

Facsimile of the American Housing Survey Questionnaire: 1984

OMB No. 2528-0016: Approval Expires March 31, 1985

Form **AHS-62**
(3-15-84)
U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ACTING AS COLLECTING AGENT FOR
DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
**AMERICAN HOUSING SURVEY
METROPOLITAN SAMPLE
1984
OCCUPIED UNITS**

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.

1. Control number

 PSU Segment Serial Sample Panel

2a. Date of first visit
 Month Day Year

b. Interviewer name

c. Interview method
 Personal visit
 Telephone interview

3. Check Item (See Control Card item 6.)
 Control number in sample last enumeration period - Fill item 4
 Control number in sample for first time this enumeration period - Skip to item 6

4. (See Control Card items 11 and 14.)
 Are any household members (or persons if unit was URE) as last enumeration period?
 Yes
 No
 Don't know

5. Is this the same (house/apartment/mobile home) as last enumeration period?
 Yes
 No, for example, replacement mobile home, wrong unit interviewed last time, etc.

6. Type of interview
 Regular occupied - (One or more "1's" in Control Card item 14) - Go to item 20, page 3
 URE occupied - (All "2's" in Control Card item 14) - Go to item 124, page 32
 Type A noninterview

7. Type A noninterview reason
 No one home
 Temporarily absent
 Refused
 Unable to locate
 Other occupied - Specify _____

8. Occupancy status for Type A noninterviews
 Occupied as a usual residence by at least one person
 All occupants have a usual residence elsewhere
 Don't know

9. Mortgage information (See item 94, page 19)
 Callback not required
 Callback required
 Information obtained
 Unable to obtain information - Explain _____

10. Unit measurement (See item 178, page 44)
 Callback not required
 Callback required
 Information obtained
 Unable to obtain information - Explain _____

11-13. WASHINGTON USE ONLY

14a. Is there any information for this sample unit which should be reviewed prior to data keying?
 Review not required
 Review required
 Notes

b. OFFICE USE ONLY
 Review completed

15. OFFICE USE ONLY
a. EDIT FOLLOWUP REQUIRED →
 Page Item
 Page Item
 Page Item

b. SOURCE OF RESOLUTION
 Respondent
 Interviewer
 Regional Office staff
 Washington
 Other - Specify _____

16. OFFICE USE ONLY
 Editor's code
 Verifier's code

17. Address correction

 First address line
 Second address line
 Place or city State ZIP Code

18-19. WASHINGTON USE ONLY

Notes

Notes

Facsimile of the American Housing Survey Questionnaire: 1984—Continued

App-26

REGULAR OCCUPIED	
MARK OR ASK —	✓ 6 11 +
20. Are your living quarters in a — (Read answer categories.)	1120 1 <input type="checkbox"/> Mobile home? 2 <input type="checkbox"/> One-unit building detached from any other building? 3 <input type="checkbox"/> One-unit building attached to one or more buildings? — Skip to item 22a 4 <input type="checkbox"/> Building with two or more apartments? — Skip to item 21b
21a. Are there any occupied or vacant apartments besides your own in the (building/mobile home)?	1130 1 <input type="checkbox"/> Yes — Fill Table X on Control Card, then go to item 21b 2 <input type="checkbox"/> No — Skip to item 23 and mark box 1 or 4
b. How many apartments are in the (building/mobile home)?	1140 _____ Number — Skip to item 23 and mark box 3 or 5
22a. Does your (house/apartment) share an attic or basement with the (house/apartment) next door?	1150 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } SKIP to item 22c
b. How many (houses/apartments) share the attic or basement?	1160 _____ Number. — If one, reask item 22a and correct entry. If more than one, skip to item 23 and mark box 3.
c. Does your (house/apartment) share a furnace or boiler with the (house/apartment) next door?	1170 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } SKIP to item 22e
d. How many (houses/apartments) share the furnace or boiler?	1180 _____ Number — If one, reask item 22c and correct entry. If more than one, skip to item 23 and mark box 3.
e. Are there any occupied or vacant apartments besides your own in the building?	1190 1 <input type="checkbox"/> Yes — Fill Table X on Control Card, then go to item 22f 2 <input type="checkbox"/> No — Skip to item 23 and mark box 2
f. How many apartments are in the building?	1200 _____ Number — If one, reask item 22e and correct entry. If more than one, go to item 23 and mark box 3.
23. Number of units in building based on entries in items 20—22.	1210 1 <input type="checkbox"/> One-unit building—detached 2 <input type="checkbox"/> One-unit building—attached 3 <input type="checkbox"/> Two-or-more-unit building 4 <input type="checkbox"/> One-unit mobile home 5 <input type="checkbox"/> Two-or-more-unit mobile home } Skip to item 25a
24. Is the house built — (Read answer categories until a "yes" reply is received.)	1220 1 <input type="checkbox"/> With a basement under all the building? 2 <input type="checkbox"/> With a basement under part of the building? 3 <input type="checkbox"/> With a crawl space? 4 <input type="checkbox"/> On a concrete slab? 5 <input type="checkbox"/> In some other way? — Specify _____
25a. Is the (house/apartment) part of a cooperative or condominium?	1230 1 <input type="checkbox"/> Yes, cooperative 2 <input type="checkbox"/> Yes, condominium } SKIP to item 26a, page 4 3 <input type="checkbox"/> No
b. Do you mean the building is owned by a corporation whose shareholders have a right to occupy or rent out an individual unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No Reask item 25a and correct entry
Notes	

REGULAR OCCUPIED — Continued	
26a. How many of each of the following rooms does the (house/apartment) have? (For a one room efficiency or studio apartment, enter "1" for living room, enter the correct number of bathrooms, and mark "None" for all other rooms.)	
(1) Bedrooms?	1240 _____ Number <input type="checkbox"/> None
(2) Full bathrooms? (Hot and cold piped water AND sink AND flush toilet AND bathtub or shower)	1260 _____ Number <input type="checkbox"/> None
(3) Half bathrooms? (Toilet OR bathtub OR shower)	1260 _____ Number <input type="checkbox"/> None
(4) Kitchens?	1270 _____ Number <input type="checkbox"/> None
(5) Living rooms?	1280 _____ Number <input type="checkbox"/> None
(6) Dining rooms?	1290 _____ Number → Is it a separate room? <input type="checkbox"/> None
	1295 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Correct entry for number of dining rooms
b. Are there any other rooms? (Exclude halls, foyers, pantries, garages, porches or areas that aren't separated by a built-in, floor-to-ceiling wall extending at least a few inches into room.)	1300 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 27
c. What are they?	1310 _____ Number of family rooms, dens, recreation rooms and/or libraries <input type="checkbox"/> None
	1320 _____ Number of rooms that are business space with direct access to outside <input type="checkbox"/> None
	1330 _____ Number of other rooms, finished or unfinished <input type="checkbox"/> None
27. Does the (house/apartment) have a sink with piped water? (Any sink that hasn't been counted in a bathroom above) (For this household's use only)	1340 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
28. Check item (See item 26a.) <input type="checkbox"/> One or more full bathrooms — Skip to item 30a <input type="checkbox"/> No full bathrooms — Ask item 29a	
29a. Does the (house/apartment) have a bathtub or shower for this household's use only?	1350 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b. Does the (house/apartment) have a flush toilet for this household's use only?	1360 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 31a, page 5
30a. In the last 3 months, was there any time when all the toilets in the home were not working? (While household was living here if less than 3 months)	1370 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No toilet breakdowns — Skip to item 31a, page 5
b. How many of these breakdowns lasted 6 hours or more?	1380 _____ Number of toilet breakdowns lasting 6 hours or more <input type="checkbox"/> No toilet breakdowns lasting 6 hours

APPENDIX A—Continued

Facsimile of the American Housing Survey Questionnaire: 1984—Continued

APPENDIX A—Continued

REGULAR OCCUPIED — Continued	
<p>31a. Is all the wiring in the finished areas of your home concealed in walls or metal coverings? (Exclude appliance cords, extension cords, chandelier cords, telephone or antenna wires.)</p> <p>b. Does every room have an electric outlet or wall plug that works?</p> <p>c. Have any fuses blown or circuit breakers tripped in the last 3 months? (For the home) (While household was living here if less than 3 months)</p> <p>d. How many times in the last 3 months?</p>	<p>1390 1 <input type="checkbox"/> Yes, concealed 2 <input type="checkbox"/> No 3 <input type="checkbox"/> No electrical wiring — Skip to item 32a</p> <p>1400 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>1410 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } Skip to item 32a</p> <p>1420 _____ Number</p>
<p>32a. Has water leaked into your home from outdoors in the last 12 months? (Exclude plumbing or other inside leaks.) (While household was living here if less than 12 months)</p> <p>b. Where did the water come in? (Mark all that apply.)</p> <p>c. Have there been water leaks in the (house/apartment) from INSIDE the building in the last 12 months? (While household was living here if less than 12 months)</p> <p>d. Where did the water come from? (Mark all that apply.)</p>	<p>1430 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 32c</p> <p>1440 1 <input type="checkbox"/> Roof 2 <input type="checkbox"/> Basement 3 <input type="checkbox"/> Walls or around closed windows or closed doors 4 <input type="checkbox"/> Other — Specify _____</p> <p>1450 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 33a</p> <p>1460 1 <input type="checkbox"/> Own plumbing fixtures backed up and/or overflowed 2 <input type="checkbox"/> Pipes leaked (Include pipe leaks from other apartments.) 3 <input type="checkbox"/> Other or unknown — Specify _____</p>
<p>33a. Does the (house/apartment) have hot and cold piped water? (For this household's use only)</p> <p>b. What fuel is used MOST to heat the water?</p> <p>c. Was your home ever completely without running water in the last 3 months? (While household was living here if less than 3 months)</p> <p>d. How many times was it not available for 6 hours or more?</p>	<p>1470 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 34a</p> <p>1480 1 <input type="checkbox"/> Electricity 2 <input type="checkbox"/> Gas 3 <input type="checkbox"/> Fuel oil 4 <input type="checkbox"/> Kerosene or other liquid fuel 5 <input type="checkbox"/> Coal or coke 6 <input type="checkbox"/> Wood 7 <input type="checkbox"/> Solar energy 8 <input type="checkbox"/> Other — Specify _____</p> <p>1490 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No water stoppage — Skip to item 34a</p> <p>1500 _____ Water stoppages lasting 6 hours or more 0 <input type="checkbox"/> None lasted 6 hours</p>
<p>34a. Does water for your home come from a public or private system, an individual well, or some other source? (Mark first category that applies.)</p> <p>b. How many (houses/apartments) does the well serve?</p> <p>c. Is the well drilled or dug?</p>	<p>1510 1 <input type="checkbox"/> Public or private water system — Skip to item 35a, page 6 2 <input type="checkbox"/> Individual well — Ask item 34b 3 <input type="checkbox"/> Spring 4 <input type="checkbox"/> Cistern 5 <input type="checkbox"/> Stream or lake 6 <input type="checkbox"/> Bottled water 7 <input type="checkbox"/> Other — Specify _____ } Skip to item 35a, page 6</p> <p>1520 1 <input type="checkbox"/> Only this house 2 <input type="checkbox"/> 2 to 5 3 <input type="checkbox"/> 6 or more</p> <p>1530 1 <input type="checkbox"/> Drilled 2 <input type="checkbox"/> Dug</p>

REGULAR OCCUPIED — Continued	
<p>35a. Is the (house/apartment) connected to a public sewer?</p> <p>b. What means of sewage disposal does the (house/apartment) have?</p> <p>c. How many (houses/apartments) are connected to the (septic tank/cesspool)?</p> <p>d. Did the sewage system break down in the last 3 months? (So that it was completely unusable) (While household was living here if less than 3 months)</p> <p>e. How many of these breakdowns lasted 6 hours or more?</p>	<p>1540 1 <input type="checkbox"/> Yes — Skip to item 35d 2 <input type="checkbox"/> No</p> <p>1550 1 <input type="checkbox"/> Septic tank or cesspool — Ask item 35c 2 <input type="checkbox"/> Chemical toilet 3 <input type="checkbox"/> Outhouse or privy 4 <input type="checkbox"/> Other — Specify _____ 5 <input type="checkbox"/> None } Skip to item 36a</p> <p>1560 1 <input type="checkbox"/> One 2 <input type="checkbox"/> 2 to 5 3 <input type="checkbox"/> 6 or more</p> <p>1570 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No sewage breakdowns — Skip to item 36a</p> <p>1580 _____ Sewage breakdowns lasting 6 hours or more 0 <input type="checkbox"/> None lasted 6 hours</p>
<p>36a. Does your (house/apartment) have a refrigerator? (For this household's use only) (Exclude ice boxes)</p> <p>b. Is it more than 5 years old? (Age of newest if two or more)</p>	<p>1590 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 37a</p> <p>1600 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>37a. Does your (house/apartment) have a garbage disposal in the sink?</p> <p>b. Is it more than 5 years old?</p>	<p>1610 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 38a</p> <p>1620 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>38a. Does your (house/apartment) have a cookstove or range with an oven? (For this household's use only) (Include microwaves. Exclude toaster-ovens and portable burners.)</p> <p>b. Does your (house/apartment) have — (For this household's use only)</p> <p>(1) an oven? (Include microwaves) (Exclude toaster-ovens)</p> <p>(2) cooking burners? (Exclude portable burners)</p> <p>c. (Is it/Are they) more than 5 years old? (Age of newest if two or more)</p> <p>d. What fuel is used MOST for cooking?</p>	<p>1630 1 <input type="checkbox"/> Yes — Skip to item 38c 2 <input type="checkbox"/> No</p> <p>1640 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } If both are "No," skip to item 39a</p> <p>1650 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>1660 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>1670 1 <input type="checkbox"/> Electricity 2 <input type="checkbox"/> Gas 3 <input type="checkbox"/> Kerosene or other liquid fuel 4 <input type="checkbox"/> Coal or coke 5 <input type="checkbox"/> Wood 6 <input type="checkbox"/> Other — Specify _____ 7 <input type="checkbox"/> No fuel used</p>
<p>39a. Does your (house/apartment) have a dishwasher?</p> <p>b. Is it more than 5 years old?</p>	<p>1690 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 40a, page 7</p> <p>1700 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>

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Facsimile of the American Housing Survey Questionnaire: 1984 - Continued

REGULAR OCCUPIED - Continued	
40a. Does your (house/apartment) have a clothes washer (----) in the apartment?	1710 <input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 41a
b. Is it more than 5 years old?	1720 <input type="checkbox"/> Yes <input type="checkbox"/> No
41a. Does your (house/apartment) have a clothes dryer (----) in the apartment?	1730 <input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 42a
b. Is it more than 5 years old?	1740 <input type="checkbox"/> Yes <input type="checkbox"/> No
c. What kind of fuel does the dryer use?	1750 <input type="checkbox"/> Electricity <input type="checkbox"/> Gas <input type="checkbox"/> Other - Specify _____
42a. Does your (house/apartment) have central air conditioning?	1760 <input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 42c
b. What kind of fuel does it use?	1770 <input type="checkbox"/> Electricity <input type="checkbox"/> Gas <input type="checkbox"/> Other - Specify _____ } Skip to item 43a
c. Do you use any room air conditioners?	1780 <input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to item 43a
d. How many?	1790 _____ Number
43a. What fuel is used MOST for heating the (house/apartment)?	1800 <input type="checkbox"/> Electricity <input type="checkbox"/> Gas <input type="checkbox"/> Fuel oil <input type="checkbox"/> Kerosene or other liquid fuel <input type="checkbox"/> Coal or coke <input type="checkbox"/> Wood <input type="checkbox"/> Solar energy <input type="checkbox"/> Other - Specify _____ <input type="checkbox"/> None - Skip to item 44, page 8
b. Besides (Fuel marked in item 43a) what other fuel is used for heating the (house/apartment)? (Mark all that apply.)	1810 <input type="checkbox"/> Electricity <input type="checkbox"/> Gas <input type="checkbox"/> Fuel oil <input type="checkbox"/> Kerosene or other liquid fuel <input type="checkbox"/> Coal or coke <input type="checkbox"/> Wood 1820 <input type="checkbox"/> Solar energy <input type="checkbox"/> Other - Specify _____ <input type="checkbox"/> None
Notes	

REGULAR OCCUPIED - Continued	
44. Does the (house/apartment) have a usable fireplace?	1830 <input type="checkbox"/> Yes <input type="checkbox"/> No
PLEASE LOOK AT THIS CARD.	
45. What type of heating equipment is used MOST to heat the (house/apartment)?	1840 <input type="checkbox"/> A central warm-air furnace (with air vents or ducts to the individual rooms) <input type="checkbox"/> Steam or hot-water system (radiators or other system using steam or hot water) <input type="checkbox"/> Electric heat pump <input type="checkbox"/> Other built-in electric units (permanently installed in wall, ceiling, or baseboards) <input type="checkbox"/> Floor, wall, or other built-in hot-air heater without ducts <input type="checkbox"/> Room heaters - (Is it / Are they) - 6 <input type="checkbox"/> Kerosene, gas, or oil heaters, VENTED to the outside through a chimney, flue, or pipes? 7 <input type="checkbox"/> UNVENTED gas, oil, or kerosene heaters? 8 <input type="checkbox"/> Portable electric heaters? 9 <input type="checkbox"/> Stove(s) 10 <input type="checkbox"/> Fireplace(s) WITH inserts (installed equipment designed to circulate more heat into the room) 11 <input type="checkbox"/> Fireplace(s) with NO inserts 12 <input type="checkbox"/> Other - Specify _____ 13 <input type="checkbox"/> None - Skip to item 48a, page 9
46a. What other kinds of heating equipment does the (house/apartment) have?	1850 <input type="checkbox"/> A central warm-air furnace (with air vents or ducts to the individual rooms) <input type="checkbox"/> Steam or hot-water system (radiators or other system using steam or hot water) <input type="checkbox"/> Electric heat pump <input type="checkbox"/> Other built-in electric units (permanently installed in wall, ceiling, or baseboards) <input type="checkbox"/> Floor, wall, or other built-in hot-air heater without ducts <input type="checkbox"/> Room heaters - (Is it / Are they) - 6 <input type="checkbox"/> Kerosene, gas, or oil heaters, VENTED to the outside through a chimney, flue, or pipes? 7 <input type="checkbox"/> UNVENTED gas, oil, or kerosene heaters? 8 <input type="checkbox"/> Portable electric heaters? 9 <input type="checkbox"/> Stove(s) 10 <input type="checkbox"/> Fireplace(s) WITH inserts (installed equipment designed to circulate more heat into the room) 11 <input type="checkbox"/> Fireplace(s) with NO inserts 12 <input type="checkbox"/> Other - Specify _____ 13 <input type="checkbox"/> None
b. Anything else? (Mark all that apply)	
Notes	

REGULAR OCCUPIED — Continued	
47a. Last winter was there any time when the (house/apartment) was so cold for 24 hours or more that it caused anyone in your household discomfort?	1880 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Did not live here last winter } Skip to item 48a
b. Was that because the heating equipment broke down?	1890 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, didn't break down — Skip to item 47e
c. How many times did (it/they all) break down for 6 hours or more?	1900 _____ Number of breakdowns lasting 6 hours or more 0 <input type="checkbox"/> Never broken for 6 hours
d. Was it cold for any other reason?	1910 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 48a
e. What was the reason?	1920 1 <input type="checkbox"/> Utility interruption 2 <input type="checkbox"/> Inadequate heating capacity 3 <input type="checkbox"/> Other — Specify _____
48a. Does the (house/apartment) have a porch, deck, balcony, or patio measuring at least four feet by four feet? <i>(Exclude if already counted as a room)</i>	1930 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b. Does the (house/apartment) have open cracks or holes in the inside walls or ceilings? <i>(Cracks thicker than a dime)</i>	1940 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
c. Does the (house/apartment) have holes in the floors? <i>(Big enough for someone to trip in)</i>	1950 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
d. Does the (house/apartment) have any area of peeling paint or broken plaster bigger than 8 inches by 11 inches? <i>(The size of a weekly news magazine or standard letter)</i>	1960 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
e. Have you seen any rats or signs of rats in the building in the last 3 months?	1970 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
49. On a scale of 1 to 10, how would you rate the (house/apartment) as a place to live? 10 is best, 1 is worst.	1980 _____
50a. How would you rate the neighborhood on a scale of 1 to 10? 10 is best, 1 is worst. <i>(Mark "No neighborhood," if respondent volunteers this answer.)</i>	1990 _____ 0 <input type="checkbox"/> No neighborhood — Skip to item 51a, page 10
b. Is there anything about the neighborhood that bothers you?	2000 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 51a, page 10
c. What? <i>(Write exact words and mark all that apply.)</i>	2010 1 <input type="checkbox"/> No problem 2 <input type="checkbox"/> Crime 3 <input type="checkbox"/> Noise 4 <input type="checkbox"/> Traffic 5 <input type="checkbox"/> Litter or housing deterioration 6 <input type="checkbox"/> Poor city/county services 2020 7 <input type="checkbox"/> Undesirable commercial, institutional, or industrial property 8 <input type="checkbox"/> People 9 <input type="checkbox"/> Other

REGULAR OCCUPIED — Continued	
51. Check item <i>Mark first box that applies.</i>	
a. <i>(See Control Card item 25)</i>	<input type="checkbox"/> Respondent moved here after 1979 — Ask item 52a <input type="checkbox"/> Other(s) moved here after 1979 — Skip to item 59, page 11 <input type="checkbox"/> All moved in 1979 or earlier — Go to item 51b
b. <i>(See Control Card item 8b)</i>	<input type="checkbox"/> Owned — Skip to item 73a, page 15 <input type="checkbox"/> Rented — Skip to item 64a, page 14 <input type="checkbox"/> No cash rent — Skip to item 64c, page 14
52a. What are the reasons you moved from your last (house/apartment)? <i>(Mark all that apply.)</i>	2030 1 <input type="checkbox"/> A private company or person wanted to use it for some purpose. 2 <input type="checkbox"/> Forced to leave by the government 3 <input type="checkbox"/> Disaster loss (fire, flood, etc.) 4 <input type="checkbox"/> New job or job transfer 5 <input type="checkbox"/> To be closer to work/school/other 6 <input type="checkbox"/> Other, financial/employment related 2040 7 <input type="checkbox"/> To establish own household 8 <input type="checkbox"/> Needed larger house or apartment 9 <input type="checkbox"/> Married, widowed, divorced or separated 2050 10 <input type="checkbox"/> Other, family/personal related 11 <input type="checkbox"/> Wanted better quality house (apartment) 12 <input type="checkbox"/> Change from owner to renter OR renter to owner 2080 13 <input type="checkbox"/> Wanted lower rent or less expensive house to maintain 14 <input type="checkbox"/> Other housing related reasons 15 <input type="checkbox"/> Other — Specify _____
b. MARK OR ASK — What is the MAIN reason you moved?	2070 _____ Number from item 52a 0 <input type="checkbox"/> All reasons of equal importance
53. Check item <i>(Mark first that applies.)</i>	<input type="checkbox"/> Box 1 marked in item 52a — Ask item 54a <input type="checkbox"/> Box 2 marked in item 52a — Skip to item 54b <input type="checkbox"/> Boxes 1 and 2 blank in item 52a — Skip to item 54c
54a. Did you leave —	
(1) Because the owner, or members of the owner's family were going to move into that (house/apartment)?	2080 1 <input type="checkbox"/> Yes — Skip to item 55a, page 11 2 <input type="checkbox"/> No
(2) Because that unit was going to become a condominium or cooperative?	2090 1 <input type="checkbox"/> Yes — Skip to item 55a, page 11 2 <input type="checkbox"/> No
(3) Because that (house/apartment) was closed for repairs?	2100 1 <input type="checkbox"/> Yes } Skip to item 55a, page 11 2 <input type="checkbox"/> No }
b. Did you leave —	
(1) Because the government wanted to use the land or building for some other purpose?	2110 1 <input type="checkbox"/> Yes — Skip to item 55a, page 11 2 <input type="checkbox"/> No
(2) Because that (house/apartment) was condemned by the government as unfit for occupancy?	2120 1 <input type="checkbox"/> Yes } Skip to item 55a, page 11 2 <input type="checkbox"/> No }
c. In addition to the reasons given, did you leave —	
(1) Because a private company or person wanted to use it for some purpose?	2130 1 <input type="checkbox"/> Yes — Ask (2) 2 <input type="checkbox"/> No — Skip to (5)
(2) Was that because the owner or members of the owner's family were going to move into that (house/apartment)?	2140 1 <input type="checkbox"/> Yes — Skip to item 55a, page 11 2 <input type="checkbox"/> No — Ask (3)
(3) Because it was going to be a condominium or cooperative?	2150 1 <input type="checkbox"/> Yes — Skip to item 55a, page 11 2 <input type="checkbox"/> No — Ask (4)
(4) Because it was closed for repairs?	2180 1 <input type="checkbox"/> Yes } Skip to item 55a, page 11 2 <input type="checkbox"/> No }
(5) Because the government forced you to leave?	2170 1 <input type="checkbox"/> Yes — Ask (6) 2 <input type="checkbox"/> No — Skip to item 55a, page 11
(6) Was that because the government wanted to use the land or building for some other purpose?	2180 1 <input type="checkbox"/> Yes — Skip to item 55a, page 11 2 <input type="checkbox"/> No — Ask (7)
(7) Because it was condemned by the government as unfit for occupancy?	2190 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

REGULAR OCCUPIED — Continued		
GROUP 2	GROUP 3	GROUP 4
<p>Line numbers</p> <p>2310</p> <p>2320</p> <p>2330</p> <p>2340 <input type="checkbox"/> Outside U.S. — Skip to item 61n</p> <p>City or place</p> <p>County</p> <p>State</p> <p>ZIP Code</p> <p>Office use only</p> <p>2360 <input type="checkbox"/> Yes <input type="checkbox"/> No or not incorporated place <input type="checkbox"/> Don't know</p> <p>2370 Zone code Zone alpha (if any) <input type="checkbox"/> Off map</p> <p>2380 <input type="checkbox"/> A house? <input type="checkbox"/> An apartment? <input type="checkbox"/> A mobile home? <input type="checkbox"/> Or some other type of residence? — Skip to item 62, page 14.</p> <p>2390 <input type="checkbox"/> Owned or being bought by someone in that household? <input type="checkbox"/> Rented for cash? <input type="checkbox"/> Occupied without payment of cash rent?</p> <p>2400 <input type="checkbox"/> Yes, cooperative } Skip to item 61j <input type="checkbox"/> Yes, condominium } <input type="checkbox"/> No } <input type="checkbox"/> Yes <input type="checkbox"/> No — Reask item 61h and correct entry</p> <p>2410 — If one, skip to item 61m; if more than one, ask item 61k</p> <p>2420 <input type="checkbox"/> Yes — Skip to item 61m <input type="checkbox"/> No</p> <p>2430 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2440 <input type="checkbox"/> Increased <input type="checkbox"/> Stayed about same <input type="checkbox"/> Decreased <input type="checkbox"/> Don't know</p> <p>Go to next mover group. If none, go to item 62, page 14.</p>	<p>Line numbers</p> <p>2310</p> <p>2320</p> <p>2330</p> <p>2340 <input type="checkbox"/> Outside U.S. — Skip to item 61n</p> <p>City or place</p> <p>County</p> <p>State</p> <p>ZIP Code</p> <p>Office use only</p> <p>2360 <input type="checkbox"/> Yes <input type="checkbox"/> No or not incorporated place <input type="checkbox"/> Don't know</p> <p>2370 Zone code Zone alpha (if any) <input type="checkbox"/> Off map</p> <p>2380 <input type="checkbox"/> A house? <input type="checkbox"/> An apartment? <input type="checkbox"/> A mobile home? <input type="checkbox"/> Or some other type of residence? — Skip to item 62, page 14.</p> <p>2390 <input type="checkbox"/> Owned or being bought by someone in that household? <input type="checkbox"/> Rented for cash? <input type="checkbox"/> Occupied without payment of cash rent?</p> <p>2400 <input type="checkbox"/> Yes, cooperative } Skip to item 61j <input type="checkbox"/> Yes, condominium } <input type="checkbox"/> No } <input type="checkbox"/> Yes <input type="checkbox"/> No — Reask item 61h and correct entry</p> <p>2410 — If one, skip to item 61m; if more than one, ask item 61k</p> <p>2420 <input type="checkbox"/> Yes — Skip to item 61m <input type="checkbox"/> No</p> <p>2430 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2440 <input type="checkbox"/> Increased <input type="checkbox"/> Stayed about same <input type="checkbox"/> Decreased <input type="checkbox"/> Don't know</p> <p>Go to next mover group. If none, go to item 62, page 14.</p>	<p>Line numbers</p> <p>2310</p> <p>2320</p> <p>2330</p> <p>2340 <input type="checkbox"/> Outside U.S. — Skip to item 61n</p> <p>City or place</p> <p>County</p> <p>State</p> <p>ZIP Code</p> <p>Office use only</p> <p>2360 <input type="checkbox"/> Yes <input type="checkbox"/> No or not incorporated place <input type="checkbox"/> Don't know</p> <p>2370 Zone code Zone alpha (if any) <input type="checkbox"/> Off map</p> <p>2380 <input type="checkbox"/> A house? <input type="checkbox"/> An apartment? <input type="checkbox"/> A mobile home? <input type="checkbox"/> Or some other type of residence? — Skip to item 62, page 14.</p> <p>2390 <input type="checkbox"/> Owned or being bought by someone in that household? <input type="checkbox"/> Rented for cash? <input type="checkbox"/> Occupied without payment of cash rent?</p> <p>2400 <input type="checkbox"/> Yes, cooperative } Skip to item 61j <input type="checkbox"/> Yes, condominium } <input type="checkbox"/> No } <input type="checkbox"/> Yes <input type="checkbox"/> No — Reask item 61h and correct entry</p> <p>2410 — If one, skip to item 61m; if more than one, ask item 61k</p> <p>2420 <input type="checkbox"/> Yes — Skip to item 61m <input type="checkbox"/> No</p> <p>2430 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2440 <input type="checkbox"/> Increased <input type="checkbox"/> Stayed about same <input type="checkbox"/> Decreased <input type="checkbox"/> Don't know</p> <p>Go to item 62, page 14.</p>

REGULAR OCCUPIED — Continued	
<p>62. INTRODUCTION: The next questions are about your current residence.</p> <p>63. Check Item (See Control Card item 8b.) Current residence is — <input type="checkbox"/> Owned — Skip to item 73a, page 15 <input type="checkbox"/> Rented — Go to item 64a <input type="checkbox"/> No cash rent — Skip to item 64c</p>	
<p>64a. How often is the rent due?</p> <p>2500 _____ Times per year 12 <input type="checkbox"/> Monthly</p> <p>b. How much is the rent? (--- / Include mobile home site rent, if any.) (If parking priced separately, exclude it here and mark NO to items 64c and d without asking.)</p> <p>2510 \$ _____ 00</p> <p>c. Is a garage or carport included (in the rent/with the home)?</p> <p>2520 1 <input type="checkbox"/> Yes — Skip to item 65u 2 <input type="checkbox"/> No</p> <p>d. Is an offstreet parking space included?</p> <p>2530 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>64a. How often is the rent due? <input type="checkbox"/> 1980 or later Month Year } Skip to item 70</p> <p>2910 1 <input type="checkbox"/> 1979 2 <input type="checkbox"/> 75–78 3 <input type="checkbox"/> 70–74 4 <input type="checkbox"/> 60–69 5 <input type="checkbox"/> 50–59 6 <input type="checkbox"/> 40–49 7 <input type="checkbox"/> 30–39 8 <input type="checkbox"/> 20–29 9 <input type="checkbox"/> 1919 or earlier } Skip to item 71, page 15</p>
<p>65a. Is the building owned by a public housing authority?</p> <p>2540 1 <input type="checkbox"/> Yes — Skip to item 66 2 <input type="checkbox"/> No</p> <p>b. Does the Federal Government pay some of the cost of the unit?</p> <p>2550 1 <input type="checkbox"/> Yes — Skip to item 66 2 <input type="checkbox"/> No</p> <p>c. Does the State or local government pay some of the cost of the unit?</p> <p>2560 1 <input type="checkbox"/> Yes — Skip to item 66 2 <input type="checkbox"/> No</p> <p>d. Do (you/the people living here) have to report the household's income to someone every year so they can set the rent?</p> <p>2570 1 <input type="checkbox"/> Yes — Skip to item 66 2 <input type="checkbox"/> No</p> <p>e. Is there rent control or rent stabilization on the unit?</p> <p>2580 1 <input type="checkbox"/> Yes — Skip to item 66 2 <input type="checkbox"/> No</p> <p>f. Is the rent adjusted because someone in the household works for or is related to the owner?</p> <p>2590 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>68. Excluding the dealer's lot, is this the first site on which this mobile home was placed?</p> <p>2900 1 <input type="checkbox"/> Yes, first site 2 <input type="checkbox"/> No, moved from another site 3 <input type="checkbox"/> Don't know</p>
<p>66. Check Item (See item 23, page 3.) <input type="checkbox"/> Mobile home — Skip to item 68 <input type="checkbox"/> Not a mobile home — Ask item 67</p>	<p>69. What is the model year of the mobile home?</p> <p>2910 <input type="checkbox"/> 1980 or later Year } Ask item 70</p> <p>2910 1 <input type="checkbox"/> 1979 2 <input type="checkbox"/> 75–78 3 <input type="checkbox"/> 70–74 4 <input type="checkbox"/> 60–69 5 <input type="checkbox"/> 50–59 6 <input type="checkbox"/> 40–49 7 <input type="checkbox"/> 1939 or earlier } Skip to item 71, page 15</p>
<p>67. About when was the building originally built?</p> <p>2910 <input type="checkbox"/> 1980 or later Month Year } Skip to item 70</p> <p>2910 1 <input type="checkbox"/> 1979 2 <input type="checkbox"/> 75–78 3 <input type="checkbox"/> 70–74 4 <input type="checkbox"/> 60–69 5 <input type="checkbox"/> 50–59 6 <input type="checkbox"/> 40–49 7 <input type="checkbox"/> 30–39 8 <input type="checkbox"/> 20–29 9 <input type="checkbox"/> 1919 or earlier } Skip to item 71, page 15</p>	<p>70. Were you the first (person/people) to occupy this home or did someone else live here before you?</p> <p>2920 1 <input type="checkbox"/> First occupants 2 <input type="checkbox"/> Previously occupied</p>

Facsimile of the American Housing Survey Questionnaire: 1984 - Continued

REGULAR OCCUPIED - Continued

71. Check Item (See item 23, page 3.)
 Two or more-unit-building or two or more unit mobile home - Skip to item 109a, page 23
 All others - Ask item 72a

72a. How large is the (lot/site)?
(Include all connecting land that is owned or that is rented with the home.)
If over 1 acre, drop any fractions, don't round up.
If under one acre, convert to approximate square feet.

2980 _____ Square feet
 OR
 2990 _____ Feet by

 3000 _____ feet
 OR
 3010 _____ Whole acres
 Don't know - Ask item 72b

MARK OR ASK -
b. Is it more than 10 acres?
 3020 1 Yes
 2 No } Skip to item 109a, page 23

73a. These questions are about any major repairs, improvements or alterations made to the (house/apartment) in the last 2 years.
(Count work only once; include work in progress.)
(While living here if less than 2 years)

~611~

(1) Was all or part of the roof replaced in the last 2 years?
 2650 1 Yes, all
 2 Yes, part
 3 No } 2655 1 Yes
 2 No

(2) Were any additions built in the last 2 years?
 2670 1 Yes
 2 No } 2680 \$ _____ 00
 3 No

(3) Was the kitchen remodeled or a kitchen added?
 2690 1 Yes
 2 No } 2700 \$ _____ 00
 3 No

(4) Were any bathrooms remodeled or added?
 2710 1 Yes
 2 No } 2720 \$ _____ 00
 3 No

(5) Was any siding replaced or added?
 2730 1 Yes
 2 No } 2740 \$ _____ 00
 3 No

(6) Were any new storm doors or storm windows bought and installed?
 2750 1 Yes
 2 No } 2760 \$ _____ 00
 3 No

(7) Was any major equipment, such as a furnace or central air conditioning replaced or added?
 2770 1 Yes
 2 No } 2780 \$ _____ 00
 3 No

(8) Was insulation added in the last 2 years?
 2790 1 Yes
 2 No } 2800 \$ _____ 00
 3 No

(9) Were any (other) major repairs, alterations or improvements, totaling over \$2,000, done in the last 2 years?
 2810 1 Yes
 2 No - Go to item 74 } 2820 \$ _____ 00
 3 No

74. Check Item (See item 73a.)
 At least one "Yes" marked in item 73a - Ask item 75
 All "No" in item 73a - Skip to item 76

75. Did the household get a low interest loan or grant from a government program to help pay for making any of these repairs or alterations to your home?
 2830 1 Yes
 2 No

76. In just the last YEAR, how much was spent on routine maintenance such as painting, repairs, etc.? Exclude anything already mentioned.
(Exclude housecleaning.)
 2840 \$ _____ 00

REGULAR OCCUPIED - Continued

77. Check Item (See item 23, page 3.)
 Mobile home - Skip to item 79
 Not a mobile home - Ask item 78

78. About when was the building originally built?

2910 1980 or later }
 Month Year } Skip to item 81

2910 1 1979
 2 75-78
 3 70-74
 4 60-69
 5 50-59
 6 40-49
 7 30-39
 8 20-29
 9 1919 or earlier } Skip to item 82a

79. Excluding the dealer's lot, is this the first site on which this mobile home was placed?
 2900 1 Yes, first site
 2 No, moved from another site
 3 Don't know

80. What is the model year for the mobile home?

2910 1980 or later }
 Year } Ask item 81

2910 1 1979
 2 75-78
 3 70-74
 4 60-69
 5 50-59
 6 40-49
 7 1939 or earlier } Skip to item 82a

81. Were you the first (person/people) to occupy this home or did someone else live here before you?
 2820 1 First occupants
 2 Previously occupied

82a. When did this household buy the (house/apartment)?
(If land and building bought at different times, building only)
(If land contract, when the contract was signed)
 2930 1 9 Year - Skip to item 82c
 2930 1 Owner built it or had it built - Skip to item 82c
 2 Received as inheritance or gift

b. In what year did this household (inherit/receive) the home?
 2940 1 9 Year - Skip to item 82e

c. What was the price?
(Exclude closing costs.)
(For mobile homes, exclude value of the land.)
 2950 \$ _____ 00

d. Was the main source of the down payment the sale of a previous home, savings, or something else?
 2960 1 Sale of previous home - Skip to item 83a, page 17
 2 Savings or cash on hand
 3 Sale of other investment
 4 Borrowing, other than a mortgage on this property
 5 Inheritance or gift
 6 Land where building was built used for financing
 7 Other - Specify _____
 8 No down payment made

e. (Has ..., OR ... (Owners)/Have you) ever owned a home before?
 2970 1 Yes
 2 No

REGULAR OCCUPIED — Continued	
83. Check item a. (See item 25a, page 3.) <input type="checkbox"/> Condominium or cooperative — Skip to item 87a <input type="checkbox"/> Not a condominium or cooperative — Go to item 83b <hr/> b. (See item 23, page 3.) <input type="checkbox"/> One-unit building — Ask item 84a <input type="checkbox"/> Mobile home — Skip to item 88a, page 19 <input type="checkbox"/> Two-or-more-unit building — Skip to item 86e	
84a. How large is the (lot/site)? (Include all connecting land that is owned or that is rented with the home.) If over 1 acre, drop any fractions, don't round up. If under one acre, convert to approximate square feet. One-eighth acre = 5500 sq. ft. Quarter acre = 11000 sq. ft. One-third acre = 14000 sq. ft. Half acre = 22000 sq. ft. Three-quarters acre = 33000 sq. ft. One acre = 44000 sq. ft.	2980 _____ Square feet OR 2990 _____ Feet by 3000 _____ feet OR 3010 _____ Whole acres <input type="checkbox"/> Don't know — Ask item 84b
b. MARK OR ASK — Is it more than 10 acres?	3020 1 <input type="checkbox"/> Yes — Skip to item 86a 2 <input type="checkbox"/> No
c. Is there a commercial establishment on the property?	3030 1 <input type="checkbox"/> Yes — Skip to item 85a 2 <input type="checkbox"/> No
d. Is there a medical or dental office on the property?	3040 1 <input type="checkbox"/> Yes — Skip to item 85b 2 <input type="checkbox"/> No
e. How much do you think the house and lot would sell for on today's market?	3100 \$ _____ 00 Skip to item 89a, page 19
85a. Is there a medical or dental office on the property?	3040 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b. How much do you think the house, (business/medical office) and lot would sell for on today's market?	3080 \$ _____ 00
c. What is the value of the residential portion of this property?	3100 \$ _____ 00 Skip to item 89a, page 19
86a. Is there a commercial establishment on the property?	3030 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b. Is there a medical or dental office on the property?	3040 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
c. How much do you think the house and (Acreage from item 84a/all the land) would sell for on today's market?	3080 \$ _____ 00
d. How much do you think the house and its (lot/yard) would sell for on today's market?	3100 \$ _____ 00 Skip to item 89a, page 19
e. Is there a commercial establishment on the property?	3030 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
f. Is there a medical or dental office on the property?	3040 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
g. How much do you think the entire building and property would sell for on today's market?	3080 \$ _____ 00
h. How much of that would apply to the apartment only?	3100 \$ _____ 00 Skip to item 89a, page 19
87a. Is there a commercial establishment on the property?	3030 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b. Is there a medical or dental office on the property?	3040 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
c. How much do you think the apartment would sell for on today's market?	3100 \$ _____ 00 Skip to item 89a, page 19

Notes

Facsimile of the American Housing Survey Questionnaire: 1984—Continued

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REGULAR OCCUPIED — Continued	
88a. How large is the (lot/site)? <i>(Include all connecting land that is owned or that is rented with the home.)</i>	2980 _____ Square feet OR 2990 _____ Feet by 3000 _____ feet OR 3010 _____ Whole acres o <input type="checkbox"/> Don't know — Ask item 88b
MARK OR ASK —	
b. Is it more than 10 acres?	3020 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
c. Is there a commercial establishment on the property?	3030 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
d. Is there a medical or dental office on the property?	3040 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
e. How much do you think the mobile home would sell for on today's market? <i>(Do not include the value of the land.)</i>	3100 \$ _____ 00
f. Do you own the land?	3140 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 89a
g. How much do you think the land would sell for on today's market?	3150 \$ _____ 00
89a. Is a garage or carport included with your home?	v 6 11 + 2520 1 <input type="checkbox"/> Yes — Skip to item 90 2 <input type="checkbox"/> No
b. Is an offstreet parking space included?	2530 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
90. Is the ownership of the (house/apartment) shared with anyone NOT living here?	3180 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
91. Does anyone not living here pay some of the mortgage or utility costs?	3190 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
92. Is there a mortgage or other loan on this (house/apartment)? <i>(Include "Land contracts" and other loans SECURED BY THE PROPERTY.)</i>	3200 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 98a, page 22
93. Did you get your mortgage through a State or local government program that provides lower cost mortgages?	3210 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
94. Check Item (See Control Card items 13 and 17.) <input type="checkbox"/> Respondent is an owner or owner's spouse — Ask item 95, page 18 <input type="checkbox"/> Respondent is not an owner or owner's spouse — Callback required — mark item 9, page 1; then skip to item 98a, page 22	
Notes	

REGULAR OCCUPIED — Continued		
95. How many mortgages are there now on the home?	3220 _____ Number of mortgages	
96a. Did you get a new mortgage or did you assume someone else's mortgage? <i>(Do not probe for this item.)</i>	FIRST (MORTGAGE/LOAN) v 6 18 + 3240 1 <input type="checkbox"/> New — Skip to item 96d 2 <input type="checkbox"/> Assumed 3 <input type="checkbox"/> Wrap-around — Skip to item 96d	SECOND (MORTGAGE/LOAN) v 6 19 + 3240 1 <input type="checkbox"/> New — Skip to item 96d 2 <input type="checkbox"/> Assumed 3 <input type="checkbox"/> Wrap-around — Skip to item 96d
	b. How much was left to pay off when you assumed it?	3250 \$ _____ 00
c. How many years remained on the mortgage then?	3260 _____ Years — Skip to item 96i	
d. Did you get it the same year you bought your home?	3270 1 <input type="checkbox"/> Yes — Skip to item 96f 2 <input type="checkbox"/> No	
e. What year did you get it?	3280 1 9 _____ Year	
f. When you first obtained THIS mortgage, how many years was it for?	3290 _____ Years — If less than 15, ask item 96g; if 15 or more, skip to item 96h o <input type="checkbox"/> Can vary — Ask item 96g	
g. At your current payments, how long would it take to pay off the loan?	3300 _____ Years	
h. How much was borrowed?	3310 \$ _____ 00	
i. Does this mortgage cover —	3320 1 <input type="checkbox"/> Yes — Skip to item 96j 2 <input type="checkbox"/> No	
	(2) Farm land? 3330 1 <input type="checkbox"/> Yes — Skip to item 96j 2 <input type="checkbox"/> No	
	(3) A business on this property? 3340 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 96k	
j. How much of the ... (Amount in item 96b or h) applies just to your home?	3350 \$ _____ 00	
k. What is the current interest rate on the mortgage? <i>(Annual percentage rate)</i> <i>(Round down to nearest 1/4)</i>	3360 Whole number Plus Fraction 3370 0 <input type="checkbox"/> No fraction 2 <input type="checkbox"/> 1/2 1 <input type="checkbox"/> 1/4 3 <input type="checkbox"/> 3/4	
	3380 \$ _____ 00	
l. What is your current monthly payment?	3380 \$ _____ 00	
m. Besides principal and interest, does this payment include —	3390 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
	(1) Property taxes? 3400 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
	(2) Homeowner's insurance? 3410 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
	(3) Anything else? 3410 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 96n, page 21	
(4) How much were the other charges last year? <i>(Do not include property taxes or homeowner's insurance.)</i>	3420 \$ _____ 00	

APPENDIX A—Continued

Facsimile of the American Housing Survey Questionnaire: 1984—Continued

APPENDIX A—Continued

REGULAR OCCUPIED — Continued		
	FIRST (MORTGAGE/LOAN)	SECOND (MORTGAGE/LOAN)
96n. Is the mortgage an FHA mortgage, a VA mortgage, a Farmer's Home Administration mortgage, or some other mortgage?	~6 18+ 3430	~6 19+ 3430
	1 <input type="checkbox"/> FHA (Federal Housing Administration) } Skip to item 96q 2 <input type="checkbox"/> VA (Veterans' Administration) } 3 <input type="checkbox"/> Farmer's Home Administration } 4 <input type="checkbox"/> Some other mortgage 5 <input type="checkbox"/> Don't know	1 <input type="checkbox"/> FHA (Federal Housing Administration) } Skip to item 96q 2 <input type="checkbox"/> VA (Veterans' Administration) } 3 <input type="checkbox"/> Farmer's Home Administration } 4 <input type="checkbox"/> Some other mortgage 5 <input type="checkbox"/> Don't know
9. Did you borrow the money from a bank or other organization, OR did you borrow it from an individual?	3440	3440
	1 <input type="checkbox"/> Bank or other organization — Skip to item 96q 2 <input type="checkbox"/> Individual	1 <input type="checkbox"/> Bank or other organization — Skip to item 96q 2 <input type="checkbox"/> Individual
p. Was that the former owner of the home?	3450	3450
	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
q. Are your payments on this loan the same during the whole length of the mortgage?	3460	3460
	1 <input type="checkbox"/> Yes — Skip to item 96s 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes — Skip to item 96s 2 <input type="checkbox"/> No
r. How do they change? (Mark all that apply.)	3470	3470
	1 <input type="checkbox"/> Change in taxes or insurance, or catch-up on overdue payment → Do they change for any other reason? <input type="checkbox"/> Yes — Mark box 2, 3, 4 and/or 5 <input type="checkbox"/> No — Go to item 96s 2 <input type="checkbox"/> Change with interest rates 3 <input type="checkbox"/> Rise at fixed schedule during part of loan 4 <input type="checkbox"/> Rise at fixed schedule during whole length of loan 5 <input type="checkbox"/> Last payment biggest → Of the total amount you borrowed, what percentage will have to be paid off in this last payment? → 1 <input type="checkbox"/> 1—25 percent 2 <input type="checkbox"/> 26—50 3 <input type="checkbox"/> 51—75 4 <input type="checkbox"/> 76—100	1 <input type="checkbox"/> Change in taxes or insurance, or catch-up on overdue payment → Do they change for any other reason? <input type="checkbox"/> Yes — Mark box 2, 3, 4 and/or 5 <input type="checkbox"/> No — Go to item 96s 2 <input type="checkbox"/> Change with interest rates 3 <input type="checkbox"/> Rise at fixed schedule during part of loan 4 <input type="checkbox"/> Rise at fixed schedule during whole length of loan 5 <input type="checkbox"/> Last payment biggest → Of the total amount you borrowed, what percentage will have to be paid off in this last payment? → 1 <input type="checkbox"/> 1—25 percent 2 <input type="checkbox"/> 26—50 3 <input type="checkbox"/> 51—75 4 <input type="checkbox"/> 76—100
s. Check Item (See item 95, page 20.)	<input type="checkbox"/> One mortgage — Skip to item 98, page 22 <input type="checkbox"/> Two or more mortgages — Go back to item 96a	<input type="checkbox"/> Only two mortgages — Skip to item 98, page 22 <input type="checkbox"/> Three or more mortgages — Ask item 97a, page 22
Notes		

REGULAR OCCUPIED — Continued	
97a. For the (third mortgage/other mortgages), how much did you borrow?	~6 11+ 3490 \$ _____ 00
b. What is your current monthly payment for the (third mortgage/other mortgages)?	3500 \$ _____ 00
98. Check Item	
a. (See item 23, page 3.)	<input type="checkbox"/> Mobile home — Skip to item 101 <input type="checkbox"/> Not a mobile home — Go to item 98b
b. (See item 25a, page 3.)	<input type="checkbox"/> Condominium or cooperative — Ask item 99 <input type="checkbox"/> All others — Skip to item 103
99. What were the real estate taxes last year for the (condominium/cooperative) unit? (Include school taxes, special assessments, and any other real estate taxes.) (Exclude taxes past due from other years.)	3520 \$ _____ 00
100a. Is there a required (condominium/cooperative) association fee?	3570 <input type="checkbox"/> Yes <input type="checkbox"/> No — Skip to item 109a, page 23
b. How many times a year is the fee due?	3580 _____ Times per year 12 <input type="checkbox"/> Monthly
c. What is the average cost each . . . (Billing period)?	3590 \$ _____ 00 — Skip to item 109a, page 23
101. On the mobile home (---) and its lot) last year, what was the total cost of — property and real estate taxes, registration fees, and license fees? (Include all connecting land. Include school taxes, special assessment, and any other real estate taxes.) (Exclude taxes past due from other years.)	3520 \$ _____ 00
102a. OBSERVE OR ASK — Is your mobile home in a group of five or more?	3540 <input type="checkbox"/> Yes <input type="checkbox"/> No — Skip to item 104
b. Are you required to pay a mobile home park fee?	3550 <input type="checkbox"/> Yes <input type="checkbox"/> No — Skip to item 104
c. How many times a year is the fee due?	3555 _____ Times 12 <input type="checkbox"/> Monthly
d. What is the average cost each . . . (Billing period)?	3600 \$ _____ 00 — Skip to item 109a, page 23
103. What were the real estate taxes last year for this home and its land? (Include all connecting owned land. If multiunit building, estimate share for sample unit. Include school taxes, special assessments, and any other real estate taxes.) (Exclude taxes past due from other years.)	3520 \$ _____ 00
104. Check Item (See item 84b, page 17, or item 88a, page 19.)	<input type="checkbox"/> On less than 10 acres — Ask item 105a <input type="checkbox"/> On 10 acres or more — Skip to item 106, page 23
105a. Is there a required homeowner's association fee?	3570 <input type="checkbox"/> Yes <input type="checkbox"/> No — Skip to item 106, page 23
b. How many times a year is the fee due?	3580 _____ Times 12 <input type="checkbox"/> Monthly
c. What is the average cost each . . . (Billing period)?	3590 \$ _____ 00 — Skip to item 109a, page 23

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Facsimile of the American Housing Survey Questionnaire: 1984—Continued

REGULAR OCCUPIED — Continued

106. In some parts of the country people own their homes but rent the land. Do you pay rent for the land? **3610** 1 Yes
2 No — Skip to 109a

107. Check item (See item 92, page 19.)
 Yes, mortgage — Ask item 108a
 No mortgage — Skip to item 108b

108a. Is the land rent included with the mortgage payment? **3620** 1 Yes — Skip to item 109a
2 No

b. How many times a year is the land rent due? **3630** _____ Times per year
12 Monthly

c. What does it cost each time? **3640** \$ _____ **00**

109a. Does this household have (homeowner's/ household property) insurance? **3650** 1 Yes
2 No — Skip to item 110a

b. In the past 12 months what was the total cost? **3660** \$ _____ **00**

110a. Now I have some questions about utility costs. You may check your records if you wish. In the past 12 months what was the average monthly cost for electricity? **3670** \$ _____ **00** per month — If "All electric home," mark "Not used" in items 110b and d without asking.
3680 1 Not used
2 Included in rent, site rent, condominium or other fee, etc.
3 Obtained free

When two or more utilities are billed together, try to determine the cost of each.

b. In the past 12 months what was the average monthly cost for gas? **3690** \$ _____ **00** per month, OR → **3710** *
3700 1 Not used — Skip to item 110d
2 Included in rent, site rent, condominium, or other fee, etc.
3 Obtained free

c. Is it from underground pipes or bottled gas? **3720** 1 Underground pipes serving neighborhood
2 Bottled gas

d. In the past 12 months what was the total cost for fuel oil? **3730** \$ _____ **00** per year, OR → **3750** *
3740 1 Not used
2 Included in rent, site rent, condominium, or other fee
3 Obtained free

e. In the past 12 months what was the total cost for wood, coal, kerosene, or any other fuel? **3780** \$ _____ **00** per year, OR → **3780** *
3770 1 Not used
2 Included in rent, site rent, condominium, or other fee
3 Obtained free

f. In the past 12 months what was the total cost for garbage and trash collection? **3790** \$ _____ **00** per year, OR → **3810** *
3800 1 Not used
2 Included in real estate taxes, rent, site rent, condominium, or other fee
3 Obtained free

g. In the past 12 months what was the total cost for water supply and sewage disposal? **3820** \$ _____ **00** per year, OR → **3840** *
3830 1 Not used
2 Included in real estate taxes, rent, site rent, condominium, or other fee
3 Obtained free

Notes

REGULAR OCCUPIED — Continued

111a. How many automobiles are kept at home for use by members of your household? Number
 None

b. How many vans or trucks of one ton capacity or less are kept at home for use by members of your household? Number
 None

112. Check Item
a. (See Control Card items 13, 14, and 18.)
 No nonrelative household members age 14+ in household — Skip to item 114, page 26
 Nonrelative household members age 14+ in household — Go to item 112b
b. (See Control Card items 13, 17, and 18.)
 All nonrelatives age 14+ are co-owners/renters — Skip to item 114, page 26
 All others — Go to item 112c
c. (See Control Card items 13, 17, and 18.)
 Remaining nonrelatives age 14+ are spouse or children of co-owner or co-renter — Skip to item 114, page 26
 All others — Ask item 113a—d for each nonrelative age 14+

113a. Enter line number

~620+	~621+	~622+	~623+
3880 Line number	3880 Line number	3880 Line number	3880 Line number
Does ... pay a regular fixed rent to someone in this household?	Does ... pay a regular fixed rent to someone in this household?	Does ... pay a regular fixed rent to someone in this household?	Does ... pay a regular fixed rent to someone in this household?
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to next nonrelative. If no other nonrelative, skip to item 114, page 26	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to next nonrelative. If no other nonrelative, skip to item 114, page 26	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to next nonrelative. If no other nonrelative, skip to item 114, page 26	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to next nonrelative. If no other nonrelative, skip to item 114, page 26
b. How often is ...'s rent due?			
3900 Times/year 12 <input type="checkbox"/> Monthly			
c. How much is the rent?			
3910 \$ <input type="text" value="00"/>			
d. Does that include food?			
3920 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	3920 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	3920 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	3920 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

REGULAR OCCUPIED — Continued

114. One of the main housing problems today is the cost of housing compared to income. The next few questions are about income.

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

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

Line No.	Amount
3940 <input type="text" value="3950"/>	\$ <input type="text" value="00"/> None
3960 <input type="text" value="3970"/>	\$ <input type="text" value="00"/> None
3980 <input type="text" value="3990"/>	\$ <input type="text" value="00"/> None
4000 <input type="text" value="4010"/>	\$ <input type="text" value="00"/> None
4020 <input type="text" value="4030"/>	\$ <input type="text" value="00"/> None
4040 <input type="text" value="4050"/>	\$ <input type="text" value="00"/> None
4060 <input type="text" value="4070"/>	\$ <input type="text" value="00"/> None
4080 <input type="text" value="4090"/>	\$ <input type="text" value="00"/> None
4100 <input type="text" value="4110"/>	\$ <input type="text" value="00"/> None
4120 <input type="text" value="4130"/>	\$ <input type="text" value="00"/> None

115a. In the past 12 months did ... or ... (Specify names for line numbers in item 114) —

Line No.	Yes	No
(1) Have his or her own business? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have a farm or ranch? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Receive social security or pensions? (Social security checks are green. Do not count pale gold SSI checks as social security.) <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Receive interest or dividends? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Receive rental income? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Receive welfare or SSI? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Receive unemployment or worker's compensation? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Receive alimony or child support? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(9) Receive any other income? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

b. In the past 12 months what was the total income from (Sources marked "Yes" in item 115a)?

Verified that identical amounts in 114 and 115b are not duplicate amounts

None or broke even

116. Check Item (See items 114 and 115b.) (Mark first that apply.)
 Total income over \$20,000 — Skip to item 118, page 27
 Income \$20,000 or less — Skip to item 117b, page 27
 Income is refused, NA or DK — Ask item 117a, page 27

Notes

Facsimile of the American Housing Survey Questionnaire: 1984—Continued

App-38

REGULAR OCCUPIED — Continued

117a. Was (your/their) total income over \$20,000? 4250 1 Yes — Skip to item 118
2 No

b. Did or (Specify names for line numbers in item 114) receive Food Stamps in the past 12 months? 4260 1 Yes
2 No

c. Does or (Specify names for line numbers in item 114) have —

(1) Savings? 4270 1 Yes 2 No

(2) Investments in a farm or business? 4280 1 Yes 2 No } If all "No," skip to item 118

(3) Other investments? 4290 1 Yes 2 No
(Exclude THIS home.)

d. Is the total amount of savings and investments over \$20,000? 4300 1 Yes
2 No

118. Check Item

a. (See Control Card item 8b.)

Owned — Skip to item 120a, page 28

Rented or no cash rent — Go to item 118b

b. (See item 23, page 3.)

One-unit building — Skip to item 119b

Two-or-more-unit building or two-or-more-unit mobile home — Ask item 119a

119a. Does the owner or a resident manager live in this (building/complex)? 4400 1 Yes
(Exclude staff who do only maintenance.) 2 No

b. What is the owner's name and address? ~8 17+

Name (Please print) _____

If don't know, ask — _____

Where do you send your rent? _____

Address (Number, street) _____

City _____ State _____ ZIP Code _____

Title _____ Location _____

1 Owner 1 Home

2 Other 2 Office

c. What is the telephone number? _____

Area code, number, extension _____

1 Home

2 Business

Notes _____

REGULAR OCCUPIED — Continued

120a. Did . . . (Specify names of all household members age 14+) work at any time last week? If "Yes," list name and line number. ~6 25+ Name _____

b. Did . . . usually report to the same location to begin work each day? 4440 00 No workers — Skip to item 121a, page 30

4440 _____ Line number

c. In what city, county, and state did . . . work last week? 4445 1 Yes
2 No

4450 0 Outside USA — Skip to item 120t

~7 25+ City or place _____

County _____

State _____

d. What is the ZIP Code? 4460 _____ ZIP Code _____

e. Is . . . 's place of work inside the incorporated limits of (City above)? 4470 OFFICE USE ONLY

4480 1 Yes
2 No or not incorporated place
3 Don't know

f. Enter zone number or hand respondent zone map and ask — 4490 _____ Zone code

This map is divided into zones. In which zone did . . . work last week? _____ Zone alpha (if any)

(If necessary, obtain any other information needed to locate on map.) 4490 00 Off map

g. How did . . . usually get to work last week? ~6 25+

(Mark item that accounted for greatest distance to location of job at which person worked most hours last week.) 4500 1 Car, truck, van — Drive alone or go with others?

4510 2 Alone — Skip to item 120h
3 Go with others — Ask item 120h

4500 4 Bus or streetcar . . . } Skip to item 120i
5 Subway or elevated
6 Railroad
7 Taxicab
8 Motorcycle
9 Bicycle
10 Other vehicle
11 Walked only
12 Works at home — Skip to item 120t

h. How many people including . . . usually ride in the (car/truck/van)? 4520 _____ Number

i. How many minutes did it usually take . . . to get to work? 4530 _____ Minutes

00 Work place varies

j. What time did . . . usually leave for work? 4540 Hours _____ Minutes _____

4550 1 a.m. 2 p.m.

k. How many miles was . . . 's trip to work? 4560 _____ Miles

0 Less than 1 mile

l. _____

Go to next worker; if none, go to item 121a, page 30

APPENDIX A—Continued

Facsimile of the American Housing Survey Questionnaire: 1984—Continued

APPENDIX A—Continued

REGULAR OCCUPIED — Continued

~6 26+ Name _____

4440 [] [] Line number

4445 1 Yes
2 No

4450 Outside USA — Skip to item 120f

~7 26+ City or place _____

County _____

State [] []

4460 [] [] [] [] [] [] [] [] ZIP Code

4470 OFFICE USE ONLY

4480 1 Yes
2 No or not incorporated place
3 Don't know

4490 _____ Zone code
_____ Zone alpha (if any)

4490 00 Off map

~6 28+ 4500 1 Car, truck, van }
Did ... drive alone or go }
with others? }
4510 2 Alone — Skip to item 120i
3 Go with others — Ask }
item 120h }
4500 4 Bus or streetcar }
5 Subway or elevated }
6 Railroad }
7 Taxicab }
8 Motorcycle }
9 Bicycle }
10 Other vehicle }
11 Walked only }
12 Works at home — Skip to }
item 120f }
4520 _____ Number

4530 _____ Minutes
00 Work place varies

4540 Hours Minutes
[] [] [] []

4550 1 a.m. 2 p.m.

4560 _____ Miles
0 Less than 1 mile

Go to next worker; if none, go to item 121a, page 30

REGULAR OCCUPIED — Continued

121a. Housing size is important for analysis of other information from this survey. How many square feet are there in the (house/apartment)? Include basements and finished attics. (Exclude unfinished attics, carports, attached garages and porches that are not protected from the elements.)

~6 11+ 4600 _____ Square feet — Go to item 122, page 31
 Don't know — Ask item 174b

b. How many (stories/floors) are there in the (house/apartment)? Include basements and finished attics.

4610 _____ Number

c. MARK OR ASK — Is the (house/apartment) a split level?
4620 1 Yes
2 No

d. What is the length and width of each floor of the (house/apartment)? (Exclude unfinished attics, carports, attached garages and porches that are not protected from the elements.)

	Rectangles or squares							
	First (a)		Second (b)		Third (c)		Fourth (d)	
	Length	Width	Length	Width	Length	Width	Length	Width
Ground/ basement								
1st floor of unit								
2nd floor of unit								
3rd floor of unit								
4th floor of unit								

4640 Don't know — Skip to item 121g

SKETCH (If enough information is available, draw sketch of sample unit below.)

OFFICE USE ONLY 4640 _____ Square feet

e. Describe style of construction (Ranch, Cape Cod, etc.) or characteristics of the sample unit that would help to determine total number of square feet.

Dimensions —
 Do not include a garage
 Include a garage for:
 One car
 Two cars
 Three or more cars

f. INSTRUCTION — GO TO ITEM 122, PAGE 31.

g. Check item (See item 23, page 3.)
 One unit building — detached } Ask item 121h
 Mobile home }
 All others — Go to item 122, page 31

h. Because housing size is so important, I would like to measure the length and width of this house from the outside. May I do that after I finish the interview?
4650 1 Yes
2 No

App. 39

Facsimile of the American Housing Survey Questionnaire: 1984—Continued

App-40

REGULAR OCCUPIED — Continued				
122. Check Item (See Control Card items 13 and 18.) <input type="checkbox"/> Household contains people age 14 + NOT related to reference person — Ask item 123a <input type="checkbox"/> All others — Go to Control Card item 9a				
Enter line number(s). 123a. Thank you very much for your cooperation. I have a few questions that I would like to ask . . . and . . . (Names of nonrelatives). Are they here now?				
4660	4660	4660	4660	4660
1 <input type="checkbox"/> Yes — Skip to item 123c	1 <input type="checkbox"/> Yes — Skip to item 123c	1 <input type="checkbox"/> Yes — Skip to item 123c	1 <input type="checkbox"/> Yes — Skip to item 123c	1 <input type="checkbox"/> Yes — Skip to item 123c
2 <input type="checkbox"/> No — Ask item 123b	2 <input type="checkbox"/> No — Ask item 123b	2 <input type="checkbox"/> No — Ask item 123b	2 <input type="checkbox"/> No — Ask item 123b	2 <input type="checkbox"/> No — Ask item 123b
b. As I mentioned earlier, we are concerned about housing costs compared to income. What is your estimate of . . . 's total income before deductions in the last 12 months?				
4680	4680	4680	4680	4680
\$ <input type="checkbox"/> None	\$ <input type="checkbox"/> None	\$ <input type="checkbox"/> None	\$ <input type="checkbox"/> None	\$ <input type="checkbox"/> None
(If unable to estimate, ask best time to reach nonrelative by telephone. Ask item 123c of nonrelatives who are here, and then skip to Control Card item 9a.)				
c. (Introduce yourself, give letter, then say:) I have been asking . . . a few questions about this building. One of the main housing problems today is the cost of housing compared to income. What was your income before deductions in the past 12 months?				
4680	4680	4680	4680	4680
\$ <input type="checkbox"/> None	\$ <input type="checkbox"/> None	\$ <input type="checkbox"/> None	\$ <input type="checkbox"/> None	\$ <input type="checkbox"/> None
Go to next nonrelative. If none, go to Control Card item 9a.				
Notes				

URE INTERVIEWS	
MARK OR ASK —	✓ 6 6 1 +
124. Are your living quarters in a — (Read answer categories.)	1120
1 <input type="checkbox"/> Mobile home?	} SKIP to item 126a
2 <input type="checkbox"/> One-unit building detached from any other building?	
3 <input type="checkbox"/> One-unit building attached to one or more buildings? — Skip to item 126a	
4 <input type="checkbox"/> Building with two or more apartments? — Skip to item 125b	
125a. Are there any occupied or vacant apartments besides your own in the (building/mobile home)?	1130
1 <input type="checkbox"/> Yes — Fill Table X on Control Card then go to item 125b	} SKIP to item 126c
2 <input type="checkbox"/> No — Skip to item 127 and mark box 1 or 4	
b. How many apartments are in the (building/mobile home)?	1140
_____ Number — Skip to item 127 and mark box 3 or 5	
126a. Does your (house/apartment) share an attic or basement with the (house/apartment) next door?	1150
1 <input type="checkbox"/> Yes	} SKIP to item 126c
2 <input type="checkbox"/> No	
3 <input type="checkbox"/> Don't know	
b. How many (houses/apartments) share the attic or basement?	1160
_____ Number — If one, reask item 126a and correct entry. If more than one, skip to item 127 and mark box 3.	
c. Does your (house/apartment) share a furnace or boiler with the (house/apartment) next door?	1170
1 <input type="checkbox"/> Yes	} SKIP to item 126c
2 <input type="checkbox"/> No	
3 <input type="checkbox"/> Don't know	
d. How many (houses/apartments) share the furnace or boiler?	1180
_____ Number — If one, reask item 126c and correct entry. If more than one, skip to item 127 and mark box 3.	
e. Are there any occupied or vacant apartments besides your own in the building?	1190
1 <input type="checkbox"/> Yes — Fill Table X on Control Card then go to item 126f	} SKIP to item 129a
2 <input type="checkbox"/> No — Skip to item 127 and mark box 2	
f. How many apartments are in the building?	1200
_____ Number — If one, reask item 126e and correct entry. If more than one, go to item 127 and mark box 3.	
127. Number of units in building based on entries in items 124—126.	1210
1 <input type="checkbox"/> One-unit building — detached	} Skip to item 129a
2 <input type="checkbox"/> One-unit building — attached	
3 <input type="checkbox"/> Two-or-more-unit building . . .	
4 <input type="checkbox"/> One-unit mobile home . . .	
5 <input type="checkbox"/> Two-or-more-unit mobile home	
128. Is the house built — (Read answer categories until a "Yes" reply is received.)	1220
1 <input type="checkbox"/> With a basement under all the building?	} SKIP to item 130a, page 33
2 <input type="checkbox"/> With a basement under part of the building?	
3 <input type="checkbox"/> With a crawl space?	
4 <input type="checkbox"/> On a concrete slab?	
5 <input type="checkbox"/> In some other way? — Specify _____	
129a. Is the (house/apartment) part of a cooperative or condominium?	1230
1 <input type="checkbox"/> Yes, cooperative	} SKIP to item 130a, page 33
2 <input type="checkbox"/> Yes, condominium	
3 <input type="checkbox"/> No	
b. Do you mean the building is owned by a corporation whose shareholders have a right to occupy or rent out an individual unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No — Reask item 129a and correct entry
Notes	

APPENDIX A—Continued

Facsimile of the American Housing Survey Questionnaire: 1984—Continued

APPENDIX A—Continued

URE INTERVIEWS — Continued	
130a. How many of each of the following rooms does the (house/apartment) have? <i>(For a one room efficiency or studio apartment, enter "1" for living room, enter the correct number of bathrooms, and mark "none" for all other rooms.)</i>	
(1) Bedrooms?	1240 _____ Number <input type="checkbox"/> None
(2) Full bathrooms? <i>(Hot and cold piped water AND sink AND flush toilet AND bathtub or shower)</i>	1250 _____ Number <input type="checkbox"/> None
(3) Half bathrooms? <i>(Toilet OR bathtub OR shower)</i>	1260 _____ Number <input type="checkbox"/> None
(4) Kitchens?	1270 _____ Number <input type="checkbox"/> None
(5) Living rooms?	1280 _____ Number <input type="checkbox"/> None
(6) Dining rooms?	1290 _____ Number → <i>Is it a separate room?</i> <input type="checkbox"/> None 1295 _____ <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>Correct entry for number of dining rooms</i>
b. Are there any other rooms? <i>(Exclude halls, loyers, pantries, garages, porches or areas that aren't separated by a built-in, floor-to-ceiling wall extending at least a few inches into room.)</i>	
	1300 _____ <input type="checkbox"/> Yes 2 <input type="checkbox"/> No → <i>Skip to item 131</i>
c. What are they?	
	1310 _____ Number of family rooms, dens, recreation rooms and/or libraries <input type="checkbox"/> None
	1320 _____ Number of rooms that are business space with direct access to outside <input type="checkbox"/> None
	1330 _____ Number of other rooms, finished or unfinished <input type="checkbox"/> None
131. Does the (house/apartment) have a sink with piped water? <i>(Include any sink that hasn't been counted in a bathroom above.)</i> <i>(Exclude sink used on a regular basis by someone living outside the unit.)</i>	
	1340 _____ <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
132. Check Item (See item 130a.) <input type="checkbox"/> One or more full bathrooms — <i>Skip to item 134a, page 34</i> <input type="checkbox"/> No full bathrooms — <i>Ask item 133a</i>	
133a. Does the (house/apartment) have a bathtub or shower for the occupants use only?	
	1350 _____ <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b. Does the (house/apartment) have a flush toilet for the occupants use only?	
	1380 _____ <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
Notes	

URE INTERVIEWS — Continued	
134a. Is all the wiring in the finished areas of the (house/apartment) concealed in walls or metal coverings? <i>(Exclude appliance cords, extension cords, chandelier cords, telephone or antenna wires.)</i>	
	1390 _____ <input type="checkbox"/> Yes, concealed 2 <input type="checkbox"/> No 3 <input type="checkbox"/> No electrical wiring — <i>Skip to item 135a</i>
b. Does every room have an electric outlet or wall plug that works?	
	1400 _____ <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
135a. Does the (house/apartment) have hot and cold piped water? <i>(Not used on a regular basis by someone outside the unit.)</i>	
	1470 _____ <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>Skip to item 136a</i>
b. What fuel is used MOST to heat the water?	
	1480 _____ <input type="checkbox"/> Electricity 2 <input type="checkbox"/> Gas 3 <input type="checkbox"/> Fuel oil 4 <input type="checkbox"/> Kerosene or other liquid fuel 5 <input type="checkbox"/> Coal or coke 6 <input type="checkbox"/> Wood 7 <input type="checkbox"/> Solar energy 8 <input type="checkbox"/> Other — <i>Specify</i> _____
136a. Does water for the (house/apartment) come from a public or private system, an individual well, or some other source? <i>(Mark first category that applies.)</i>	
	1510 _____ <input type="checkbox"/> Public or private water system — <i>Skip to item 137a</i> 2 <input type="checkbox"/> Individual well — <i>Ask item 136b</i> 3 <input type="checkbox"/> Spring 4 <input type="checkbox"/> Cistern 5 <input type="checkbox"/> Stream or lake 6 <input type="checkbox"/> Bottled water 7 <input type="checkbox"/> Other — <i>Specify</i> _____ <i>Skip to item 137a</i>
b. How many (houses/apartments) does the well serve?	
	1520 _____ <input type="checkbox"/> One 2 <input type="checkbox"/> 2 to 5 3 <input type="checkbox"/> 6 or more
c. Is the well drilled or dug?	
	1530 _____ <input type="checkbox"/> Drilled 2 <input type="checkbox"/> Dug
137a. Is the (house/apartment) connected to a public sewer?	
	1540 _____ <input type="checkbox"/> Yes — <i>Skip to item 138a, page 35</i> 2 <input type="checkbox"/> No
b. What means of sewage disposal does the (house/apartment) have?	
	1550 _____ <input type="checkbox"/> Septic tank or cesspool — <i>Ask item 137c</i> 2 <input type="checkbox"/> Chemical toilet 3 <input type="checkbox"/> Outhouse or privy 4 <input type="checkbox"/> Other — <i>Specify</i> _____ 5 <input type="checkbox"/> None <i>Skip to item 138a, page 35</i>
c. How many (houses/apartments) are connected to the (septic tank/cesspool)?	
	1560 _____ <input type="checkbox"/> One 2 <input type="checkbox"/> 2 to 5 3 <input type="checkbox"/> 6 or more
Notes	

App-41

Facsimile of the American Housing Survey Questionnaire: 1984—Continued

App-42

URE INTERVIEWS — Continued	
<p>138a. Does the (house/apartment) have a refrigerator? (Exclude ice boxes.) (Exclude refrigerator used on a regular basis by someone living outside the unit.)</p>	<p>1800 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 139a</p>
<p>b. Is it more than 5 years old? (Age of newest if two or more)</p>	<p>1800 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>139a. Does the (house/apartment) have a garbage disposal in the sink?</p>	<p>1810 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 140a</p>
<p>b. Is it more than 5 years old?</p>	<p>1820 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>140a. Does the (house/apartment) have a cookstove or range with an oven? (Include microwaves. Exclude toaster-ovens and portable burners.) (Exclude stove and oven used on a regular basis by someone living outside the unit.)</p>	<p>1830 1 <input type="checkbox"/> Yes — Skip to 140c 2 <input type="checkbox"/> No</p>
<p>b. Does the (house/apartment) have —</p>	
<p>(1) an oven? (Include microwaves. Exclude toaster-ovens.)</p>	<p>1840 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>(2) cooking burners? (Exclude portable burners.)</p>	<p>1850 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>c. (Is it/Are they) more than 5 years old? (Age of newest if two or more)</p>	<p>1860 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>d. What fuel is used MOST for cooking?</p>	<p>1870 1 <input type="checkbox"/> Electricity 2 <input type="checkbox"/> Gas 3 <input type="checkbox"/> Kerosene or other liquid fuel 4 <input type="checkbox"/> Coal or coke 5 <input type="checkbox"/> Wood 6 <input type="checkbox"/> Other 7 <input type="checkbox"/> No fuel used</p>
<p>141a. Does the (house/apartment) have a dishwasher?</p>	<p>1690 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 142a</p>
<p>b. Is it more than 5 years old?</p>	<p>1700 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>142a. Does the (house/apartment) have a clothes washer (----/in the apartment)?</p>	<p>1710 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 143a</p>
<p>b. Is it more than 5 years old?</p>	<p>1720 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>143a. Does the (house/apartment) have a clothes dryer (----/in the apartment)?</p>	<p>1730 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 144a</p>
<p>b. Is it more than 5 years old?</p>	<p>1740 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>c. What kind of fuel does the dryer use?</p>	<p>1750 1 <input type="checkbox"/> Electricity 2 <input type="checkbox"/> Gas 3 <input type="checkbox"/> Other</p>
<p>144a. Does the (house/apartment) have central air conditioning?</p>	<p>1760 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 144c</p>
<p>b. What kind of fuel does it use?</p>	<p>1770 1 <input type="checkbox"/> Electricity 2 <input type="checkbox"/> Gas 3 <input type="checkbox"/> Other</p>
<p>c. Does the (house/apartment) have room air conditioners?</p>	<p>1780 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 145a, page 36</p>
<p>d. How many?</p>	<p>1790 _____ Number</p>

URE INTERVIEWS — Continued	
<p>145a. What fuel is used MOST for heating the (house/apartment)?</p>	<p>1800 1 <input type="checkbox"/> Electricity 2 <input type="checkbox"/> Gas 3 <input type="checkbox"/> Fuel oil 4 <input type="checkbox"/> Kerosene or other liquid fuel 5 <input type="checkbox"/> Coal or coke 6 <input type="checkbox"/> Wood 7 <input type="checkbox"/> Solar energy 8 <input type="checkbox"/> Other — Specify _____ 9 <input type="checkbox"/> None — Skip to item 146</p>
<p>b. Besides (Fuel marked in item 145a), what other fuel is used for heating the (house/apartment)? (Mark all that apply.)</p>	<p>1810 1 <input type="checkbox"/> Electricity 2 <input type="checkbox"/> Gas 3 <input type="checkbox"/> Fuel oil 4 <input type="checkbox"/> Kerosene or other liquid fuel 5 <input type="checkbox"/> Coal or coke 6 <input type="checkbox"/> Wood 7 <input type="checkbox"/> Solar energy 8 <input type="checkbox"/> Other — Specify _____ 9 <input type="checkbox"/> None</p>
<p>146. Does the (house/apartment) have a usable fireplace?</p>	<p>1830 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>147. PLEASE LOOK AT THIS CARD. What type of heating equipment is used MOST to heat the (house/apartment)?</p>	<p>1840 1 <input type="checkbox"/> A central warm-air furnace (with air vents or ducts to the individual rooms) 2 <input type="checkbox"/> Steam or hot-water system (radiators or other system using steam or hot water) 3 <input type="checkbox"/> Electric heat pump 4 <input type="checkbox"/> Other built-in electric units (permanently installed in wall, ceiling, or baseboards) 5 <input type="checkbox"/> Floor, wall, or other built-in hot-air heater without ducts <input type="checkbox"/> Room heaters — (Is it /Are they) — 6 <input type="checkbox"/> Kerosene, gas, or oil heaters VENTED to the outside through a chimney, flue, or pipes? 7 <input type="checkbox"/> UNVENTED gas, oil, or kerosene heaters? 8 <input type="checkbox"/> Portable electric heaters? 9 <input type="checkbox"/> Stove(s) 10 <input type="checkbox"/> Fireplaces) WITH inserts (installed equipment designed to circulate more heat into the room) 11 <input type="checkbox"/> Fireplaces) with NO inserts 12 <input type="checkbox"/> Other — Specify _____ 13 <input type="checkbox"/> None — Skip to item 149a, page 37</p>
<p>148a. What other kinds of heating equipment does the (house/apartment) have?</p>	<p>1850 1 <input type="checkbox"/> A central warm-air furnace (with air vents or ducts to the individual rooms) 2 <input type="checkbox"/> Steam or hot-water system (radiators or other system using steam or hot water) 3 <input type="checkbox"/> Electric heat pump 4 <input type="checkbox"/> Other built-in electric units (permanently installed in wall, ceiling, or baseboards) 5 <input type="checkbox"/> Floor, wall, or other built-in hot-air heater without ducts <input type="checkbox"/> Room heaters — (Is it /Are they) — 6 <input type="checkbox"/> Kerosene, gas, or oil heaters, VENTED to the outside through a chimney, flue, or pipes? 7 <input type="checkbox"/> UNVENTED gas, oil, or kerosene heaters? 8 <input type="checkbox"/> Portable electric heaters? 9 <input type="checkbox"/> Stove(s) 10 <input type="checkbox"/> Fireplaces) WITH inserts (installed equipment designed to circulate more heat into the room) 11 <input type="checkbox"/> Fireplaces) with NO inserts 12 <input type="checkbox"/> Other — Specify _____ 13 <input type="checkbox"/> None</p>
<p>b. Anything else? (Mark all that apply.)</p>	

APPENDIX A—Continued

Facsimile of the American Housing Survey Questionnaire: 1984 - Continued

URE INTERVIEWS - Continued

149a. Does the (house/apartment) have a porch, deck, balcony, or patio measuring at least 4 feet by 4 feet? 1930 1 Yes
2 No
(Exclude if already counted as a room)

b. Does the (house/apartment) have open cracks or holes in the inside walls or ceilings? 1940 1 Yes
2 No
(Cracks thicker than a dime)

c. Does the (house/apartment) have holes in the floors? 1950 1 Yes
2 No
(Big enough for someone to trip in)

d. Does the (house/apartment) have any area of peeling paint or broken plaster bigger than 8 inches by 11 inches? 1960 1 Yes
2 No
(The size of a weekly news magazine or standard letter)

150a. Is the (house/apartment) INTENDED for year round use, for occupancy only on a seasonal basis, or for use by migrant workers? 2460 7 Year round (occupied temporarily at time of interview)
8 Seasonal - Summers only
9 Seasonal - Winters only
10 Other seasonal - Specify _____
11 Migratory

b. How many months has it been since the (house/apartment) was occupied as a permanent home? 2470 _____ Months (if 1-24 months)
00 Less than 1 month
25 Over 2 years
26 Never occupied as a permanent home
27 Don't know

c. Does the construction and heating of the (house/apartment) make it suitable for year-round use? 2480 1 Yes
2 No

151. Check Item (See Control Card item 8a.)
 Owned - Skip to item 154
 Rented - Ask item 152a
 No cash rent - Skip to item 153a

152a. How often is the rent on the (house/apartment) due? 2500 _____ Times per year
12 Monthly

b. How much is the rent? (----/Include mobile home site rent, if any.) 2510 \$ _____ 00
(If parking billed separately, exclude it.)

153a. Is a garage or carport included (in the rent/with the home)? 2520 1 Yes - Skip to item 154
2 No

b. Is an offstreet parking space included? 2530 1 Yes
2 No

154. Check Item (See item 127, page 32.)
 Not a mobile home - Ask item 155
 Mobile home - Skip to item 156, page 38

155. About when was the building originally built? 2910 1980 or later
Month Year

2910 1 1979
2 75-78
3 70-74
4 60-69
5 50-59
6 40-49
7 30-39
8 20-29
9 1919 or earlier
} Skip to item 158, page 38

Notes

URE INTERVIEWS - Continued

156. Excluding the dealer's lot, is this the first site on which this mobile home was placed? 2900 1 Yes, first site
2 No, moved from another site
3 Don't know

157. What is the model year for the mobile home? 2910 1980 or later → Yes
2910 1 1979
2 75-78
3 70-74
4 60-69
5 50-59
6 40-49
7 1939 or earlier

158. Check Item
(See item 127, page 32)
 Two-or-more-unit building or two-or-more-unit mobile home - Skip to item 160
 All others - Ask item 159a

159a. How large is the (lot/site)? 2980 _____ Square feet
(Include all connecting land that is owned or rented with the home.)
OR
If over one acre, drop any fractions, don't round up. 2990 _____ feet by
If under one acre, convert to approximate square feet.
One-eighth acre = 5500 sq. ft. 3000 _____ feet
Quarter acre = 11000 sq. ft. OR
One-third acre = 14000 sq. ft.
Half acre = 22000 sq. ft. 3010 _____ Whole acres
Three-quarters acre = 33000 sq. ft.
One acre = 44000 sq. ft.
0 Don't know - Ask item 159b

MARK OR ASK - 3020 1 Yes
2 No

b. Is it more than 10 acres?

160. Check Item (See Control Card item 8b)
 Owned - Ask item 161a
 Rented - Skip to item 171a, page 40
 Occupied without payment of cash rent - Skip to item 171a, page 40

161a. Is there a commercial establishment on the property? 3030 1 Yes
2 No

b. Is there a medical or dental office on the property? 3040 1 Yes
2 No

162a. Is the ownership of the (house/apartment) time-shared? 3070 1 Yes - Skip to item 163a
2 No

b. How much do you think the (house/apartment) would sell for on today's market? 3100 \$ _____ 00
(Include all connecting land; if multiunit building, estimate share of value applicable to sample unit.)

163a. Is a garage or carport included with the (house/apartment)? 2520 1 Yes - Skip to item 164
2 No

b. Is an offstreet parking space included? 2530 1 Yes
2 No

164. Check Item
a. (See item 127, page 32.)
 Not a mobile home - Go to item 164b
 Mobile home - Skip to item 166a, page 39

b. (See item 129a, page 32.)
 Condominium or cooperative - Ask item 165a, page 39
 All others - Skip to item 167, page 39

Facsimile of the American Housing Survey Questionnaire: 1984—Continued

URE INTERVIEWS — Continued

165a. What were the real estate taxes last year for the (condominium/cooperative) unit? (Include all connecting land. If multiunit building, estimate share for sample unit. Include school taxes, special assessments, and any other real estate taxes.) (Exclude taxes past due from other years.)

b. (Is the owner/Are you) required to pay a (condominium/cooperative) association fee?

c. How many times a year is the fee due?

d. What is the average cost each... (Billing period)?

166a. On the mobile home (---land it's on) last year, what was the total cost of — property and real estate taxes, registration fees, and license fees? (Include all connecting owned land. Include school taxes, special assessments, and any other real estate taxes.) (Exclude taxes past due from other years.)

b. OBSERVE OR ASK — Is the mobile home in a group of five or more?

c. (Is the owner/Are you) required to pay a mobile home park fee?

d. How many times a year is the fee due?

e. What is the average cost each... (Billing period)?

167. What were the real estate taxes last year for the (house/apartment) and its land? (Include all connecting owned land. If multiunit building, estimate share for sample unit. Include school taxes, special assessments, and any other real estate taxes.) (Exclude taxes past due from other years.)

168. Check item (See item 159b, page 36.)

169a. (Is the owner/Are you) required to pay a homeowner's association fee?

b. How many times a year is the fee due?

c. What is the average cost each... (Billing period)?

170a. In some parts of the country, people own their homes but rent the land. (Does the owner of the unit/Do you) pay rent for the land?

b. How many times a year is the land rent due?

c. What does it cost each time?

URE INTERVIEWS — Continued

171a. How I have some questions about utility bills you may wish. (If "All electric home," mark "not used" in items 171b and d without asking)

b. In the past 12 months what was the average monthly cost for electricity?

c. Is it from underground pipes or bottled gas?

d. In the past 12 months what was the total cost for fuel oil?

e. In the past 12 months what was the total cost for wood, coal, kerosene, or any other fuels?

f. In the past 12 months what was the total cost for garbage and trash collection?

g. In the past 12 months what was the total cost for water supply and sewage disposal?

172. Check item

173a. Does either the owner or a resident manager live in the (building/complex)? (Exclude staff who do only maintenance.)

b. What is the owner's name and address?

c. What is the telephone number?

URE INTERVIEWS - Continued

1748. Housing size is important for analysis of other information from this survey. How many square feet are there in the (house/apartment)? Include basements and finished attics.
 (Exclude unfinished attics, carports, attached garages and porches that are not protected from the elements.)

~ 6 6 1 +
 4600 _____ Square feet - Go to Control Card item 9a
 Don't know - Ask item 174b

b. How many (stories/floors) are there in the (house/apartment)? Include basements and finished attics.

4610 _____ Number

c. MARK OR ASK - Is the (house/apartment) a split level?

4620 1 Yes
 2 No

d. What is the length and width of each floor of the (house/apartment)?
 (Exclude unfinished attics, carports, attached garages and porches that are not protected from the elements.)

	Rectangles or squares							
	First (a)		Second (b)		Third (c)		Fourth (d)	
	Length	Width	Length	Width	Length	Width	Length	Width
Ground/basement								
1st floor of unit								
2nd floor of unit								
3rd floor of unit								
4th floor of unit								

4640 Don't know - Skip to item 174g

SKETCH (If enough information is available, draw sketch of sample unit below.)

OFFICE USE ONLY 4640 _____ Square feet

e. Describe style of construction (Ranch, Cape Cod, etc.) or characteristics of the sample unit that would help to determine total number of square feet.

Dimensions -
 Do not include a garage
 Include a garage for:
 One car
 Two cars
 Three or more cars

f. GO TO CONTROL CARD ITEM 9a.

g. Check item (See item 127, page 32.)
 One unit building - detached } Ask item 174h
 Mobile home
 All others - Go to Control Card item 9a

h. Because housing size is so important, I would like to measure the length and width of this house from the outside. May I do that after I finish the interview?

4650 1 Yes } Go to Control Card item 9a
 2 No

INTERVIEWER OBSERVATION

175a. How many stories are in the building, including the basement?
 (If split level, count greatest number of stories on top of each other.)

~ 6 0 9 +
 4780 _____ Stories in building
 OR
 21 21 or more

b. What is the condition of the light fixtures in the public halls?

4790 1 No public halls
 2 All in working order
 3 Some in working order
 4 None in working order
 5 No light fixtures
 6 Fixtures turned off, unable to determine if working, not obviously broken

c. How many stories are there from main entrance of building to main entrance of sample unit?

4800 _____ Stories up or down to home
 0 Same floor

d. Is there a passenger elevator on this floor?

4810 1 No elevator
 2 At least one working
 3 All elevators not working

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

4820 1 No common stairways - Skip to item 175g
 2 Yes
 3 No

f. Are all railings on the common stairways firmly attached?

4830 1 No stair railings
 2 Yes
 3 No

g. What is the external condition of the building that contains the sample unit, as visible from front of building or roadway?
 (For categories 1 - 11, mark all that apply.)

4840 1 Sagging roof
 2 Missing roofing material
 3 Hole in roof
 4 Could not see roof } Roof

5 Missing bricks, siding, or other outside wall material
 6 Sloping outside walls } Walls

4850 7 Boarded up window(s)
 8 Broken window(s)
 9 Bars on window(s) } Windows

4860 10 Foundation crumbling or has open crack or hole
 11 Could not see foundation } Foundation

4870 12 None of the above
 13 Could not observe any external conditions

h. How many mobile homes are in the group?
 (Including sample mobile home)

4880 _____ Exact number
 OR
 21 21 or more
 0 Sample unit not a mobile home

Notes

Facsimile of the American Housing Survey Questionnaire: 1984—Continued

App-46

INTERVIEWER OBSERVATION — Continued	
The items on this page concerns the area within 300 feet of the building in which sample unit is located:	
<p>176a. Which of these are within 300 feet of building containing the sample unit? (Exclude this building.) (Mark all that apply.)</p>	<p>4890 1 <input type="checkbox"/> Single-family, detached houses(s) 2 <input type="checkbox"/> Single-family, attached houses(s) or low-rise (1—3 story) multiunit buildings(s) 3 <input type="checkbox"/> Mid-rise (4—6 story) multiunit building(s) 4 <input type="checkbox"/> High-rise (7+ story) multiunit building(s) 5 <input type="checkbox"/> Mobile homes(s) (exclude campers) 6 <input type="checkbox"/> Commercial, institutional, industrial building(s) 4900 7 <input type="checkbox"/> Residential parking lot(s) 8 <input type="checkbox"/> Body of water 9 <input type="checkbox"/> Open space, park, farm, or ranch 4910 10 <input type="checkbox"/> Other — Specify <u>7</u> 11 <input type="checkbox"/> Could not observe</p>
<p>b. What is the predominant age of residential buildings within 300 feet? (Exclude this building.)</p>	<p>4920 1 <input type="checkbox"/> Older than sample unit 2 <input type="checkbox"/> About the same 3 <input type="checkbox"/> Newer than sample unit 4 <input type="checkbox"/> Very mixed 5 <input type="checkbox"/> No other residential buildings</p>
<p>c. Are any buildings vandalized, or interior exposed to the elements? (Exclude this building.)</p>	<p>4930 1 <input type="checkbox"/> Yes, only one vandalized or exposed 2 <input type="checkbox"/> Yes, more than one 3 <input type="checkbox"/> None vandalized or exposed 4 <input type="checkbox"/> No other buildings within 300 feet — Skip to item 176e</p>
<p>d. Are there bars on windows of buildings in area? (Exclude this building.)</p>	<p>4940 1 <input type="checkbox"/> Yes, only one building with bars 2 <input type="checkbox"/> Yes, more than one 3 <input type="checkbox"/> No bars on windows</p>
<p>e. What is the condition of streets?</p>	<p>4950 1 <input type="checkbox"/> Major repairs needed 2 <input type="checkbox"/> Minor repairs needed 3 <input type="checkbox"/> No repairs needed 4 <input type="checkbox"/> No streets within 300 feet</p>
<p>f. Is there trash, litter, or junk in streets, roads, empty lots, or on any properties? (Include this building.)</p>	<p>4960 1 <input type="checkbox"/> Major accumulation 2 <input type="checkbox"/> Minor accumulation 3 <input type="checkbox"/> None</p>
Notes	

UNIT MEASUREMENT																																																																												
<p>177. Check Item — Regular Occupied (See item 121h, page 30), URE Occupied (See item 174h, page 41) <input type="checkbox"/> "Yes" marked — Go to item 178 — If callback required, mark item 10, page 1 <input type="checkbox"/> "No" marked or blank — Fill observation items on pages 42 and 43</p>																																																																												
<p>178. Obtain the measurements (length and width) of each story of the unit. Draw sketch (showing dimensions) in area below. Include basements and finished attics. Exclude unfinished attics, carports, attached garages, and porches that are not protected from the elements.</p>																																																																												
<p>B. SKETCH</p>	<p>OFFICE USE ONLY 4970 _____ Square feet</p>																																																																											
<p>b. ENTER DIMENSIONS HERE.</p> <table border="1"> <thead> <tr> <th rowspan="3"></th> <th colspan="8">Rectangles or squares</th> </tr> <tr> <th colspan="2">First (a)</th> <th colspan="2">Second (b)</th> <th colspan="2">Third (c)</th> <th colspan="2">Fourth (d)</th> </tr> <tr> <th>Length</th> <th>Width</th> <th>Length</th> <th>Width</th> <th>Length</th> <th>Width</th> <th>Length</th> <th>Width</th> </tr> </thead> <tbody> <tr> <td>Ground/ basement</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>1st floor</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>2nd floor</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>3rd floor</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>4th floor</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </tbody> </table>			Rectangles or squares								First (a)		Second (b)		Third (c)		Fourth (d)		Length	Width	Length	Width	Length	Width	Length	Width	Ground/ basement										1st floor										2nd floor										3rd floor										4th floor									
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<p>d. FILL OBSERVATION ITEMS ON PAGES 42 AND 43.</p>																																																																												

APPENDIX A—Continued

Facsimile of the American Housing Survey Control Card: 1984

PSU		Segment	Serial	Sample	Panel or Check digit	2a SEGMENT		2b EXTRA UNIT		INTRODUCTION		FORM AHS-61		U.S. DEPARTMENT OF COMMERCE													
						<input type="checkbox"/> Unit <input type="checkbox"/> Area <input type="checkbox"/> Permit <input type="checkbox"/> Special Place		Original unit serial number		OCCUPIED HOUSEHOLD: Hello. I am ... from the United States Bureau of the Census. Here is my identification card. We are taking a survey of housing in the United States. I have some questions I would like to ask you. Did you receive our letter? If prior year interview, ask: Is this the (Last name of reference person) household?		OMB No. 2528-0016		BUREAU OF THE CENSUS													
3a ADDRESS (Sheet _____, Line _____)						Sheet _____		Line _____		VACANT INTERVIEW: Hello. I am ... from the United States Bureau of the Census. Here is my identification card. We are taking a survey of housing in the United States. I have some questions about (Read address). Here is a letter which provides some information about the survey.		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.															
PLACE _____ STATE _____ ZIP CODE _____						AREA SEGMENTS ONLY 4a Year built <input type="checkbox"/> Ask first visit <input type="checkbox"/> Do NOT ask Was the structure built before April 1, 1980, or after? <input type="checkbox"/> Before 4-1-80 — Continue interview <input type="checkbox"/> After 4-1-80 — End interview		4b Coverage questions <input type="checkbox"/> Ask items marked <input type="checkbox"/> Do NOT ask		4c Are there any occupied or vacant apartments besides (your own/that one) on the same floor? Yes — Fill Table X No _____ 4c Is there any other building on the property for people to live in — either occupied or vacant? Yes — Fill Table X No _____		LAND USE — Follow instructions for box that is marked 5a <input type="checkbox"/> URBAN — Go to item 8 <input type="checkbox"/> RURAL Reg. units and SP, PL, units coded 85-88 in item 3e Go to item 5b SP, PL units not coded 85-88 in item 3e — Mark "No" in item 5b without asking them to go to item 8 5b During the past 12 months did sales of major household, and other farm products from this place amount to \$1,000 or more? Yes _____ No _____															
3b (Ask every survey.) What is the exact address? (Make corrections to address above.)						3c OFFICE USE ONLY		3d Special place name		3e Type code		3f Sample number															
6 STATUS OF CONTROL NUMBER						1 2 3 4 5 6		CLASSIFICATION OF LIVING QUARTERS		7a CHECK ITEM		7b ACCESS — Mark or ask:		7c Mark or ask: Is (Address in item 3a) a house, an apartment, a mobile home, or some other type of residence?		8a CHECK ITEM		8b TENURE		8c SKIP TO ITEM 11.							
Control number in sample last enumeration period						1 1 1 1 1 1		Unit NOT in a special place Unit in a special place — Refer to Table A in part C of manual. Skip to item 7c and mark the appropriate box.		1 2 3 4 5 1 1 1 1 1 2 2 2 2 2		Does (Address in item 3a) have direct access either from the outside or through a common hall? Yes, direct No, through another unit — Not a separate unit; combine with unit through which access is gained. Apply merged unit procedures if appropriate.		1 2 3 4 5 1 1 1 1 1 2 2 2 2 2		HOUSING UNIT House, apartment, flat Mobile home with NO permanent room added Mobile home WITH one or more permanent rooms added HU in nontransient hotel, motel, etc. HU, permanent in transient hotel, motel HU in rooming house Boat or recreational vehicle Tent, cave, or railroad car HU not specified above — Specify _____		1 2 3 4 5 1 1 1 1 1 2 2 2 2 2 3 3 3 3 3 4 4 4 4 4 5 5 5 5 5 6 6 6 6 6 7 7 7 7 7 8 8 8 8 8 9 9 9 9 9		Occupied — Go to item 8b Not occupied — Go to AHS-63		Is this (house/apartment) — Owned or being bought by someone in your household? Rented for cash? Occupied without payment of cash rent?		1 2 3 4 5 1 1 1 1 1 2 2 2 2 2 3 3 3 3 3		SKIP TO ITEM 11. (If Type A, go to AHS-61.)	
9 Survey year		Date completed		Interviewer code		9c Interview status		Line number of respondent		OFFICE USE ONLY		I may have to clarify something with you after checking my work. Is there a telephone on which you can be reached?		What is the number?		What is the best time to reach you?		REG./URE INTERVIEW		VACANT INTERVIEW		NOTES					
Month Day Year		9b		9b		9c		9d		9e, 9f		9g		9h		9i		IF APPLICABLE, DO UNIT MEASUREMENT		Fill item 29 on page 4. Fill observation items							
						Reg. Occ. URE Occ. VAC Non-interview (Enter code)						Area code Number Mark (X) if unlisted/ref.		Time				FILL OBSERVATION ITEMS		* For Vacant Interviews, use the following codes.							
1						1 2 3 4						1 2 3 4		1 2 3 4		a.m. p.m.		FILL OBSERVATION ITEMS		80 — Owner							
2						1 2 3 4						1 2 3 4		1 2 3 4		a.m. p.m.		TYPE A NONINTERVIEW		81 — Landlord/Landlady							
3						1 2 3 4						1 2 3 4		1 2 3 4		a.m. p.m.		FILL OBSERVATION ITEMS		82 — Rental/Real Estate Agent							
4						1 2 3 4						1 2 3 4		1 2 3 4		a.m. p.m.				83 — Neighbor							
5						1 2 3 4						1 2 3 4		1 2 3 4		a.m. p.m.				84 — Observation							
																				85 — Other							

Facsimile of the American Housing Survey Control Card: 1984—Continued

PGM 3		UPDATE EVERY SURVEY										UPDATE EVERY SURVEY FOR PERSONS 14 YEARS OF AGE OR OLDER																		
10	11	13		14		15	16		17		18		19		20		21		22		23		24		25		26		27	
Line number	HOUSEHOLD ROSTER SUBSEQUENT INTERVIEW OF HOUSEHOLD — Skip to item 12b below. FIRST INTERVIEW OF HOUSEHOLD — Ask item 11. What are the names of all persons living or staying here? Start with the name of the person or one of the persons who (owns/rents) this home. Enter names below — last name first, then ask item 12a below.	RELATIONSHIP TO REFERENCE PERSON If necessary, ask: What is ...'s relationship to (Reference person)? Examples: Reference person, husband, wife, son, daughter-in-law, partner, lodger, lodger's wife, etc. (Enter Code)		HOUSEHOLD MEMBER Does ... usually live here? If "No," probe for URE. If "No," STOP questions on this person. If "No," for all persons, go to AHS-62.		GO TO ITEM 15	OWNER/RENTER In whose name is this home (owned/rented)? Mark (X) all lines that apply.		BIRTH DATE/AGE a. What is ...'s date of birth? Enter two digit month, day, and year. Examples: 01-20-63 12-01-24 Verify age using flashcard. b. ... is now (Read age) years old. Is that correct?		SEX Ask if necessary. Is ... male or female? Circle 1 for Male and 2 for Female.		RACE What is the race of each person in this household? If needed, show flashcard. 1 White 2 Black 3 American Indian, Aleutian, Eskimo 4 Asian or Pacific Islander 5 Other — Specify (Enter code)		ORIGIN Is anyone living here Hispanic or Spanish American? If "Yes," ask who and mark "Yes." Mark "No" for all others.		MARITAL STATUS Is ... now — 1 Married? 2 Widowed? 3 Divorced? 4 Separated? OR has ... 5 Never been married? (Enter code)		Enter Line Number of Spouse Listed		EDUCATION What is the highest grade or year of regular school ... has ever completed? 00 Never attended or kindergarten only 01-12 1st grade through 12th grade 21-24 1st-4th year of college 25 1 year of graduate school 26 2 or more years of graduate school (Enter code)		MOBILITY When did ... move to this (home/site)? if mother lived here when person was born, enter "XX." What month was that?		Ask only for those who moved in after 1979		CHANGES IN HOUSEHOLD COMPOSITION Continue in notes if necessary. Enter status and date discovered, for example: Added 8/85 Left 8/85 Returned 8/85 Deceased 8/85			
		Survey year		Yes	No	(Enter two digits)	Survey year	Birthday (a)		Age (b)		Male	Female	Survey year		(Enter two digits)	Survey year		(Enter two digits)	Survey year		(Enter two digits)	Line No.							
01					1 2							1 M	2 F										19						01	
02					1 2							1 M	2 F										19						02	
03					1 2							1 M	2 F										19						03	
04					1 2							1 M	2 F										19						04	
05					1 2							1 M	2 F										19						05	
06					1 2							1 M	2 F										19						06	
07					1 2							1 M	2 F										19						07	
08					1 2							1 M	2 F										19						08	
09					1 2							1 M	2 F										19						09	
10					1 2							1 M	2 F										19						10	
11					1 2							1 M	2 F										19						11	
12					1 2							1 M	2 F										19						12	
13					1 2							1 M	2 F										19						13	
14					1 2							1 M	2 F										19						14	
15					1 2							1 M	2 F										19						15	

HOUSEHOLD ROSTER COVERAGE										NOTES														
12a FIRST INTERVIEW OF HOUSEHOLD					12b SUBSEQUENT INTERVIEWS OF HOUSEHOLD					12c Who no longer lives here?					12d					15a				
I have listed ... (Read names from item 11). Have I missed —					I have listed ... (Read names from item 11). Are all of these persons still living or staying here?					For each person who has left the household, line through line number in item 10; fill item 27; then ask item 12d.					Is anyone else living or staying here, including —					Unit is:				
— any babies or small children?					— anyone who usually lives here but is away now — traveling, at school, or in the hospital?					— any lodgers, boarders, or persons who employ who live here?					— anyone else staying here?					NOT in a special place — GO to item 15b				
Y N Y N Y N Y N					Y Y Y Y Y N N N N N					Y Y Y Y Y N N N N N					Y N Y Y Y N N N N N					In a special place — GO to item 16				
Y Y Y Y Y N N N N N					Y Y Y Y Y N N N N N					Y Y Y Y Y N N N N N					Y N Y Y Y N N N N N					Ask if not apparent.				
Y Y Y Y Y N N N N N					Y Y Y Y Y N N N N N					Y Y Y Y Y N N N N N					Y N Y Y Y N N N N N					Do all the persons in this household live or eat together?				
Y Y Y Y Y N N N N N					Y Y Y Y Y N N N N N					Y Y Y Y Y N N N N N					Y N Y Y Y N N N N N					Yes				
Y Y Y Y Y N N N N N					Y Y Y Y Y N N N N N					Y Y Y Y Y N N N N N					Y N Y Y Y N N N N N					No — Fill Table X for the person or group of persons that does not live or eat with the reference person. Then continue with item 15c.				
Y Y Y Y Y N N N N N					Y Y Y Y Y N N N N N					Y Y Y Y Y N N N N N					Y N Y Y Y N N N N N					Ask if not apparent.				
Y Y Y Y Y N N N N N					Y Y Y Y Y N N N N N					Y Y Y Y Y N N N N N					Y N Y Y Y N N N N N					Does any other household on the property live or eat with this household?				
Y Y Y Y Y N N N N N					Y Y Y Y Y N N N N N					Y Y Y Y Y N N N N N					Y N Y Y Y N N N N N					Yes — Redefine this unit to include space occupied by all persons who live or eat together (apply merged unit procedures if appropriate). Then GO to item 15 ...				
Y Y Y Y Y N N N N N					Y Y Y Y Y N N N N N					Y Y Y Y Y N N N N N					Y N Y Y Y N N N N N					No — GO to item 16				

Facsimile of the American Housing Survey Control Card: 1984—Continued

28 OWNER/AGENT TRANSCRIPTION — If the sample unit is not owner occupied, transcribe the name, address, and telephone number of the owner/agent from the questionnaire.				29 For Vacant Interviews, enter respondent information below.			
Survey year	Name	Address (Number, street, city, state, ZIP code)	Telephone		Survey year	Name	Address (Number, street, city, state, ZIP code)
			Area code	Number			
1					1		
2					2		
3					3		
4					4		
5					5		

NOTES

TABLE X — LIVING QUARTERS DETERMINATION AT LISTED ADDRESS

ADDRESS OF ADDITIONAL LIVING QUARTERS <i>If already listed, enter sheet and line number below and stop Table X. Otherwise, enter basic address and unit address, if any, OR description or location.</i>	LOCATION OF UNIT <i>Is this unit in a special place?</i>	SEPARATENESS AND ACCESS		CLASSIFICATION N — Not a separate unit (include on this control card) — — — — — HU } Separate unit. (Do not include on this control card.) Go to the appropriate segment type column for interviewing instructions. OT }	UNIT SEGMENTS <i>Is this unit within the specific address (basic plus unit if any, or within the same space) of the original sample unit?</i>	AREA SEGMENTS <i>Is this unit within the segment boundaries?</i>	SPECIAL PLACE SEGMENTS <i>Is this unit within the specific address (basic plus unit, if any) of the original sample unit?</i>	PERMIT SEGMENTS <i>Is this unit — • within the specific address (basic plus unit, if any) of the original sample unit AND • within the same structure as the original sample unit?</i>		
		<i>Do the occupants or intended occupants of (Address in column 1) live and eat separately from all other persons on the property?</i>	<i>Does (Address in column 1) have direct access either from the outside or through a common hall?</i>						(1)	(2)
Sheet _____, Line _____	<input type="checkbox"/> Yes — SKIP to column 5 and mark according to Table A in Part C of manual <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No — Mark "N" box in column 5	<input type="checkbox"/> Yes — Mark "HU" box in column 5 <input type="checkbox"/> No — Mark "N" box in column 5	<input type="checkbox"/> N — STOP Table X — Continue interview with original unit <input type="checkbox"/> HU } Fill column 6, 7, 8, or 9 as appropriate <input type="checkbox"/> OT	<input type="checkbox"/> Yes — Interview as an EXTRA unit <input type="checkbox"/> No — Do not interview	<input type="checkbox"/> Yes — Interview as an EXTRA unit <input type="checkbox"/> No — Do not interview	<input type="checkbox"/> Yes — Interview as an EXTRA unit <input type="checkbox"/> No — Do not interview	<input type="checkbox"/> Yes — Interview as an EXTRA unit <input type="checkbox"/> No — Do not interview		
Sheet _____, Line _____	<input type="checkbox"/> Yes — SKIP to column 5 and mark according to Table A in Part C of manual <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No — Mark "N" box in column 5	<input type="checkbox"/> Yes — Mark "HU" box in column 5 <input type="checkbox"/> No — Mark "N" box in column 5	<input type="checkbox"/> N — STOP Table X — Continue interview with original unit <input type="checkbox"/> HU } Fill column 6, 7, 8, or 9 as appropriate <input type="checkbox"/> OT	<input type="checkbox"/> Yes — Interview as an EXTRA unit <input type="checkbox"/> No — Do not interview	<input type="checkbox"/> Yes — Interview as an EXTRA unit <input type="checkbox"/> No — Do not interview	<input type="checkbox"/> Yes — Interview as an EXTRA unit <input type="checkbox"/> No — Do not interview			

