Section II – REGULAR, URE, AND VACANT INTERVIEWS

1. How many rooms are in this house (apartment)? Do not count bathrooms, porches, balconies, foyers, halls, or half-rooms.

(022) _____ Number of rooms

OFFICE USE ONLY

(022) × ☐

2. How many bedrooms are in this house (apartment)? Count rooms used mainly for sleeping even if used for other purposes.

(024) _____ Number of bedrooms

OR

0 ☐ None

3. Does this house (building) have complete kitchen facilities; that is, a kitchen sink with piped water, a refrigerator and a range or a cookstove which are available for your use (the use of the intended occupants)?

(026)
1 ☐ Yes – For this household only
2 ☐ Yes – Also used by another household
3 ☐ No

4a. Does the water for this house (apartment) come from a public or private system; an individual well; or some other source such as a spring, creek, river, cistern, etc.?

(028)
1 ☐ A public system or private company – *Skip to 5*
2 ☐ An individual well – *Ask 4b*
3 ☐ Some other source – *Specify* _____ *Skip to 5*

b. Is the well drilled or dug?

(812)
1 ☐ Drilled
2 ☐ Dug

5. What means of sewage disposal does this house (building) have?

(030)
1 ☐ Public sewer
2 ☐ Septic tank or cesspool
3 ☐ Chemical toilet
4 ☐ Privy
5 ☐ Use facilities in another structure
6 ☐ Other – *Specify* _____

☐ Vacant interview – *Skip to 7*

6. How is this house (apartment) heated – by gas, oil, electricity, or with some other fuel?

(Mark the ONE used most)

(032)
GAS
1 ☐ From underground pipes serving the neighborhood
2 ☐ Bottled, tank, or LP
3 ☐ Fuel oil
4 ☐ Kerosene, etc.
5 ☐ Electricity
6 ☐ Coal or coke
7 ☐ Wood
8 ☐ Solar heat
9 ☐ Other fuel
0 ☐ No fuel used

7. Is there a garage or carport on this property which is currently available for your use (the use of the intended occupants)?

(034)
1 ☐ Yes
2 ☐ No

CHECK ITEM A

(See item 8, page 1)

☐ Regular or URE interview – Skip to Section IVB, *page 10*

☐ Vacant interview – Go to Section III, *page 4*

~ PGM 3 ↓

Section III – VACANT INTERVIEWS

1a. How many living quarters, both occupied and vacant, are there in this house (building)?

(101)
1 ☐ Mobile home or trailer (NO permanent room attached) – *Skip to item 2a*
2 ☐ One, detached from any other building (includes mobile home or trailer WITH one or more permanent rooms attached)
3 ☐ One, attached to one or more buildings
4 ☐ 2
5 ☐ 3 or 4
6 ☐ 5 to 9
7 ☐ 10 to 19
8 ☐ 20 to 49
9 ☐ 50 or more
} *Skip to item 2a*

OFFICE USE ONLY

(101) × ☐

OBSERVATION

b. Is any part of this property used as a commercial establishment?

(103)
1 ☐ Yes
2 ☐ No

OBSERVATION

c. Is any part of this property used as a medical or dental office?

(104)
1 ☐ Yes
2 ☐ No

2a. How many stories (floors) are there in this house (building)? Do not count the basement.

(MARK mobile homes by observation)

(105)
1 ☐ 1 to 3 – *Skip to 3*
2 ☐ 4 to 6
3 ☐ 7 to 12
4 ☐ 13 or more

OBSERVATION

b. Is there a passenger elevator in this building?

(106)
1 ☐ Yes
2 ☐ No

3. 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)?

[illegible] → **Are these facilities ONLY for the use of the intended occupants?**

(107)
1 ☐ Yes – Used for this household only – *Ask 4*
2 ☐ No – Also used by another household – *Skip to 5*
3 ☐ No – *Skip to 5*

4. A complete bathroom is a room with a flush toilet, a bathtub or shower, and a washbasin with piped water.

A half bathroom has at least a flush toilet or a bathtub or shower, but does not have all the facilities for a complete bathroom

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

(Mark only one box)

(108)
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

NOTES

Facsimile of the Annual Housing Survey Questionnaire: 1983—Continued

Section III – VACANT INTERVIEWS – Continued

5. What type of heating equipment does this house (apartment) have?

(MARK heating equipment to be used most)

SHOW FLASHCARD B

(109)
1 ☐ Central warm-air furnace with ducts in individual rooms
2 ☐ Heat pump
3 ☐ Steam or hot water system
4 ☐ Built-in electric units (permanently installed in wall, ceiling, or baseboard)
5 ☐ Floor, wall, or pipeless furnace
6 ☐ Room heater(s) WITH flue or vent burning gas, oil, or kerosene
7 ☐ Room heater(s) WITHOUT flue or vent burning gas, oil, or kerosene
8 ☐ Fireplaces, stoves, or portable room heaters
9 ☐ Unit has no heating equipment

6a. Is this unit intended for year-round use, for occupancy only on a seasonal basis, or for use by migrant workers?

[redacted] – *Ask 6b*

(117)
10 ☐ Seasonal – summers only
11 ☐ Seasonal – winters only
12 ☐ Other seasonal – *Specify in Notes*
9 ☐ Migratory
} *Skip to 7*

NOTES – Other seasonal use

OFFICE USE ONLY (117) × ☐

b. Is this house (apartment) for rent, for sale only, rented not occupied, sold not occupied, held for occasional use, or something else?

(117)
1 ☐ For rent, OR for sale or for rent
2 ☐ For sale only – regular ownership
3 ☐ For sale only – condominium ownership
} *Skip to 7*
4 ☐ For sale only – cooperative ownership – *Ask 6c*
5 ☐ Rented, not occupied
6 ☐ Sold, not occupied
7 ☐ Held for occasional use
} *Skip to 7*
8 ☐ Other vacant – *Specify* _____ – *Enclose INTERCOMM describing the situation in detail.*

OFFICE USE ONLY (117) × ☐

c. To the Census Bureau, a cooperative is property which is owned by a corporation. Each shareholder is entitled to occupy an individual unit. Is this what you mean when you say this is a cooperative?

[redacted]

7. How many months has this house (apartment) been vacant?

(119)
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

OBSERVATION

8a. Is the unit boarded up?

(120) 1 ☐ Yes 2 ☐ No

OBSERVATION

b. Are there any buildings (other than this building) with windows broken or boarded up on this street?

(121) 1 ☐ Yes 2 ☐ No

Section III – VACANT INTERVIEWS – Continued

9. Does this place have 10 acres or more?

(122) 1 ☐ Yes, 10 acres or more 2 ☐ No, less than 10 acres

CHECK ITEM A

VACANCY STATUS *(See item 6b, page 5)*

☐ **FOR RENT, OR FOR SALE OR FOR RENT** *(6b, box 1)*

(See item 1a, page 4, and item 9 above)
- ☐ One-unit structure on less than 10 acres – *Skip to item 11*
- ☐ One-unit structure on 10 acres or more – *Skip to item 13, page 7*
- ☐ Two-or-more unit structure or a mobile home or trailer – *Skip to item 11*

☐ **FOR SALE ONLY** *(6b, box 2, 3, or 4)*

REGULAR OWNERSHIP

(See items 1a, 1b, 1c on page 4, and item 9 above)
- ☐ One-unit structure on less than 10 acres and there is no commercial establishment or medical or dental office on the property – *Ask item 10*
- ☐ All others – *Skip to item 14, page 7*

☐ **A CONDOMINIUM** – *Ask item 10*

☐ **A COOPERATIVE** – *Skip to item 14, page 7*

☐ **ALL OTHERS** *(6b, box 5, 6, 7, 8, DK, NA, REF, or Blank)*

☐ Other vacants, units rented or sold, units held for occasional use, seasonal, and similar units – *Skip to item 13, page 7*

10. What is the sale price asked for this property (condominium unit)?

SHOW FLASHCARD D

(126)
1 ☐ Less than $5,000
2 ☐ $ 5,000 – $ 7,499
3 ☐ 7,500 – 9,999
4 ☐ 10,000 – 12,499
5 ☐ 12,500 – 14,999
6 ☐ 15,000 – 17,499
7 ☐ 17,500 – 19,999
8 ☐ 20,000 – 22,499
9 ☐ 22,500 – 24,999
10 ☐ 25,000 – 27,499
11 ☐ 27,500 – 29,999
12 ☐ 30,000 – 34,999
13 ☐ 35,000 – 39,999
14 ☐ 40,000 – 44,999
15 ☐ 45,000 – 49,999
16 ☐ 50,000 – 54,999
17 ☐ 55,000 – 59,999
18 ☐ 60,000 – 64,999
19 ☐ 65,000 – 69,999
20 ☐ 70,000 – 74,999
21 ☐ 75,000 – 79,999
22 ☐ 80,000 – 89,999
23 ☐ 90,000 – 99,999
24 ☐ 100,000 – 124,999
25 ☐ 125,000 – 149,999
26 ☐ 150,000 – 199,999
27 ☐ 200,000 – 249,999
28 ☐ 250,000 – 299,999
29 ☐ 300,000 or more
} *Skip to item 14, page 7*

11. 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.)

(151) $ _____ .00 Per month

(152) 1 ☐ More frequently than once a month 2 ☐ Less frequently than once a month 3 ☐ Once a month

Notes

Facsimile of the Annual Housing Survey Questionnaire: 1983—Continued

Section III – VACANT INTERVIEWS – Continued

12a. In addition to rent, does the renter also pay for electricity?	(156)	1 ☐ Yes 2 ☐ No, included in rent 3 ☐ No, electricity not used
b. In addition to rent, does the renter also pay for gas?	(158)	1 ☐ Yes 2 ☐ No, included in rent 3 ☐ No, gas not used
c. In addition to rent, does the renter also pay for water?	(160)	1 ☐ Yes 2 ☐ No, included in rent or no charge
d. In addition to rent, does the renter also pay for oil, coal, kerosene, wood, OR any other fuel?	(162)	1 ☐ Yes 2 ☐ No, included in rent 3 ☐ No, these fuels not used or obtained free
e. In addition to rent, does the renter also pay for garbage (food waste) collection?	(164)	1 ☐ Yes 2 ☐ No
13. Is this house (apartment) part of a condominium?	(527)	1 ☐ Yes, part of a condominium 2 ☐ No
14. How many rooms in this house (apartment) do NOT have hot air ducts, registers, radiators, or room heaters? Do not count the kitchen or bathroom(s).	(803)	1 ☐ None 2 ☐ 1 room 3 ☐ 2 rooms 4 ☐ 3 or more rooms
15. Does each room in this house (apartment) have a working electric wall outlet (wall plug)?	(808)	1 ☐ Yes 2 ☐ No
16. Is all the wiring in this house (apartment) concealed in the walls or in metal coverings? Do not count appliance cords, extension cords, or chandelier cords.	(809)	1 ☐ Yes 2 ☐ No
17a. Is it necessary to go through any bedroom to get to any bathroom?	(810)	1 ☐ Yes 2 ☐ No
b. Is it necessary to go through any bedroom to get to any other room?	(811)	1 ☐ Yes 2 ☐ No
18. Is there a basement in this house (building)? (A basement is an enclosed space in which persons can walk upright under all or part of the building.)	(841)	1 ☐ Yes 2 ☐ No

CHECK ITEM B

Part 1 (See item 1a, page 4) – Units in structure
- ☐ One-unit structure or a mobile home or trailer – Skip to 159, page 54
- ☐ Two or more unit structure – Go to part 2

Part 2 (See item 6a–b, page 5) – Tenure
- ☐ For sale (box 2, 3 or 4 marked) – Skip to 156a, page 54
- ☐ All others (box 1 or 5 through 12) – Ask 19a

19a. Does the owner of this building/Do you (if speaking to the owner) live on this property?	(631)	1 ☐ Yes – Skip to 156a, page 54 2 ☐ No 3 ☐ Don't know
b. Is there a resident manager, superintendent or janitor who lives on this property?	(632)	1 ☐ Yes 2 ☐ No 3 ☐ Don't know } Skip to 156a, page 54

Section IVA – REGULAR (OR URE) INTERVIEWS

TRANSCRIBE

PGM 4 → 1. Line number of household respondent (See item 5e, page 1) (090) ☐☐

HOUSEHOLD CHARACTERISTICS – TRANSCRIBE FROM CONTROL CARD

2a. Line number (cc 10)	2b. Relationship to reference person (cc 11b) Transcribe information for all persons listed in control card item 11a whose line number is not deleted. INCLUDE REFERENCE PERSON. OFFICE USE ONLY	2c. Household member (cc 11c) CIRCLE ONE Yes	No	2d. Age (cc 14)	2e. Marital status (For persons 14+) (cc 15) 1 – Married 2 – Widowed 3 – Divorced 4 – Separated 5 – Never married ENTER CODE IN UNSHADED AREA	2f. Race (cc 16) Note – If using green cc convert the written entry using the following codes: 1 – White 2 – Negro 3 – Other ENTER CODE IN UNSHADED AREA	2g. Sex (cc 17) CIRCLE ONE Male	Female
		1	2				1	2
		1	2				1	2
		1	2				1	2
		1	2				1	2
		1	2				1	2
		1	2				1	2
		1	2				1	2
		1	2				1	2
		1	2				1	2
		1	2				1	2
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		1	2				1	2
		1	2				1	2
		1	2				1	2
		1	2				1	2
		1	2				1	2
		1	2				1	2
		1	2				1	2
		1	2				1	2
		1	2				1	2
		1	2				1	2

Facsimile of the Annual Housing Survey Questionnaire: 1983—Continued

~ PGM 5 ↓

Section IVA – REGULAR (OR URE) INTERVIEWS – Continued

TRANSCRIBE FROM CONTROL CARD

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

(091)

0 ☐ Never attended school

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

College (Academic years)

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

4. Ethnic origin (cc 20)

(092)

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 ↙

(093) Month (01–12) | Year

OR

(093)

1 ☐ 1965 to April 1, 1970
2 ☐ 1960 to 1964
3 ☐ 1950 to 1959
4 ☐ 1949 or earlier

(093) OFFICE USE ONLY × ☐

6. Use of telephone (cc 38a)

(095)

1 ☐ Yes
2 ☐ No

INTERVIEWER INSTRUCTION ➧ *Go to Section XV, page 56*

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Page 9

Section IVB – REGULAR (OR URE) INTERVIEWS

7a. Are your living quarters owned or being bought by you or by someone else in your household?

[redacted] **Are they owned as a cooperative or condominium?**

(100)

1 ☐ No, regular ownership – *Skip to 8a*
2 ☐ Yes, a cooperative – *Skip to 7c*
3 ☐ Yes, a condominium – *Skip to 8a*
☐ No – *Ask 7b*

(100) OFFICE USE ONLY × ☐

b. Are your living quarters rented for cash by you or by someone else or occupied without payment of cash rent?

(100)

4 ☐ Rented for cash
5 ☐ Occupied without payment of cash rent } *Skip to 8a*

c. To the Census Bureau, a cooperative is property which is owned by a corporation. Each shareholder is entitled to occupy an individual unit. Is this what you mean when you say this is a cooperative?

[redacted] *Skip to and enter the entry*

8a. How many living quarters, both occupied and vacant, are there in this house (building)?

(101)

1 ☐ Mobile home or trailer (no permanent room attached) – *Go to 8b*
2 ☐ One, detached from any other building (includes mobile home or trailer WITH one or more permanent rooms attached)
3 ☐ One, attached to one or more buildings
4 ☐ 2
5 ☐ 3 or 4 } *Skip to 8c*
6 ☐ 5 to 9
7 ☐ 10 to 19
8 ☐ 20 to 49
9 ☐ 50 or more } *Skip to 9a*

(101) OFFICE USE ONLY × ☐

OBSERVATION

b. How many mobile homes are in this group?

(102)

1 ☐ 1–5
2 ☐ 6–99
3 ☐ 100 or more } *Skip to 9a*

OBSERVATION

c. Is any part of this property used as a commercial establishment?

(103)

1 ☐ Yes
2 ☐ No

OBSERVATION

d. Is any part of this property used as a medical or dental office?

(104)

1 ☐ Yes
2 ☐ No

9a. How many stories (floors) are in this house (building)? Do not count the basement.

(MARK mobile homes by observation.)

(105)

1 ☐ 1 to 3 – *Skip to 10*
2 ☐ 4 to 6
3 ☐ 7 to 12
4 ☐ 13 or more

b. Is there a passenger elevator in this building?

(106)

1 ☐ Yes
2 ☐ No

10. 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?

(107)

1 ☐ Yes – For this household only
2 ☐ Yes – Also used by another household
3 ☐ No } *Skip to 12*

FORM AHS-2 (2-9-83)

Page 10

Facsimile of the Annual Housing Survey Questionnaire: 1983—Continued

Section IVB – REGULAR (OR URE) INTERVIEWS – Continued

11. A complete bathroom is a room with a flush toilet, a bathtub or shower, and a washbasin with piped water. A half bathroom has at least a flush toilet or a bathtub or shower, but does not have all the facilities for a complete bathroom.

How many complete bathrooms and half bathrooms do you have?

(108) *(Mark only one box)*
1 ☐ Complete plumbing facilities but not in one room
2 ☐ 1 complete bathroom
3 ☐ 1 complete bathroom plus half bath with no flush toilet
4 ☐ 1 complete bathroom plus half bath with flush toilet
5 ☐ 2 complete bathrooms
6 ☐ More than 2 complete bathrooms

12. What type of heating equipment does your house (apartment) have?

(MARK heating equipment used most.)

SHOW FLASHCARD B

(109)
1 ☐ Central warm-air furnace with ducts in individual rooms
2 ☐ Heat pump
3 ☐ Steam or hot water system
4 ☐ Built-in electric units (permanently installed in wall, ceiling, or baseboard)
5 ☐ Floor, wall, or pipeless furnace
6 ☐ Room heater(s) WITH flue or vent burning gas, oil, or kerosene
7 ☐ Room heater(s) WITHOUT flue or vent burning gas, oil, or kerosene
8 ☐ Fireplaces, stoves, or portable room heater(s)
9 ☐ Unit has no heating equipment

(109) OFFICE USE ONLY ☐ X

13a. Do you have air conditioning, either individual room units or a central system?

(110) 1 ☐ Yes
2 ☐ No – *Skip to 14a*

b. Which do you have?

(111) 1 ☐ Central – *Skip to 14a*
2 ☐ Room units

c. How many room units do you have?

(112) _____ Room units

14a. Does this house (apartment) have open cracks or holes in the interior walls or ceiling? *(Do not include hairline cracks)*

(113) 1 ☐ Yes
2 ☐ No

b. Does this house (apartment) have holes in the floors?

(114) 1 ☐ Yes
2 ☐ No

15a. 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)

(115) 1 ☐ Yes
2 ☐ 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)

(116) 1 ☐ Yes
2 ☐ No

OBSERVATION

16. Are there any buildings with windows broken or boarded up on this street?

(121) 1 ☐ Yes
2 ☐ No

Section IVB – REGULAR (OR URE) INTERVIEWS – Continued

17. Does this place have 10 acres or more?

(122) 1 ☐ Yes
2 ☐ No

CHECK ITEM A

Part 1 *(See item 6, page 1)*

Rural

☐ Regular units OR Special Place units coded 85–88 (box 1 marked in item 6) – *Go to part 2 below*

☐ Special Place units not coded 85–88 (box 2 marked in item 6) – *Skip to Check Item B*

Urban

☐ All Regular and Special Place units (box 3 marked in item 6) – *Skip to Check Item B*

Part 2 *(See item 17 above)*

☐ On 10 acres or more – *Ask 18a*

☐ On less than 10 acres – *Skip to 18b*

18a. During the past 12 months, did sales of crops, livestock and other farm products from this place amount to $50 or more?

(123) 1 ☐ Yes – *Skip to 18c*
2 ☐ No – *Skip to Check Item B*

b. During the past 12 months, did sales of crops, livestock and other farm products from this place amount to $250 or more?

(124) 1 ☐ Yes
2 ☐ No – *Skip to Check Item B*

c. During the past 12 months, did sales of crops, livestock and other farm products from this place amount to $1,000 or more?

(125) 1 ☐ Yes
2 ☐ No

CHECK ITEM B

TENURE *(See items 7a and 7b, page 10)*

1 ☐ **OWNED AS A COOPERATIVE** – *Skip to Check Item F, page 16*

2 ☐ **OWNED AS A CONDOMINIUM** – *Ask 19, page 13*

☐ **OWNED OR BEING BOUGHT (Regular ownership)**

If this is a – *(See item 8a, page 10)*
3 ☐ Mobile home or trailer (no permanent room attached) on less than 10 acres ("No" marked in item 17) – *Skip to item 20, page 13*
4 ☐ One-unit structure on less than 10 acres ("No" marked in item 17) and there is no commercial establishment or medical or dental office on the property ("No" in items 8c and 8d) – *Ask 19, page 13*
5 ☐ Other owned units – *Skip to Check Item F, page 16*

☐ **RENTED FOR CASH**

If this is a – *(See item 8a, page 10)*
6 ☐ One-unit structure on less than 10 acres ("No" marked in item 17) – *Skip to item 26, page 14*
7 ☐ One-unit structure on 10 acres or more ("Yes" marked in item 17) – *Skip to Check Item F, page 16*
8 ☐ Two-or-more unit structure or mobile home or trailer – *Skip to item 26, page 14*

☐ **OCCUPIED WITHOUT PAYMENT OF CASH RENT**

If this is a – *(See item 8a, page 10)*
9 ☐ One-unit structure on less than 10 acres ("No" marked in item 17) – *Skip to item 28, page 15*
10 ☐ One-unit structure on 10 acres or more ("Yes" marked in item 17) – *Skip to Check Item F, page 16*
11 ☐ Two-or-more unit structure, or a mobile home or trailer – *Skip to Check Item D, page 15*

Facsimile of the Annual Housing Survey Questionnaire: 1983—Continued

Section IVB – REGULAR (OR URE) INTERVIEWS – Continued

19. How much do you think this property, that is, house and lot, (condominium unit), would sell for on today's market?
SHOW FLASHCARD D

(126)
1 ☐ Less than $5,000
2 ☐ $ 5,000 – $ 7,499
3 ☐ 7,500 – 9,999
4 ☐ 10,000 – 12,499
5 ☐ 12,500 – 14,999
6 ☐ 15,000 – 17,499
7 ☐ 17,500 – 19,999
8 ☐ 20,000 – 22,499
9 ☐ 22,500 – 24,999
10 ☐ 25,000 – 27,499
11 ☐ 27,500 – 29,999
12 ☐ 30,000 – 34,999
13 ☐ 35,000 – 39,999
14 ☐ 40,000 – 44,999
15 ☐ 45,000 – 49,999
16 ☐ 50,000 – 54,999
17 ☐ 55,000 – 59,999
18 ☐ 60,000 – 64,999
19 ☐ 65,000 – 69,999
20 ☐ 70,000 – 74,999
21 ☐ 75,000 – 79,999
22 ☐ 80,000 – 89,999
23 ☐ 90,000 – 99,999
24 ☐ 100,000 – 124,999
25 ☐ 125,000 – 149,999
26 ☐ 150,000 – 199,999
27 ☐ 200,000 – 249,999
28 ☐ 250,000 – 299,999
29 ☐ 300,000 or more

CHECK ITEM C — *(See Check Item B, page 12)*
☐ **OWNED AS A CONDOMINIUM** (Box 2 marked) – *Skip to Check Item F, page 16*
☐ All others – *Skip to item 23*

20. Do you own this mobile home (trailer) SITE or is it rented? (127)
1 ☐ Owned
2 ☐ Rented for cash or occupied without payment of cash rent

21a. In what year did you acquire this mobile home (trailer)? (128) [redacted]

b. Was the mobile home (trailer) NEW when you acquired it? (129)
1 ☐ Yes
2 ☐ No

c. When you acquired this mobile home (trailer), what was the purchase price? Do not include the price of the site or closing costs. (130) $_____. [redacted] Purchase price
0 ☐ Not purchased

22. Do you have an installment loan or contract on this mobile home (trailer) or do you own it free and clear? (131)
1 ☐ Installment loan or contract – *Skip to 24a, page 14*
2 ☐ Owned free and clear – *Skip to 25a, page 14*

23. Do you have a mortgage, deed of trust, or land contract on this property, that is house and lot, or do you own it free and clear? (131)
1 ☐ Mortgage, deed of trust, or land contract
2 ☐ Owned free and clear – *Skip to 25a, page 14*

NOTES

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Page 13

Section IVB – REGULAR (OR URE) INTERVIEWS – Continued

24a. In regard to the mortgage (loan), what are the required payments to the lender? If more than one mortgage (loan) on this property (mobile home or trailer), give the total amount of the payments.
(If there are separate loans on the mobile home and its site, combine amounts.)

(133) $_____. 00 PER
(134) 1 ☐ Month
2 ☐ Year
☐ Other – Specify _____

b. In regard to the mortgage (loan), do the required payments include –
(1) Real estate taxes on this property? (135) 1 ☐ Yes 2 ☐ No
(2) Fire and hazard insurance? (136) 1 ☐ Yes 2 ☐ No

NOTE – *Ask 25a for all categories before asking 25b.*

NOTE – *Ask 25b only for those categories in 25a which were answered "Yes."*

25a. (1) Do you pay for electricity? (137) 1 ☐ Yes 2 ☐ No
25b. (1) In the past 12 months, what was the average MONTHLY cost for electricity? (138) $_____. 00

(2) Do you pay for gas? (139) 1 ☐ Yes 2 ☐ No
(2) In the past 12 months, what was the average MONTHLY cost for gas? (140) $_____. 00

(3) Do you pay for oil, coal, kerosene, wood, OR any other fuel? (141) 1 ☐ Yes 2 ☐ No, these fuels not used or obtained free
(3) What is the YEARLY cost for oil, coal, kerosene, wood and any other fuel? (142) $_____. 00

(4) Do you pay for fire and hazard insurance? *(Also include if part of mortgage payments.)* (143) 1 ☐ Yes 2 ☐ No
(4) What is the YEARLY cost for fire and hazard insurance? (144) $_____. 00

(5) Do you pay for real estate taxes? *(Also include if part of mortgage payments.)* (145) 1 ☐ Yes 2 ☐ No
(5) What is the YEARLY cost for real estate taxes? (Do *not include taxes in arrears from previous years.)* (146) $_____. 00

(6) Do you pay for water supply and/or sewage disposal separately from real estate taxes? (147) 1 ☐ Yes 2 ☐ No or payment included in real estate taxes
(6) What is the YEARLY cost for water supply and sewage disposal? (148) $_____. 00

25c. Do you pay for garbage (food waste) collection separately from real estate taxes? (149)
1 ☐ Yes
2 ☐ No, or payment included in real estate taxes – *Skip to Check Item F, page 16*

d. What is the YEARLY cost for garbage (food waste) collection? (150) $_____. 00 *Skip to Check Item F, page 16*

26. What is the MONTHLY rent? (151) $_____. 00

(Mark the frequency of payment box and enter the MONTHLY rent. If rent is not paid by the month, compute the MONTHLY rent in "Notes" space and enter the monthly rent on the line provided.)

(Do not include site rent for mobile homes if it is paid separately.)

(152)
1 ☐ More frequently than once a month
2 ☐ Less frequently than once a month
3 ☐ Once a month

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FORM AHS-2 (2-9-83)

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Facsimile of the Annual Housing Survey Questionnaire: 1983—Continued

Section IVB – REGULAR (OR URE) INTERVIEWS – Continued

CHECK ITEM D (See item 8a, page 10)
- ☐ Mobile home or trailer (no permanent room attached) – Ask 27
- ☐ All others – Skip to 28

27. Do you own the mobile home site or is it rented? (153) 1 ☐ Owned 2 ☐ Rented for cash or occupied without payment of cash rent

28. Is this house (apartment) in a public housing project; that is, is it owned by a local housing authority or other local public agency? (154) 1 ☐ Yes – Skip to 30a 2 ☐ No

29. Are you paying a lower rent because the Federal, state or local government is paying part of the cost? (155) 1 ☐ Yes 2 ☐ No

NOTE – Ask 30a for all categories before asking 30b. Exclude phrase "In addition to rent" for sample units OCCUPIED WITHOUT PAYMENT OF CASH RENT.

NOTE – Ask 30b only for those categories in 30a which were answered "Yes."

30a. (1) In addition to rent, do you pay for electricity? (156) 1 ☐ Yes 2 ☐ No, included in rent or supplied free 3 ☐ No, electricity not used

30b. (1) In the past 12 months, what was the average MONTHLY cost for electricity? (157) $ _____ .00

(2) In addition to rent, do you pay for gas? (158) 1 ☐ Yes 2 ☐ No, included in rent or supplied free 3 ☐ No, gas not used

(2) In the past 12 months, what was the average MONTHLY cost for gas? (159) $ _____ .00

(3) In addition to rent, do you pay for water? (160) 1 ☐ Yes 2 ☐ No, included in rent or no charge

(3) What is the YEARLY cost for water? (161) $ _____ .00

(4) In addition to rent, do you pay for oil, coal, kerosene, wood, OR any other fuel? (162) 1 ☐ Yes 2 ☐ No, included in rent 3 ☐ No, these fuels not used or obtained free

(4) What is the YEARLY cost for oil, coal, kerosene, wood, and any other fuel? (163) $ _____ .00

(5) In addition to rent, do you pay for garbage (food waste) collection? (164) 1 ☐ Yes 2 ☐ No

(5) What is the YEARLY cost for garbage (food waste) collection? (165) $ _____ .00

NOTES

Section IVB – REGULAR (OR URE) INTERVIEWS – Continued

CHECK ITEM E (See Check Item B, page 12)
- ☐ Rented for cash (box 6, 7, or 8 marked) – Ask 31
- ☐ Occupied without payment of cash rent (box 9, 10, or 11 marked) – Skip to Check Item F

31. Do you rent this apartment (house) furnished or unfurnished? (166) 1 ☐ Furnished 2 ☐ Unfurnished

CHECK ITEM F (See item 8, page 1)
- ☐ URE interview – Ask 32
- ☐ Regular Interview – Skip to item 33

32. Is this UNIT intended for year-round use, for occupancy only on a seasonal basis, or for use by migrant workers? (167) 8 ☐ YEAR ROUND (occupied temporarily at time of interview) 10 ☐ Seasonal – summers only 11 ☐ Seasonal – winters only 12 ☐ Other seasonal – Specify _____ 9 ☐ Migratory → Skip to Check Item H, page 21

33. In the past 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 15+ RELATED TO REFERENCE PERSON by blood, marriage, or adoption.)

(If more than six persons, enter in the "Notes" beginning with the sixth person and then combine the amounts for all these persons on the last "Amount" line. Leave the Line No. blank.)

	Line No.	Amount (Dollars only)
(168) (169)		$ _____ .
(170) (171)		$ _____ .
(172) (173)		$ _____ .
(174) (175)		$ _____ .
(176) (177)		$ _____ .
(178) (179)		$ _____ .

Notes

34a. In the past 12 months, how much did this family (you) earn in net income from its (your) own business, professional practice or partnership? (180) $ _____ .

(Exclude income previously reported in item 33. Probe if identical amounts are reported. Indicate that identical amounts are correct by marking this box ☐.)

(181) 1 ☐ None 2 ☐ Lost money (Enter amount LOST on line above)

b. In the past 12 months, how much did this family (you) earn in net income from farming or ranching? (182) $ _____ .

(Exclude income previously reported in items 33 and 34a. Probe if identical amounts are reported. Indicate that identical amounts are correct by marking this box ☐.)

(183) 1 ☐ None 2 ☐ Lost money (Enter amount LOST on line above)

Facsimile of the Annual Housing Survey Questionnaire: 1983—Continued

Section IVB – REGULAR INTERVIEWS – Continued

NOTE – *Ask 35a for all categories before asking 35b.*

(Obtain income for reference person and all household members 15+ RELATED TO REFERENCE PERSON by blood, marriage, or adoption.)

35a. In the past 12 months, did any member of this family (you) receive any money from –		35b. How much was received from (source of income) in the past 12 months?
(1) Social Security or Railroad Retirement payments?	(184) 1 ☐ Yes 2 ☐ No	(185) $ ____.00
(2) Estates, trusts, or dividends?	(186) 1 ☐ Yes 2 ☐ No	(187) $ ____.00
(3) Interest on savings accounts, bonds, money market funds or other interest bearing accounts?	(188) 1 ☐ Yes 2 ☐ No	(189) $ ____.00
(4) Net rental income?	(190) 1 ☐ Yes 2 ☐ No	(191) $ ____.00
(5) Welfare payments or other public assistance such as SSI?	(192) 1 ☐ Yes 2 ☐ No	(193) $ ____.00
(6) Unemployment compensation?	(194) 1 ☐ Yes 2 ☐ No	(195) $ ____.00
(7) Worker's compensation?	(196) 1 ☐ Yes 2 ☐ No	(197) $ ____.00
(8) Government employee pensions?	(198) 1 ☐ Yes 2 ☐ No	(199) $ ____.00
(9) Veterans payments?	(200) 1 ☐ Yes 2 ☐ No	(201) $ ____.00
(10) Private pensions or annuities or payments from IRA or Keogh accounts?	(202) 1 ☐ Yes 2 ☐ No	(203) $ ____.00
(11) Alimony or child support?	(204) 1 ☐ Yes 2 ☐ No	(205) $ ____.00
(12) Regular contributions from persons not living in this household?	(206) 1 ☐ Yes 2 ☐ No	(207) $ ____.00
(13) Anything else?	(208) 1 ☐ Yes 2 ☐ No	(209) $ ____.00

NOTE – *Exclude income previously reported. Probe if an amount in item 35b is identical to an amount in item 33 or 34. Indicate that identical amounts are correct by marking this box* ☐.

CHECK ITEM G

(See Control Card items 11b, 11c, and 14)

☐ Household contains household members 15+ NOT RELATED TO THE REFERENCE PERSON by blood, marriage, or adoption – *Ask 36, page 18*

☐ All others – *Skip to Section V, page 21*

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Section IVB – REGULAR INTERVIEWS – Continued

36. In the past 12 months, how much did . . . earn in wages, salaries, tips, and commissions before taxes and deductions? ——→

(Obtain income for household members 15+ NOT RELATED TO REFERENCE PERSON by blood, marriage, or adoption.)

37a. 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 36. 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 farming or ranching? ——→

(Exclude income previously reported in items 36 and 37a. Probe if identical amounts are reported for an individual. Indicate that identical amounts are correct by marking this box ☐.)

NOTE – *Ask 38b for each "Yes" response in 38a. Ask 38a (and 38b as appropriate) for all categories before asking 38c.*

38a. In the past 12 months, did . . . (Names of ALL household members 15+ NOT RELATED TO REFERENCE PERSON by blood, marriage, or adoption) receive any money from –		38b. Who received this type of income? (Enter line numbers)
(1) Social Security or Railroad retirement payments?	(210) 1 ☐ Yes 2 ☐ No	
(2) Estates, trusts, or dividends?	(211) 1 ☐ Yes 2 ☐ No	
(3) Interest on savings accounts, bonds, money market funds or other interest bearing accounts?	(212) 1 ☐ Yes 2 ☐ No	
(4) Net rental income?	(213) 1 ☐ Yes 2 ☐ No	
(5) Welfare payments or other public assistance such as SSI?	(214) 1 ☐ Yes 2 ☐ No	
(6) Unemployment compensation?	(215) 1 ☐ Yes 2 ☐ No	
(7) Worker's compensation?	(216) 1 ☐ Yes 2 ☐ No	
(8) Government employee pensions?	(217) 1 ☐ Yes 2 ☐ No	
(9) Veterans payments?	(218) 1 ☐ Yes 2 ☐ No	
(10) Private pensions or annuities or payments from IRA or Keogh accounts?	(219) 1 ☐ Yes 2 ☐ No	
(11) Alimony or child support?	(220) 1 ☐ Yes 2 ☐ No	
(12) Regular contributions from persons not living in this household?	(221) 1 ☐ Yes 2 ☐ No	
(13) Anything else?	(222) 1 ☐ Yes 2 ☐ No	

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Facsimile of the Annual Housing Survey Questionnaire: 1983—Continued

Section IVB – REGULAR INTERVIEWS – Continued

(223) ☐☐ Line No.	(242) ☐☐ Line No.	(261) ☐☐ Line No.	(280) ☐☐ Line No.
36. (224) $ _____ .00	36. (243) $ _____ .00	36. (262) $ _____ .00	36. (281) $ _____ .00
37a. (225) $ _____ .00 (226) 1 ☐ None 2 ☐ Lost money *(Enter amount LOST on line above)*	37a. (244) $ _____ .00 (245) 1 ☐ None 2 ☐ Lost money *(Enter amount LOST on line above)*	37a. (263) $ _____ .00 (264) 1 ☐ None 2 ☐ Lost money *(Enter amount LOST on line above)*	37a. (282) $ _____ .00 (283) 1 ☐ None 2 ☐ Lost money *(Enter amount LOST on line above)*
b. (227) $ _____ .00 (228) 1 ☐ None 2 ☐ Lost money *(Enter amount LOST on line above)*	b. (246) $ _____ .00 (247) 1 ☐ None 2 ☐ Lost money *(Enter amount LOST on line above)*	b. (265) $ _____ .00 (266) 1 ☐ None 2 ☐ Lost money *(Enter amount LOST on line above)*	b. (284) $ _____ .00 (285) 1 ☐ None 2 ☐ Lost money *(Enter amount LOST on line above)*
38c. How much did . . . receive from (Source of income) in the past 12 months?	**38c. How much did . . . receive from (Source of income) in the past 12 months?**	**38c. How much did . . . receive from (Source of income) in the past 12 months?**	**38c. How much did . . . receive from (Source of income) in the past 12 months?**
(1) (229) $ _____ .00	(1) (248) $ _____ .00	(1) (267) $ _____ .00	(1) (286) $ _____ .00
(2) (230) $ _____ .00	(2) (249) $ _____ .00	(2) (268) $ _____ .00	(2) (287) $ _____ .00
(3) (231) $ _____ .00	(3) (250) $ _____ .00	(3) (269) $ _____ .00	(3) (288) $ _____ .00
(4) (232) $ _____ .00	(4) (251) $ _____ .00	(4) (270) $ _____ .00	(4) (289) $ _____ .00
(5) (233) $ _____ .00	(5) (252) $ _____ .00	(5) (271) $ _____ .00	(5) (290) $ _____ .00
(6) (234) $ _____ .00	(6) (253) $ _____ .00	(6) (272) $ _____ .00	(6) (291) $ _____ .00
(7) (235) $ _____ .00	(7) (254) $ _____ .00	(7) (273) $ _____ .00	(7) (292) $ _____ .00
(8) (236) $ _____ .00	(8) (255) $ _____ .00	(8) (274) $ _____ .00	(8) (293) $ _____ .00
(9) (237) $ _____ .00	(9) (256) $ _____ .00	(9) (275) $ _____ .00	(9) (294) $ _____ .00
(10) (238) $ _____ .00	(10) (257) $ _____ .00	(10) (276) $ _____ .00	(10) (295) $ _____ .00
(11) (239) $ _____ .00	(11) (258) $ _____ .00	(11) (277) $ _____ .00	(11) (296) $ _____ .00
(12) (240) $ _____ .00	(12) (259) $ _____ .00	(12) (278) $ _____ .00	(12) (297) $ _____ .00
(13) (241) $ _____ .00	(13) (260) $ _____ .00	(13) (279) $ _____ .00	(13) (298) $ _____ .00

NOTE – *Exclude income previously reported. Probe if an amount in item 38c is identical to an amount in item 36, 37a, or 37b. Indicate that identical amounts are correct by marking this box* ☐.

NOTES

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NOTES

FORM AHS-2 (2-9-83)

Facsimile of the Annual Housing Survey Questionnaire: 1983—Continued

PGM 6 ↓

Section V – MAINTENANCE AND MORTGAGE SUPPLEMENT

CHECK ITEM H

(See *Check Item B, page 12*)

☐ Owned or being bought – One-unit structure on less than 10 acres and there is no commercial establishment or medical or dental office on the property (box 4 marked) – *Ask item 39a*

☐ All others – *Skip to item 39e*

39a. (1) During the past 12 months were any additions made to your property such as a room, basement, porch, or garage?

(301) 1 ☐ Yes 2 ☐ No – *Skip to b(1)*

(2) Did any one job cost $250 or more?

(302) 1 ☐ Yes 2 ☐ No

b. (1) During the past 12 months have any alterations been made to your property such as remodeling the kitchen or a bathroom, installing walks, driveways, fences, storm windows or doors, or planting trees or shrubbery?

(303) 1 ☐ Yes 2 ☐ No – *Skip to c(1)*

(2) Did any one job cost $250 or more?

(304) 1 ☐ Yes 2 ☐ No

c. (1) During the past 12 months have you had any replacement jobs on your property such as resurfacing the roof or outer walls, replacing gutters or downspouts, or replacing or installing fixed heating, electrical, or plumbing equipment? (Do not include appliances such as clothes washers, refrigerators, window air conditioners, etc.)

(305) 1 ☐ Yes 2 ☐ No – *Skip to d(1)*

(2) Did any one job cost $250 or more?

(306) 1 ☐ Yes 2 ☐ No

d. (1) During the past 12 months have you made any repairs on your property such as painting or papering a room, or patching a driveway or broken fence?

(312) 1 ☐ Yes 2 ☐ No – *Skip to 39e*

(2) Did any one job cost $250 or more?

(313) 1 ☐ Yes 2 ☐ No

e. What is the name of the company which supplies electricity to this house (building)?

Name of company

(314) 1 ☐ Generate own electricity 2 ☐ No electricity used 3 ☐ Don't know

OFFICE USE ONLY

(314)

Section V – MAINTENANCE AND MORTGAGE SUPPLEMENT – Continued

CHECK ITEM I

Part (1) (See *Check Item B, page 12*)
- ☐ Box 1 or 2 marked – *Ask 40a*
- ☐ Box 3 or 4 marked – *Go to Part (2)*
- ☐ Box 5 marked – *Go to Part (3)*
- ☐ Box 6, 7, 8, 9, 10, or 11 marked – *Skip to Check Item J*

Part (2) (See *items 22 and 23, page 13*)
- ☐ Installment loan or contract, mortgage, deed of trust, or land contract – *Skip to 40d*
- ☐ Owned free and clear – *Skip to Check Item J*
- ☐ "DK," "NA," "REF," or Blank in items 22 and 23 – *Skip to Check Item J*

Part (3) (See *item 8a, page 10*)
- ☐ Box 1 marked – *Skip to 40b*
- ☐ All others – *Skip to 40c*

40a. Is there a mortgage or loan on this condominium (cooperative) or is it owned free and clear?

(307) 1 ☐ Mortgage or loan – *Skip to 40d* 2 ☐ Owned free and clear – *Skip to Check Item J*

b. Do you have an installment loan or contract on this mobile home (trailer) or do you own it free and clear?

(307) 1 ☐ Installment loan or contract – *Skip to 40d* 2 ☐ Owned free and clear – *Skip to Check Item J*

c. Do you have a mortgage or loan on this house (apartment) or do you own it free and clear?

(307) 1 ☐ Mortgage or loan 2 ☐ Owned free and clear – *Skip to Check Item J*

d. What kind of mortgage (loan) do you have?

SHOW FLASHCARD E

(308) 1 ☐ Federal Housing Administration 2 ☐ Veterans Administration 3 ☐ Farmers Home Administration 4 ☐ Other mortgage

CHECK ITEM J

Mark all three parts (see cc 21 and item 5d, page 1)

Part (1) Reference person lived here last 90 days. . . . . (309) 1 ☐ Yes 2 ☐ No

Part (2) Reference person moved into this house or apartment before February 1983. . . . . (318) 1 ☐ Yes 2 ☐ No

Part (3) Reference person MOVED here since a year ago today (month and day in item 5d, page 1). . . (311) 1 ☐ Yes – *Go to Check Item K* 2 ☐ No – *Skip to Check Item S, page 30*

CHECK ITEM K

Part (1) (See *item 8, page 1*)
- ☐ URE Interview – *Go to Check Item T, page 31*
- ☐ Regular Interview – *Go to Part 2 below*

Part (2) (See *items 7a and 7b, page 10*)
- ☐ Regular ownership (box 1 marked) – *Go to Part 3 below*
- ☐ Owned as a cooperative (box 2 marked) – *Skip to Check Item L, page 23*
- ☐ Owned as a condominium (box 3 marked) – *Go to Part 3 below*
- ☐ Rented for cash or occupied without payment of cash rent (box 4 or 5 marked) – *Skip to 44, page 23*

Part (3) (See *item 8a, page 10*)
- ☐ Mobile home or trailer (no permanent room attached) – *Skip to Check Item L, page 23*
- ☐ All others – *Ask 41a, page 23*

NOTES

Facsimile of the Annual Housing Survey Questionnaire: 1983—Continued

Section VI – RECENT MOVERS SUPPLEMENT

41a. Was this property (condominium unit) purchased in the past 12 months?

(401) 1 ☐ Yes
2 ☐ No – *Skip to Check Item L*

b. When this house and lot (condominium unit) was acquired, what was the purchase price? Do not include closing costs.

(402) $_____.00

c. What was the MAJOR source of the down payment used for the purchase or construction of this property (condominium unit)?

(403)
1 ☐ Sale of previous home (only if sold during 12-month period preceding acquisition of present home)
2 ☐ Sale of other real property or other investment (including stock)
3 ☐ Savings (cash, bank deposits, share accounts, or bonds)
4 ☐ Borrowing other than a mortgage on this property
5 ☐ Gift
6 ☐ Land on which structure was built
7 ☐ Other – *Specify*
8 ☐ No down payment required

CHECK ITEM L

(See item 40d, page 22)
☐ Kind of mortgage specified (box 1, 2, 3 or 4 marked OR "NA," "DK" or "REF" entered) – *Ask 42a*
☐ Item 40d blank – *Skip to 43a*

42a. 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?

(404) 1 ☐ Originated mortgage
2 ☐ Assumed mortgage – *Skip to 43a*

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.

(405) $_____.00

43a. Is this the first home . . . *(Reference person)* has ever owned as his (her) usual residence?

(406) 1 ☐ Yes – *Skip to 44*
2 ☐ No – *Ask 43b*

b. Including this home, how many homes has . . . *(Reference person)* owned altogether? Do not include vacation homes, or homes purchased for commercial or rental purposes.

(407) 1 ☐ Two
2 ☐ Three or more

44. Was . . . *(Reference person)* the first occupant(s) of this house (apartment) or did someone else live here before . . . *(Reference person)*?

(408) 1 ☐ First occupants
2 ☐ Previously occupied

45. The following questions are about the place where . . . *(Reference person)* lived before moving here. What was the address of . . .'s *(Reference person)* previous residence?

Number | Street | Apartment
City, town, or place
County | State | ZIP Code

OR

(409) 0 ☐ Outside the United States – *Skip to 67, page 29*

(409) OFFICE USE ONLY

46. Did . . . *(Reference person)* live inside the incorporated limits of *(Name of place in item 45)*?

(460) 1 ☐ Yes
2 ☐ No, lived outside incorporated limits or place not incorporated

Section VI – RECENT MOVERS SUPPLEMENT – Continued

47. Please look at this card.

SHOW FLASHCARD F

What are the reasons . . . *(Reference person)* moved FROM that residence?

(Mark all answers given)

EMPLOYMENT

(410)
1 ☐ Job transfer
2 ☐ To look for work
3 ☐ To take a new job
4 ☐ Entered or left U.S. Armed Forces
5 ☐ Retirement
6 ☐ Commuting reasons
(411) 7 ☐ To attend school
8 ☐ Other employment reasons – *Specify*

FAMILY

(412)
09 ☐ Needed larger house or apartment
10 ☐ Divorced or separated
11 ☐ Widowed
(413) 12 ☐ To be closer to relatives
13 ☐ Newly married
14 ☐ Family increased
(414) 15 ☐ Family decreased
16 ☐ To establish own household
17 ☐ Other family reasons – *Specify*

OTHER

(415)
18 ☐ Neighborhood overcrowded
19 ☐ Change in racial or ethnic composition of neighborhood
20 ☐ Crime
(416) 21 ☐ Wanted neighborhood with children
22 ☐ Wanted neighborhood without children
23 ☐ Wanted better neighborhood
(417) 24 ☐ Wanted more expensive place or better investment
25 ☐ Wanted to own residence
26 ☐ Wanted better house
(418) 27 ☐ Wanted to rent residence
28 ☐ Wanted residence with more conveniences
29 ☐ Lower rent or less expensive house
(419) 30 ☐ Wanted change of climate
31 ☐ Displaced by urban renewal, highway construction, or other public activity
32 ☐ Displaced by private action
(420) 33 ☐ Schools
34 ☐ Natural disaster
35 ☐ Other – *Specify*

INTERVIEWER INSTRUCTION

Two or more boxes marked in item 47 – *Ask 48*

If only ONE box is marked in item 47 – *Transcribe code to item 48 and fill Check Item M, page 25*

48. Of the reasons you just mentioned, what was the MAIN reason . . . *(Reference person)* moved from that residence?

(421) ☐☐ Box number of MAIN reason

Facsimile of the Annual Housing Survey Questionnaire: 1983—Continued

Section VI – RECENT MOVERS SUPPLEMENT – Continued

CHECK ITEM M

(See item 48, page 24)

- ☐ If "29" entered in item 48– *Ask 49a*
- ☐ If "32" entered in item 48 – *Skip to 49b*
- ☐ All others – *Skip to 50a, page 26*

49a. Did you want or need lower rent or a less expensive house because . . .'s (Reference person) income was reduced, . . .'s (Reference person) housing costs greatly increased, or some other reason?

(Mark all answers given)

(422) *
- 1 ☐ Income reduced
- 2 ☐ Housing costs greatly increased
- 3 ☐ Other – *Specify* ↙ _____

} *Skip to 50a, page 26*

b. Were you displaced because –

(Read answer categories and mark all answers given)

SHOW FLASHCARD G

(423) *
- 1 ☐ The owner was converting the building to a condominium?
- 2 ☐ The owner closed the building for rehabilitation?
- 3 ☐ The owner closed the building but gave no reason?
- 4 ☐ The owner sold the building?
- 5 ☐ The rents were raised?
- 6 ☐ The building was converted to nonresidential use?

(424) *
- 7 ☐ The owner wanted unit for own use or use of his/her family?
- 8 ☐ Other reason? – *Specify* ↙ _____

NOTES

Section VI – RECENT MOVERS SUPPLEMENT – Continued

50a. Please look at this card.

SHOW FLASHCARD H

What are the reasons . . . (Reference person) moved TO this particular neighborhood?

(Mark all answers given then ask 50b)

b. What are the reasons . . . (Reference person) moved TO this particular residence?

(Mark all additional answers given)

EMPLOYMENT

(425) *
- 1 ☐ Job transfer
- 2 ☐ To look for work
- 3 ☐ To take a new job
- 4 ☐ Entered U.S. Armed Forces
- 5 ☐ Retirement
- 6 ☐ Commuting reasons

(426) *
- 7 ☐ To attend school
- 8 ☐ Other employment reasons – *Specify* ↙ _____

FAMILY

(427) *
- 9 ☐ Needed larger house or apartment
- 10 ☐ To be closer to relatives
- 11 ☐ Other family reasons – *Specify* ↙ _____

OTHER

(428) *
- 12 ☐ Neighborhood less crowded
- 13 ☐ Racial or ethnic composition of neighborhood
- 14 ☐ Low crime rate

(429) *
- 15 ☐ Wanted neighborhood with children
- 16 ☐ Wanted neighborhood without children
- 17 ☐ Wanted better neighborhood

(430) *
- 18 ☐ Wanted more expensive place or better investment
- 19 ☐ Residence with more conveniences
- 20 ☐ Lower rent or less expensive house

(431) *
- 21 ☐ Change of climate
- 22 ☐ Schools
- 23 ☐ Other – *Specify* ↙ _____

INTERVIEWER INSTRUCTIONS

- Two or more boxes marked in item 50 – *Ask 51*
- If only ONE box is marked in item 50 – *Transcribe code to item 51 and ask 52a*

51. Of all the reasons you just mentioned, what is the MAIN reason . . . (Reference person) moved to this particular residence or neighborhood?

(432) ☐☐ Box number of MAIN reason

52a. Was . . . (Reference person) the person or one of the persons who owned or rented the previous residence at the time he (she) moved?

(433)
- ☐ Yes ↙
  - 1 ☐ Respondent is the reference person – *Skip to 53, page 27*
  - 2 ☐ Respondent is not the reference person – *Ask 52b*
- ☐ No ↙
  - 3 ☐ Respondent is the reference person – *Skip to 53, page 27*
  - 4 ☐ Respondent is not the reference person – *Ask 52b*

b. Were you also a member of . . .'s (Reference person) household in the previous residence?

(434)
- 1 ☐ Yes
- 2 ☐ No

Facsimile of the Annual Housing Survey Questionnaire: 1983—Continued

Section VI – RECENT MOVERS SUPPLEMENT – Continued

53. How many rooms were in THAT residence? Do not count bathrooms, porches, balconies, halls, foyers, or half-rooms. (435) _____ Number

54. How many bedrooms were in THAT residence? Count rooms used mainly for sleeping, even if used for other purposes. (436) _____ Number

55. How many persons were living THERE at the time . . . (Reference person) moved? (437) _____ Number

56. Were there complete plumbing facilities in that building; that is, hot and cold piped water, a flush toilet, and a bathtub or shower? (438)
- ☐ Yes
  - Were these facilities used by that household only?
    - 1 ☐ Yes – Used by that household only
    - 2 ☐ No – Also used by another household
- 3 ☐ No

57. How many living quarters, both occupied and vacant, were in that building? (439)
- 1 ☐ Mobile home or trailer (no permanent room attached)
- 2 ☐ One, detached from any other building (Includes mobile home or trailer WITH one or more permanent rooms attached)
- 3 ☐ One, attached to one or more buildings
- 4 ☐ 2
- 5 ☐ 3 or 4
- 6 ☐ 5 to 9
- 7 ☐ 10 to 19
- 8 ☐ 20 to 49
- 9 ☐ 50 or more

CHECK ITEM N
(See item 52a, page 26)
- ☐ "No" (box 3 or 4) marked – Skip to item 67, page 29
- ☐ All others (box 1 or 2 marked or "NA," "DK," or "Ref." entered) – Ask 58a

58a. Was that residence owned or being bought by someone in the household? (440)
- ☐ Yes
  - Was it owned as a cooperative or condominium?
    - 1 ☐ No – Skip to Check Item O, page 28
    - 2 ☐ Yes, a cooperative – Skip to 58c
    - 3 ☐ Yes, a condominium – Skip to 60, page 28
- ☐ No – Ask 58b

b. Was it rented for cash rent or occupied without payment of cash rent? (440)
- 4 ☐ Rented for cash
- 5 ☐ Occupied without payment of cash rent

} Skip to Check Item O, page 28

c. To the Census Bureau, a cooperative is property which is owned by a corporation. Each shareholder is entitled to occupy an individual unit. Is this what you mean when you say that it was a cooperative?
- ☐ Yes – Skip to 67, page 29
- ☑ No – Reask 58a and correct the entry

NOTES

Section VI – RECENT MOVERS SUPPLEMENT – Continued

CHECK ITEM O

TENURE OF PREVIOUS RESIDENCE (See item 58, page 27)

REGULAR OWNERSHIP (Box 1 marked in 58a)
(See item 57, page 27)
- ☐ One-unit structure – Ask 59a
- ☐ Two-or-more unit structure, or a mobile home or trailer – Skip to 67, page 29

RENTED FOR CASH OR OCCUPIED WITHOUT PAYMENT OF CASH RENT (Box 4 or 5 marked in 58b)
(See item 57, page 27)
- ☐ One-unit structure – Skip to 61
- ☐ Two-or-more unit structure, or a mobile home or trailer – Skip to Check Item P

59a. Was that house on a place of 10 acres or more? (441)
- 1 ☐ Yes – Skip to 67, page 29
- 2 ☐ No

b. Was there a commercial establishment or medical or dental office on the property? (442)
- 1 ☐ Yes – Skip to 67, page 29
- 2 ☐ No

60. What was the value of that property when . . . (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?

SHOW FLASHCARD D

(443)
- 1 ☐ Less than $5,000
- 2 ☐ $ 5,000 – $ 7,499
- 3 ☐ 7,500 – 9,999
- 4 ☐ 10,000 – 12,499
- 5 ☐ 12,500 – 14,999
- 6 ☐ 15,000 – 17,499
- 7 ☐ 17,500 – 19,999
- 8 ☐ 20,000 – 22,499
- 9 ☐ 22,500 – 24,999
- 10 ☐ 25,000 – 27,499
- 11 ☐ 27,500 – 29,999
- 12 ☐ 30,000 – 34,999
- 13 ☐ 35,000 – 39,999
- 14 ☐ 40,000 – 44,999
- 15 ☐ 45,000 – 49,999
- 16 ☐ 50,000 – 54,999
- 17 ☐ 55,000 – 59,999
- 18 ☐ 60,000 – 64,999
- 19 ☐ 65,000 – 69,999
- 20 ☐ 70,000 – 74,999
- 21 ☐ 75,000 – 79,999
- 22 ☐ 80,000 – 89,999
- 23 ☐ 90,000 – 99,999
- 24 ☐ 100,000 – 124,999
- 25 ☐ 125,000 – 149,999
- 26 ☐ 150,000 – 199,999
- 27 ☐ 200,000 – 249,999
- 28 ☐ 250,000 – 299,999
- 29 ☐ 300,000 or more

} Skip to 67, page 29

61. Was that house on a place of 10 acres or more? (444)
- 1 ☐ Yes – Skip to 67, page 29
- 2 ☐ No

(See item 58b, page 27)
- ☐ Rented for cash – Ask 62
- ☐ Occupied without payment of cash rent – Skip to 63, page 29

62. What was the MONTHLY rent for that apartment (house)? (445) $_____.__ Per month

(If rent was not paid by the month, write amount and time period covered in "Notes" space, then compute MONTHLY rent and enter on line provided.)
(Include site rent for mobile homes if it was paid separately.)

NOTES

Facsimile of the Annual Housing Survey Questionnaire: 1983—Continued

Section VI – RECENT MOVERS SUPPLEMENT – Continued

63. Was that house (apartment) in a public housing project; that is, was it owned by a local housing authority or other local public agency?
(446) 1 ☐ Yes – Skip to 65a
2 ☐ No

64. Did . . . (Reference person) pay a lower rent because the Federal, state, or local government was paying part of the cost?
(447) 1 ☐ Yes
2 ☐ No

NOTE – Ask 65a for all categories before asking 65b. (Exclude phrase "In addition to rent" for sample units OCCUPIED WITHOUT PAYMENT OF CASH RENT.)

NOTE – Ask 65b only for those categories in 65a which were answered "Yes."

65a. (1) In addition to rent, did that household pay for electricity?
(448) 1 ☐ Yes
2 ☐ No, included in rent or supplied free
3 ☐ No, electricity not used

65b. (1) What was the average MONTHLY cost for electricity?
(449) $ _____ . 00

(2) In addition to rent, did that household pay for gas?
(450) 1 ☐ Yes
2 ☐ No, included in rent or supplied free
3 ☐ No, gas not used

(2) What was the average MONTHLY cost for gas?
(451) $ _____ . 00

(3) In addition to rent, did that household pay for water?
(452) 1 ☐ Yes
2 ☐ No, included in rent or no charge

(3) What was the YEARLY cost for water?
(453) $ _____ . 00

(4) In addition to rent, did that household pay for oil, coal, kerosene, wood, OR any other fuel?
(454) 1 ☐ Yes
2 ☐ No, included in rent
3 ☐ No, these fuels not used or obtained free

(4) What was the YEARLY cost for oil, coal, kerosene, wood, and any other fuel?
(455) $ _____ . 00

(5) In addition to rent, did that household pay for garbage (food waste) collection?
(456) 1 ☐ Yes
2 ☐ No

(5) What was the YEARLY cost for garbage (food waste) collection?
(457) $ _____ . 00

NOTES

CHECK ITEM Q (See item 58b, page 27)
☐ Rented for cash – Ask 66
☐ Occupied without payment of cash rent – Skip to 67

66. Was that apartment (house) rented furnished or unfurnished?
(458) 1 ☐ Furnished
2 ☐ Unfurnished

67. Besides the move to the present residence, how many other times did . . . (Reference person) move in the past 12 months?
(Do not include visits or vacations.)
(459) 1 ☐ None
2 ☐ One
3 ☐ Two
4 ☐ Three or more

Section VII – ENERGY SUPPLEMENT

CHECK ITEM R (See items 33 and 34, page 16)
☐ Sum of income entered in these items is $25,000 or more – Skip to Check Item T, page 31
☐ All others – Read introduction then ask 68a

INTRODUCTION The government has an energy assistance program which helps to pay home heating or cooling costs, and helps with energy-related emergencies, such as lack of heating or cooling in the home. This assistance can be received directly by the household, or it can be paid directly to the electric or gas company or fuel dealer.

68a. Between October 1982 and September 1983 did your household receive assistance of this type for HOME HEATING from the Federal, state, or local government?
(461) 1 ☐ Yes – Ask 68b
2 ☐ No – Skip to 69b

b. Was that for your household's –
(1) Current residence?
(462) 1 ☐ Yes
2 ☐ No

(2) Previous residence?
(463) 1 ☐ Yes
2 ☐ No
} Skip to 69b

CHECK ITEM S (See items 33 and 34, page 16)
☐ Sum of income entered in these items is $25,000 or more – Skip to Check Item T, page 31
☐ All others – Read introduction then ask 69a

INTRODUCTION The government has an energy assistance program which helps to pay home heating or cooling costs, and helps with energy-related emergencies, such as lack of heating or cooling in the home. This assistance can be received directly by the household, or it can be paid directly to the electric or gas company or fuel dealer.

69a. Between October 1982 and September 1983 did your household receive assistance of this type for HOME HEATING from the Federal, state, or local government?
(461) 1 ☐ Yes
2 ☐ No

b. Between October 1982 and September 1983 did your household receive assistance of this type for HOME COOLING from the Federal, state, or local government?
(465) 1 ☐ Yes
2 ☐ No
(466) OFFICE USE ONLY ☐

c. Between October 1982 and September 1983 did your household receive assistance of this type for any HOME ENERGY-RELATED EMERGENCY from the Federal, state, or local government?
(467) 1 ☐ Yes
2 ☐ No

70. The government has a program which helps some people to save home energy by either providing and installing such things as insulation, storm windows or doors, weatherstripping and caulking; or providing furnace tuneups and repairs; or repairing broken doors and windows. Between October 1982 and September 1983, did your household receive any such services from the Federal, state or local government?
(468) 1 ☐ Yes
2 ☐ No

71. In the past 12 months did you or any member of your household receive any payments or benefits from –

a. Aid to Families with Dependent Children (AFDC)?
(469) 1 ☐ Yes
2 ☐ No

b. Supplemental Security Income (SSI)?
(470) 1 ☐ Yes
2 ☐ No

c. Food Stamps?
(471) 1 ☐ Yes
2 ☐ No

d. General Assistance or other public assistance?
(472) 1 ☐ Yes
2 ☐ No

Facsimile of the Annual Housing Survey Questionnaire: 1983—Continued

PGM 7 ↓

Section VIII – MOBILE HOME SUPPLEMENT

CHECK ITEM T

Part (1) *(See item 8a, page 10)*
- ☐ Mobile home or trailer (no permanent room attached) – *Ask 72*
- ☐ All others – *Go to part (2)*

Part (2) *(See Check Item B, page 12)*
- ☐ Box 1 or 2 marked – *Go to Check Item DD, page 43*
- ☐ Box 4 marked – *Go to Section XI, page 46*
- ☐ Box 5 marked – *Go to Check Item CC, page 39*
- ☐ Box 6 through 11 marked – *Go to Check Item DD, page 43*

72. Including this mobile home, how many mobile homes has . . . *(Reference person)* owned or rented as a primary residence?
(Do not include mobile homes purchased, or rented for commercial purposes or used as a second home)
(701)
0 ☐ None
1 ☐ One
2 ☐ Two
3 ☐ Three or more

73. Is this mobile home anchored, that is, is it secured with tiedowns or by other means?
(702)
1 ☐ Yes
2 ☐ No
3 ☐ Don't know

74. Is this mobile home on a permanent masonry foundation, resting on a concrete pad, up on blocks but not on a concrete pad, or set up some other way?
(703)
1 ☐ Permanent masonry foundation
2 ☐ Concrete pad
3 ☐ Up on blocks, no concrete pad
4 ☐ Other – *Specify* _____

75a. Is this mobile home a single-wide or a double-wide?
(704)
1 ☐ Single wide
2 ☐ Double wide

b. What is the width of this mobile home?
(705)
1 ☐ Less than 8 feet
2 ☐ 8 feet
3 ☐ 10 feet
4 ☐ 12 feet
5 ☐ 14 feet
6 ☐ 16 feet
7 ☐ 20 feet
8 ☐ 24 feet or more

CHECK ITEM U

(See item 21b, page 13)
- ☐ Mobile home was NEW when acquired – *Ask 76*
- ☐ All others – *Skip to Check Item V, page 32*

76. Who set up this mobile home on this site?
(706) *1
1 ☐ Dealer
2 ☐ Professional set-up person employed by dealer or park
3 ☐ Professional mover or transport company who specializes in mobile home installation
4 ☐ Manufacturer
5 ☐ Household member
6 ☐ Other – *Specify* _____

Section VIII – MOBILE HOME SUPPLEMENT – Continued

77. When you acquired your mobile home, did you receive –

a. An owner's manual . . . . . (707)
1 ☐ Yes
2 ☐ No
3 ☐ Don't know

b. An owner information card? . . . . . (708)
1 ☐ Yes
2 ☐ No
3 ☐ Don't know

c. Set-up or installation instructions? . . . . . (709)
1 ☐ Yes
2 ☐ No
3 ☐ Don't know

d. A full warranty on the mobile home? . . . . . (710)
1 ☐ Yes – *Skip to Check Item V*
2 ☐ No
3 ☐ Don't know

e. A limited warranty on the mobile home? . . . . . (711)
1 ☐ Yes
2 ☐ No
3 ☐ Don't know

CHECK ITEM V

(See item 7a–b, page 10)
- ☐ Owned or being bought (box 1, 2, or 3 marked in item 7a) – *Ask 78a*
- ☐ Rented for cash or occupied without payment of cash rent (box 4 or 5 marked in item 7b) – *Skip to 82a, page 34*

78a. Was this mobile home placed on this site in the past 12 months?
(712)
1 ☐ Yes
2 ☐ No – *Skip to 82a, page 34*

b. Was this mobile home damaged while being transported?
(713)
1 ☐ Yes
2 ☐ No – *Skip to 79a*

c. Describe the damage.
Description of damage
_____
(714) ☐☐☐ OFFICE USE ONLY

SHOW FLASHCARD I

d. Please look at this card. Who repaired the damage(s)?
(Mark all answers given)
(715) *
1 ☐ Dealer or someone hired by dealer
2 ☐ Manufacturer
3 ☐ Household member
4 ☐ Someone hired by a household member
5 ☐ Someone else
6 ☐ Not repaired or not resolved

79a. At the time of installation, were there problems connecting this mobile home to any utility because the utility connections on this mobile home did not fit or work properly?
(716)
1 ☐ Yes
2 ☐ No – *Skip to 80a*

b. Which of the following utility connections did not fit or work properly –
(Read all answer categories and mark all answers given)
(717) *
1 ☐ **Electricity?**
2 ☐ **Natural gas?**
3 ☐ **Bottled gas?**
4 ☐ **Water supply?**
5 ☐ **Sewage disposal?**
6 ☐ **Other** – *Specify* _____

SHOW FLASHCARD I

c. Please look at this card. Who fixed this (these) problem(s)?
(Mark all answers given)
(718) *
1 ☐ Dealer or someone hired by dealer
2 ☐ Manufacturer
3 ☐ Household member
4 ☐ Someone hired by a household member
5 ☐ Someone else
6 ☐ Not repaired or not resolved

Facsimile of the Annual Housing Survey Questionnaire: 1983—Continued

Section VIII – MOBILE HOME SUPPLEMENT – Continued

80a. At the time of installation, was this mobile home correctly leveled? (719) 1 ☐ Yes – Skip to 81a 2 ☐ No

b. Did this cause any problems? (720) 1 ☐ Yes 2 ☐ No – Skip to 81a

c. Describe the problem(s). Description of problem(s) _____ (721) ☐☐.☐ OFFICE USE ONLY

SHOW FLASHCARD I

d. Please look at this card. Who fixed the problem(s)? (Mark all answers given) (722) 1 ☐ Dealer or someone hired by the dealer 2 ☐ Manufacturer 3 ☐ Household member 4 ☐ Someone hired by a household member 5 ☐ Someone else 6 ☐ Not repaired or not resolved

81a. Did you have any other installation problems? (723) 1 ☐ Yes 2 ☐ No – Skip to 82a

b. What were these problems? Description of problems _____ (724) ☐☐☐ OFFICE USE ONLY

SHOW FLASHCARD I

c. Please look at this card. Who fixed this (these) problem(s)? (Mark all answers given) (725) 1 ☐ Dealer or someone hired by the dealer 2 ☐ Manufacturer 3 ☐ Household member 4 ☐ Someone hired by a household member 5 ☐ Someone else 6 ☐ Not repaired or not resolved

NOTES

Section VIII – MOBILE HOME SUPPLEMENT – Continued

INTERVIEWER INSTRUCTION Ask 82a for all categories before asking 82b and 82c

82a. IN THE PAST 12 MONTHS, did you have –

(1) Any problems with uneven settling of blocks, foundation, or supports? (726) 1 ☐ Yes 2 ☐ No

Single-wide – Mark box 3 and skip to (3)
(2) Any problems with joining of double-wide sections? (727) 1 ☐ Yes 2 ☐ No 3 ☐ Single

(3) Any leaks in the roof? (728) 1 ☐ Yes 2 ☐ No

(4) Any other roof problems? (729) 1 ☐ Yes 2 ☐ No

(5) Warped siding or other siding problems? (730) 1 ☐ Yes 2 ☐ No

(6) Air leaks in the walls? (731) 1 ☐ Yes 2 ☐ No

(7) Any inoperative doors or windows? (732) 1 ☐ Yes 2 ☐ No

(8) Any other outside wall problems? (733) 1 ☐ Yes 2 ☐ No

(9) Buckling of inside walls? (734) 1 ☐ Yes 2 ☐ No

(10) Any other inside wall problems? (735) 1 ☐ Yes 2 ☐ No

(11) Buckling floors? (736) 1 ☐ Yes 2 ☐ No

(12) Holes in the floors? (Mark from item 14b, page 11) (737) 1 ☐ Yes 2 ☐ No

(13) Any other floor problems? (738) 1 ☐ Yes 2 ☐ No

(14) Any problems with electrical wiring? (739) 1 ☐ Yes 2 ☐ No

(15) Any problems with electrical fixtures, outlets, etc? (740) 1 ☐ Yes 2 ☐ No

(16) Any large appliance breakdowns? Include original equipment only. (741) 1 ☐ Yes 2 ☐ No

(17) Any other electrical problems? (742) 1 ☐ Yes 2 ☐ No

(18) Any leaking pipes or plumbing fixtures? (743) 1 ☐ Yes 2 ☐ No

(19) Any water heater problems? (744) 1 ☐ Yes 2 ☐ No

(20) Any sewer or septic tank problems? (745) 1 ☐ Yes 2 ☐ No

(21) Any other plumbing problems? (746) 1 ☐ Yes 2 ☐ No

No heating equipment – Mark box 3 and skip to (23)
(22) A breakdown in the heating equipment; that is, was it completely unusable for 6 consecutive hours or more? (747) 1 ☐ Yes 2 ☐ No 3 ☐ None

No heating equipment – Mark box 3 and skip to (24)
(23) Any other heating problems? (748) 1 ☐ Yes 2 ☐ No 3 ☐ None

No air-conditioning – Mark box 3 and skip to (25)
(24) Any air-conditioning problem? (749) 1 ☐ Yes 2 ☐ No 3 ☐ None

(25) Any interior odors or fumes? Do not include cooking odors (750) 1 ☐ Yes 2 ☐ No

Facsimile of the Annual Housing Survey Questionnaire: 1983—Continued

Section VIII – MOBILE HOME SUPPLEMENT – Continued

NOTE – *Ask 82b and c only for those categories in 82a which were answered "Yes"*

82b. IN THE PAST 12 MONTHS, how many problems did you have with (Specify problem in 82a)	82c. SHOW FLASHCARD I. Please look at this card. Who repaired this (these) problem(s)? (Mark all answers given)					
	Dealer or someone hired by dealer	Manufacturer	Household member	Someone hired by household member	Someone else	Problem not repaired
(1) (751) _____ Number	(776) * 1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
(2) (752) _____ Number	(777) * 1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
(3) (753) _____ Number	(778) * 1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
(4) (754) _____ Number	(779) * 1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
(5) (755) _____ Number	(780) * 1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
(6) (756) _____ Number	(781) * 1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
(7) (757) _____ Number	(782) * 1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
(8) (758) _____ Number	(783) * 1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
(9) (759) _____ Number	(784) * 1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
(10) (760) _____ Number	(785) * 1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
(11) (761) _____ Number	(786) * 1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
(12) (762) _____ Number	(787) * 1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
(13) (763) _____ Number	(788) * 1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
(14) (764) _____ Number	(789) * 1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
(15) (765) _____ Number	(790) * 1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
(16) (766) _____ Number	(791) * 1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
(17) (767) _____ Number	(792) * 1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
(18) (768) _____ Number	(793) * 1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
(19) (769) _____ Number	(794) * 1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
(20) (770) _____ Number	(795) * 1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
(21) (771) _____ Number	(796) * 1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
(22) (772) _____ Number	(797) * 1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
(23) (773) _____ Number	(798) * 1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
(24) (774) _____ Number	(799) * 1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
(25) (775) _____ Number	(846) * 1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐

FORM AHS-2 (2-9-83)

Section VIII – MOBILE HOME SUPPLEMENT – Continued

CHECK ITEM W

(See item 82a(25), page 34, Interior Odors or Fumes)

☐ Yes box marked – *Ask 83*

☐ No box marked – *Skip to 84*

83. You mentioned noticing odors or fumes inside your home. What caused the odors or fumes?

Describe

(847) OFFICE USE ONLY 1 ☐ F 2 ☐ O

3 ☐ Don't know

84. Does your mobile home have a RED metal manufacturer's label?

(848) 1 ☐ Yes 2 ☐ No 3 ☐ Don't know

CHECK ITEM X

(See Check Item B, page 12)

☐ Owner occupied mobile home or trailer on less than 10 acres (box 3 marked) –

(See item 22, page 13) ☐ Installment loan or contract – *Skip to 87* ☐ Owned free and clear – *Ask 85*

☐ Rented for cash (box 8 marked) – *Skip to Check Item AA, page 38*

☐ No cash rent (box 11 marked) – *Skip to Check Item AA, page 38*

☐ All others – *Skip to 95, page 38*

85. Did you place or assume a mortgage (loan) when you acquired this mobile home?

(849) 1 ☐ Yes – *Skip to 87* 2 ☐ No

86. How did you acquire this mobile home?

(850) 1 ☐ Inheritance or gift 2 ☐ Paid all cash 3 ☐ Other manner – *Specify*

87. Including this site, on how many sites have you placed this mobile home since you have owned it?

(851) 1 ☐ 1 2 ☐ 2–3 3 ☐ 4 or more

CHECK ITEM Y

(See item 25b(5), page 14, Real Estate Taxes)

☐ An entry of an amount, "NA," "DK," or "Refused" in item 25b(5) – *Ask 88a*

☐ Item 25b(5) is blank – *Skip to 89a*

88a. Earlier you told me that you pay real estate taxes. Do you also pay a personal property tax, or an annual license fee or similar annual charge, for this mobile home?

(Mark all answers given)

(852) * 1 ☐ Yes – personal property tax 2 ☐ Yes – license fee or similar annual charge 3 ☐ No 4 ☐ Don't know } *Skip to Check Item Z, page 37*

b. What is the yearly cost?

(If more than one tax or fee, enter total yearly cost of all such payments. Do not include real estate taxes.

(853) $ _____ . 00 *Skip to Check Item Z, page 37*

FORM AHS-2 (2-9-83)

Facsimile of the Annual Housing Survey Questionnaire: 1983—Continued

Section VIII – MOBILE HOME SUPPLEMENT – Continued

89a. Do you pay a personal property tax or an annual license fee or similar annual charge for this mobile home?

(Do not include condominium fee)
(Mark all answers given)

(854)
1 ☐ Yes – personal property tax
2 ☐ Yes – license fee or similar annual charge
3 ☐ No
4 ☐ Don't know
} Skip to Check Item Z

b. What is the yearly cost?

(If more than one tax or fee, enter total yearly cost of all such payments.)

(855) $ _____ . 00

CHECK ITEM Z

Part 1 (See Check Item B, page 12)
☐ Condominium (box 2 marked) – Skip to 96, page 38
☐ All others – Go to part 2

Part 2 (See item 20, page 13)
☐ Site owned – Ask 90
☐ Site rented or occupied without payment of cash rent – Skip to 91
☐ Item 20 is "NA," "DK" or "Ref." – Go to item 97, page 38

90. How much do you think this property, that is, mobile home and land, would sell for on today's market?

SHOW FLASHCARD J

(856)

1	Less than $5,000	12	30,000–34,999
2	$5,000–$7,499	13	35,000–39,999
3	7,500– 9,999	14	40,000–44,999
4	10,000–12,499	15	45,000–49,999
5	12,500–14,999	16	50,000–54,999
6	15,000–17,499	17	55,000–59,999
7	17,500–19,999	18	60,000–64,999
8	20,000–22,499	19	65,000–69,999
9	22,500–24,999	20	70,000–74,999
10	25,000–27,499	21	75,000 or more
11	27,500–29,999		

SKIP TO 97, page 38

91. How much do you think this mobile home would sell for on today's market?

SHOW FLASHCARD J

(857)

1	Less than $5,000	12	30,000–34,999
2	$5,000–$7,499	13	35,000–39,999
3	7,500– 9,999	14	40,000–44,999
4	10,000–12,499	15	45,000–49,999
5	12,500–14,999	16	50,000–54,999
6	15,000–17,499	17	55,000–59,999
7	17,500–19,999	18	60,000–64,999
8	20,000–22,499	19	65,000–69,999
9	22,500–24,999	20	70,000–74,999
10	25,000–27,499	21	75,000 or more
11	27,500–29,999		

92. What is the MONTHLY rent for this site?

(Mark the frequency of payment box and enter the MONTHLY site rent. (If rent is not paid by the month, compute the MONTHLY site rent in "Notes" space, and enter the monthly site rent on the line provided.)

(566) $ _____ . 00 Per month
0 ☐ No cash rent

(567)
1 ☐ More frequently than once a month
2 ☐ Less frequently than once a month
3 ☐ Once a month

NOTES

} Skip to 97, page 38

Section VIII – MOBILE HOME SUPPLEMENT – Continued

CHECK ITEM AA

(See item 27, page 15)
☐ Site owned – Skip to 95
☐ Site rented or occupied without payment of cash rent – Ask 93

93. Is the site rent included with the rent for the mobile home?

(858)
1 ☐ Yes – Skip to 95
2 ☐ No

94. What is the MONTHLY rent for this site?

Mark the frequency of payment box and enter the MONTHLY site rent. (If rent is not paid by the month, compute the MONTHLY site rent in "Notes" space, and enter the monthly site rent on the line provided.)

(566) $ _____ . 00 Per month
0 ☐ No cash rent

(567)
1 ☐ More frequently than once a month
2 ☐ Less frequently than once a month
3 ☐ Once a month

NOTES

95. Was this mobile home NEW when . . . (Reference person) moved in?

(859)
1 ☐ Yes
2 ☐ No
3 ☐ Don't know
} Skip to 97

96. Was the mobile home (trailer) NEW when you acquired it?

(860)
1 ☐ Yes
2 ☐ No

97. Would you recommend mobile home living to others?

(861)
1 ☐ Yes
2 ☐ Sometimes
3 ☐ No

98. How would you rate this mobile home as a place to live – would you say it is excellent, good, fair, or poor?

(862)
1 ☐ Excellent
2 ☐ Good
3 ☐ Fair
} Skip to Check Item BB
4 ☐ Poor – Ask 99

99. Why did you rate this mobile home as a poor place to live?

(Mark all answers given)

(863)
1 ☐ Location (neighborhood problems, commuting problems, etc.)
2 ☐ Quality of construction or workmanship
3 ☐ Size (mobile home is too small or too large)
4 ☐ Safety (fire hazard, wind or flood hazard, falls or other personal injuries)
5 ☐ Too expensive – (utilities, maintenance, charges or fees)
6 ☐ Bad investment
(864) 7 ☐ Other – Specify

_____
_____

CHECK ITEM BB

(See Check Item B, page 12)
☐ Box 1 or 2 marked – Go to Check Item DD, page 43
☐ Box 3 marked – Go to Section XI, page 46
☐ Box 5 marked – Ask 100a
☐ Box 8 or 11 – Skip to Check Item DD, page 43

Facsimile of the Annual Housing Survey Questionnaire: 1983—Continued

Section IX – HOUSING COST SUPPLEMENT

100a. Do you own the mobile home (trailer) SITE or is it rented?
(565) 1 ☐ Owned – *Skip to 101a*
2 ☐ Rented for cash or occupied without payment of cash rent

b. What is the MONTHLY rent for this site?
(Mark the frequency of payment box and enter the MONTHLY site rent. (If rent is not paid by the month, compute the MONTHLY site rent in "Notes" space, and enter the monthly site rent on the line provided).)
(566) $_____.00 Per month
0 ☐ No cash rent
(567) 1 ☐ More frequently than once a month
2 ☐ Less frequently than once a month
3 ☐ Once a month

101a. In what year did you acquire this mobile home (trailer)?
(568) 19 ____

b. Was the mobile home (trailer) NEW when you acquired it?
(569) 1 ☐ Yes
2 ☐ No

c. When you acquired this mobile home (trailer), what was the purchase price? Do not include the price of the site or closing costs.
(570) $_____.00 Purchase price
0 ☐ Not purchased

CHECK ITEM CC
(See item 40d, page 22)
☐ Kind of mortgage specified (box 1, 2, 3, or 4 marked or "DK," "NA," or "REF" entered) – *Ask 102*
☐ Item 40d blank – *Skip to 105, page 40*

102. Earlier you told me that your residence is mortgaged. In regard to that mortgage, what are the required payments to the lender? If more than one mortgage (loan), on this property, give the total amount of the payments.
(534) $_____.00
PER
(535) 1 ☐ Month
2 ☐ Year
☐ Other – Specify _____

103a. In regard to the mortgage (loan), do the required payments include mortgage payments for property other than your residence?
(For example – Farm buildings, the house or apartment of another household, or a business or office)
(571) 1 ☐ Yes
2 ☐ No – *Skip to 104*

b. How much of the *(specify amount in item 102)* is for YOUR RESIDENCE?
(572) $_____.00
0 ☐ Don't know

104. In regard to the mortgage, do the required payments include –
(1) Real estate taxes for your residence?
(573) 1 ☐ Yes
2 ☐ No

(2) Fire and hazard insurance for your residence?
(574) 1 ☐ Yes
2 ☐ No

NOTES

Section IX – HOUSING COST SUPPLEMENT – Continued

105a. Do you pay for electricity?
(575) 1 ☐ Yes
2 ☐ No or electricity not used – *Skip to 106a*

b. In the past 12 months, what was the average MONTHLY cost for electricity?
(576) $_____.00

c. Does any part of that amount cover electricity for use other than for your residence?
(For example – Farm buildings, the house or apartment of another household, or a business or office)
(577) 1 ☐ Yes
2 ☐ No – *Skip to 106a*

d. How much of the *(specify amount in item 105b)* is for YOUR RESIDENCE?
(578) $_____.00
0 ☐ Don't know

e. Is that based on separate metering?
(579) 1 ☐ Yes
2 ☐ No

106a. Do you pay for gas?
(580) 1 ☐ Yes
2 ☐ No or gas not used – *Skip to 107a*

b. In the past 12 months, what was the average MONTHLY cost for gas?
(581) $_____.00

c. Does any part of that amount cover gas for use other than for your residence?
(For example: Farm buildings, the house or apartment of another household, or a business or office)
(582) 1 ☐ Yes
2 ☐ No – *Skip to 107a*

d. How much of the *(specify amount in item 106b)* is for YOUR RESIDENCE?
(583) $_____.00
0 ☐ Don't know

e. Is that based on separate metering?
(584) 1 ☐ Yes
2 ☐ No

107a. Do you pay for water supply and/or sewage disposal?
(585) 1 ☐ Yes
2 ☐ No – *Skip to 108a*

b. What is the YEARLY cost for water supply and sewage disposal?
(586) $_____.00

c. Does any part of that amount cover water supply and/or sewage disposal for use other than for your residence?
(For example: Farm buildings, the house or apartment of another household, or a business or office)
(587) 1 ☐ Yes
2 ☐ No – *Skip to 108a*

d. How much of the *(specify amount in item 107b)* is for YOUR RESIDENCE?
(588) $_____.00
0 ☐ Don't know

e. Is that based on separate metering?
(589) 1 ☐ Yes
2 ☐ No

Facsimile of the Annual Housing Survey Questionnaire: 1983—Continued

Section IX – HOUSING COST SUPPLEMENT – Continued

108a. Do you pay for oil, coal, kerosene, wood, OR any other fuel? (590) 1 ☐ Yes 2 ☐ No – *Skip to 109a*

b. What is the YEARLY cost for oil, coal, kerosene, wood, or any other fuel? (591) $ _____ . 00

c. Does any part of that amount cover fuels for use other than for your residence? (592) 1 ☐ Yes 2 ☐ No – *Skip to 109a*

(For example: Farm buildings, the house or apartment of another household, or a business or office)

d. How much of the (*specify amount in item 108b*) is for YOUR RESIDENCE? (593) $ _____ . 00 0 ☐ Don't know

109a. Do you pay for fire and hazard insurance? (594) 1 ☐ Yes 2 ☐ No – *Skip to 110a*

(Also include if part of mortgage payment)

b. What is the YEARLY cost for fire and hazard insurance? (595) $ _____ . 00

c. Does any part of that amount cover fire and hazard insurance for property other than your residence? (596) 1 ☐ Yes 2 ☐ No – *Skip to 110a*

(For example: Farm buildings, the house or apartment of another household, or a business or office)

d. How much of the (*specify amount in item 109b*) is for YOUR RESIDENCE? (597) $ _____ . 00 0 ☐ Don't know

e. Is that based on separate premiums? (598) 1 ☐ Yes 2 ☐ No

110a. Do you pay for real estate taxes? (599) 1 ☐ Yes 2 ☐ No – *Skip to 111a*

(Also include if part of mortgage payment)

b. What is the YEARLY cost for real estate taxes? (600) $ _____ . 00

(Do not include taxes in arrears from previous years)

c. Does any part of that amount cover real estate taxes for property other than your residence? (601) 1 ☐ Yes 2 ☐ No – *Skip to 111a*

(For example: Farm buildings, the house or apartment of another household, or a business or office)

d. How much of the (*specify amount in item 110b*) is for YOUR RESIDENCE? (602) $ _____ . 00 0 ☐ Don't know

e. Is that based on separate assessments? (603) 1 ☐ Yes 2 ☐ No

Section IX – HOUSING COST SUPPLEMENT – Continued

111a. Do you pay for garbage (food waste) collection separately from real estate taxes? (604) 1 ☐ Yes 2 ☐ No or payment included in real estate taxes – *Skip to 112*

b. What is the YEARLY cost for garbage (food waste) collection? (605) $ _____ . 00

c. Does any part of that amount cover garbage (food waste) collection for other than your residence? (606) 1 ☐ Yes 2 ☐ No – *Skip to 112*

d. How much of the (*specify amount in item 111b*) is for YOUR RESIDENCE? (607) $ _____ . 00 0 ☐ Don't know

e. Is that based on separate bills? (608) 1 ☐ Yes 2 ☐ No

112. How much do you think this property (that is, house and lot) would sell for on today's market? (609)

SHOW FLASHCARD D

For multi-unit structures, obtain value of housing unit only.

1 ☐ Less than $5,000
2 ☐ $ 5,000 – $ 7,499
3 ☐ 7,500 – 9,999
4 ☐ 10,000 – 12,499
5 ☐ 12,500 – 14,999
6 ☐ 15,000 – 17,499
7 ☐ 17,500 – 19,999
8 ☐ 20,000 – 22,499
9 ☐ 22,500 – 24,999
10 ☐ 25,000 – 27,499
11 ☐ 27,500 – 29,999
12 ☐ 30,000 – 34,999
13 ☐ 35,000 – 39,999
14 ☐ 40,000 – 44,999
15 ☐ 45,000 – 49,999
16 ☐ 50,000 – 54,999
17 ☐ 55,000 – 59,999
18 ☐ 60,000 – 64,999
19 ☐ 65,000 – 69,999
20 ☐ 70,000 – 74,999
21 ☐ 75,000 – 79,999
22 ☐ 80,000 – 89,999
23 ☐ 90,000 – 99,999
24 ☐ 100,000 – 124,999
25 ☐ 125,000 – 149,999
26 ☐ 150,000 – 199,999
27 ☐ 200,000 – 249,999
28 ☐ 250,000 – 299,999
29 ☐ 300,000 or more

Skip to section XI, page 46

NOTES

Facsimile of the Annual Housing Survey Questionnaire: 1983—Continued

~ PGM 8 ↓

Section X – CONDOMINIUM/COOPERATIVE SUPPLEMENT

CHECK ITEM DD

(See Check Item B, page 12)

- ☐ Owned as a cooperative (box 1 marked) – *Skip to 114*
- ☐ Owned as a condominium (box 2 marked) – *Skip to 114*
- ☐ Rented for cash or occupied without payment of cash rent (box 6, 7, 8, 9, 10 or 11 marked) – *Ask 113*

113. Is this apartment (house) part of a condominium? (527)
1 ☐ Yes – *Skip to 116a*
2 ☐ No – *Skip to Section XI, page 46*

114. Was this building converted from rental housing to condominium (cooperative) housing? (528)
1 ☐ Yes
2 ☐ No
3 ☐ Don't know
} *Skip to 116a*

115. In what year was this unit converted to condominium (cooperative) ownership? (529)
0 ☐ 1983
1 ☐ 1981–1982
2 ☐ 1979–1980
3 ☐ 1976–1978
4 ☐ 1970–1975
5 ☐ Before 1970
6 ☐ Don't know

116a. A development is a building or group of buildings under a single management. How many condominium (cooperative) units are there in THIS development? (530)
(Read answer categories)
1 ☐ Less than 50
2 ☐ 50–99
3 ☐ 100–499
4 ☐ 500 or more
5 ☐ Don't know

b. Are any (other) units in this development rented or for rent? (531)
1 ☐ Yes
2 ☐ No
3 ☐ Don't know

117a. What is the name of the condominium (cooperative) development? (532)

b. What is the telephone number of the management office, sales office, or real estate office for the condominium (cooperative) development? (533)
Area code | Number

CHECK ITEM EE

Part (1) (See item 8, page 1)
- ☐ URE Interview – *Skip to Section XI, page 46*
- ☐ Regular Interview – *Go to Part (2) below*

Part (2) (See Check Item B, page 12)
- ☐ Owned as a cooperative or condominium (box 1 or 2 marked) – *Go to Part (3) below*
- ☐ All others – *Skip to Section XI, page 46*

Part (3) (See item 40d, page 22)
- ☐ Kind of mortgage specified (box 1, 2, 3 or 4 marked or "NA," "DK" or "REF" entered) – *Ask 118, page 44*
- ☐ Item 40d blank – *Skip to 119a, page 44*

NOTES

Section X – CONDOMINIUM/COOPERATIVE SUPPLEMENT – Continued

118. Earlier you told me that this unit is mortgaged. In regard to that mortgage, what are the required payments to the lender? If more than one mortgage (loan) on this condominium, (cooperative) give the total amount of the payments. (534) $_____.00
PER
(535) 1 ☐ Month
2 ☐ Year
☐ Other – Specify _____

119a. Do you pay for fire and hazard insurance? (536)
(Also include fire and hazard insurance that is included in mortgage payments.)
1 ☐ Yes
2 ☐ No – *Skip to 120a*

b. What is the YEARLY cost? (537) $_____.00

120a. Are the real estate taxes included in the mortgage payment (cooperative maintenance fee)? (538)
1 ☐ Yes – *Skip to 120c*
2 ☐ No

b. Do you pay real estate taxes separately? (539)
1 ☐ Yes
2 ☐ No – *Skip to 121*

c. What is the YEARLY cost?
(Do not include taxes in arrears from previous years.) (540) $_____.00

121. How much is your condominium (cooperative maintenance) fee? (541) $_____.00
PER
(542) 1 ☐ Month
2 ☐ Year
☐ Other – Specify _____

122a. Does your condominium (cooperative maintenance) fee include electricity? (543)
1 ☐ Yes – *Skip to 123a*
2 ☐ No

b. Do you pay for electricity separately? (544)
1 ☐ Yes
2 ☐ No or electricity not used – *Skip to 123a*

c. In the past 12 months, what was the average MONTHLY cost for electricity? (545) $_____.00

123a. Does your condominium (cooperative maintenance) fee include gas? (546)
1 ☐ Yes – *Skip to 124a*
2 ☐ No

b. Do you pay for gas separately? (547)
1 ☐ Yes
2 ☐ No or gas not used – *Skip to 124a*

c. In the past 12 months, what was the average MONTHLY cost for gas? (548) $_____.00

124a. Does your condominium (cooperative maintenance) fee include water supply and/or sewage disposal? (549)
1 ☐ Yes – *Skip to 125a, page 45*
2 ☐ No

b. Do you pay for water supply and/or sewage disposal separately (550)
1 ☐ Yes
2 ☐ No – *Skip to 125a, page 45*

c. What is the YEARLY cost for water supply and sewage disposal? (551) $_____.00

Facsimile of the Annual Housing Survey Questionnaire: 1983—Continued

Section I – CONDOMINIUM/COOPERATIVE SUPPLEMENT – Continued

125a. Does your condominium (cooperative maintenance) fee include oil, coal, kerosene, wood, OR any other fuel? (552) 1 ☐ Yes – Skip to 126a; 2 ☐ No

b. Do you pay for oil, coal, kerosene, wood, OR any other fuel separately? (553) 1 ☐ Yes; 2 ☐ No – Skip to 126a

c. What is the YEARLY cost for oil, coal, kerosene, wood, and any other fuel? (554) $_____.00

126a. Does your condominium (cooperative maintenance) fee include garbage (food waste) collection? (555) 1 ☐ Yes – Skip to 127; 2 ☐ No

b. Do you pay for garbage (food waste) collection separately from real estate taxes? (556) 1 ☐ Yes; 2 ☐ No or payment included in real estate taxes – Skip to 127

c. What is the YEARLY cost for garbage (food waste) collection? (557) $_____.00

127. Does your condominium (cooperative maintenance) fee include –

(1) Upkeep and maintenance of the common property, buildings, equipment, and grounds? (558) 1 ☐ Yes; 2 ☐ No

(2) Off-street parking? (559) 1 ☐ Yes; 2 ☐ No

(3) Swimming facilities? (560) 1 ☐ Yes; 2 ☐ No

(4) Other recreational facilities? (561) 1 ☐ Yes; 2 ☐ No

(5) Security personnel? (562) 1 ☐ Yes; 2 ☐ No

(6) Anything else? (563) 1 ☐ Yes – Specify _____; 2 ☐ No

NOTES

~ PGM 9 ↓

Section XI – HOUSING QUALITY AND EQUIPMENT BREAKDOWN SUPPLEMENT

INTRODUCTION: Now I have some questions concerning problems you may have experienced in this home.

CHECK ITEM FF

(See Check Item J, Part (2), page 22)
Part (1) Reference person moved into this house (apartment) before February 1983
☐ Yes – Go to Part (2) below
☐ No – Skip to Check Item GG
(See item 12, page 11)
Part (2) Heating Equipment
☐ Room heater(s) WITHOUT flue or vent (box 7 marked) – Ask 128
☐ Fireplaces, stoves, or portable room heater(s) (box 8 marked) – Ask 128
☐ Unit has no heating equipment (box 9 marked) – Ask 128
☐ All others – Skip to 129

128. During the time period of December 1982 through February 1983 was this house (apartment) so cold for 24 hours or more that it caused you discomfort? (801) 1 ☐ Yes; 2 ☐ No } Skip to 131

129. During the time period of December 1982 through February 1983 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? (802) 1 ☐ Yes; 2 ☐ No } Skip to 130

CHECK ITEM GG

(See item 12, page 11)
HEATING EQUIPMENT
☐ Room heater(s) WITHOUT flue or vent (box 7 marked) – Skip to 131
☐ Fireplaces, stoves, or portable room heater(s) (box 8 marked) – Skip to 131
☐ Unit has no heating equipment (box 9 marked) – Skip to 131
☐ All others – Ask 130

130. How many rooms in this house (apartment) do NOT have hot air ducts, registers, radiators, or room heaters? Do not count kitchen or bathroom(s). (803) 1 ☐ None; 2 ☐ 1 room; 3 ☐ 2 rooms; 4 ☐ 3 or more rooms

131. Does each room in this house (apartment) have a working electric wall outlet (wall plug)? (808) 1 ☐ Yes; 2 ☐ No

132. Is all the wiring in this house (apartment) concealed in the walls or in metal coverings? Do not count appliance cords, extension cords or chandelier cords. (809) 1 ☐ Yes; 2 ☐ No

133a. Is it necessary to go through any bedroom to get to any bathroom? (810) 1 ☐ Yes; 2 ☐ No

b. Is it necessary to go through any bedroom to get to any other room? (811) 1 ☐ Yes; 2 ☐ No

CHECK ITEM HH

(See item 10, page 10) – Complete plumbing facilities
☐ Yes – Skip to Check Item II, page 47
☐ No – Ask 134a

134. Do you have piped water –

a. In this building? (825) 1 ☐ Yes – Skip to Check Item II; 2 ☐ No

b. Available within ¼ mile? (845) 1 ☐ Yes; 2 ☐ No

Facsimile of the Annual Housing Survey Questionnaire: 1983—Continued

Section XI – HOUSING QUALITY AND EQUIPMENT BREAKDOWN SUPPLEMENT – Continued

CHECK ITEM II

(See Check Item J, Part (1), page 21)
Reference person lived here last 90 days
☐ Yes – *Ask 135a*
☐ No – *Skip to Check Item KK, page 48*

135a. Have any electric fuses blown or breaker switches tripped in this house (apartment) in the last 90 days? (816) 1 ☐ Yes 2 ☐ No . . . . . 3 ☐ Don't know } *Skip to 136a*

b. How many times did this happen? (817) 1 ☐ 1 2 ☐ 2 3 ☐ 3 or more

136a. 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)? (818) 1 ☐ Yes 2 ☐ No – *Skip to Check Item JJ*

b. Is this house (building) serviced by an exterminator for mice or rats regularly, only when needed, irregularly, or not at all? (819) 1 ☐ Regularly 2 ☐ Only when needed 3 ☐ Irregularly 4 ☐ Not at all

CHECK ITEM JJ

Part 1 *(See item 8, page 1)*
☐ Regular interview – *Go to part 2*
☐ URE interview – *Skip to 142a, page 48*
Part 2 *(See item 134a, page 46)* – Piped water
☐ Yes or blank – *Ask 137a*
☐ No – *Skip to 138a*

137a. At any time in the last 90 days, were you COMPLETELY without running water? (826) 1 ☐ Yes 2 ☐ No – *Skip to 138a*

b. Were you completely without running water for 6 consecutive hours or more? (827) 1 ☐ Yes 2 ☐ No . . . . . 3 ☐ Don't know } *Skip to 138a*

c. How many times? (828) 1 ☐ 1 2 ☐ 2 3 ☐ 3 or more

d. What was the (most common) reason you were completely without water for 6 consecutive hours or more – was it because of problems inside the building or problems outside the building? (829) 1 ☐ Inside 2 ☐ Outside

138a. At any time in the last 90 days was there a breakdown in your flush toilet or toilets, such that there were no usable toilets? (830) 1 ☐ Yes 2 ☐ No – *Skip to 139a, page 48*

b. Did any of these breakdowns last 6 consecutive hours or more? (831) 1 ☐ Yes 2 ☐ No – *Skip to 139a, page 48*

c. How many of these breakdowns were there? (832) 1 ☐ 1 2 ☐ 2 3 ☐ 3 4 ☐ 4 or more

d. What was the (most common) reason you were completely without the use of your flush toilet for 6 consecutive hours or more – was it because of problems inside the building or problems outside the building? (833) 1 ☐ Inside 2 ☐ Outside

Section XI – HOUSING QUALITY AND EQUIPMENT BREAKDOWN SUPPLEMENT – Continued

139a. At any time in the last 90 days, was there a breakdown in your sewage disposal system such that it was completely unusable? (834) 1 ☐ Yes 2 ☐ No – *Skip to Check Item KK*

b. Did any of these breakdowns last 6 consecutive hours or more? (835) 1 ☐ Yes 2 ☐ No . . . . . 3 ☐ Don't know } *Skip to Check Item KK*

c. How many of these breakdowns were there? (836) 1 ☐ 1 2 ☐ 2 3 ☐ 3 or more

CHECK ITEM KK

(See Check Item J, part (2), page 22)
Part (1) Reference person moved into this house (apartment) before February 1983
☐ Yes – *Go to Part (2) below*
☐ No – *Skip to 142a*
(See item 12, page 11)
Part (2) Heating equipment
☐ Unit has no heating equipment (box 9 marked) – *Skip to 142a*
☐ All others – *Ask 140a*

140a. During the time period of December 1982 through February 1983, was there a breakdown in your heating equipment; that is, was it completely unusable for 6 consecutive hours or more? (837) 1 ☐ Yes 2 ☐ No – *Skip to 141a*

b. How many times did that happen? (838) 1 ☐ 1 2 ☐ 2 3 ☐ 3 4 ☐ 4 or more

141a. During the time period of December 1982 through February 1983, did you completely close certain rooms for a week or longer because you couldn't get them warm? Include kitchen and bathroom(s). (839) 1 ☐ Yes 2 ☐ No – *Skip to 142a*

b. Which rooms? *Mark all answers given* (840) 1 ☐ Living room 2 ☐ Dining room 3 ☐ One or more bedrooms 4 ☐ Other – Specify _____

142a. 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.)* (841) 1 ☐ Yes 2 ☐ No – *Skip to Check Item LL*

b. Does the basement show any signs of water having leaked in from the outside? (842) 1 ☐ Yes 2 ☐ No 3 ☐ Don't know

CHECK ITEM LL

(See item 8a, page 10)
☐ Mobile home or trailer (no permanent room attached) – *Skip to 145a, page 49*
☐ All others – *Ask 143*

143. Does the roof of this house (building) leak? (843) 1 ☐ Yes 2 ☐ No 3 ☐ Don't know

144. In view of all the things we have talked about, how would you rate this house (building) as a place to live – would you say it is excellent, good, fair, or poor? (844) 1 ☐ Excellent 2 ☐ Good 3 ☐ Fair 4 ☐ Poor

Facsimile of the Annual Housing Survey Questionnaire: 1983—Continued

Section XII – NEIGHBORHOOD QUALITY SUPPLEMENT

NOTE – Ask all categories in 145a before asking 145b

NOTE – Ask 145b only for those categories in 145a which were answered "Yes"

145a. The following questions are concerned with different aspects of your present neighborhood. Here is a list of conditions which many people have on their streets. Which, if any, do you have?		b. Does the (Condition) bother you?	c. Is it so objectionable that you would like to move from the neighborhood?
(1) Street (highway) noise?	(901) * 1 ☐ Yes 2 ☐ No	(1) 3 ☐ Yes – Ask c 4 ☐ No	5 ☐ Yes 6 ☐ No
(2) Streets or roads continually in need of repair, or open ditches?	(902) * 1 ☐ Yes 2 ☐ No	(2) 3 ☐ Yes – Ask c 4 ☐ No	5 ☐ Yes 6 ☐ No
(3) Neighborhood crime?	(903) * 1 ☐ Yes 2 ☐ No	(3) 3 ☐ Yes – Ask c 4 ☐ No	5 ☐ Yes 6 ☐ No
(4) Trash, litter, or junk in the streets (roads), or on empty lots, or on properties in this neighborhood?	(904) * 1 ☐ Yes 2 ☐ No	(4) 3 ☐ Yes – Ask c 4 ☐ No	5 ☐ Yes 6 ☐ No
(5) Boarded-up or abandoned structures?	(905) * 1 ☐ Yes 2 ☐ No	(5) 3 ☐ Yes – Ask c 4 ☐ No	5 ☐ Yes 6 ☐ No
(6) Industries, businesses, stores, or other nonresidential activities?	(906) * 1 ☐ Yes 2 ☐ No	(6) 3 ☐ Yes – Ask c 4 ☐ No	5 ☐ Yes 6 ☐ No
(7) Odors, smoke, or gas?	(907) * 1 ☐ Yes 2 ☐ No	(7) 3 ☐ Yes – Ask c 4 ☐ No	5 ☐ Yes 6 ☐ No

NOTE – Ask ALL categories in 146a before asking 146b

NOTE – Ask 146b only for those categories in 146a which were answered "No"

146a. The following questions are concerned with neighborhood services. Do you have –		146b. Is the (Service) so unsatisfactory that you would like to move from the neighborhood?
(1) Satisfactory police protection?	(908) 1 ☐ Yes 2 ☐ No 3 ☐ Don't know	(909) 1 ☐ Yes 2 ☐ No
(2) Satisfactory outdoor recreation facilities such as parks, playgrounds, or swimming pools?	(910) 1 ☐ Yes 2 ☐ No 3 ☐ Don't know	(911) 1 ☐ Yes 2 ☐ No
(3) Satisfactory hospitals or health clinics?	(912) 1 ☐ Yes 2 ☐ No 3 ☐ Don't know	(913) 1 ☐ Yes 2 ☐ No

Section XII – NEIGHBORHOOD QUALITY SUPPLEMENT – Continued

147a. Is there public transportation for this area?	(914)	1 ☐ Yes 2 ☐ No – Skip to 148a
b. Is it satisfactory?	(915)	1 ☐ Yes 2 ☐ No 3 ☐ Don't know
c. Does anyone in the household (Do you) use public transportation at least once a week?	(916)	1 ☐ Yes 2 ☐ No
148a. Do you have satisfactory neighborhood shopping, that is grocery stores or drug stores?	(917)	1 ☐ Yes 2 ☐ No . . . . . 3 ☐ Don't know. . . } Skip to Check Item MM
b. Are any of these stores within one mile of here?	(918)	1 ☐ Yes 2 ☐ No

CHECK ITEM MM

Part (1) (See item 8, page 1)
- ☐ Regular interview – Go to part (2) below
- ☐ URE interview – Skip to 150

Part (2) (See Control Card items 11c and 14)
- ☐ Household members 5 through 13 years of age – Ask 149a
- ☐ No household members 5 through 13 years of age – Skip to 149b

149a. Does your child (Do your children) attend a public elementary school or a private elementary school? (Mark all that apply.)	(919) *	1 ☐ Public elementary school 2 ☐ Private elementary school 3 ☐ Other school 4 ☐ Does not attend school
b. Is the public elementary school that children living at this address attend (would attend) satisfactory? (If more than one public elementary school, ask about the closest one to the area.)	(920)	1 ☐ Yes 2 ☐ No 3 ☐ Don't know
c. Is that public elementary school within one mile of here?	(921)	1 ☐ Yes 2 ☐ No
150. 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?	(922)	1 ☐ Excellent 2 ☐ Good 3 ☐ Fair 4 ☐ Poor

NOTES

Facsimile of the Annual Housing Survey Questionnaire: 1983—Continued

NOTES

Section XIII – HOUSING NEEDS SUPPLEMENT

CHECK ITEM NN

Part (1) – *(See CC Items 11c, 14 and 17)*

☐ Unit contains female household member(s), 35 years of age or older (Y circled in item 11C, 35 or over in item 14 and F circled in item 17) – *Go to Part 2*

☐ All others – *Skip to Check Item 00, page 54*

Part (2) – Transcribe the line number for all eligible persons from CC Item 10 to 151a, 152a, 153a and 154a as needed. Then read the introduction.

INTRODUCTION **The following questions are about changing household sizes. As children grow up and leave home, the parents housing needs may also change.**

151a. Line number *(CC item 10)* — (645) ☐☐ Line number

b. Has . . . raised any children to adulthood? — (646) 1 ☐ Yes; 2 ☐ No – *Go to interviewer instruction below*; 3 ☐ OFFICE USE ONLY

c. How many children was that? — (647) ☐☐ Number of children

d. Have any of them (has that child) left home?
(ONLY include children away attending school if they live there year round.) — (648) 1 ☐ Yes; 2 ☐ No – *Go to interviewer instruction below*

e. (Of the children who have left home,) how long ago did (the last one) he/she leave?
(Read answer categories) — (649) 1 ☐ Within the last year; 2 ☐ More than 1 but less than 3 years ago; 3 ☐ 3 years to less than 5 years ago; 4 ☐ 5 years to less than 10 years ago; 5 ☐ 10 years ago or more

INTERVIEWER INSTRUCTION If not the last female household member 35 years of age or older – *Complete items 152b–e for next eligible person.*
If last eligible person – *Go to Check Item 00, page 54*

152a. Line number *(CC item 10)* — (650) ☐☐ Line number

b. Has . . . raised any children to adulthood? — (651) 1 ☐ Yes; 2 ☐ No – *Go to interviewer instruction below*; 3 ☐ OFFICE USE ONLY

c. How many children was that? — (652) ☐☐ Number of children

d. Have any of them (has that child) left home?
(ONLY include children away attending school if they live there year round.) — (653) 1 ☐ Yes; 2 ☐ No – *Go to interviewer instruction below*

e. (Of the children who have left home,) how long ago did (the last one) he/she leave?
(Read answer categories) — (654) 1 ☐ Within the last year; 2 ☐ More than 1 but less than 3 years ago; 3 ☐ 3 years to less than 5 years ago; 4 ☐ 5 years to less than 10 years ago; 5 ☐ 10 years ago or more

INTERVIEWER INSTRUCTION If not the last female household member 35 years of age or older – *Complete items 153b–e for next eligible person.*
If last eligible person – *Go to Check Item 00, page 54*

Facsimile of the Annual Housing Survey Questionnaire: 1983—Continued

Section XIII – HOUSING NEEDS SUPPLEMENT – Continued

153a. Line number *(CC item 10)* (655) ☐☐ Line number

b. Has . . . raised any children to adulthood? (656) 1 ☐ Yes; 2 ☐ No – *Go to interviewer instruction below*; 3 ☐ OFFICE USE ONLY

c. How many children was that? (657) ☐☐ Number of children

d. Have any of them (has that child) left home? *(ONLY include children away attending school if they live there year round.)* (658) 1 ☐ Yes; 2 ☐ No – *Go to interviewer instruction below*

e. (Of the children who have left home,) how long ago did (the last one) he/she leave? *(Read answer categories)* (659) 1 ☐ Within the last year; 2 ☐ More than 1 but less than 3 years ago; 3 ☐ 3 years to less than 5 years ago; 4 ☐ 5 years to less than 10 years ago; 5 ☐ 10 years ago or more

INTERVIEWER INSTRUCTION ➧ If not the last female household member 35 years of age or older – *Complete items 154b–e for next eligible person.* If last eligible person – *Go to Check Item 00, page 54*

154a. Line number *(CC item 10)* (660) ☐☐ Line number

b. Has . . . raised any children to adulthood? (661) 1 ☐ Yes; 2 ☐ No – *Go to Check Item 00, page 54*; 3 ☐ OFFICE USE ONLY

c. How many children was that? (662) ☐☐ Number of children

d. Have any of them (has that child) left home? *(ONLY include children away attending school if they live there year round.)* (663) 1 ☐ Yes; 2 ☐ No – *Go to Check Item 00, page 54*

e. (Of the children who have left home,) how long ago did (the last one) he/she leave? *(Read answer categories)* (664) 1 ☐ Within the last year; 2 ☐ More than 1 but less than 3 years ago; 3 ☐ 3 years to less than 5 years ago; 4 ☐ 5 years to less than 10 years ago; 5 ☐ 10 years ago or more

NOTES

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Section XIV – SUPPLEMENTAL ITEMS

CHECK ITEM 00

Part (1) *(See item 8a, page 10)*
☐ One unit structure or mobile home (box 1, 2, 3 marked) – *Skip to 159*
☐ Two or more unit structure (box 4–9 marked) – *Go to part 2*

Part (2) *(See Check Item B, page 12)*
☐ Rented for cash (box 8 marked) – *Ask 155a*
☐ Occupied without payment of cash rent (box 11 marked) – *Ask 155a*
☐ All others – *Skip to 156a*

155a. Does the owner of this building live on this property? (631) 1 ☐ Yes – *Skip to 156a*; 2 ☐ No; 3 ☐ Don't know

b. Is there a resident manager, superintendent, or janitor who lives on this property? (632) 1 ☐ Yes; 2 ☐ No; 3 ☐ Don't know

156a. Are there loose, broken, or missing steps on any common stairways inside this building or attached to this building? (633) 1 ☐ Yes; 2 ☐ No; 3 ☐ No common stairways – *Fill item 157a*

b. Are all stair railings firmly attached? (634) 1 ☐ Yes; 2 ☐ No; 3 ☐ No stair railings

OBSERVATION
157a. Do the public halls in this building have light fixtures? (635) 1 ☐ Yes; 2 ☐ No . . . . . } *Skip to 158*; 3 ☐ No public halls

OBSERVATION
b. Are the light fixtures in working order? (636) 1 ☐ All in working order; 2 ☐ Some in working order; 3 ☐ None in working order

OBSERVATION
158. How many stories (floors) are there from the main entrance of the building to the main entrance of the apartment? (637) 1 ☐ None, on same floor; 2 ☐ One (up or down); 3 ☐ Two or more (up or down)

OBSERVATION
159. Are there abandoned buildings on this street? (638) 1 ☐ Yes, one; 2 ☐ Yes, more than one; 3 ☐ No

OBSERVATION
160. What is the condition of streets and roads in this neighborhood? (639) 1 ☐ No repairs needed; 2 ☐ Minor repairs needed; 3 ☐ Major repairs needed

OBSERVATION
161. Is there trash, litter, or junk in the streets (roads), or on empty lots, or on properties in this neighborhood? (640) 1 ☐ None; 2 ☐ Minor accumulation; 3 ☐ Moderate accumulation; 4 ☐ Heavy accumulation

NOTES

FORM AHS-E (2-8-83) Page 54

Facsimile of the Annual Housing Survey Questionnaire: 1983—Continued

Section XIV – SUPPLEMENTAL ITEMS – Continued

CHECK ITEM PP

(See items 8, 9a and b, page 1)

- ☐ Regular or URE Interview – *Fill 162a*
- ☐ Vacant Interview – *Fill 162a*
- ☐ Type A – *Go to Control Card item 39*
- ☐ Type B – *Enclose completed AHS-397 and go to Control Card item 39*

162a. Was this interview conducted by personal visit or telephone? (641)

- 1 ☐ Personal visit – *Fill item 162b*
- 2 ☐ Telephone – *Skip to Check Item QQ*

b. Why was a personal interview conducted for this unit? (642)

- 1 ☐ Unit in panel 2, 4, or 6
- ☐ Unit in panel 1, 3, or 5 AND
  - 2 ☐ Unit is in sample for first time this enumeration period
  - 3 ☐ Unit was a noninterview last enumeration period
  - 4 ☐ Unit in a TA special place
  - 5 ☐ Unit was vacant last enumeration period and now is occupied
  - 6 ☐ Replacement household discovered
  - 7 ☐ Address contacted is not exact address entered in control card item 5a (or label)
  - 8 ☐ No one answered repeated calls at different times of day and evening
  - 9 ☐ Wrong telephone number
  - 10 ☐ No telephone number recorded in control card item 38b
  - 11 ☐ Refused telephone interview
  - 12 ☐ Other – *Specify*

CHECK ITEM QQ

(See item 8, page 1)

- ☐ Regular or URE Interview – *Go to Control Card item 38a*
- ☐ Vacant Interview – *Go to Control Card item 39*

NOTES

FORM AHS-2 (2-8-83)

PGM 0

Section XV – CINCH SUPPLEMENT

CHECK ITEM RR

Part (1)

(665) 1 ☐ AHS-400 NOT received for this segment – *END SUPPLEMENT*

☐ AHS-400 received for this segment – *Go to Part (2) below*

Part (2) *(See label or item 2, page 1)*

☐ F1 sample code

☐ Code 1 marked on AHS-400

(665) 4 ☐ 1983 serial number same as 1973 serial number – *END SUPPLEMENT*

(665) 5 ☐ 1983 serial number different from 1973 serial number – *Skip to item 164*

(665) 2 ☐ Code 2 marked on AHS-400 – *Skip to item 163*

(**Reminder** – Also mark this code on ALL questionnaires completed for F1 units involved in a conversion or merger with a 1973 unit listed on the AHS-400.)

3 ☐ Unit added since 1973 – *END SUPPLEMENT (Do NOT mark for a unit resulting from a conversion or merger with a unit listed on the AHS-400)*

☐ F2 sample code

(665) 2 ☐ Unit involved with a conversion or merger with a unit listed on the AHS-400 – *Skip to item 163*

3 ☐ Unit NOT involved in a conversion or merger with a unit listed on the AHS-400 – *END SUPPLEMENT*

163. Enter year of change *(from column (6) of the AHS-400)*. (666)

- 1 ☐ 1981–1983
- 2 ☐ 1979–1980
- 3 ☐ 1976–1978
- 4 ☐ 1974–1975
- 5 ☐ 1973 or earlier

END SUPPLEMENT

164. Enter 1973 serial number *(from column (2) of AHS-400)*. 1973 Serial No. (667) ☐☐ *END SUPPLEMENT*

OFFICE USE ONLY

a. (923) ☐☐☐ b. (924) ☐☐ c. (925) ☐☐

NOTES

★U.S. GOVERNMENT PRINTING OFFICE: 1983—[illegible]

FORM AHS-2 (2-8-83)