

Facsimile of the American Housing Survey Questionnaire: 1989

OMB No. 2528-0016: Approval Expires 3/31/90

<p>FORM AHS-62 (2-11-89)</p> <p>U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS ACTING AS COLLECTING AGENT FOR DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT</p> <p>AMERICAN HOUSING SURVEY METROPOLITAN SAMPLE 1989 OCCUPIED HOUSING UNITS</p>		<p>NOTICE - All information which would permit identification of the individual will be held in strict confidence by law under U.S. Code, title 13, section 9a. It may be seen only by sworn Census employees and may be used only for statistical purposes.</p>	
<p>1. Control number</p> <p>- 4 10 +</p> <p>PSU Segment Serial Sample Panel</p> <p style="text-align: right;">F</p>		<p>10-13. WASHINGTON USE ONLY</p> <p>148. Field Representative: Is there any information for this sample unit which should be reviewed by the office prior to data keying?</p> <p>0135 1 <input type="checkbox"/> Review not required 2 <input type="checkbox"/> Review required</p> <p>Notes</p>	
<p>2a. Date of first visit</p> <p>0010 Month Day Year</p>		<p>b. OFFICE USE ONLY</p> <p>0139 2 <input type="checkbox"/> Review completed</p>	
<p>b. Field Representative name</p>		<p>15. OFFICE USE ONLY</p> <p>8. EDIT FOLLOWUP REQUIRED → <input type="checkbox"/></p> <p>0136 Page <input type="text"/> <input type="text"/> Item <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>0137 Page <input type="text"/> <input type="text"/> Item <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>0138 Page <input type="text"/> <input type="text"/> Item <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	
<p>c. Interview method</p> <p>0015 1 <input type="checkbox"/> Personal visit 2 <input type="checkbox"/> Telephone</p>		<p>b. SOURCE OF RESOLUTION</p> <p>0140 1 <input type="checkbox"/> Respondent 2 <input type="checkbox"/> Field Representative 3 <input type="checkbox"/> Regional Office staff 4 <input type="checkbox"/> Washington 5 <input type="checkbox"/> Other - Specify _____</p>	
<p>3. Check Item (See Control Card item 6.)</p> <p><input type="checkbox"/> Control number in sample last enumeration period - Fill item 4 <input type="checkbox"/> Control number in sample for first time this enumeration period - Skip to item 6</p>		<p>c. OFFICE USE ONLY</p> <p>0141 <input type="text"/> <input type="text"/> Editor's code</p> <p>0142 <input type="text"/> <input type="text"/></p>	
<p>4. (See Control Card items 11 and 14.) Are any household members the same this time as last enumeration period?</p> <p><input type="checkbox"/> URE household</p> <p>0020 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p>		<p>16. In what language was the interview conducted?</p> <p>0143 1 <input type="checkbox"/> English 2 <input type="checkbox"/> Spanish 3 <input type="checkbox"/> Other - Specify _____</p>	
<p>5. Is this the same (house/apartment/mobile home) that was at this address last enumeration period? Mark if house/apartment. Ask if mobile home.</p> <p>0030 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, for example, replacement mobile home, wrong unit interviewed last time, etc.</p>		<p>17. Address correction/address addition</p> <p>- 5 10 +</p> <p>First address line</p> <p>Second address line</p> <p>Place or city State ZIP Code</p>	
<p>6. Type of interview</p> <p>0040 1 <input type="checkbox"/> Regular occupied - (One or more "1's" in Control Card item 14) - Go to item 20, page 3 2 <input type="checkbox"/> URE occupied - (All "2's" in Control Card item 14) - Go to item 124, page 30 4 <input type="checkbox"/> Type A noninterview</p>		<p>18-19. WASHINGTON USE ONLY</p>	
<p>7. Type A noninterview reason</p> <p>0050 01 <input type="checkbox"/> No one home 02 <input type="checkbox"/> Temporarily absent 03 <input type="checkbox"/> Refused 04 <input type="checkbox"/> Unable to locate 05 <input type="checkbox"/> Other occupied - Specify _____</p>			
<p>8. Occupancy status for Type A noninterviews</p> <p>0060 1 <input type="checkbox"/> Occupied as a usual residence by at least one person 2 <input type="checkbox"/> All occupants have a usual residence elsewhere 3 <input type="checkbox"/> Don't know</p> <p>Go to Control Card item 9a</p>			
<p>9. Mortgage (See item 94, page 19.)</p> <p>0070 1 <input type="checkbox"/> Mortgage information not required OR callback not required <input type="checkbox"/> Callback required - 2 <input type="checkbox"/> Information obtained 3 <input type="checkbox"/> Unable to obtain information - Explain _____</p>			

Notes

Facsimile of the American Housing Survey Questionnaire: 1989—Continued

App-26

REGULAR OCCUPIED	
<p>MARK OR ASK -</p> <p>20. Are your living quarters in a - (Read all answer categories.)</p>	<p>1111 <input type="checkbox"/> Mobile home</p> <p>1120 <input type="checkbox"/> One-unit building, detached from any other building</p> <p>3 <input type="checkbox"/> One-unit building, attached to one or more buildings - Skip to item 22a</p> <p>4 <input type="checkbox"/> Building with two or more apartments? - Skip to item 21b</p>
<p>21a. Are there any occupied or vacant apartments besides your own in the (building/mobile home)?</p>	<p>1130 1 <input type="checkbox"/> Yes - Fill Table X on Control Card, then go to item 21b</p> <p>2 <input type="checkbox"/> No - Skip to item 23 and mark box 1 or 4</p>
<p>b. How many apartments are in the (building/mobile home)?</p>	<p>1140 _____ Number - Skip to item 23 and mark box 3 or 5</p>
<p>22a. Does your (house/apartment) share an attic or basement with the (house/apartment) next door?</p>	<p>1150 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Don't know } Skip to item 22c</p>
<p>b. How many (houses/apartments) including your own share the attic or basement?</p>	<p>1160 _____ Number - If one, reask item 22a and correct entry. If more than one, skip to item 23 and mark box 3.</p>
<p>c. Does your (house/apartment) share a furnace or boiler with the (house/apartment) next door?</p>	<p>1170 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Don't know } Skip to item 22e</p>
<p>d. How many (houses/apartments) including your own share the furnace or boiler?</p>	<p>1180 _____ Number - If one, reask item 22c and correct entry. If more than one, skip to item 23 and mark box 3.</p>
<p>e. Are there any occupied or vacant apartments besides your own in this house?</p>	<p>1190 1 <input type="checkbox"/> Yes - Fill Table X on Control Card, then go to item 22f</p> <p>2 <input type="checkbox"/> No - Skip to item 23 and mark box 2</p>
<p>f. How many apartments including your own are in this house?</p>	<p>1200 _____ Number - If one, reask item 22e and correct entry. If more than one, go to item 23 and mark box 3.</p>
<p>23. Check Item Final structure type classification based on entries in items 20-22.</p>	<p>1210 1 <input type="checkbox"/> One-unit building - detached</p> <p>2 <input type="checkbox"/> One-unit building - attached</p> <p>3 <input type="checkbox"/> Two-or-more-unit building</p> <p>4 <input type="checkbox"/> Mobile home - one unit</p> <p>5 <input type="checkbox"/> Mobile home - two-or-more units } Skip to item 25a</p>
<p>24. Is the house built - (Read answer categories until a "Yes" reply is received.)</p>	<p>1220 1 <input type="checkbox"/> With a basement under all the building?</p> <p>2 <input type="checkbox"/> With a basement under part of the building?</p> <p>3 <input type="checkbox"/> With a crawl space?</p> <p>4 <input type="checkbox"/> On a concrete slab?</p> <p>5 <input type="checkbox"/> In some other way? - Specify _____</p>
<p>25a. Is the (house/apartment) part of a condominium or cooperative?</p>	<p>1230 3 <input type="checkbox"/> No</p> <p>2 <input type="checkbox"/> Yes, condominium } Skip to item 26a, page 4</p> <p>1 <input type="checkbox"/> Yes, cooperative</p>
<p>b. To the Census Bureau, a cooperative is property which is owned by a corporation. Each shareholder is entitled to occupy an individual unit. Is this what you mean when you say this is a cooperative?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No - Reask item 25a and correct entry</p>

REGULAR OCCUPIED - Continued	
<p>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.)</p>	<p>(1) Bedrooms? 1240 _____ Number <input type="checkbox"/> None</p> <p>(2) Full bathrooms? 1250 _____ Number (Hot and cold piped water AND sink AND flush toilet AND bathtub or shower) <input type="checkbox"/> None</p> <p>(3) Half bathrooms? 1260 _____ Number (Toilet OR bathtub OR shower) <input type="checkbox"/> None</p> <p>(4) Kitchens? 1270 _____ Number <input type="checkbox"/> None</p> <p>(5) Living rooms? 1280 _____ Number <input type="checkbox"/> None</p> <p>(6) Separate dining rooms? 1290 _____ Number <input type="checkbox"/> None</p>
<p>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.)</p>	<p>1300 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No - Skip to item 27</p>
<p>c. What are they?</p>	<p>1310 _____ Number of family rooms, dens, recreation rooms and/or libraries <input type="checkbox"/> None</p> <p>1320 _____ Number of rooms that are business space with direct access to outside <input type="checkbox"/> None</p> <p>1330 _____ Number of other rooms, finished or unfinished <input type="checkbox"/> None</p>
<p>27. Does the (house/apartment) have a kitchen sink? (For this household's use only)</p>	<p>1340 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>
<p>28. Check Item (See item 26a.)</p> <p><input type="checkbox"/> One or more full bathrooms - Skip to item 30a</p> <p><input type="checkbox"/> No full bathrooms - Ask item 29a</p>	
<p>29a. Does the (house/apartment) have a bathtub or shower for this household's use only?</p>	<p>1350 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>
<p>b. Does the (house/apartment) have a flush toilet for this household's use only?</p>	<p>1360 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No - Skip to item 31a, page 5</p>
<p>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)</p>	<p>1370 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No toilet breakdowns - Skip to item 31a, page 5</p>
<p>b. How many of these breakdowns lasted 6 hours or more?</p>	<p>1380 _____ Number of toilet breakdowns lasting 6 hours or more <input type="checkbox"/> No toilet breakdowns lasting 6 hours</p>

APPENDIX A

REGULAR OCCUPIED — Continued	
<p>31a. Is all the wiring in the finished areas of your home concealed either in walls or metal coverings? <i>(Exclude appliance cords, extension cords, chandelier cords, telephone, antenna, or cable TV wires.)</i></p>	<p>1390 <input type="checkbox"/> Yes, concealed <input type="checkbox"/> No <input type="checkbox"/> No electrical wiring — Skip to item 32a</p>
<p>b. Does every room have an electric outlet or wall plug that works?</p>	<p>1400 <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>c. Have any fuses blown or circuit breakers tripped in the last 3 months? <i>(For the home)</i> <i>(While household was living here if less than 3 months)</i></p>	<p>1410 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know } Skip to item 32a</p>
<p>d. How many times in the last 3 months?</p>	<p>1420 _____ Number</p>
<p>32a. Has water leaked into your home from outdoors in the last 12 months? <i>(Exclude plumbing or other inside leaks.)</i> <i>(While household was living here if less than 12 months)</i></p>	<p>1430 <input type="checkbox"/> Yes <input type="checkbox"/> No — Skip to item 32c</p>
<p>b. Where did the water come in? <i>(Mark all that apply.)</i></p>	<p>1440 <input type="checkbox"/> Roof <input type="checkbox"/> Basement <input type="checkbox"/> Walls or around closed windows or closed doors <input type="checkbox"/> Other — Specify _____</p>
<p>c. Have there been water leaks in the (house/apartment) from INSIDE the building in the last 12 months? <i>(While household was living here if less than 12 months)</i></p>	<p>1450 <input type="checkbox"/> Yes <input type="checkbox"/> No — Skip to item 33a</p>
<p>d. Where did the water come from? <i>(Mark all that apply.)</i></p>	<p>1460 <input type="checkbox"/> Own plumbing fixtures backed up and/or overflowed <input type="checkbox"/> Pipes leaked <i>(Include pipe leaks from other apartments.)</i> <input type="checkbox"/> Other or unknown — Specify _____</p>
<p>33a. Does the (house/apartment) have hot and cold piped water? <i>(For this household's use only)</i></p>	<p>1470 <input type="checkbox"/> Yes <input type="checkbox"/> No — Skip to item 34a</p>
<p>b. What fuel is used MOST to heat the water?</p>	<p>1480 <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 _____</p>
<p>c. Was your home ever completely without running water in the last 3 months? <i>(While household was living here if less than 3 months)</i></p>	<p>1490 <input type="checkbox"/> Yes <input type="checkbox"/> No water stoppage — Skip to item 34a</p>
<p>d. How many times was it not available for 6 hours or more?</p>	<p>1500 _____ Water stoppages lasting 6 hours or more <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? <i>(Source used for drinking and cooking.)</i></p>	<p>1510 <input type="checkbox"/> Public or private water system — Skip to item 35a, page 6 <input type="checkbox"/> Individual well — Ask item 34b <input type="checkbox"/> Spring <input type="checkbox"/> Cistern <input type="checkbox"/> Stream or lake <input type="checkbox"/> Bottled water <input type="checkbox"/> Other — Specify _____ } Skip to item 35a, page 6</p>
<p>b. How many (houses/apartments) does the well serve?</p>	<p>1520 <input type="checkbox"/> Only this house/apartment <input type="checkbox"/> 2 to 5 <input type="checkbox"/> 6 or more</p>
<p>c. Is the well drilled or dug?</p>	<p>1530 <input type="checkbox"/> Drilled <input type="checkbox"/> Dug</p>

REGULAR OCCUPIED — Continued	
<p>35a. Is the (house/apartment) connected to a public sewer?</p>	<p>1540 <input type="checkbox"/> Yes — Skip to item 35d <input type="checkbox"/> No</p>
<p>b. What means of sewage disposal does the (house/apartment) have?</p>	<p>1550 <input type="checkbox"/> Septic tank or cesspool — Ask item 35c <input type="checkbox"/> Chemical toilet <input type="checkbox"/> Outhouse or privy <input type="checkbox"/> Other — Specify _____ } Skip to item 36a <input type="checkbox"/> None</p>
<p>c. How many (houses/apartments) are connected to the (septic tank/cesspool)?</p>	<p>1560 <input type="checkbox"/> One <input type="checkbox"/> 2 to 5 <input type="checkbox"/> 6 or more</p>
<p>d. Did the sewage system break down in the last 3 months? <i>(So that it was completely unusable)</i> <i>(While household was living here if less than 3 months)</i></p>	<p>1570 <input type="checkbox"/> Yes <input type="checkbox"/> No — sewage breakdowns — Skip to item 36a</p>
<p>d. How many of these breakdowns lasted 6 hours or more?</p>	<p>1580 _____ Sewage breakdowns lasting 6 hours or more <input type="checkbox"/> None lasted 6 hours</p>
<p>36a. Does your (house/apartment) have a refrigerator? <i>(For this household's use only)</i> <i>(Exclude ice boxes.)</i></p>	<p>1590 <input type="checkbox"/> Yes <input type="checkbox"/> No — Skip to item 37a</p>
<p>b. Is it more than 5 years old? <i>(Age of newest if two or more)</i></p>	<p>1600 <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>37a. Does your (house/apartment) have a garbage disposal in the sink?</p>	<p>1610 <input type="checkbox"/> Yes <input type="checkbox"/> No — Skip to item 38a</p>
<p>b. Is it more than 5 years old?</p>	<p>1620 <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>38a. Does your (house/apartment) have a cookstove or range with an oven? <i>(For this household's use only)</i> <i>(Include microwaves. Exclude toaster-ovens and portable burners.)</i></p>	<p>1630 <input type="checkbox"/> Yes — Skip to item 38c <input type="checkbox"/> No</p>
<p>b. Does your (house/apartment) have — <i>(For this household's use only)</i></p>	<p>(1) an oven? <i>(Include microwaves. Exclude toaster-ovens.)</i> 1640 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (2) cooking burners? <i>(Exclude portable burners.)</i> 1650 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } If both are "No," skip to item 39a</p>
<p>c. (Is it/Are they) more than 5 years old? <i>(Age of newest if two or more)</i></p>	<p>1660 <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>d. What fuel is used MOST for cooking?</p>	<p>1670 <input type="checkbox"/> Electricity <input type="checkbox"/> Gas <input type="checkbox"/> Kerosene or other liquid fuel <input type="checkbox"/> Coal or coke <input type="checkbox"/> Wood <input type="checkbox"/> Other — Specify _____ <input type="checkbox"/> No fuel used</p>
<p>39a. Does your (house/apartment) have a dishwasher?</p>	<p>1680 <input type="checkbox"/> Yes <input type="checkbox"/> No — Skip to item 40a, page 7</p>
<p>b. Is it more than 5 years old?</p>	<p>1700 <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

REGULAR OCCUPIED — Continued	
40a. Does your (house/apartment) have a washing machine (---- / 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 } Skip to item 43a <input type="checkbox"/> Gas } <input type="checkbox"/> Other — Specify _____ }
c. Do you use any room air conditioners?	1780 <input type="checkbox"/> Yes <input type="checkbox"/> No — Skip to item 43a
d. How many?	1780 _____ 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)? (Read answer categories until a "Yes" reply is received.)	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 with 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"/> Kerosene, gas or oil room heater(s), VENTED to the outside through a chimney, flue, or pipes? <input type="checkbox"/> UNVENTED kerosene, gas or oil room heater(s)? <input type="checkbox"/> Portable electric heater(s)? <input type="checkbox"/> Stove(s)? <input type="checkbox"/> Fireplace(s) WITH inserts, that is, installed equipment designed to circulate more heat into the room? <input type="checkbox"/> Fireplace(s) with NO inserts? <input type="checkbox"/> Some other type of heating equipment? <input type="checkbox"/> Specify _____ <input type="checkbox"/> None? — Skip to item 48a, page 9
46a. What other kinds of heating equipment does the (house/apartment) have or use? (Mark all that apply.)	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 with 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"/> Kerosene, gas or oil room heater(s), VENTED to the outside through a chimney, flue, or pipes 1880 <input type="checkbox"/> UNVENTED kerosene, gas or oil room heater(s) <input type="checkbox"/> Portable electric heater(s) <input type="checkbox"/> Stove(s) 1870 <input type="checkbox"/> Fireplace(s) WITH inserts, that is, installed equipment designed to circulate more heat into the room <input type="checkbox"/> Fireplace(s) with NO inserts <input type="checkbox"/> Some other type of heating equipment <input type="checkbox"/> Specify _____ <input type="checkbox"/> None — Go to item 47a, page 9
b. Anything else? <input type="checkbox"/> Yes — Mark appropriate box(es), then go to item 47a, page 9 <input type="checkbox"/> No — Go to item 47a, page 9	
Notes	

REGULAR OCCUPIED — Continued	
<p>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?</p>	<p>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</p>
<p>b. Was that because the heating equipment broke down?</p>	<p>1890 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, didn't break down — Skip to item 47e</p>
<p>c. How many times did (it/they all) break down for 6 hours or more?</p>	<p>1900 _____ Number of breakdowns lasting 6 hours or more 0 <input type="checkbox"/> Never broken for 6 hours</p>
<p>d. Was it cold for any other reason?</p>	<p>1910 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 48a</p>
<p>e. What was the reason?</p>	<p>1920 1 <input type="checkbox"/> Utility interruption 2 <input type="checkbox"/> Inadequate heating capacity 3 <input type="checkbox"/> Inadequate insulation 7 <input type="checkbox"/> Other — Specify _____</p>
<p>48a. Does the (house/apartment) have a porch, deck, balcony, or patio? (Measuring at least four feet by four feet) (Exclude if already counted as a room.)</p>	<p>1930 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>b. Does the (house/apartment) have open cracks or holes in the inside walls or ceilings? (Cracks thicker than a dime)</p>	<p>1940 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>c. Does the (house/apartment) have holes in the floors? (Big enough for someone to trip in)</p>	<p>1950 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>d. Does the (house/apartment) have any area of peeling paint or broken plaster bigger than 8 inches by 11 inches? (The size of a weekly news magazine or standard letter)</p>	<p>1960 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>e. In the last 3 months have you seen any rats or signs of rats in the building?</p>	<p>1970 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>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.</p>	<p>1980 _____</p>
<p>50a. How would you rate the neighborhood on a scale of 1 to 10? 10 is best, 1 is worst. (Mark "No neighborhood," if respondent volunteers this answer.)</p>	<p>1990 _____ 0 <input type="checkbox"/> No neighborhood — Skip to item 51a, page 10</p>
<p>b. Is there anything about the neighborhood that bothers you?</p>	<p>2000 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 51a, page 10</p>
<p>c. What? (Write exact words and mark all that apply.)</p>	<p>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</p>

REGULAR OCCUPIED — Continued	
<p>51a. Check item (Mark first box that applies.) (See Control Card item 25.)</p>	<p><input type="checkbox"/> Respondent moved here after (last enumeration/January 1, 1986) — Ask item 52a <input type="checkbox"/> Other(s) but not respondent moved here after (last enumeration/January 1, 1986) — Skip to item 59, page 11 <input type="checkbox"/> All moved in (before last enumeration/before January 1, 1986) — Go to item 51b</p>
<p>b. Check item (See Control Card item 6b.)</p>	<p><input type="checkbox"/> Owned — Skip to item 73a, page 16 <input type="checkbox"/> Rented — Skip to item 64a, page 14 <input type="checkbox"/> No cash rent — Skip to item 64c, page 14</p>
<p>52a. What are the reasons you moved from your last residence?</p>	<p>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 2040 6 <input type="checkbox"/> Other, financial/employment related 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 10 <input type="checkbox"/> Other, family/personal related 2050 11 <input type="checkbox"/> Wanted better quality house (apartment) 12 <input type="checkbox"/> Change from owner to renter OR renter to owner 13 <input type="checkbox"/> Wanted lower rent or less expensive house to maintain 2060 14 <input type="checkbox"/> Other housing related reasons 15 <input type="checkbox"/> Other — Specify _____</p>
<p>b. MARK if only one box checked in item 52a OR ASK if two or more boxes checked —</p>	<p>2070 _____ Number from item 52a 0 <input type="checkbox"/> All reasons of equal importance</p>
<p>53. Check item (Mark first box that applies.)</p>	<p><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</p>
<p>54a. Did you leave —</p>	<p>2080 (1) Because the owner, or members of the owner's family were going to move into that residence? 1 <input type="checkbox"/> Yes — Skip to item 55a, page 11 2 <input type="checkbox"/> No</p>
<p>(2) Because that unit was going to become a condominium or cooperative?</p>	<p>2090 1 <input type="checkbox"/> Yes — Skip to item 55a, page 11 2 <input type="checkbox"/> No</p>
<p>(3) Because that residence was closed for repairs?</p>	<p>2100 1 <input type="checkbox"/> Yes } Skip to item 55a, page 11 2 <input type="checkbox"/> No</p>
<p>b. Did you leave —</p>	<p>2110 (1) Because the government wanted to use the land or building for some other purpose? 1 <input type="checkbox"/> Yes — Skip to item 55a, page 11 2 <input type="checkbox"/> No</p>
<p>(2) Because that residence was condemned by the government as unfit for occupancy?</p>	<p>2120 1 <input type="checkbox"/> Yes } Skip to item 55a, page 11 2 <input type="checkbox"/> No</p>
<p>c. In addition to the reasons given, did you leave —</p>	<p>2130 (1) Because a private company or person wanted to use it for some purpose? 1 <input type="checkbox"/> Yes — Ask (2) 2 <input type="checkbox"/> No — Skip to (5)</p>
<p>(2) Was that because the owner or members of the owner's family were going to move into that residence?</p>	<p>2140 1 <input type="checkbox"/> Yes — Skip to item 55a, page 11 2 <input type="checkbox"/> No — Ask (3)</p>
<p>(3) Because it was going to be a condominium or cooperative?</p>	<p>2150 1 <input type="checkbox"/> Yes — Skip to item 55a, page 11 2 <input type="checkbox"/> No — Ask (4)</p>
<p>(4) Because it was closed for repairs?</p>	<p>2160 1 <input type="checkbox"/> Yes } Skip to item 55a, page 11 2 <input type="checkbox"/> No</p>
<p>(5) Because the government forced you to leave?</p>	<p>2170 1 <input type="checkbox"/> Yes — Ask (6) 2 <input type="checkbox"/> No — Skip to item 55a, page 11</p>
<p>(6) Was that because the government wanted to use the land or building for some other purpose?</p>	<p>2180 1 <input type="checkbox"/> Yes — Skip to item 55a, page 11 2 <input type="checkbox"/> No — Ask (7)</p>
<p>(7) Because it was condemned by the government as unfit for occupancy?</p>	<p>2190 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>

Facsimile of the American Housing Survey Questionnaire: 1989—Continued

APP-30

REGULAR OCCUPIED — Continued	
55a. When you were going to move, did you look for a (house/apartment) in any neighborhood other than this?	2200 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b. Why did you choose this NEIGHBORHOOD? (Write exact words and mark all that apply.)	2210 1 <input type="checkbox"/> Convenient to job 2 <input type="checkbox"/> Convenient to friends or relatives 3 <input type="checkbox"/> Convenient to leisure activities 4 <input type="checkbox"/> Convenient to public transportation 5 <input type="checkbox"/> Good schools 6 <input type="checkbox"/> Other public services 2220 7 <input type="checkbox"/> Looks/design of neighborhood 8 <input type="checkbox"/> House was most important consideration 9 <input type="checkbox"/> Other
MARK if only one box marked in item 55b OR ASK if two or more boxes marked —	2230 _____ Box number from item 55b 0 <input type="checkbox"/> All reasons of equal importance
c. What is the MAIN reason you chose this neighborhood?	
56a. Before you moved, did you look at both (houses/mobile homes) and apartments?	2240 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Looked at only this unit
b. Why did you choose this particular (house/apartment)? (Write exact words and mark all that apply.)	2250 1 <input type="checkbox"/> Financial reasons 2 <input type="checkbox"/> Room layout/design 3 <input type="checkbox"/> Kitchen 4 <input type="checkbox"/> Size 5 <input type="checkbox"/> Exterior appearance 6 <input type="checkbox"/> Yard/trees/view 2260 7 <input type="checkbox"/> Quality of construction 8 <input type="checkbox"/> Only one available 9 <input type="checkbox"/> Other — Specify _____
MARK if only one box marked in item 56b OR ASK if two or more boxes marked —	2270 _____ Box number from item 56b 0 <input type="checkbox"/> All reasons of equal importance
c. What is the MAIN reason you chose this (house/apartment)?	
57. Is this neighborhood better, worse, or about the same as your last neighborhood?	2280 1 <input type="checkbox"/> Better 2 <input type="checkbox"/> Worse 3 <input type="checkbox"/> About the same 4 <input type="checkbox"/> Same neighborhood
58. Is this (house/apartment) better, worse, or about the same as your last home?	2290 1 <input type="checkbox"/> Better 2 <input type="checkbox"/> Worse 3 <input type="checkbox"/> About the same
59. Check item (See Control Card item 25.) <input type="checkbox"/> Only one person moved in after (last enumeration/January 1, 1986) — Skip to item 61a, page 12, enter line number in Group 1 column, and continue with item 61b <input type="checkbox"/> Two or more persons moved in after (last enumeration/ January 1, 1986) — Ask item 60a	
60a. Earlier you told me that . . . (Specify names of movers) moved into this (house/apartment) (since we were here last/after January 1, 1986). Did all of (you/their) move here from the same previous residence?	2300 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 61a, page 12
b. INSTRUCTION (See Control Card item 26.) If all moved in within a 6-month period — Skip to item 61a, page 12, enter line numbers in Group 1 column, and continue with item 61b If people moved in more than 6 months apart — Put them in separate groups in item 61a on pages 12 and 13 and ask items 61b—m for each group.	

REGULAR OCCUPIED — Continued	
61a. Which people moved here from the same previous residence? <i>Enter line numbers of all people who come from first home mentioned under Group 1, the line numbers of all people who come from the second home mentioned under Group 2, etc. If people moved from same previous residence but more than 6 months apart, put them in separate groups. Then ask items 61b—m for each mover group.</i>	~ 6 1 4 + GROUP 1 Line numbers 2310 _____ 2320 _____ 2330 _____
b. What city, county, and State did (you/they) live in just before moving here? (Enter 2-character State code from flashcard.)	2340 0 <input type="checkbox"/> Outside U.S. — Skip to item 61n ~ 7 1 4 + City or place _____ County _____ State _____
c. What was the ZIP Code?	_____ ZIP Code
d. Did (you/they) live inside the incorporated limits of (City above)?	2360 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No or not incorporated place 3 <input type="checkbox"/> Don't know
e. Enter zone number OR hand respondent zone map and ask — This map is divided into zones. Which zone did (you/they) live in just before moving here? <i>(If necessary, obtain any information needed to locate on map, such as street address, nearest intersecting streets or proximity to a landmark.)</i>	2370 _____ Zone code _____ Zone alpha (if any) 00 <input type="checkbox"/> Off map
f. Was that residence — (Read all answer categories.)	~ 6 1 4 + 2380 1 <input type="checkbox"/> A house? 2 <input type="checkbox"/> An apartment? 3 <input type="checkbox"/> A mobile home? 4 <input type="checkbox"/> Or some other type of residence? — Skip to item 61n.
g. Was that home — (Read all answer categories.)	2390 1 <input type="checkbox"/> Owned or being bought by someone in that household? 2 <input type="checkbox"/> Rented for cash? 3 <input type="checkbox"/> Occupied without payment of cash rent?
h. Was that part of a condominium or cooperative?	2400 3 <input type="checkbox"/> No } Skip to item 61j 2 <input type="checkbox"/> Yes, condominium } 1 <input type="checkbox"/> Yes, cooperative }
i. To the Census Bureau, a cooperative is property which is owned by a corporation. Each shareholder is entitled to occupy an individual unit. Is this what you mean when you say this is a cooperative?	<input type="checkbox"/> Yes <input type="checkbox"/> No — Reask item 61h and correct entry
j. How many people lived in that household just before the move?	2410 _____ — If one, skip to item 61m; if more than one, ask item 61k
k. Was that home (owned/ rented) by someone who moved here?	2420 1 <input type="checkbox"/> Yes — Skip to item 61m 2 <input type="checkbox"/> No
l. Was it (owned/rented) by a relative?	2430 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
m. When (you/they) moved, did (your/their) housing costs increase, decrease, or stay about the same, including utilities and (mortgage/rent)? <i>(Compare their share, if not whole household.)</i>	2440 1 <input type="checkbox"/> Increased 2 <input type="checkbox"/> Stayed about same 3 <input type="checkbox"/> Decreased 4 <input type="checkbox"/> Don't know
n.	Go to next mover group. If none, go to item 62, page 14.

APPENDIX A

REGULAR OCCUPIED — Continued		
~ 6 15 +	~ 6 16 +	~ 6 17 +
GROUP 2	GROUP 3	GROUP 4
Line numbers 2310 2320 2330	Line numbers 2310 2320 2330	Line numbers 2310 2320 2330
2340 <input type="checkbox"/> Outside U.S. — Skip to item 61n	2340 <input type="checkbox"/> Outside U.S. — Skip to item 61n	2340 <input type="checkbox"/> Outside U.S. — Skip to item 61n
~ 7 15 + City or place County State ZIP Code	~ 7 16 + City or place County State ZIP Code	~ 7 17 + City or place County State ZIP Code
2380 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No or not incorporated place 3 <input type="checkbox"/> Don't know	2380 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No or not incorporated place 3 <input type="checkbox"/> Don't know	2380 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No or not incorporated place 3 <input type="checkbox"/> Don't know
2370 Zone code Zone alpha (if any) <input type="checkbox"/> Off map	2370 Zone code Zone alpha (if any) <input type="checkbox"/> Off map	2370 Zone code Zone alpha (if any) <input type="checkbox"/> Off map
~ 6 16 + 2380 1 <input type="checkbox"/> A house? 2 <input type="checkbox"/> An apartment? 3 <input type="checkbox"/> A mobile home? 4 <input type="checkbox"/> Or some other type of residence? — Skip to item 61n.	~ 6 16 + 2380 1 <input type="checkbox"/> A house? 2 <input type="checkbox"/> An apartment? 3 <input type="checkbox"/> A mobile home? 4 <input type="checkbox"/> Or some other type of residence? — Skip to item 61n.	~ 6 17 + 2380 1 <input type="checkbox"/> A house? 2 <input type="checkbox"/> An apartment? 3 <input type="checkbox"/> A mobile home? 4 <input type="checkbox"/> Or some other type of residence? — Skip to item 61n.
2390 1 <input type="checkbox"/> Owned or being bought by someone in that household? 2 <input type="checkbox"/> Rented for cash? 3 <input type="checkbox"/> Occupied without payment of cash rent?	2390 1 <input type="checkbox"/> Owned or being bought by someone in that household? 2 <input type="checkbox"/> Rented for cash? 3 <input type="checkbox"/> Occupied without payment of cash rent?	2390 1 <input type="checkbox"/> Owned or being bought by someone in that household? 2 <input type="checkbox"/> Rented for cash? 3 <input type="checkbox"/> Occupied without payment of cash rent?
2400 3 <input type="checkbox"/> No } Skip to item 61j 2 <input type="checkbox"/> Yes, condominium } 1 <input type="checkbox"/> Yes, cooperative }	2400 3 <input type="checkbox"/> No } Skip to item 61j 2 <input type="checkbox"/> Yes, condominium } 1 <input type="checkbox"/> Yes, cooperative }	2400 3 <input type="checkbox"/> No } Skip to item 61j 2 <input type="checkbox"/> Yes, condominium } 1 <input type="checkbox"/> Yes, cooperative }
<input type="checkbox"/> Yes <input type="checkbox"/> No — Reask item 61h and correct entry	<input type="checkbox"/> Yes <input type="checkbox"/> No — Reask item 61h and correct entry	<input type="checkbox"/> Yes <input type="checkbox"/> No — Reask item 61h and correct entry
2410 — If one, skip to item 61m; if more than one, ask item 61k	2410 — If one, skip to item 61m; if more than one, ask item 61k	2410 — If one, skip to item 61m; if more than one, ask item 61k
2420 1 <input type="checkbox"/> Yes — Skip to item 61m 2 <input type="checkbox"/> No	2420 1 <input type="checkbox"/> Yes — Skip to item 61m 2 <input type="checkbox"/> No	2420 1 <input type="checkbox"/> Yes — Skip to item 61m 2 <input type="checkbox"/> No
2430 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	2430 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	2430 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
2440 1 <input type="checkbox"/> Increased 2 <input type="checkbox"/> Stayed about same 3 <input type="checkbox"/> Decreased 4 <input type="checkbox"/> Don't know	2440 1 <input type="checkbox"/> Increased 2 <input type="checkbox"/> Stayed about same 3 <input type="checkbox"/> Decreased 4 <input type="checkbox"/> Don't know	2440 1 <input type="checkbox"/> Increased 2 <input type="checkbox"/> Stayed about same 3 <input type="checkbox"/> Decreased 4 <input type="checkbox"/> Don't know
Go to next mover group. If none, go to item 62, page 14.	Go to next mover group. If none, go to item 62, page 14.	Go to next mover group. If none, go to item 62, page 14.

REGULAR OCCUPIED — Continued	
62. INTRODUCTION: The next questions are about your current residence.	
63. Check item (See Control Card item 6b.) Current residence is — <input type="checkbox"/> Owned — Skip to item 73a, page 16 <input type="checkbox"/> Rented — Go to item 64a <input type="checkbox"/> No cash rent — Skip to item 64c	
64a. How often is the rent due?	~ 6 11 + 2600 _____ Times per year 12 <input type="checkbox"/> Monthly
b. How much is the rent? (If parking priced separately, exclude it here and mark NO to items 64m and 64n without asking.)	2610 \$ _____ <input type="checkbox"/> 00
c. Check item (See item 23, page 3.) <input type="checkbox"/> Mobile home either one-unit or two-or-more units — Ask item 64d <input type="checkbox"/> Not a mobile home — Skip to item 64m	
d. Do you pay separate rent for the land?	2611 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 64g
e. How many times a year is the (land/site) rent due?	2612 _____ Times per year 12 <input type="checkbox"/> Monthly
f. What is the cost each ... (Billing period)?	2613 \$ _____ <input type="checkbox"/> 00 0 <input type="checkbox"/> No cash rent 9997 <input type="checkbox"/> Included in mobile home park fee or association fee
g. (----/In addition to the land rent), do you pay any (----/additional) mobile home park fee?	3560 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 64j
h. How many times a year is the fee due?	3565 _____ Times per year 12 <input type="checkbox"/> Monthly
i. What is the cost each ... (Billing period)?	3600 \$ _____ <input type="checkbox"/> 00 0 <input type="checkbox"/> Included in mobile home rent
j. Are there any (----/other) required fees for utility hookups, mobile home association fees, and so forth?	~ 6 11 + 2617 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 64m
k. How many times a year are the fees due?	2518 _____ Times per year 12 <input type="checkbox"/> Monthly
l. What is the average cost each ... (Billing period) for those fees?	2519 \$ _____ <input type="checkbox"/> 00
m. Is a garage or carport included (in the rent/with the home)?	2620 1 <input type="checkbox"/> Yes — Skip to item 65a, page 15 2 <input type="checkbox"/> No
n. Is an offstreet parking space included?	2530 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
Notes	

Facsimile of the American Housing Survey Questionnaire: 1989—Continued

APP-32

REGULAR OCCUPIED — Continued	
65a. Is the building owned by a public housing authority?	2540 <input type="checkbox"/> Yes — Skip to item 66 <input type="checkbox"/> No
b. Does the Federal Government pay some of the cost of the unit?	2550 <input type="checkbox"/> Yes — Skip to item 66 <input type="checkbox"/> No
c. Does the State or local government pay some of the cost of the unit?	2560 <input type="checkbox"/> Yes — Skip to item 66 <input type="checkbox"/> No
d. Do (you/the people living here) have to report the household's income to someone every year so they can set the rent?	2570 <input type="checkbox"/> Yes — Skip to item 66 <input type="checkbox"/> No
e. Is there rent control on the unit?	2580 <input type="checkbox"/> Yes — Skip to item 66 <input type="checkbox"/> No
f. Is the rent adjusted because someone in the household works for or is related to the owner?	2590 <input type="checkbox"/> Yes <input type="checkbox"/> No
66. Check item (See item 23, page 3.) <input type="checkbox"/> Mobile home either one-unit or two-or-more units — Skip to item 68 <input type="checkbox"/> Not a mobile home — Ask item 67	
67. About when was the building originally built?	2910 <input type="checkbox"/> 1980 or later <input checked="" type="checkbox"/> Month Year } Skip to item 70 Month Year } 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 16
68. Excluding the dealer's lot, is this the first site on which this mobile home was placed?	2900 <input type="checkbox"/> Yes, first site <input type="checkbox"/> No, moved from another site <input type="checkbox"/> Don't know
69. What is the model year of the mobile home?	2910 <input type="checkbox"/> 1980 or later <input checked="" type="checkbox"/> Year } Ask item 70 Year } 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 16
70. Were you the first (person/people) to occupy this home or did someone else live here before you?	2920 <input type="checkbox"/> First occupants <input type="checkbox"/> Previously occupied
Notes	

REGULAR OCCUPIED — Continued	
71. Check item (See item 23, page 3.) <input type="checkbox"/> Two-or-more-unit building or two-or-more-unit mobile home — Skip to item 109a, page 24 <input type="checkbox"/> 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.) 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 72b
MARK OR ASK — b. Is it more than 10 acres? 3020 <input type="checkbox"/> Yes } Skip to item 109a, page 24 <input type="checkbox"/> No	
NOTE — Ask all categories in item 73a before proceeding to item 73b.	
73a. These questions are about 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)	NOTE — Ask item 73b only for those categories in item 73a which were answered "Yes".
(1) Was all or part of the roof replaced in the last 2 years?	2650 <input type="checkbox"/> Yes, all <input type="checkbox"/> Yes, part <input type="checkbox"/> No } Ask c —
(2) Were any additions built?	2670 <input type="checkbox"/> Yes <input type="checkbox"/> No } Ask c —
(3) Was the kitchen remodeled or a kitchen added?	2690 <input type="checkbox"/> Yes <input type="checkbox"/> No } Ask c —
(4) Were any bathrooms remodeled or added?	2710 <input type="checkbox"/> Yes <input type="checkbox"/> No } Ask c —
(5) Was any siding replaced or added in the last 2 years?	2730 <input type="checkbox"/> Yes <input type="checkbox"/> No } Ask c —
(6) Were any new storm doors or storm windows bought and installed?	2750 <input type="checkbox"/> Yes <input type="checkbox"/> No } Ask c —
(7) Was any major equipment, such as a furnace or central air conditioning replaced or added?	2770 <input type="checkbox"/> Yes <input type="checkbox"/> No } Ask c —
(8) Was insulation added?	2790 <input type="checkbox"/> Yes <input type="checkbox"/> No } Ask c —
(9) Were any (---/other) major repairs, or improvements, over \$500 each done in the last 2 years?	2810 <input type="checkbox"/> Yes <input type="checkbox"/> No } Ask c —
NOTE — If "Yes" was answered for one or more categories in item 73a, ask item 73b.	
74. Check item (See item 73a.) <input type="checkbox"/> At least one "Yes" marked in item 73a — Ask item 75 <input type="checkbox"/> All "No" in item 73a — Skip to item 76, page 17	
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 <input type="checkbox"/> Yes <input type="checkbox"/> No

APPENDIX A

REGULAR OCCUPIED — Continued	
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 0 <input type="checkbox"/> Nothing
77. Check item (See item 23, page 3.) <input type="checkbox"/> Mobile home either one-unit or two-or-more units — Skip to item 79 <input type="checkbox"/> Not a mobile home — Ask item 78	
78. About when was the building originally built?	2910 <input type="checkbox"/> 1980 or later <input checked="" type="checkbox"/> Month _____ Year _____ } Skip to item 81 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 82a
79. Excluding the dealer's lot, is this the first site on which this mobile home was placed?	2900 1 <input type="checkbox"/> Yes, first site 2 <input type="checkbox"/> No, moved from another site 3 <input type="checkbox"/> Don't know
80. What is the model year of the mobile home?	2910 <input type="checkbox"/> 1980 or later <input checked="" type="checkbox"/> Year _____ } Ask item 81 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 82a
81. Were you the first (person/people) to occupy this home or did someone else live here before you?	2920 1 <input type="checkbox"/> First occupants 2 <input type="checkbox"/> Previously occupied
82a. When did this household buy the (house/apartment)? (If land and building bought at different times, building only)	2930 1 9 _____ Year — Skip to item 82c 2930 1 <input type="checkbox"/> Owner built it or had it built — Skip to item 82c 2 <input type="checkbox"/> 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? (If bought outright, enter main source of full payment.)	2960 1 <input type="checkbox"/> Sale of previous home if sold during 12 months prior to purchase of new home — Skip to item 83a, page 18 2 <input type="checkbox"/> Savings or cash on hand 3 <input type="checkbox"/> Sale of other investment 4 <input type="checkbox"/> Borrowing, other than a mortgage on this property 5 <input type="checkbox"/> Inheritance or gift 6 <input type="checkbox"/> Land where building was built used for financing 7 <input type="checkbox"/> Other — Specify _____ 8 <input type="checkbox"/> No down payment made
e. (Have any of the owners now living here/Have you) ever owned a home before?	2970 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

REGULAR OCCUPIED — Continued	
83a. Check item (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	
b. Check item (See item 23, page 3.) <input type="checkbox"/> One-unit building — Ask item 84a <input type="checkbox"/> One-unit mobile home — Skip to item 88a, page 19 <input type="checkbox"/> Two-or-more-unit building or two-or-more-unit mobile home — Skip to item 88e	
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.)	2980 _____ Square feet OR 2990 _____ Feet by 3000 _____ feet OR 3010 _____ Whole acres 0 <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

REGULAR OCCUPIED — Continued	
<p>88a. How large is the (lot/site)? (Include all connecting land that is owned or that is rented with the home.)</p> <p>_____ Square feet</p> <p>OR</p> <p>If over one acre, drop any fractions, don't round up. If under one acre, convert to approximate square feet.</p> <p>_____ Feet by _____ feet</p> <p>OR</p> <p>_____ Whole acres</p> <p>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.</p> <p>MARK OR ASK —</p> <p><input type="checkbox"/> 3020 Yes <input type="checkbox"/> 3030 Yes <input type="checkbox"/> 3040 Yes</p> <p><input type="checkbox"/> 3100 \$ _____ <input type="checkbox"/> 3140 Yes <input type="checkbox"/> 3160 \$ _____</p>	<p>2980 _____</p> <p>2990 _____</p> <p>3000 _____</p> <p>3010 _____</p> <p><input type="checkbox"/> Don't know — Ask item 88b</p> <p>3020 <input type="checkbox"/> Yes 3020 <input type="checkbox"/> No</p> <p>3030 <input type="checkbox"/> Yes 3030 <input type="checkbox"/> No</p> <p>3040 <input type="checkbox"/> Yes 3040 <input type="checkbox"/> No</p> <p>3100 \$ _____</p> <p>3140 <input type="checkbox"/> Yes 3140 <input type="checkbox"/> No — Skip to item 89a</p> <p>3160 \$ _____</p>
<p>89a. Is a garage or carport included with your home?</p> <p><input type="checkbox"/> 2520 Yes — Skip to item 90 <input type="checkbox"/> 2530 No</p> <p>b. Is an offstreet parking space included?</p> <p><input type="checkbox"/> 2530 Yes <input type="checkbox"/> 2530 No</p>	<p>- 6 11 +</p> <p>2520 <input type="checkbox"/> Yes — Skip to item 90 2520 <input type="checkbox"/> No</p> <p>2530 <input type="checkbox"/> Yes 2530 <input type="checkbox"/> No</p>
<p>90. Is the ownership of the (house/apartment) shared with anyone NOT living here?</p> <p><input type="checkbox"/> 3180 Yes <input type="checkbox"/> 3190 No</p>	<p>3180 <input type="checkbox"/> Yes 3180 <input type="checkbox"/> No</p>
<p>91. Does anyone not living here pay some of the mortgage or utility costs?</p> <p><input type="checkbox"/> 3190 Yes <input type="checkbox"/> 3200 No</p>	<p>3190 <input type="checkbox"/> Yes 3190 <input type="checkbox"/> No</p>
<p>92. Is there a mortgage or other loan on this (house/apartment)? (Include "Land contracts" and other loans SECURED BY THE PROPERTY.)</p> <p><input type="checkbox"/> 3200 Yes <input type="checkbox"/> 3210 No — (If response to item 91 was "Yes" probe to see if there is a mortgage.) Skip to item 98a, page 22</p>	<p>3200 <input type="checkbox"/> Yes 3200 <input type="checkbox"/> No — (If response to item 91 was "Yes" probe to see if there is a mortgage.) Skip to item 98a, page 22</p>
<p>93. Did you get your mortgage through a State or local government program that provides lower cost mortgages?</p> <p><input type="checkbox"/> 3210 Yes <input type="checkbox"/> 3220 No</p>	<p>3210 <input type="checkbox"/> Yes 3210 <input type="checkbox"/> No</p>
<p>94. Check item (See Control Card items 13 and 17.)</p> <p><input type="checkbox"/> Respondent is an owner or owner's spouse — Ask item 95, page 20</p> <p><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</p>	
Notes	

REGULAR OCCUPIED — Continued	
<p>95. How many mortgages are there now on the home/property?</p> <p>_____ Number of mortgages</p>	<p>3220 _____</p>
<p>96a. Did you get the current (first/second) mortgage the same year you bought your home?</p> <p>FIRST (MORTGAGE/LOAN) SECOND (MORTGAGE/LOAN)</p> <p>- 6 18 + - 6 19 +</p> <p><input type="checkbox"/> 3230 Yes <input type="checkbox"/> 3240 No — Skip to item 96e</p>	<p>3230 <input type="checkbox"/> Yes 3230 <input type="checkbox"/> No — Skip to item 96e</p> <p>3240 <input type="checkbox"/> Yes 3240 <input type="checkbox"/> No — Skip to item 96e</p>
<p>b. With regard to the (first/second) mortgage, did you get a new mortgage or did you assume someone else's mortgage?</p> <p><input type="checkbox"/> 3240 New — Skip to item 96f <input type="checkbox"/> 3250 Assumed <input type="checkbox"/> 3260 Wrap-around — Skip to item 96f</p>	<p>3240 <input type="checkbox"/> New — Skip to item 96f 3240 <input type="checkbox"/> Assumed 3240 <input type="checkbox"/> Wrap-around — Skip to item 96f</p>
<p>c. How much was left to pay off when you assumed it?</p> <p>_____ \$ _____</p>	<p>3250 \$ _____</p>
<p>d. How many years remained on the mortgage then?</p> <p>_____ Years — Skip to item 96i</p>	<p>3260 _____ Years — Skip to item 96i</p>
<p>e. What year did you get the mortgage?</p> <p>_____ Year</p>	<p>3280 1 9 _____ Year</p>
<p>f. When you first obtained THIS mortgage, how many years was it for?</p> <p>_____ Years — If less than 15, ask item 96g; if 15 or more, skip to item 96h <input type="checkbox"/> 3290 Can vary — Ask item 96g</p>	<p>3290 _____ Years — If less than 15, ask item 96g; if 15 or more, skip to item 96h <input type="checkbox"/> 3300 Can vary — Ask item 96g</p>
<p>g. At your current payments, how long would it take to pay off the loan?</p> <p>_____ Years</p>	<p>3300 _____ Years</p>
<p>h. How much was borrowed?</p> <p>_____ \$ _____</p>	<p>3310 \$ _____</p>
<p>i. Does this mortgage cover —</p> <p>(1) Other homes or apartments besides this one? <input type="checkbox"/> 3320 Yes — Skip to item 96j <input type="checkbox"/> 3330 No</p> <p>(2) Farm land? <input type="checkbox"/> 3330 Yes — Skip to item 96j <input type="checkbox"/> 3340 No</p> <p>(3) A business on this property? <input type="checkbox"/> 3340 Yes <input type="checkbox"/> 3350 No — Skip to item 96k</p>	<p>3320 <input type="checkbox"/> Yes — Skip to item 96j 3320 <input type="checkbox"/> No</p> <p>3330 <input type="checkbox"/> Yes — Skip to item 96j 3330 <input type="checkbox"/> No</p> <p>3340 <input type="checkbox"/> Yes 3340 <input type="checkbox"/> No — Skip to item 96k</p>
<p>j. How much of the . . . (Amount in item 96c or h) applies just to your home?</p> <p>_____ \$ _____</p>	<p>3350 \$ _____</p>
<p>k. What is the current interest rate on the mortgage? (Annual percentage rate) (Round down to nearest 1/4)</p> <p>Whole number _____ Plus Fraction _____</p> <p><input type="checkbox"/> 3370 No fraction <input type="checkbox"/> 3380 1/4 <input type="checkbox"/> 3390 1/2 <input type="checkbox"/> 3400 3/4</p>	<p>3380 _____ 3380 _____</p> <p>3370 <input type="checkbox"/> No fraction 3370 <input type="checkbox"/> 1/4 3370 <input type="checkbox"/> 1/2 3370 <input type="checkbox"/> 3/4</p>
<p>l. What is the current monthly payment?</p> <p>_____ \$ _____</p>	<p>3380 \$ _____</p>
<p>m. Besides principal and interest, does this payment include —</p> <p>(1) Property taxes? <input type="checkbox"/> 3390 Yes <input type="checkbox"/> 3400 No</p> <p>(2) Homeowner's insurance? <input type="checkbox"/> 3400 Yes <input type="checkbox"/> 3410 No</p> <p>(3) Anything else? <input type="checkbox"/> 3410 Yes <input type="checkbox"/> 3420 No — Skip to item 96n, page 21</p> <p>(4) How much were the other charges last year? (Do not include property taxes or homeowner's insurance.) _____ \$ _____</p>	<p>3390 <input type="checkbox"/> Yes 3390 <input type="checkbox"/> No</p> <p>3400 <input type="checkbox"/> Yes 3400 <input type="checkbox"/> No</p> <p>3410 <input type="checkbox"/> Yes 3410 <input type="checkbox"/> No — Skip to item 96n, page 21</p> <p>3420 \$ _____</p>

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 <input type="checkbox"/> FHA (Federal Housing Administration) } Skip to item 96q <input type="checkbox"/> VA (Veterans' Administration) } <input type="checkbox"/> Farmer's Home Administration — Go to item 96s <input type="checkbox"/> Some other mortgage <input type="checkbox"/> Don't know	- 6 18 + 3430 <input type="checkbox"/> FHA (Federal Housing Administration) } Skip to item 96q <input type="checkbox"/> VA (Veterans' Administration) } <input type="checkbox"/> Farmer's Home Administration — Go to item 96s <input type="checkbox"/> Some other mortgage <input type="checkbox"/> Don't know
	0. Did you borrow the money from a bank or other organization, OR did you borrow it from an individual? 3440 <input type="checkbox"/> Bank or other organization — Skip to item 96q <input type="checkbox"/> Individual	3440 <input type="checkbox"/> Bank or other organization — Skip to item 96q <input type="checkbox"/> Individual
p. Was that the former owner of the home? 3450 <input type="checkbox"/> Yes <input type="checkbox"/> No	3450 <input type="checkbox"/> Yes <input type="checkbox"/> No	
q. Are the payments on this loan the same during the whole length of the mortgage? 3460 <input type="checkbox"/> Yes — Skip to item 96s <input type="checkbox"/> No	3460 <input type="checkbox"/> Yes — Skip to item 96s <input type="checkbox"/> No	
f. How do they change? (Mark all that apply.) 3470	3470	
1 <input type="checkbox"/> Change in taxes or insurance, or due to decline in principal balance — Do they change for any other reason? <input type="checkbox"/> Yes — Mark box 2, 3, 4, 5 and/or 7 <input type="checkbox"/> No — Go to item 96s 2 <input type="checkbox"/> Change based on 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 7 <input type="checkbox"/> Other — Specify <input type="checkbox"/> (If box 5 marked above, ask) — Of the total amount you borrowed, what percentage will have to be paid off in this last payment? <input type="checkbox"/> 3480	1 <input type="checkbox"/> Change in taxes or insurance, or due to decline in principal balance — Do they change for any other reason? <input type="checkbox"/> Yes — Mark box 2, 3, 4, 5 and/or 7 <input type="checkbox"/> No — Go to item 96s 2 <input type="checkbox"/> Change based on 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 7 <input type="checkbox"/> Other — Specify <input type="checkbox"/> (If box 5 marked above, ask) — Of the total amount you borrowed, what percentage will have to be paid off in this last payment? <input type="checkbox"/> 3480	
8. Check item (See item 95, page 20.) <input type="checkbox"/> One mortgage — Skip to item 98a, page 22 <input type="checkbox"/> Two or more mortgages — Go back to item 96a	<input type="checkbox"/> Only two mortgages — Skip to item 98a, page 22 <input type="checkbox"/> Three or more mortgages — Ask item 97a	
97a. For the (third mortgage/other mortgages), how much did you borrow? 3490 \$ <input type="text"/> 00		
b. What is your current monthly payment for the (third mortgage/other mortgages)? 3500 \$ <input type="text"/> 00		
Notes		

REGULAR OCCUPIED — Continued	
98a. Check item (See item 23, page 3.) <input type="checkbox"/> Mobile home either one-unit or two-or-more units — Skip to item 101a <input type="checkbox"/> Not a mobile home — Go to item 98b	
b. Check item (See item 25a, page 3.) <input type="checkbox"/> Condominium or cooperative — Ask item 99a <input type="checkbox"/> All others — Skip to item 103a, page 23	
99a. 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.) (Subtract any rebates.) 3520 \$ <input type="text"/> 00	
b. Did you receive a real estate property tax rebate last year? 3524 <input type="checkbox"/> Yes <input type="checkbox"/> No — Skip to item 100a	
c. What was the amount of the property tax rebate? 3528 \$ <input type="text"/> 00	
100a. Is there a required (condominium/cooperative) association fee? 3570 <input type="checkbox"/> Yes <input type="checkbox"/> No — Skip to item 109a, page 24	
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 \$ <input type="text"/> 00 — Skip to item 109a, page 24	
101a. 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 owned land. Include school taxes, special assessment, and any other real estate taxes.) (Exclude taxes past due from other years.) (Subtract any rebates.) 3520 \$ <input type="text"/> 00	
b. Did you receive a real estate property tax rebate last year? 3524 <input type="checkbox"/> Yes <input type="checkbox"/> No — Skip to item 102a, page 23	
c. What was the amount of the property tax rebate? 3528 \$ <input type="text"/> 00	
Notes	

Facsimile of the American Housing Survey Questionnaire: 1989—Continued

APP-36

REGULAR OCCUPIED — Continued	
102a. Check item (See item 88f, page 19.) <input type="checkbox"/> Land is owned — Skip to item 102f <input type="checkbox"/> Land is NOT owned — Go to item 102b	
b. Check item (See item 92, page 19.) <input type="checkbox"/> Yes, mortgage — Ask item 102c <input type="checkbox"/> No mortgage — Skip to item 102d	
c. Earlier you told me you do not own the land. Do you pay separate rent for the land?	2511 <input type="checkbox"/> Yes <input type="checkbox"/> No — Skip to item 102f
d. How many times a year is the land rent due?	2512 _____ Times per year <input type="checkbox"/> Monthly
e. What is the cost each billing period?	2513 \$ _____ 00 <input type="checkbox"/> No cash rent <input type="checkbox"/> Included in mobile home park fee or association fee
f. (----/In addition to the land rent), do you pay any (----/additional) mobile home park fee?	3550 <input type="checkbox"/> Yes <input type="checkbox"/> No — Skip to item 102f
g. How many times a year is the fee due?	3555 _____ Times per year <input type="checkbox"/> Monthly
h. What is the average cost each ... (Billing period)?	3800 \$ _____ 00
i. Are there (any/any other) required fees for utility hookups, mobile home association fees, and so forth?	2517 <input type="checkbox"/> Yes <input type="checkbox"/> No — Skip to item 109a, page 24
j. How many times a year are the fees due?	2518 _____ Times per year <input type="checkbox"/> Monthly
k. What is the average cost each ... (Billing period) for those fees?	2519 \$ _____ 00 — Skip to item 109a, page 24
103a. What were the real estate taxes last year for this home and its land? (Include all connecting owned land. If multi-unit building, estimate share for sample unit. Include school taxes, special assessments, and any other real estate taxes.) (Exclude taxes past due from other years.) (Subtract any rebates.)	
	3520 \$ _____ 00
b. Did you receive a real estate property tax rebate last year?	3524 <input type="checkbox"/> Yes <input type="checkbox"/> No — Skip to item 105a
c. What was the amount of the property tax rebate?	3528 \$ _____ 00
104. WASHINGTON USE ONLY	
105a. Is there a required homeowner's association fee?	
	3570 <input type="checkbox"/> Yes <input type="checkbox"/> No — Skip to item 106, page 24
b. How many times a year is the fee due?	3580 _____ Times <input type="checkbox"/> Monthly
c. What is the average cost each ... (Billing period)?	3590 \$ _____ 00 — Skip to item 109a, page 24

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 <input type="checkbox"/> Yes <input type="checkbox"/> No — Skip to item 109a
107. Check item (See item 92, page 19.) <input type="checkbox"/> Yes, mortgage — Ask item 108a <input type="checkbox"/> No mortgage — Skip to item 108b	
108a. Is the land rent included with the mortgage payment?	3620 <input type="checkbox"/> Yes — Skip to item 109a <input type="checkbox"/> No
b. How many times a year is the land rent due?	3630 _____ Times per year <input type="checkbox"/> Monthly
c. What does it cost each time?	3640 \$ _____ 00
109a. Does this household have (homeowner's/household property) insurance?	3650 <input type="checkbox"/> Yes <input type="checkbox"/> No — Skip to item 110, page 25
b. In the past 12 months what was the total cost?	3660 \$ _____ 00 — Go to item 110, page 25
Notes	

APPENDIX A

REGULAR OCCUPIED — Continued

110. Now I have some questions about utility costs for this unit. You may want to look up the amounts in your checkbook or other records. When two or more utilities are billed together, try to determine the cost of each.

a. (1) What were the costs for electricity for the months of - 612+ **Costs** **Month** **Year**

3864 \$	00	January	19	If "All electric home," mark "Not used" in items 110b(3) and d without asking. Enter only exact costs for items 110a(1) and 110b(1).
3865 \$	00	April	19	
3866 \$	00	August	19	
3867 \$	00	December	19	

Costs not known for 3 or more specific months (Z)

(2) In the past 12 months what was the average MONTHLY cost for electricity? - 3870 \$ 00
(Average MONTHLY Cost)

(3) - 3880 Not used
 Included in rent, site rent, condominium or other fee, etc.
 Obtained free

b. (1) What were the costs for gas for the months of (1) **Costs** **Month** **Year** (2)

3884 \$	00	January	19	Billed with — (Mark all that apply.) 1 <input type="checkbox"/> Electricity 2 <input type="checkbox"/> Fuel oil 3 <input type="checkbox"/> Other fuel 4 <input type="checkbox"/> Garbage and trash 5 <input type="checkbox"/> Water and sewage
3885 \$	00	April	19	
3886 \$	00	August	19	
3887 \$	00	December	19	

Costs not known for 3 or more specific months (Z)

(2) In the past 12 months what was the average MONTHLY cost for gas? - 3890 \$ 00
(Average MONTHLY Cost) OR → - 3710 *

(3) - 3700 Not used — Skip to item 110d
 Included in rent, site rent, condominium, or other fee, etc.
 Obtained free

c. Is the gas from underground pipes or bottled gas? - 3720 Underground pipes serving neighborhood
 Bottled gas

d. In the past 12 months what was the total ANNUAL cost for fuel oil? - 3730 \$ 00 per year, OR → - 3740 Not used
 Included in rent, site rent, condominium, or other fee
 Obtained free - 3760 *

e. In the past 12 months what was the total ANNUAL cost for wood, coal, kerosene, or any other fuel? - 3760 \$ 00 per year, OR → - 3770 Not used
 Included in rent, site rent, condominium, or other fee
 Obtained free - 3780 *

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

g. In the past 12 months what was the total ANNUAL cost for water supply and sewage disposal? - 3820 \$ 00 per year, OR → - 3830 Included in real estate taxes, rent, site rent, condominium, or other fee
 Obtained free - 3840 *

REGULAR OCCUPIED — Continued

111a. How many automobiles are kept at home for use by members of your household? Exclude vans or trucks. - 611+ 3950 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? - 3880 Number
 None

112a. Check Item (See Control Card items 13, 14, and 18.)
 Nonrelative household members age 14 + in household — Go to item 112b
 All others — Skip to item 114, page 27

b. Check Item (See Control Card items 13, 17, and 18.)
 All nonrelatives age 14 + are co-owners/co-renters (in Control Card item 17) — Skip to item 114, page 27
 All others — Go to item 112c

c. Check Item (See Control Card items 13, 17, and 18.)
 Remaining nonrelatives age 14 + are spouse or child(ren) of co-owner or co-renter — Skip to item 114, page 27
 All others — Ask item 113a-d for each nonrelative age 14 + who is not a co-owner or co-renter

113. Enter line number - 620+ - 621+ - 622+ - 623+

3880	3880	3880	3880
Line number	Line number	Line number	Line number
3890	3890	3890	3890
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to next nonrelative; if no other nonrelative, skip to item 114, page 27.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to next nonrelative; if no other nonrelative, skip to item 114, page 27.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to next nonrelative; if no other nonrelative, skip to item 114, page 27.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to next nonrelative; if no other nonrelative, skip to item 114, page 27.

a. Does ... pay a regular fixed rent as a lodger to someone in this household?

b. How often is ...'s rent due? - 3900 - 3900 - 3900 - 3900
 Times/year Times/year Times/year Times/year
 12 Monthly 12 Monthly 12 Monthly 12 Monthly

c. How much is the rent? - 3910 \$ 00 - 3910 \$ 00 - 3910 \$ 00 - 3910 \$ 00

d. Does that include food? - 3920 Yes No - 3920 Yes No - 3920 Yes No - 3920 Yes No

e. - 3930 Go to next nonrelative; if none, go to item 114, page 27. - 3930 Go to next nonrelative; if none, go to item 114, page 27. - 3930 Go to next nonrelative; if none, go to item 114, page 27. - 3930 Go to next nonrelative; if none, go to item 114, page 27.

Notes

REGULAR OCCUPIED - Continued			
	- 6 24 +	Line No.	Amount
(Enter line number for reference person and all household members age 14 + RELATED TO REFERENCE PERSON by blood, marriage, or adoption.)	3940	3950	\$ _____ 00
			<input type="checkbox"/> None
114. One of the main housing problems today is the total cost of housing compared to income. The next few questions are about income.	3980	3970	\$ _____ 00
			<input type="checkbox"/> None
In the past 12 months, how much did ... earn in wages, salaries, tips, and commissions before deductions?	3980	3990	\$ _____ 00
			<input type="checkbox"/> None
	4000	4010	\$ _____ 00
			<input type="checkbox"/> None
	4020	4030	\$ _____ 00
			<input type="checkbox"/> None
	4040	4050	\$ _____ 00
			<input type="checkbox"/> None
	4060	4070	\$ _____ 00
			<input type="checkbox"/> None
	4080	4090	\$ _____ 00
			<input type="checkbox"/> None
	4100	4110	\$ _____ 00
			<input type="checkbox"/> None
	4120	4130	\$ _____ 00
			<input type="checkbox"/> None
115a. In the past 12 months did ... or ... (Specify names for line numbers in item 114) —	- 6 11 +		
(1) Have a business, farm or ranch?	4140	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Receive social security or pensions? (Do not count SSI checks as social security.)	4160	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Receive any interest or dividend income of \$400 or more?	4170	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Receive rental income?	4180	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Receive welfare or SSI?	4190	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Receive alimony or child support?	4210	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Receive unemployment or worker's compensation or any other income?	4220	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			If all "No," skip to item 116
b. In the past 12 months what was the total income from (Sources marked "Yes" in item 115a) (--- after deducting expenses and losses from business/farm/ranch and/or rental income)?	4230	\$ _____ 00	Total income after deducting expenses and losses
<input type="checkbox"/> Verified that identical amounts in items 114 and 115b are not duplicate amounts	4240	\$ _____ 00	Amount of total net loss
			<input type="checkbox"/> None or broke even
116. Check item (See items 114 and 115b.) (Mark first box that applies.)			
<input type="checkbox"/> Total income over \$25,000 — Skip to item 118a, page 28			
<input type="checkbox"/> Income \$25,000 or less — Skip to item 117b, page 28			
<input type="checkbox"/> Income is refused, NA or DK — Ask item 117a, page 28			
Notes			

REGULAR OCCUPIED - Continued			
117a. Was (your/their) total income over \$25,000?	4250	<input type="checkbox"/> Yes — Skip to item 118a	<input type="checkbox"/> No
b. Did ... or ... (Specify names for line numbers in item 114) receive Food Stamps in the past 12 months?	4260	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Does ... or ... (Specify names for line numbers in item 114) have —			
(1) Savings?	4270	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Investments in a farm or business?	4280	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Other investments? (Exclude THIS home.)	4290	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			If all "No," skip to item 118a
d. Is the total amount of savings and investments over \$25,000?	4300	<input type="checkbox"/> Yes	<input type="checkbox"/> No
118a. Check item (See Control Card item 8b.)			
<input type="checkbox"/> Owned — Skip to item 121a			
<input type="checkbox"/> Rented or no cash rent — Go to item 118b			
b. Check item (See item 23, page 3.)			
<input type="checkbox"/> One-unit building or one-unit mobile home — Skip to item 119b			
<input type="checkbox"/> Two-or-more-unit building or two-or-more-unit mobile home — Ask item 119a			
119a. Does either the owner or a resident manager live in this (building/complex)? (Exclude staff who do only maintenance.)	4400	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. What is the owner's name and address?	- 8 17 +		
If don't know, ask —			
Where do you send your rent?			
	Name (Please print)		
	Address (Number, street)		
	City		
	State		
	ZIP Code		
	Title		
	Location		
	<input type="checkbox"/> Owner <input type="checkbox"/> Home		
	<input type="checkbox"/> Other <input type="checkbox"/> Office		
c. What is the (owner's/office's) telephone number?	Area code, number, extension		
	<input type="checkbox"/> Home		
	<input type="checkbox"/> Business		
d. INSTRUCTION — GO TO ITEM 121a			
120. WASHINGTON USE ONLY	- 625 +		
	4440		
	oo <input checked="" type="checkbox"/> No workers		
121a. Check item (See item 3, page 1.)			
<input type="checkbox"/> Control number in sample last enumeration period — Go to item 121b			
<input type="checkbox"/> Control number in sample for first time this enumeration period — Skip to item 123a, page 29			
b. Check item (See item 5, page 1.)			
<input type="checkbox"/> Same house/apartment/mobile home as last enumeration period — Go to item 121c			
<input type="checkbox"/> Different house/apartment/mobile home from last enumeration period — Skip to item 123a, page 29			
c. Check item (See Control Card item 9c)			
Unit was a noninterview in 1985			
<input type="checkbox"/> Yes — Skip to item 123a, page 29			
<input type="checkbox"/> No — Go to item 122a, page 29			

REGULAR OCCUPIED — Continued

122a. Since 1985, has there been a change in the amount of living space in this (house/apartment) because of putting on an addition, finishing an attic or converting a garage to living space? (Do not count finishing a basement.)

4570 Yes — Go to item 122b
 No — Go to item 177a, page 43

b. How many square feet of living space were added or lost? (If dimensions given, record dimensions.)

ADDITION

4580 _____ Square feet
 (_____ X _____ dimensions)

LOSS

4590 _____ Square feet
 (_____ X _____ dimensions)

4580 Don't know

C. INSTRUCTION — GO TO ITEM 177a, PAGE 43.

123a. Housing size is important for analysis of other information from this survey. How many square feet are there in this (house/apartment)? (Include basements and finished attics. Exclude unfinished attics, carports, and attached garages. Also exclude porches that are not protected from the elements/----) (----/Exclude the mobile home hitch.)

4600 _____ Square feet — Go to item 177a, page 43
 Don't know — Ask item 123b

b. How many (floors/stories) are there in this (house/apartment)? (Include basements and finished attics/----) (In apartments, floors refers only to the apartment itself.)

4610 _____ Number

C. MARK OR ASK —
 Is the (house/apartment) a split level?

4620 Yes
 No

d. What is the length and width of each floor of the (house/apartment)? (Include basements and finished attics. Exclude unfinished attics, carports, and attached garages. Also exclude porches that are not protected from the elements/----) (----/Exclude the mobile home hitch.) (Record dimensions of each room separately, if respondent is unable to give dimensions for the total floor size.)

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

4640 Don't know — Go to item 177a, page 43

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

OFFICE USE ONLY 4640 _____ Square feet

f. INSTRUCTION — GO TO ITEM 177a, PAGE 43.

URE INTERVIEWS

MARK OR ASK —

124. Are the living quarters in a — (Read all answer categories.)

1120 Mobile home
 One-unit building, detached from any other building
 One-unit building, attached to one or more buildings — Skip to item 126a
 Building with two or more apartments? — Skip to item 125b

125a. Are there any occupied or vacant apartments besides this one in the (building/mobile home)?

1130 Yes — Fill Table X on Control Card then go to item 125b
 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 the (house/apartment) share an attic or basement with the (house/apartment) next door?

1150 Yes
 No
 Don't know } SKIP to item 126c

b. How many (houses/apartments) including this one 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 the (house/apartment) share a furnace or boiler with the (house/apartment) next door?

1170 Yes
 No
 Don't know } SKIP to item 126e

d. How many (houses/apartments) including this one 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 this one in this house?

1190 Yes — Fill Table X on Control Card then go to item 126f
 No — Skip to item 127 and mark box 2

f. How many apartments including this one are in this house?

1200 _____ Number — If one, reask item 126e and correct entry. If more than one, go to item 127 and mark box 3.

127. Check item
 Final structure type classification based on entries in items 124 — 126

1210 One-unit building — detached
 One-unit building — attached
 Two-or-more-unit building
 Mobile home — one unit
 Mobile home — two-or-more units } Skip to item 129a

128. Is the house built — (Read answer categories until a "Yes" reply is received.)

1220 With a basement under all the building?
 With a basement under part of the building?
 With a crawl space?
 On a concrete slab?
 In some other way? — Specify _____

129a. Is the (house/apartment) part of a condominium or cooperative?

1230 No
 Yes, condominium } SKIP to item 130a, page 31
 Yes, cooperative

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

Yes
 No — Reask item 129a and correct entry

Notes

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) Separate dining rooms?	1290 _____ Number <input type="checkbox"/> None
b. Are there any other rooms? <i>(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.)</i>	
	1300 <input type="checkbox"/> Yes <input type="checkbox"/> No — Skip to item 131
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 kitchen sink? <i>(Exclude sink used on a regular basis by someone living outside the unit.)</i>	
	1340 <input type="checkbox"/> Yes <input type="checkbox"/> No
132. Check item (See item 130a.) <input type="checkbox"/> One or more full bathrooms — Skip to item 134a, page 32 <input type="checkbox"/> No full bathrooms — Ask item 133a	
133a. Does the (house/apartment) have a bathtub or shower for the occupants' use only?	
	1350 <input type="checkbox"/> Yes <input type="checkbox"/> No
b. Does the (house/apartment) have a flush toilet for the occupants' use only?	
	1360 <input type="checkbox"/> Yes <input type="checkbox"/> No
Notes	

URE INTERVIEWS — Continued	
134a. Is all the wiring in the finished areas of the (house/apartment) concealed either in walls or metal coverings? <i>(Exclude appliance cords, extension cords, chandelier cords, telephone, antenna, or cable TV wires.)</i>	
	1390 <input type="checkbox"/> Yes, concealed <input type="checkbox"/> No <input type="checkbox"/> No electrical wiring — Skip to item 135a
b. Does every room have an electric outlet or wall plug that works?	
	1400 <input type="checkbox"/> Yes <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 <input type="checkbox"/> No — Skip to item 136a
b. What fuel is used MOST to heat the water?	
	1480 <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 _____
136a. Does water for the (house/apartment) come from a public or private system, an individual well, or some other source? <i>(Source used for drinking and cooking.)</i>	
	1510 <input type="checkbox"/> Public or private water system — Skip to item 137a <input type="checkbox"/> Individual well — Ask item 136b <input type="checkbox"/> Spring <input type="checkbox"/> Cistern <input type="checkbox"/> Stream or lake <input type="checkbox"/> Bottled water <input type="checkbox"/> Other — Specify _____ } Skip to item 137a
b. How many (houses/apartments) does the well serve?	
	1520 <input type="checkbox"/> Only this house/apartment <input type="checkbox"/> 2 to 5 <input type="checkbox"/> 6 or more
c. Is the well drilled or dug?	
	1530 <input type="checkbox"/> Drilled <input type="checkbox"/> Dug
137a. Is the (house/apartment) connected to a public sewer?	
	1540 <input type="checkbox"/> Yes — Skip to item 138a, page 33 <input type="checkbox"/> No
b. What means of sewage disposal does the (house/apartment) have?	
	1550 <input type="checkbox"/> Septic tank or cesspool — Ask item 137c <input type="checkbox"/> Chemical toilet <input type="checkbox"/> Outhouse or privy <input type="checkbox"/> Other — Specify _____ } Skip to item 138a, page 33 <input type="checkbox"/> None
c. How many (houses/apartments) are connected to the (septic tank/cesspool)?	
	1560 <input type="checkbox"/> One <input type="checkbox"/> 2 to 5 <input type="checkbox"/> 6 or more
Notes	

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>1690 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>1600 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>1610 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>1620 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 or oven used on a regular basis by someone living outside the unit.)</p>	<p>1630 1 <input type="checkbox"/> Yes — Skip to item 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>1640 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>(2) cooking burners? (Exclude portable burners.)</p>	<p>1650 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>If both are "No," skip to item 141a</p>	
<p>c. (Is it/Are they) more than 5 years old? (Age of newest if two or more)</p>	<p>1660 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>d. What fuel is used MOST for cooking?</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>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 washing machine (----/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 — Specify _____</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 — Specify _____</p>
<p>Skip to item 145a, page 34</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 34</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)? (Read answer categories until a "Yes" reply is received.)</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 with 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? 6 <input type="checkbox"/> Kerosene, gas or oil heater(s), VENTED to the outside through a chimney, flue, or pipes? 7 <input type="checkbox"/> UNVENTED kerosene, gas or oil room heater(s)? 8 <input type="checkbox"/> Portable electric heater(s)? 9 <input type="checkbox"/> Stove(s)? 10 <input type="checkbox"/> Fireplace(s) WITH inserts, that is, installed equipment designed to circulate more heat into the room? 11 <input type="checkbox"/> Fireplace(s) with NO inserts? 12 <input type="checkbox"/> Some other type of heating equipment? — Specify _____ 13 <input type="checkbox"/> None? — Skip to item 149a, page 35</p>
<p>148a. What other kinds of heating equipment does the (house/apartment) have or use? (Mark all that apply.)</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 with 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 6 <input type="checkbox"/> Kerosene, gas or oil heater(s), VENTED to the outside through a chimney, flue, or pipes</p>
<p>b. Anything else?</p>	<p>1860 7 <input type="checkbox"/> UNVENTED kerosene, gas or oil room heater(s) 8 <input type="checkbox"/> Portable electric heater(s) 9 <input type="checkbox"/> Stove(s)</p>
<p>Yes — Mark appropriate box(es), then go to item 149a, page 35 No — Go to item 149a, page 35</p>	<p>1870 10 <input type="checkbox"/> Fireplace(s) WITH inserts, that is, installed equipment designed to circulate more heat into the room 11 <input type="checkbox"/> Fireplace(s) with NO inserts 12 <input type="checkbox"/> Some other type of heating equipment — Specify _____ 13 <input type="checkbox"/> None — Go to item 149a, page 35</p>

URE INTERVIEWS — Continued	
149a. Does the (house/apartment) have a porch, deck, balcony, or patio? <i>(Measuring at least four feet by four feet) (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
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 <input type="checkbox"/> Year round (occupied temporarily at time of interview) — Skip to item 150c 8 <input type="checkbox"/> Seasonal — Summers only 9 <input type="checkbox"/> Seasonal — Winters only 10 <input type="checkbox"/> Other seasonal — Specify _____ 11 <input type="checkbox"/> Migratory
b. Does the construction and heating of the (house/apartment) make it suitable for year-round use?	2480 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
c. How many months has it been since the (house/apartment) was occupied as a permanent home?	- 6 6 1 + 2470 _____ Months (if 1 — 24 months) 00 <input type="checkbox"/> Less than 1 month 25 <input type="checkbox"/> Over 2 years 28 <input type="checkbox"/> NEVER OCCUPIED AS A PERMANENT HOME 27 <input type="checkbox"/> Don't know
d. Is the ownership of the (house/apartment) time-shared?	3070 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
151. Check Item (See Control Card item 8b.) <input type="checkbox"/> Owned — Skip to item 154, page 36 <input type="checkbox"/> Rented — Ask item 152a, page 36 <input type="checkbox"/> No cash rent — Skip to item 152c(1), page 36	
Notes	

URE INTERVIEWS — Continued	
152a. How often is the rent on the (house/apartment) due?	- 6 6 1 + 2500 _____ Times per year 12 <input type="checkbox"/> Monthly
b. How much is the rent? <i>(If parking billed separately, exclude it here and mark NO to items 153a and 153b without asking.)</i>	2510 \$ _____ 00
c. (1) Is this (house/apartment) for vacation or other short-term use?	- 6 6 1 + 2485 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(2) Check Item (See item 127, page 30.) <input type="checkbox"/> Mobile home either one-unit or two-or-more units — Ask item 152d <input type="checkbox"/> Not a mobile home — Skip to item 153a	
d. Do you pay separate rent for the land?	2511 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 152g
e. How many times a year is the (land/site) rent due?	2512 _____ Times per year 12 <input type="checkbox"/> Monthly
f. What is the cost each ... (Billing period)?	2513 \$ _____ 00 0 <input type="checkbox"/> No cash rent 9997 <input type="checkbox"/> Included in mobile home park fee or association fee
g. (----/In addition to the rent), do you pay any (----/additional) mobile home park fee?	3550 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 152j
h. How many times a year is the fee due?	3555 _____ Times per year 12 <input type="checkbox"/> Monthly
i. What is the cost each ... (Billing period)?	3600 \$ _____ 00 0 <input type="checkbox"/> Included in mobile home rent
j. Are there any (----/other) required fees for utility hookups, mobile home association fees, and so forth?	- 6 6 1 + 2517 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 153a
k. How many times a year are the fees due?	2518 _____ Times per year 12 <input type="checkbox"/> Monthly
l. What is the average cost each ... (Billing period) for those fees?	2519 \$ _____ 00
153a. Is a garage or carport included (in the rent/with the home)?	2520 1 <input type="checkbox"/> Yes — Skip to item 154 2 <input type="checkbox"/> No
b. Is an offstreet parking space included?	2530 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
154. Check Item (See item 127, page 30.) <input type="checkbox"/> Mobile home either one-unit or two-or-more units — Skip to item 156, page 37 <input type="checkbox"/> Not a mobile home — Ask item 155	
155. About when was the building originally built?	2910 <input type="checkbox"/> 1980 or later Month _____ Year _____ _____ — Skip to item 158, page 37 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 158, page 37

URE INTERVIEWS — Continued	
156. Excluding the dealer's lot, is this the first site on which this mobile home was placed?	~ 6 61 + 2900 1 <input type="checkbox"/> Yes, first site 2 <input type="checkbox"/> No, moved from another site 3 <input type="checkbox"/> Don't know
157. What is the model year of the mobile home?	2910 <input type="checkbox"/> 1980 or later → Year <input type="text"/> 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
158. Check item (See item 127, page 30.)	<input type="checkbox"/> Two-or-more-unit building or two-or-more-unit mobile home — Skip to item 160 <input type="checkbox"/> All others — Ask item 159a
159a. How large is the (lot/site)? <i>(Include all connecting land that is owned or rented with the home.)</i> <i>(If over one acre, drop any fractions, don't round up. If under one acre, convert to approximate square feet.)</i>	2980 _____ Square feet OR 2990 _____ Feet by 3000 _____ feet OR 3010 _____ Whole acres <input type="checkbox"/> Don't know — Ask item 159b
159b. MARK OR ASK — Is it more than 10 acres?	3020 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
160. Check item (See Control Card item 8b.)	<input type="checkbox"/> Owned — Ask item 161a <input type="checkbox"/> Rented — Skip to item 171, page 40 <input type="checkbox"/> Occupied without payment of cash rent — Skip to item 171, page 40
161a. Is there a commercial establishment on the property?	3030 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
161b. Is there a medical or dental office on the property?	3040 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
162a. Check item (See item 150d, page 35.)	<input type="checkbox"/> Unit is time-shared — Skip to item 163a <input type="checkbox"/> Unit is not time-shared — Ask item 162b
162b. How much do you think the (house/apartment) would sell for on today's market? <i>(Include all connecting land; if multiunit building, estimate share of value applicable to sample unit.)</i>	3100 \$ _____ 00
163a. Is a garage or carport included with the (house/apartment)?	~ 6 61 + 2620 1 <input type="checkbox"/> Yes — Skip to item 164a 2 <input type="checkbox"/> No
163b. Is an offstreet parking space included?	2630 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
164a. Check item (See item 127, page 30.)	<input type="checkbox"/> Mobile home either one-unit or two-or-more units — Skip to item 166a, page 38 <input type="checkbox"/> Not a mobile home — Go to item 164b
164b. Check item (See item 129a, page 30.)	<input type="checkbox"/> Condominium or cooperative — Ask item 165a, page 38 <input type="checkbox"/> All others — Skip to item 167a, page 39

URE INTERVIEWS — Continued	
165a. What were the real estate taxes last year for the (condominium/cooperative) unit? <i>(Include school taxes, special assessments, and any other real estate taxes.)</i> <i>(Exclude taxes past due from other years.)</i> <i>(Subtract any rebates.)</i>	3520 \$ _____ 00
b. (Did the owner/Did you) receive a real estate property tax rebate last year?	3524 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 165d
c. What was the amount of the property tax rebata?	3526 \$ _____ 00
d. (Is the owner/Are you) required to pay a (condominium/cooperative) association fee?	3570 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 171, page 40
e. How many times a year is the fee due?	3580 _____ Times per year 12 <input type="checkbox"/> Monthly
f. What is the average cost each ... (Billing period)?	3590 \$ _____ 00 Skip to item 171, page 40
166a. 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? <i>(Include school taxes, special assessments, and any other real estate taxes.)</i> <i>(Exclude taxes past due from other years.)</i> <i>(Subtract any rebates.)</i>	3520 \$ _____ 00
b. (Did the owner/Did you) receive a real estate property tax rebata last year?	3524 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 166d
c. What was the amount of the property tax rebata?	3526 \$ _____ 00
d. Do you own the land?	~ 6 61 + 2607 1 <input type="checkbox"/> Yes — Skip to item 166h 2 <input type="checkbox"/> No
e. Do you pay separate rent for the land?	2611 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 166h
f. How many times a year is the (land/site) rent due?	2612 _____ Times per year 12 <input type="checkbox"/> Monthly
g. What is the cost each billing period?	2613 \$ _____ 00 <input type="checkbox"/> No cash rent 999? <input type="checkbox"/> Included in mobile home park fee or association fee
h. (Is the owner/Are you) required to pay any (additional) mobile home park fee?	3550 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 166k
i. How many times a year is the fee due?	3555 _____ Times per year 12 <input type="checkbox"/> Monthly
j. What is the average cost each ... (Billing period)?	3600 \$ _____ 00
k. Are there (any/any other) required fees for utility hookups, mobile home association fees, and so forth?	~ 6 61 + 2517 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 171, page 40
l. How many times a year are the fees due?	2518 _____ Times per year 12 <input type="checkbox"/> Monthly
m. What is the average cost each ... (Billing period) for those fees?	2519 \$ _____ 00 Skip to item 171, page 40

URE INTERVIEWS — Continued

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

3520 \$ _____ 00

b. (Did the owner/Did you) receive a real estate property tax rebate last year?

3524 1 Yes
2 No — Skip to item 169a

c. What was the amount of the property tax rebate?

3526 \$ _____ 00

168. WASHINGTON USE ONLY

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

3570 1 Yes
2 No — Skip to item 170a

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

3580 _____ Times per year
12 Monthly

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

3590 \$ _____ 00 Skip to item 171, page 40

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?

3610 1 Yes
2 No — Skip to item 171, page 40

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 Go to item 171, page 40

Notes

URE INTERVIEWS — Continued

171. Now I have some questions about utility costs. You may want to look up the amounts in your checkbook or other records. When two or more utilities are billed together, try to determine the cost of each.

a. 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 171b and d without asking.

3680 1 Not used
2 Included in rent, site rent, condominium or other fee, etc.
3 Obtained free

b. In the past 12 months what was the average MONTHLY cost for gas?

3690 \$ _____ 00 per month, OR →

3700 1 Not used — Skip to item 171d
2 Included in rent, site rent, condominium or other fee
3 Obtained free

c. Is the gas 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 ANNUAL cost for fuel oil?

3730 \$ _____ 00 per year, OR →

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 ANNUAL cost for wood, coal, kerosene, or any other fuel?

3760 \$ _____ 00 per year, OR →

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 ANNUAL cost for garbage and trash collection?

3790 \$ _____ 00 per year, OR →

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 ANNUAL cost for water supply and sewage disposal?

3820 \$ _____ 00 per year, OR →

3830 1 Not used
2 Included in real estate taxes, rent, site rent, condominium or other fee
3 Obtained free

172a. Check item (See Control Card item 8b.)

Owned — Skip to item 174a, page 41
 Rented or occupied without payment of cash rent — Go to item 172b

b. Check item (See item 17, page 30.)

Two-or-more-unit building or two-or-more-unit mobile home — Ask item 173a
 All others — Skip to item 172b

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

4400 1 Yes
2 No

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

If don't know, ask —

Where do you send your rent?

Name (Please print) _____
Address (Number, street) _____
City _____ State _____ ZIP Code _____

Title _____ Location _____
1 Owner 1 Home
2 Other 2 Office

c. What is the (owner's/office's) telephone number?

Area code, number, extension _____
1 Home 2 Business

URE INTERVIEWS — Continued

174a. Check Item (See item 3, page 1.)
 Control number in sample last enumeration period — Go to item 174b
 Control number in sample for first time this enumeration period — Skip to item 176a, page 42

b. Check Item (See item 5, page 1.)
 Same house/apartment/mobile home as last enumeration period — Go to item 174c
 Different house/apartment/mobile home from last enumeration period — Skip to item 176a, page 42

c. Check Item (See Control Card item 9c)
 Unit was a noninterview in 1985
 Yes — Skip to item 176a, page 42
 No — Go to item 175a

175a. Since 1985, has there been a change in the amount of living space in this (house/apartment) because of putting on an addition, finishing an attic or converting a garage to living space? (Do not count finishing a basement.)

- 881 +

1 Yes — Go to item 175b
 2 No — Go to item 177a, page 43

b. How many square feet of living space were added or lost? (If dimensions given, record dimensions.)

ADDITION

4580 _____ Square feet
 (_____ X _____ dimensions)

LOSS

4590 _____ Square feet
 (_____ X _____ dimensions)

4580 Don't know

c. INSTRUCTION — GO TO ITEM 177a, PAGE 43.

Notes

URE INTERVIEWS — Continued

176a. 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, and attached garages. Also exclude porches that are not protected from the elements/----.) (----/Exclude the mobile home hitch.)

- 881 +

4600 _____ Square feet — Skip to item 177a, page 43
 Don't know — Ask item 176b

b. How many (stories/floors) are there in this (house/apartment)? (Include basements and finished attics/----.) (In apartments, floors refers only to the apartment itself.)

4610 _____ Number

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

4620

d. What is the length and width of each floor of the (house/apartment)? (Include basements and finished attics. Exclude unfinished attics, carports, and attached garages. Also exclude porches that are not protected from the elements/----.) (----/Exclude the mobile home hitch.) (Record dimensions of each room separately, if respondent is unable to give dimensions for the total floor size.)

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

4640 Don't know — Skip to item 177a, page 43

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

OFFICE USE ONLY **4640** _____ Square feet

f. INSTRUCTION — GO TO ITEM 177A, PAGE 43

Notes

NEIGHBORHOOD QUALITY SUPPLEMENT		
<p>NOTE — Ask all categories in item 177a before proceeding to item 177b.</p> <p>177a. The following questions are concerned with specific aspects of your PRESENT neighborhood.</p> <p>Does the neighborhood have —</p> <p>(1) Street noise or heavy street traffic? -641+</p> <p style="margin-left: 100px;">5640 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>(2) Neighborhood crime? 5680</p> <p style="margin-left: 100px;">1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>NOTE — If "Yes" was answered for (1) or (2) in item 177a, ask item 177b.</p>	<p>NOTE — Ask item 177b only for those categories in item 177a which were answered "Yes."</p> <p>177b. Does the (Condition) bother you?</p> <p>3 <input type="checkbox"/> Yes — Ask c → 4 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Yes — Ask c → 4 <input type="checkbox"/> No</p>	<p>177c. Is it so objectionable that you would like to move from the neighborhood?</p> <p>5 <input type="checkbox"/> Yes 6 <input type="checkbox"/> No</p> <p>5 <input type="checkbox"/> Yes 6 <input type="checkbox"/> No</p>
<p>178a. Is there public transportation for this area?</p> <p style="margin-left: 100px;">5730 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 179a</p>		
<p>b. Is it satisfactory?</p> <p style="margin-left: 100px;">5740 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Do not use</p>		
<p>c. (Does anyone in the household/Do you) use public transportation at least once a week?</p> <p style="margin-left: 100px;">5750 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>		
<p>179a. Do you have satisfactory neighborhood shopping, that is, grocery stores or drug stores?</p> <p style="margin-left: 100px;">5760 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } Skip to item 180</p>		
<p>b. Are any of these stores within one mile of here?</p> <p style="margin-left: 100px;">5770 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>		
<p>180. Check Item (See Control Card items 11, 14, and 18.) (Mark first box that applies.)</p> <p><input type="checkbox"/> URE interview — Go to Control Card item 9a</p> <p><input type="checkbox"/> No household member 18 years of age or less — Skip to item 183, page 44</p> <p><input type="checkbox"/> Household member 4 to 18 years of age — Ask item 181a</p> <p><input type="checkbox"/> Household members 3 years old or younger — Skip to item 181b</p>		
<p>181a. (Does . . . /Do the children) attend a public school or a private school? (Mark all that apply.)</p> <p style="margin-left: 100px;">5780 1 <input type="checkbox"/> Public school (K—12) 2 <input type="checkbox"/> Private school (K—12) 3 <input type="checkbox"/> Other school (ungraded schools, special schools, preschools, early learning centers, etc.) 4 <input type="checkbox"/> Does not attend school</p>		
<p>b. Is the public elementary school that children living at this address (attend/would attend) satisfactory? (If more than one public elementary school, ask about the closest one to the sample unit.)</p> <p style="margin-left: 100px;">5790 1 <input type="checkbox"/> Yes — Skip to item 181d 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know — Skip to item 181d</p>		
<p>c. Is it so unsatisfactory that you would like to move from the neighborhood?</p> <p style="margin-left: 100px;">5800 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>		
<p>d. Is that public elementary school within one mile of here?</p> <p style="margin-left: 100px;">5810 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>		

182. WASHINGTON USE ONLY

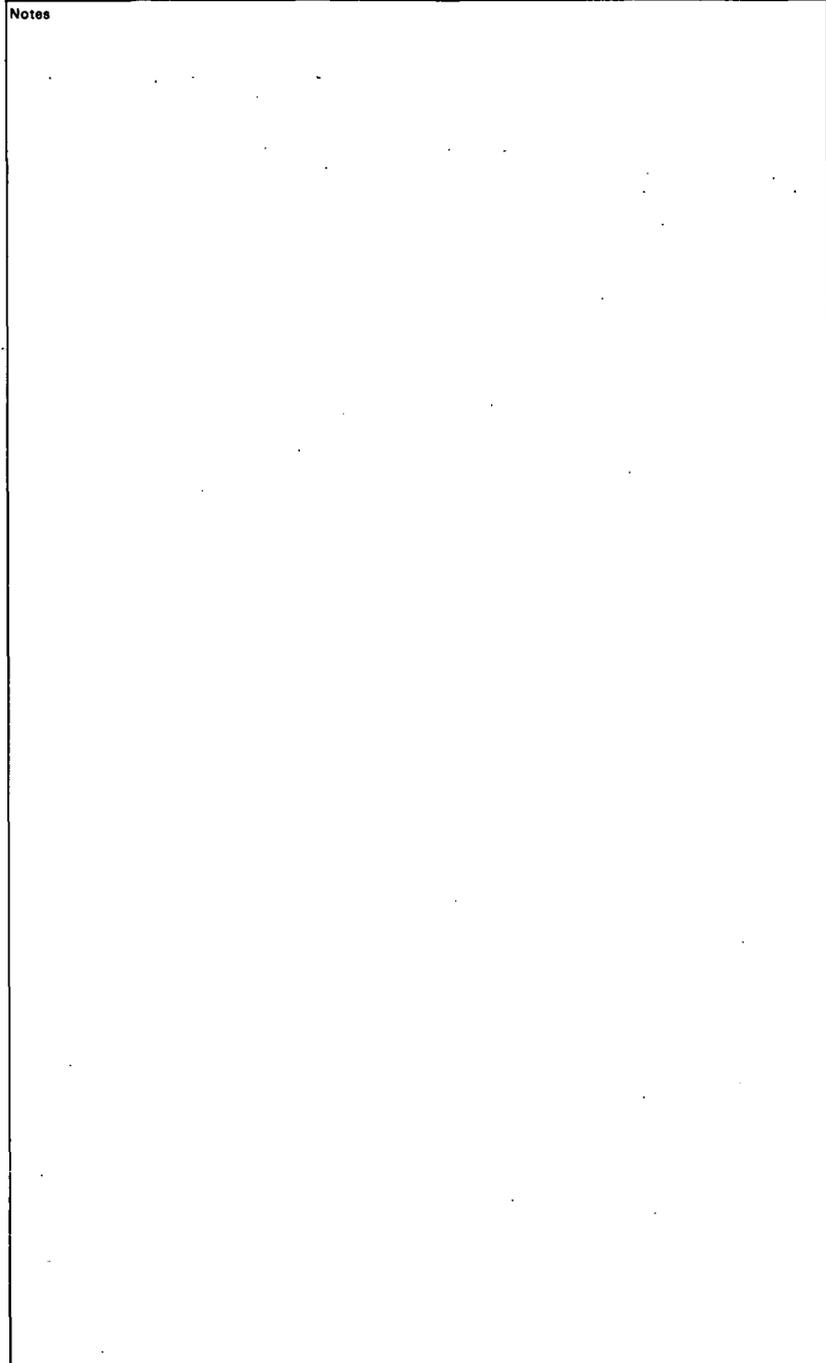
NONRELATIVE INCOME				
<p>183. Check Item (See Control Card items 13 and 18.)</p> <p><input type="checkbox"/> Household contains people age 14 + NOT related to reference person — Ask item 184a</p> <p><input type="checkbox"/> All others — Go to Control Card item 9a</p>				
<p style="margin-left: 100px;">-629+ -630+ -631+ -632+</p>				
<p style="margin-left: 100px;">4680 Line number 4680 Line number 4680 Line number 4680 Line number</p>				
<p>184a. I have a few questions that I would like to ask . . . , . . . and . . . (Names of nonrelatives). Are they here now?</p> <p style="margin-left: 100px;">4670 4670 4670 4670</p> <p style="margin-left: 100px;">1 <input type="checkbox"/> Yes — Skip to item 184c 2 <input type="checkbox"/> No — Ask item 184b</p> <p style="margin-left: 100px;">1 <input type="checkbox"/> Yes — Skip to item 184c 2 <input type="checkbox"/> No — Ask item 184b</p> <p style="margin-left: 100px;">1 <input type="checkbox"/> Yes — Skip to item 184c 2 <input type="checkbox"/> No — Ask item 184b</p> <p style="margin-left: 100px;">1 <input type="checkbox"/> Yes — Skip to item 184c 2 <input type="checkbox"/> No — Ask item 184b</p>				
<p>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?</p> <p style="margin-left: 100px;">4680 4680 4680 4680</p> <p style="margin-left: 100px;">\$ _____ 00 \$ _____ 00 \$ _____ 00 \$ _____ 00</p> <p style="margin-left: 100px;">0 <input type="checkbox"/> None 0 <input type="checkbox"/> None 0 <input type="checkbox"/> None 0 <input type="checkbox"/> None</p> <p style="margin-left: 100px;">(If unable to estimate, ask best time to reach nonrelative by telephone. Ask item 184c of nonrelatives who are here, and then go to Control Card item 9a.)</p>				
<p>c. (Introduce yourself, then say:)</p> <p style="margin-left: 100px;">4680 4680 4680 4680</p> <p style="margin-left: 100px;">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?</p> <p style="margin-left: 100px;">\$ _____ 00 \$ _____ 00 \$ _____ 00 \$ _____ 00</p> <p style="margin-left: 100px;">0 <input type="checkbox"/> None 0 <input type="checkbox"/> None 0 <input type="checkbox"/> None 0 <input type="checkbox"/> None</p> <p style="margin-left: 100px;">Go to next nonrelative. If none, go to Control Card item 9a. Go to next nonrelative. If none, go to Control Card item 9a. Go to next nonrelative. If none, go to Control Card item 9a. Go to next nonrelative. If none, go to Control Card item 9a.</p>				
<p>Notes</p>				

OBSERVATION ITEMS	
185a. How many stories are in the building, including the basement? <i>(If split level, count greatest number of stories on top of each other.)</i>	<p>4780 <u>~ 8 09 +</u> _____ Stories in building (If 1 - 20)</p> <p>OR</p> <p>21 <input type="checkbox"/> 21 or more</p>
b. What is the condition of the light fixtures in the public halls?	<p>4790 1 <input type="checkbox"/> No public halls</p> <p>2 <input type="checkbox"/> All in working order</p> <p>3 <input type="checkbox"/> Some in working order</p> <p>4 <input type="checkbox"/> None in working order</p> <p>5 <input type="checkbox"/> No light fixtures</p> <p>6 <input type="checkbox"/> Fixtures turned off, unable to determine if working, not obviously broken</p>
c. How many stories are there from main entrance of building to main entrance of sample unit?	<p>4800 _____ Stories up or down to home</p> <p>0 <input type="checkbox"/> Same floor</p>
d. Is there a passenger elevator on this floor?	<p>4810 1 <input type="checkbox"/> No elevator</p> <p>2 <input type="checkbox"/> At least one working elevator</p> <p>3 <input type="checkbox"/> All elevators not working</p>
e. Are there loose, broken, or missing steps on any common stairways inside this building or attached to this building?	<p>4820 1 <input type="checkbox"/> No common stairways — Skip to item 185g</p> <p>2 <input type="checkbox"/> Yes</p> <p>3 <input type="checkbox"/> No</p>
f. Are all railings on the common stairways firmly attached?	<p>4830 1 <input type="checkbox"/> No stair railings</p> <p>2 <input type="checkbox"/> Yes</p> <p>3 <input type="checkbox"/> No</p>
g. What is the external condition of the building that contains the sample unit, as visible from front of building or roadway? <i>(Mark all that apply.)</i>	<p>4840 * 1 <input type="checkbox"/> Sagging roof</p> <p>2 <input type="checkbox"/> Missing roofing material</p> <p>3 <input type="checkbox"/> Hole in roof</p> <p>4 <input type="checkbox"/> Could not see roof</p> <p>5 <input type="checkbox"/> Missing bricks, siding, or other outside wall material</p> <p>6 <input type="checkbox"/> Sloping outside walls</p> <p>4850 * 7 <input type="checkbox"/> Boarded up window(s)</p> <p>8 <input type="checkbox"/> Broken window(s)</p> <p>9 <input type="checkbox"/> Bars on window(s)</p> <p>4860 10 <input type="checkbox"/> Foundation crumbling or has open crack or hole</p> <p>11 <input type="checkbox"/> Could not see foundation</p> <p>OR</p> <p>4870 12 <input type="checkbox"/> Observed, but no listed conditions for roofs, walls, windows, or foundations</p> <p>OR</p> <p>13 <input type="checkbox"/> Unable to observe</p>
h. How many mobile homes are in the group? <i>(Including sample mobile home)</i>	<p>4880 _____ Exact number (If 1 - 20)</p> <p>OR</p> <p>21 <input type="checkbox"/> 21 or more</p> <p>0 <input type="checkbox"/> Sample unit not a mobile home</p>
i. How would you classify the structure that contains the sample unit?	<p><input type="checkbox"/> One-unit building — detached</p> <p><input type="checkbox"/> One-unit building — attached</p> <p><input type="checkbox"/> Mobile home — one unit</p> <p><input type="checkbox"/> Two-or-more-unit building</p> <p><input type="checkbox"/> Mobile home — two-or-more units</p> <p><i>Skip to item 186a, page 46</i></p>
j. How many living quarters are in the structure that contains the sample unit? <i>(Including the sample unit)</i>	<p>_____ Number of living quarters</p>

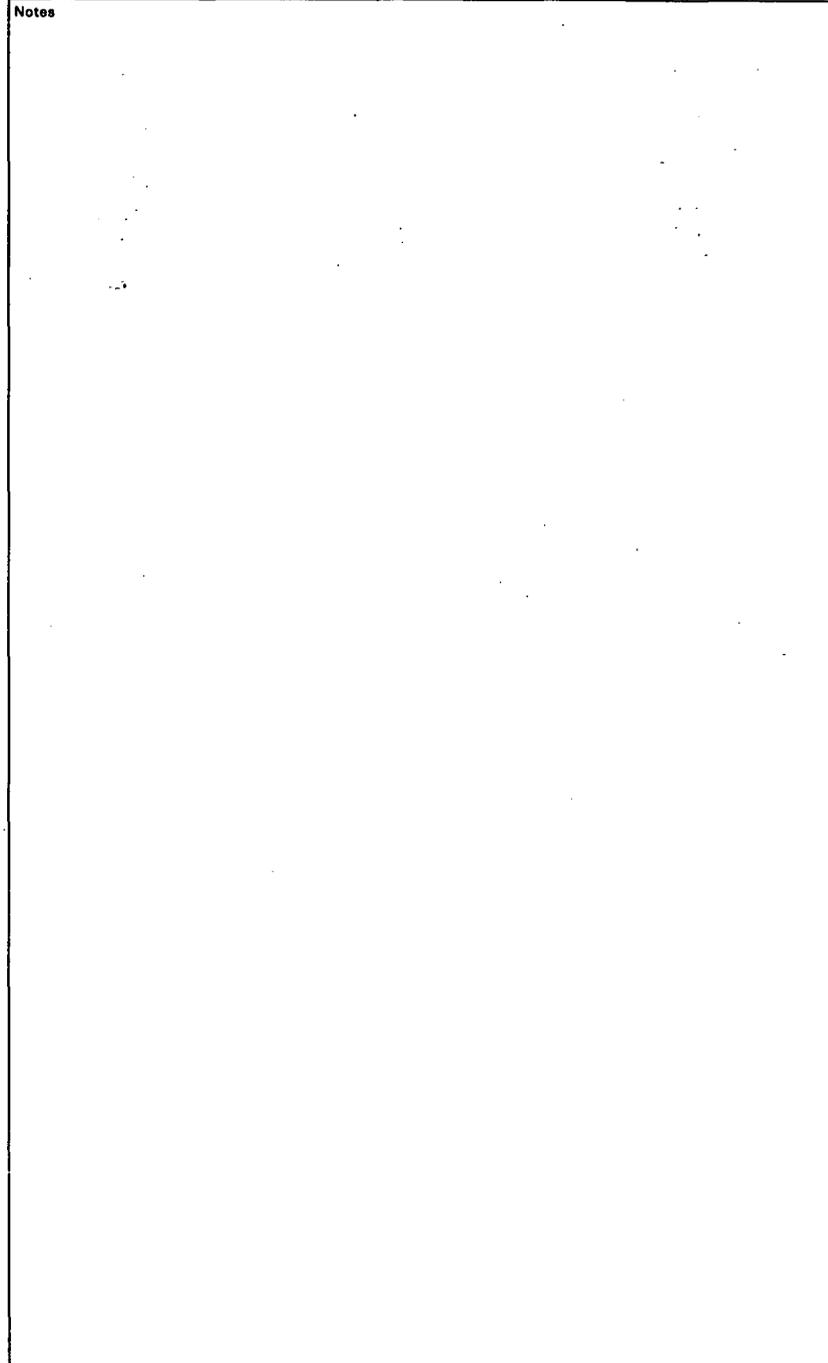
OBSERVATION ITEMS — Continued	
The items on this page concerns the area within 300 feet from the front entrance of the building in which sample unit is located.	
186a. Which of these are within 300 feet of building containing the sample unit? <i>(Exclude this building.)</i> <i>(Mark all that apply.)</i>	<p>4890 1 <input type="checkbox"/> Single-family, detached house(s)</p> <p>2 <input type="checkbox"/> Single-family, attached house(s) or low-rise (1-3 story) residential multiunit building(s)</p> <p>3 <input type="checkbox"/> Mid-rise (4-6 story) residential multiunit building(s)</p> <p>4 <input type="checkbox"/> High-rise (7+ story) residential multiunit building(s)</p> <p>5 <input type="checkbox"/> Mobile home(s) (exclude campers)</p> <p>6 <input type="checkbox"/> Commercial, institutional, industrial building(s)</p> <p>4900 7 <input type="checkbox"/> Residential parking lot(s)</p> <p>* 8 <input type="checkbox"/> Body of water</p> <p>9 <input type="checkbox"/> Open space, park, woods, farm, or ranch</p> <p>4910 10 <input type="checkbox"/> 4+ lane highway, railroad, or airport</p> <p>* 11 <input type="checkbox"/> Other — Specify _____</p> <p>OR</p> <p>12 <input type="checkbox"/> Could not observe</p>
b. What is the predominant age of residential buildings within 300 feet? <i>(Exclude this building.)</i>	<p>4920 1 <input type="checkbox"/> Older than sample unit</p> <p>2 <input type="checkbox"/> About the same</p> <p>3 <input type="checkbox"/> Newer than sample unit</p> <p>4 <input type="checkbox"/> Very mixed</p> <p>5 <input type="checkbox"/> No other residential buildings</p>
c. Are any buildings vandalized, or interior exposed to the elements? <i>(Exclude this building.)</i>	<p>4930 1 <input type="checkbox"/> Yes, only one vandalized or exposed</p> <p>2 <input type="checkbox"/> Yes, more than one</p> <p>3 <input type="checkbox"/> None vandalized or exposed</p> <p>4 <input type="checkbox"/> No other buildings within 300 feet — Skip to item 186e</p>
d. Are there bars on windows of buildings in area? <i>(Exclude this building.)</i>	<p>4940 1 <input type="checkbox"/> Yes, only one building with bars</p> <p>2 <input type="checkbox"/> Yes, more than one</p> <p>3 <input type="checkbox"/> No bars on windows</p>
e. What is the condition of streets?	<p>4950 1 <input type="checkbox"/> Major repairs needed</p> <p>2 <input type="checkbox"/> Minor repairs needed</p> <p>3 <input type="checkbox"/> No repairs needed</p> <p>4 <input type="checkbox"/> No streets within 300 feet</p>
f. Is there trash, litter, or junk in streets, roads, empty lots, or on any properties? <i>(Include this building.)</i>	<p>4960 1 <input type="checkbox"/> Major accumulation</p> <p>2 <input type="checkbox"/> Minor accumulation</p> <p>3 <input type="checkbox"/> None</p>
INTERVIEW COMPLETED	
187. Suggestions/Problems (InterComm or S*M*A*R*T suggestion form filled)	<p>4965 * 1 <input type="checkbox"/> Questionnaire/Control Card suggestions or problems specific to this interview — Describe on appropriate form</p> <p>2 <input type="checkbox"/> General questionnaire/Control Card suggestions or problems — Describe on appropriate form</p> <p>3 <input type="checkbox"/> Procedural suggestions — Describe on appropriate form</p>
188. Item number or item ranges involved in suggestion/problem	<p>4971 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>4973 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>4975 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>

Facsimile of the American Housing Survey Questionnaire: 1989—Continued

Notes



Notes



NOTES

FORM AHS-61 (8-30-87)

Facsimile of the American Housing Survey Control Card: 1989—Continued

2.8 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.				2.9 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 Is this unit in a special place?	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 Is this unit within the specific address (basic plus unit if any), or within the same space of the original sample unit?	AREA SEGMENTS Is this unit within the segment boundaries?	SPECIAL PLACE SEGMENTS Is this unit within the specific address (basic plus unit, if any) of the original sample unit?	PERMIT SEGMENTS 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?
		Do the occupants or intended occupants of (Address in column (1)) live and set separately from all other persons on the property?	Does (Address in column (1)) have direct access either from the outside or through a common hall?					
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
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	<input type="checkbox"/> Yes — Interview as an EXTRA unit <input type="checkbox"/> No — Do not interview