

# Facsimile of the American Housing Survey Control Card: 1992

PGM 2		FORM <b>AHS-61</b> (9-30-87)		U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS	
1 PSU	Segment	Serial	Sample or Check digit	2a SEGMENT <input type="checkbox"/> Unit <input type="checkbox"/> Area <input type="checkbox"/> Permit <input type="checkbox"/> Special Place	2b EXTRA UNIT Original unit serial number
3a ADDRESS (Sheet _____, Line _____)				2c Sheet _____ Line _____	
3b (Ask every survey.) What is the exact address? (Make corrections to address above.)				INTRODUCTION <b>OCCUPIED HOUSEHOLD:</b> Hello. I am ... from the United States Bureau of the Census. Here is my identification card. We are taking a survey of housing in the United States. I have some questions I would like to ask you. Did you receive our letter? If prior year interview, ask: Is this the (Last name of reference person) household? <b>VACANT INTERVIEW:</b> Hello. I am ... from the United States Bureau of the Census. Here is my identification card. We are taking a survey of housing in the United States. I have some questions about (Read address). Here is a letter which provides some information about the survey.	
3c OFFICE USE ONLY 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>				OMB No. 2528-0016	
3d Special place name				3e Type code	
3f Sample number				3g	
6 STATUS OF CONTROL NUMBER				7a CHECK ITEM	
Control number in sample last enumeration period				7b ACCESS - Mark or ask: Does (Address in item 3a) have direct access either from the outside or through a common hall?	
Control number in sample for first time this enumeration period - Mark reason for adding control number below				7c Mark or ask: Is (Address in item 3a) a house, an apartment, a mobile home, or some other type of residence?	
New construction				HOUSING UNIT	
Mobile home moved in				House, apartment, flat	
House moved in				Mobile home with NO permanent room added	
Unit resulted from structural conversion				Mobile home WITH one or more permanent rooms added	
Conversion of nonresidential unit				HU in nontransient hotel, motel, etc.	
Sample redesign				HU, permanent in transient hotel, motel	
Other - Specify _____				HU in rooming house	
OFFICE USE ONLY				Boat or recreational vehicle	
				Tent, cave, or railroad car	
				HU not specified above - Specify _____	
				OTHER UNIT (Treat as Type B noninterview. Mark and go to AHS-63.)	
				Quarters not HU in rooming or boarding house	
				Student quarters in college dormitory	
				Unoccupied site for mobile home, trailer, or tent	
				Unit not permanent in transient hotel, motel, etc.	
				OTHER unit not described above - Specify _____	
				8a CHECK ITEM	
				8b TENURE	
				8c SKIP TO ITEM 11 (If Type A, go to AHS-62.)	
				REG./URE INTERVIEW	
				TYPE A NONINTERVIEW	
				VACANT INTERVIEW	
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NOTES

FORM AHS-81 (9-30-87)



# Facsimile of the American Housing Survey Questionnaire: 1992

OMB No. 2528-0016: Approval Expires 03/31/93

<p><b>FORM AHS-62</b> (5-31-91)</p> <p style="text-align: center;">U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS ACTING AS COLLECTING AGENT FOR DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT</p> <p style="text-align: center;"><b>AMERICAN HOUSING SURVEY METROPOLITAN SAMPLE 1992 OCCUPIED HOUSING UNITS</b></p>	<p><b>NOTICE</b> - 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><b>1. Control number</b> - 4 1 0 ↓</p> <p>PSU Segment Serial Sample Panel</p> <p style="text-align: right;">F</p>
<p><b>2a. Date of first visit</b></p> <p>Month Day Year</p> <p>0010</p> <p><b>b. Field Representative name</b></p> <p>_____</p> <p><b>c. Interview method</b></p> <p>0015 1 <input type="checkbox"/> Personal visit 2 <input type="checkbox"/> Telephone</p>	<p><b>10-13. WASHINGTON USE ONLY</b></p> <p><b>14a. Field Representative: Is there any information for this sample unit which should be reviewed by the office prior to data keying?</b></p> <p>0135 1 <input type="checkbox"/> Review not required 2 <input type="checkbox"/> Review required</p> <p>Notes</p> <p>_____</p> <p><b>b. OFFICE USE ONLY</b></p> <p>0139 2 <input type="checkbox"/> Review completed</p>
<p><b>3. Check Item (See Control Card item 6.)</b></p> <p><input type="checkbox"/> Control number in sample last enumeration period - Complete item 4</p> <p><input type="checkbox"/> Control number in sample for first time this enumeration period - Skip to item 6</p>	<p><b>15. OFFICE USE ONLY</b></p> <p><b>a. EDIT FOLLOWUP REQUIRED</b> → <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><b>b. SOURCE OF RESOLUTION</b></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><b>c. OFFICE USE ONLY</b></p> <p>0141 <input type="text"/> <input type="text"/> Editor's code</p> <p>0142 <input type="text"/> <input type="text"/></p>
<p><b>4. (See Control Card items 11 and 14.) Are any household members the same this time as last enumeration period?</b></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><b>16. In what language was the interview conducted?</b></p> <p>0143 1 <input type="checkbox"/> English 2 <input type="checkbox"/> Spanish 3 <input type="checkbox"/> Other - Specify _____</p>
<p><b>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.</b></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><b>17. Address correction/address addition</b></p> <p>- 5 1 0 ↓</p> <p>First address line</p> <p>_____</p> <p>Second address line</p> <p>_____</p> <p>Place or city State ZIP Code</p>
<p><b>6. Type of interview</b></p> <p>0040 1 <input type="checkbox"/> Regular occupied - (One or more "1's" in Control Card item 14) - Go to item 20, page 2</p> <p>2 <input type="checkbox"/> URE occupied - (All "2's" in Control Card item 14) - Go to item 124, page 30</p> <p>4 <input type="checkbox"/> Type A noninterview</p>	<p><b>18-19. WASHINGTON USE ONLY</b></p>
<p><b>7. Type A noninterview reason</b></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><b>8. Occupancy status for Type A noninterviews</b></p> <p>0060 1 <input type="checkbox"/> Occupied as a usual residence by at least one person</p> <p>2 <input type="checkbox"/> All occupants have a usual residence elsewhere</p> <p>3 <input type="checkbox"/> Don't know</p> <p>Go to Control Card item 9a</p>
<p><b>9. Mortgage (See item 94, page 19.)</b></p> <p>0070 1 <input type="checkbox"/> Mortgage information not required OR callback not required</p> <p><input type="checkbox"/> Callback required -</p> <p>2 <input type="checkbox"/> Information obtained</p> <p>3 <input type="checkbox"/> Unable to obtain information - Explain →</p>	<p><b>20. Are your living quarters in a -</b> (Read all answer categories.)</p> <p>1120 1 <input type="checkbox"/> Mobile home</p> <p>2 <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><b>21a. Are there any occupied or vacant apartments besides your own in the (building/mobile home)?</b></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>21b. How many apartments are in the (building/mobile home)?</b></p> <p>1140 _____ Number - Skip to item 23 and mark box 3 or 5</p>
<p><b>22a. Does your (house/apartment) share an attic or basement with the (house/apartment) next door?</b></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>22b. How many (houses/apartments) including your own share the attic or basement?</b></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><b>22c. Does your (house/apartment) share a furnace or boiler with the (house/apartment) next door?</b></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><b>22d. How many (houses/apartments) including your own share the furnace or boiler?</b></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><b>23. Check Item</b></p> <p>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><b>24. Is the house built -</b> (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><b>25a. Is the (house/apartment) part of a condominium or cooperative?</b></p> <p>1230 3 <input type="checkbox"/> No</p> <p>2 <input type="checkbox"/> Yes, condominium</p> <p>1 <input type="checkbox"/> Yes, cooperative</p>	<p><b>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?</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No - Reask item 25a and correct entry</p>

Facsimile of the American Housing Survey Questionnaire: 1992—Continued

A-28

**REGULAR OCCUPIED — Continued**

**26a. How many of each of the following rooms does that (house/apartment) have?**  
*(For a one room efficiency or studio apartment, enter "1" for living room, enter the correct number of bathrooms, and mark "None" for all other rooms.)*

(1) Bedrooms?  Number  
 None

(2) How many full bathrooms with hot and cold piped water, AND a sink, AND a flush toilet, AND a bathtub or shower?  Number  
 None

(3) How many half bathrooms?  Number  
*(Toilet OR bathtub OR shower)*  
 None

(4) Kitchens?  Number  
 None

(5) Living rooms?  Number  
 None

(6) Separate dining rooms?  Number  
 None

**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.)*

Yes  
 No — Skip to item 26d

**c. What are they?**  
*(Complete all 3 parts.)*

Number of family rooms, dens, recreation rooms and/or libraries  
 None

Number of rooms that are business space with direct access to outside  
 None

Number of other rooms, finished or unfinished  
 None

**d. Are there any mobile homes or buildings on this (property/site) other than this one?**  
*(Use site if unit is a mobile home in a mobile home park.)*

Yes  
 No — Skip to item 27, page 4

**e. (Is it a/Are they) —**

(1) mobile home(s)?   Yes  
 No

(2) garage(s)?   Yes  
 No

(3) some other type of building(s)?   Yes  
 No

**f. Check item (See item 26a.)**  
 Unit has mobile home on property — Ask item 26g  
 Unit does not have mobile home on property — Skip to item 26h

**g. What is the model year of each mobile home?**

**h. Are any of the rooms in the (Read categories marked "Yes" in item 26a.) lived in enough by members of this household so that they should be counted as part of your living quarters?**   Yes  
 No — Skip to item 27, page 4

**i. Did you include them when you told me how many rooms you had?**   Yes — Skip to item 27, page 4  
 No

**j. What kinds of rooms are they?**  
*(Specify kinds and number in item 26j. Then include these rooms in the answers to items 26a through c.)*

**REGULAR OCCUPIED — Continued**

**27. Does the (house/apartment) have a kitchen sink?**   Yes  
*(For this household's use only)*  No

**28. Check item (See item 26a.)**  
 One or more full bathrooms — Skip to item 29c  
 No full bathrooms — Ask item 29a

**29a. Does the (house/apartment) have a bathtub or shower for this household's use only?**   Yes  
 No

**b. Does the (house/apartment) have a flush toilet for this household's use only?**   Yes — Skip to item 30a  
 No — Skip to item 31a

**c. (Is the bathroom/Are the bathrooms) for this household's use only?**   Yes, exclusive use  
 No, shared

**30a. In the last 3 months, was there any time when all the toilets in the home were not working?**   Yes  
*(While household was living here if less than 3 months)*  No toilet breakdowns — Skip to item 31a

**b. How many of these breakdowns lasted 6 hours or more?**  Number of toilet breakdowns lasting 6 hours or more  
 No toilet breakdowns lasting 6 hours

**31a. Is all the wiring in the finished areas of your home concealed either in walls or metal coverings?**   Yes, concealed  
 No  
 No electrical wiring — Skip to item 32a  
*(Exclude appliance cords, extension cords, chandelier cords, telephone, antenna, or cable TV wires.)*

**b. Does every room have an electric outlet or wall plug that works?**   Yes  
 No

**c. Have any fuses blown or circuit breakers tripped in the last 3 months?**   Yes  
 No  
 Don't know } Skip to item 32a  
*(For the home)*  
*(While household was living here if less than 3 months)*

**d. How many times in the last 3 months?**  Number

**32a. Has water leaked into your home from outdoors in the last 12 months?**   Yes  
 No — Skip to item 32c  
*(Exclude plumbing or other inside leaks.)*  
*(While household was living here if less than 12 months)*

**b. Where did the water come in?**   Roof  
 Basement  
 Walls or ground closed windows or closed doors  
 Other — Specify — \_\_\_\_\_

**c. Have there been water leaks in the (house/apartment) from INSIDE the building in the last 12 months?**   Yes  
 No — Skip to item 33a, page 5  
*(While household was living here if less than 12 months)*

**d. Where did the water come from?**   Own plumbing fixtures backed up and/or overflowed  
 Pipes leaked (Include pipe leaks from other apartments.)  
 Other or unknown — Specify — \_\_\_\_\_

APPENDIX A

Facsimile of the American Housing Survey Questionnaire: 1992—Continued

REGULAR OCCUPIED — Continued	
<p><b>33a. Does the (house/apartment) have hot and cold piped water?</b> <i>(For this household's use only)</i></p>	<p>1470 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 34a</p>
<p><b>b. What fuel is used MOST to heat the water?</b></p>	<p>1480 1 <input type="checkbox"/> Electricity 2 <input type="checkbox"/> Gas 3 <input type="checkbox"/> Fuel oil 4 <input type="checkbox"/> Kerosene or other liquid fuel 5 <input type="checkbox"/> Coal or coke 6 <input type="checkbox"/> Wood 7 <input type="checkbox"/> Solar energy 8 <input type="checkbox"/> Other — Specify _____</p>
<p><b>c. Was your home ever completely without running water in the last 3 months?</b> <i>(While household was living here if less than 3 months)</i></p>	<p>1490 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No water stoppage — Skip to item 34a</p>
<p><b>d. How many times was it not available for 6 hours or more?</b></p>	<p>1500 _____ Water stoppages lasting 6 hours or more 0 <input type="checkbox"/> None lasted 6 hours</p>
<p><b>34a. Does most of the water for your home used for cooking and drinking come from a public or private system, an individual well, or some other source?</b></p>	<p>1510 1 <input type="checkbox"/> Public or private water system — Skip to item 34c 2 <input type="checkbox"/> Individual well — Ask item 34b 3 <input type="checkbox"/> Spring — For this household only 4 <input type="checkbox"/> Cistern — For this household only 5 <input type="checkbox"/> Stream or lake — For this household only 6 <input type="checkbox"/> Bottled water 7 <input type="checkbox"/> Other — Specify _____</p> <p style="text-align: right;">} Skip to item 35a, page 6</p>
<p><b>b. Is the well drilled or dug?</b></p>	<p>1530 1 <input type="checkbox"/> Drilled 2 <input type="checkbox"/> Dug</p>
<p><b>c. Does the (system/well) serve 15 or more (houses/apartments)?</b></p>	<p>-6 11+ 1520 5 <input type="checkbox"/> Yes — Skip to item 35a, page 6 6 <input type="checkbox"/> No — Ask item 34d</p>
<p><b>d. How many (houses/apartments) does the (system/well) serve?</b></p>	<p>1520 1 <input type="checkbox"/> Only this house or apartment 2 <input type="checkbox"/> 2 to 5 3 <input type="checkbox"/> 6 to 9 4 <input type="checkbox"/> 10 to 14</p>
<p>Notes</p> <hr/> <hr/> <hr/> <hr/> <hr/>	

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

Facsimile of the American Housing Survey Questionnaire: 1992—Continued

**REGULAR OCCUPIED — Continued**

**40a.** Does your (house/apartment) have a washing machine (---/in the apartment)? 1710 1  Yes  
2  No — Skip to item 41a

**b.** Is it more than 5 years old? 1720 1  Yes  
2  No

**41a.** Does your (house/apartment) have a clothes dryer (---/in the apartment)? 1730 1  Yes  
2  No — Skip to item 42a

**b.** Is it more than 5 years old? 1740 1  Yes  
2  No

**c.** What kind of fuel does the dryer use? 1750 1  Electricity  
2  Gas  
3  Other — Specify \_\_\_\_\_

**42a.** Does your (house/apartment) have central air conditioning? 1760 1  Yes  
2  No — Skip to item 42c

**b.** What kind of fuel does it use? 1770 1  Electricity  
2  Gas  
3  Other — Specify \_\_\_\_\_ Skip to item 43a

**c.** Do you use any room air conditioners? 1780 1  Yes  
2  No — Skip to item 43a

**d.** How many? 1790 \_\_\_\_\_ Number

**43a.** What fuel is used MOST for heating the (house/apartment)? 1800 1  Electricity  
2  Gas  
3  Fuel oil  
4  Kerosene or other liquid fuel  
5  Coal or coke  
6  Wood  
7  Solar energy  
8  Other — Specify \_\_\_\_\_  
9  None — Skip to item 44, page 8

**b.** Besides (Fuel marked in item 43a), what other fuel is used for heating the (house/apartment)? 1810 1  Electricity  
2  Gas  
3  Fuel oil  
4  Kerosene or other liquid fuel  
5  Coal or coke  
6  Wood  
1820 7  Solar energy  
8  Other — Specify \_\_\_\_\_  
9  None

Notes  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REGULAR OCCUPIED — Continued**

**44.** Does the (house/apartment) have a usable fireplace? 1830 1  Yes  
2  No

**PLEASE LOOK AT THIS CARD.**

**45a.** What type of heating equipment is used MOST to heat the (house/apartment)? 1840 *(Read answer categories until heating equipment used most is mentioned.)*

A central warm-air furnace with air vents or ducts to the individual rooms? — Ask item 45b  
 Steam or hot-water system with radiators OR other system using steam or hot water? Skip to item 46a  
 Electric heat pump?  
 Other built-in electric units permanently installed in wall, ceiling, or baseboards?  
 Floor, wall, or other built-in, hot-air heater without ducts?  
 Kerosene, gas, or oil room heater(s) — Skip to item 45d  
 Portable electric heater(s)  
 Stove(s)  
 Fireplace(s) WITH inserts, that is, installed equipment designed to circulate more heat into the room?  
 Fireplace(s) with NO inserts? Skip to item 46a  
 Some other type of heating equipment? — Specify \_\_\_\_\_  
 None? — Skip to item 48a, page 9

**MARK OR ASK —**

**b.** Is the heating fuel for the furnace electricity? 1840 1  Yes, electricity  
2  No — Skip to item 46a

**c.** Is that a heat pump? 1840 3  Yes } Skip to item 46a  
1  No

**d.** Is your room heater VENTED to the outside through a chimney, flue, or pipes? 1840 6  Yes  
7  No

**46a.** What other kinds of heating equipment does the (house/apartment) have or use? 1850 *(Mark all that apply.)*

**b.** Anything else?

Yes — Mark appropriate box(es), then go to item 47a, page 9  
 No — Go to item 47a, page 9

A central warm-air furnace with air vents or ducts to the individual rooms  
 Steam or hot-water system with radiators OR other system using steam or hot water  
 Electric heat pump  
 Other built-in electric units permanently installed in wall, ceiling, or baseboards  
 Floor, wall, or other built-in, hot-air heater without ducts.  
 Kerosene, gas, or oil room heater(s), VENTED to the outside through a chimney, flue, or pipes  
 UNVENTED kerosene, gas, or oil room heaters  
 Portable electric heater(s)  
 Stove(s)  
 Fireplace(s) WITH inserts, that is, installed equipment designed to circulate more heat into the room.  
 Fireplace(s) with NO inserts  
 Some other type of heating equipment — Specify \_\_\_\_\_  
 None — Go to item 47a, page 9

Facsimile of the American Housing Survey Questionnaire: 1992—Continued

APPENDIX A

REGULAR OCCUPIED — Continued	
47a. Last winter was there any time when the (house/apartment) was so cold for 24 hours or more that it caused anyone in your household discomfort?	1880 <input type="checkbox"/> Yes — Ask item 47b <input type="checkbox"/> No <input type="checkbox"/> Did not live here last winter } Skip to item 48a
b. Was that because the heating equipment broke down?	1890 <input type="checkbox"/> Yes <input type="checkbox"/> No, didn't break down — Skip to item 47e
c. How many times did (it/they all) break down for 6 hours or more?	1900 _____ Number of breakdowns lasting 6 hours or more <input type="checkbox"/> Never broken for 6 hours
d. Was it cold for any other reason?	1910 <input type="checkbox"/> Yes <input type="checkbox"/> No — Skip to item 48a
e. What was the reason?	1920 <input type="checkbox"/> Utility interruption <input type="checkbox"/> Inadequate heating capacity <input type="checkbox"/> Inadequate insulation <input type="checkbox"/> Other — Specify _____
48a. 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 <input type="checkbox"/> Yes <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 <input type="checkbox"/> Yes <input type="checkbox"/> No
c. Does the (house/apartment) have holes in the floors? <i>(Big enough for someone to trip in)</i>	1950 <input type="checkbox"/> Yes <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 <input type="checkbox"/> Yes <input type="checkbox"/> No
e. In the last 3 months have you seen any rats or signs of rats in the building?	1970 <input type="checkbox"/> Yes <input type="checkbox"/> No
49. On a scale of 1 to 10, how would you rate the (house/apartment) as a place to live? 10 is best, 1 is worst.	1980 _____
50a. How would you rate the neighborhood on a scale of 1 to 10? 10 is best, 1 is worst. <i>(Mark "No neighborhood," if respondent volunteers this answer.)</i>	1990 _____ <input type="checkbox"/> No neighborhood — Skip to item 51a, page 10
b. Is there anything about the neighborhood that bothers you?	2000 <input type="checkbox"/> Yes <input type="checkbox"/> No — Skip to item 51a, page 10
c. What? <i>(Write exact words and mark all that apply.)</i>	2010 <input type="checkbox"/> No problem <input type="checkbox"/> Crime <input type="checkbox"/> Noise <input type="checkbox"/> Traffic <input type="checkbox"/> Litter or housing deterioration <input type="checkbox"/> Poor city/county services 2020 <input type="checkbox"/> Undesirable commercial, institutional, or industrial property <input type="checkbox"/> People <input type="checkbox"/> Other

REGULAR OCCUPIED — Continued	
51a. Check item (Mark first box that applies.) (See Control Card items 9a and 25.) Prior year date entered in Control Card item 9a <input type="checkbox"/> Respondent MOVED here after prior year date of interview — Skip to item 52a <input type="checkbox"/> Other(s) but not respondent MOVED here after prior year date of interview — Skip to item 59, page 11 <input type="checkbox"/> All MOVED in before prior year date of interview — Go to item 51b <input type="checkbox"/> New sample unit (no prior year date entered in Control Card item 9a) — Skip to item 52a	
b. Check item (See Control Card item 8b.) <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	
52a. What are the reasons you moved from your last residence? <i>(Mark all that apply.)</i>	2030 <input type="checkbox"/> A private company or person wanted to use it for some purpose. <input type="checkbox"/> Forced to leave by the government <input type="checkbox"/> Disaster loss (fire, flood, etc.) <input type="checkbox"/> New job or job transfer <input type="checkbox"/> To be closer to work/school/other <input type="checkbox"/> Other, financial/employment related 2040 <input type="checkbox"/> To establish own household <input type="checkbox"/> Needed larger house or apartment <input type="checkbox"/> Married, widowed, divorced, or separated 2050 <input type="checkbox"/> Other, family/personal related <input type="checkbox"/> Wanted better quality house (apartment) <input type="checkbox"/> Change from owner to renter OR (renter to owner) 2060 <input type="checkbox"/> Wanted lower rent or less expensive house to maintain <input type="checkbox"/> Other housing related reasons <input type="checkbox"/> Other — Specify _____
b. MARK if only one box checked in item 52a OR ASK if two or more boxes checked — What is the MAIN reason you moved?	2070 _____ Number from item 52a <input type="checkbox"/> All reasons of equal importance
53. Check item (Mark first box that applies.) <input type="checkbox"/> Box 1 marked in item 52a — Ask item 54a <input type="checkbox"/> Box 2 marked in item 52a — Skip to item 54b <input type="checkbox"/> Boxes 1 and 2 blank in item 52a — Skip to item 54c	
54a. Did you leave —	
(1) Because the owner, or members of the owner's family were going to move into that residence?	2080 <input type="checkbox"/> Yes — Skip to item 55a, page 11 <input type="checkbox"/> No
(2) Because that unit was going to become a condominium or cooperative?	2090 <input type="checkbox"/> Yes — Skip to item 55a, page 11 <input type="checkbox"/> No
(3) Because that residence was closed for repairs?	2100 <input type="checkbox"/> Yes } Skip to item 55a, page 11 <input type="checkbox"/> No }
b. Did you leave —	
(1) Because the government wanted to use the land or building for some other purpose?	2110 <input type="checkbox"/> Yes — Skip to item 55a, page 11 <input type="checkbox"/> No
(2) Because that residence was condemned by the government as unfit for occupancy?	2120 <input type="checkbox"/> Yes } Skip to item 55a, page 11 <input type="checkbox"/> No }
c. In addition to the reasons given, did you leave —	
(1) Because a private company or person wanted to use it for some purpose?	2130 <input type="checkbox"/> Yes — Ask (2) <input type="checkbox"/> No — Skip to (5)
(2) Was that because the owner or members of the owner's family were going to move into that residence?	2140 <input type="checkbox"/> Yes — Skip to item 55a, page 11 <input type="checkbox"/> No — Ask (3)
(3) Because it was going to be a condominium or cooperative?	2150 <input type="checkbox"/> Yes — Skip to item 55a, page 11 <input type="checkbox"/> No — Ask (4)
(4) Because it was closed for repairs?	2160 <input type="checkbox"/> Yes } Skip to item 55a, page 11 <input type="checkbox"/> No }
(5) Because the government forced you to leave?	2170 <input type="checkbox"/> Yes — Ask (6) <input type="checkbox"/> No — Skip to item 55a, page 11
(6) Was that because the government wanted to use the land or building for some other purpose?	2180 <input type="checkbox"/> Yes — Skip to item 55a, page 11 <input type="checkbox"/> No — Ask (7)
(7) Because it was condemned by the government as unfit for occupancy?	2190 <input type="checkbox"/> Yes <input type="checkbox"/> No



Facsimile of the American Housing Survey Questionnaire: 1992—Continued

APPENDIX A

REGULAR OCCUPIED — Continued					
- 6 15 ↓	GROUP 2	- 6 16 ↓	GROUP 3	- 6 17 ↓	GROUP 4
2310	Line numbers	2310	Line numbers	2310	Line numbers
2320		2320		2320	
2330		2330		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	- 7 16 ↓	City or place	- 7 17 ↓	City or place
County		County		County	
State		State		State	
ZIP Code		ZIP Code		ZIP Code	
2360	<input type="checkbox"/> Yes <input type="checkbox"/> No or not incorporated place <input type="checkbox"/> Don't know	2360	<input type="checkbox"/> Yes <input type="checkbox"/> No or not incorporated place <input type="checkbox"/> Don't know	2360	<input type="checkbox"/> Yes <input type="checkbox"/> No or not incorporated place <input type="checkbox"/> Don't know
2370	Zone code <input type="checkbox"/> Off map	2370	Zone code <input type="checkbox"/> Off map	2370	Zone code <input type="checkbox"/> Off map
- 6 15 ↓	2380	- 6 16 ↓	2380	- 6 17 ↓	2380
<input type="checkbox"/> A house? <input type="checkbox"/> An apartment? <input type="checkbox"/> A mobile home? <input type="checkbox"/> Or some other type of residence? — Skip to item 61n.		<input type="checkbox"/> A house? <input type="checkbox"/> An apartment? <input type="checkbox"/> A mobile home? <input type="checkbox"/> Or some other type of residence? — Skip to item 61n.		<input type="checkbox"/> A house? <input type="checkbox"/> An apartment? <input type="checkbox"/> A mobile home? <input type="checkbox"/> Or some other type of residence? — Skip to item 61n.	
2390	<input type="checkbox"/> Owned or being bought by someone in that household? <input type="checkbox"/> Rented for cash? <input type="checkbox"/> Occupied without payment of cash rent?	2390	<input type="checkbox"/> Owned or being bought by someone in that household? <input type="checkbox"/> Rented for cash? <input type="checkbox"/> Occupied without payment of cash rent?	2390	<input type="checkbox"/> Owned or being bought by someone in that household? <input type="checkbox"/> Rented for cash? <input type="checkbox"/> Occupied without payment of cash rent?
2400	<input type="checkbox"/> No } Skip to item 61j <input type="checkbox"/> Yes, condominium } <input type="checkbox"/> Yes, cooperative }	2400	<input type="checkbox"/> No } Skip to item 61j <input type="checkbox"/> Yes, condominium } <input type="checkbox"/> Yes, cooperative }	2400	<input type="checkbox"/> No } Skip to item 61j <input type="checkbox"/> Yes, condominium } <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	<input type="checkbox"/> Yes — Skip to item 61m <input type="checkbox"/> No	2420	<input type="checkbox"/> Yes — Skip to item 61m <input type="checkbox"/> No	2420	<input type="checkbox"/> Yes — Skip to item 61m <input type="checkbox"/> No
2430	<input type="checkbox"/> Yes <input type="checkbox"/> No	2430	<input type="checkbox"/> Yes <input type="checkbox"/> No	2430	<input type="checkbox"/> Yes <input type="checkbox"/> No
2440	<input type="checkbox"/> Increased <input type="checkbox"/> Stayed about same <input type="checkbox"/> Decreased <input type="checkbox"/> Don't know	2440	<input type="checkbox"/> Increased <input type="checkbox"/> Stayed about same <input type="checkbox"/> Decreased <input type="checkbox"/> Don't know	2440	<input type="checkbox"/> Increased <input type="checkbox"/> Stayed about same <input type="checkbox"/> Decreased <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 8b.) 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 ↓ 2500 _____ Times per year 12 <input type="checkbox"/> Monthly
b. How much is the rent? <i>(Include total amount paid by household AND any other source.)</i> <i>(If parking priced separately, exclude it here and mark NO to items 64m and 64n without asking.)</i>	2510 \$ _____ 00
c. Check Item (See item 23, page 2.) <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? <i>(If land occupied in exchange for services, mark "Yes" and "No cash rent" in item 64f.)</i>	2511 <input type="checkbox"/> Yes <input type="checkbox"/> No — Skip to item 64g
6. 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 <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?	3550 <input type="checkbox"/> Yes <input type="checkbox"/> No — Skip to item 64j
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 <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 ↓ 2517 <input type="checkbox"/> Yes <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 \$ _____ 00
m. Is a garage or carport included (in the rent/with the home)?	2520 <input type="checkbox"/> Yes — Skip to item 65a, page 15 <input type="checkbox"/> No
n. Is an offstreet parking space included?	2530 <input type="checkbox"/> Yes <input type="checkbox"/> No
Notes	

A-33

Facsimile of the American Housing Survey Questionnaire: 1992—Continued

A-34

REGULAR OCCUPIED — Continued	
65a. Is the building owned by a public housing authority?	2540 <input type="checkbox"/> Yes — Skip to item 65g <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 65g <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 65g <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. Does the local government limit the rent on the unit through rent control or rent stabilization?	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 } Skip to item 66 <input type="checkbox"/> No }
(If "3" circled in Control Card item 8b, mark "None" without asking.)	2595 \$ _____ 00
g. Of the ... (amount from 64b) rent you reported, how much is this household required to pay?	<input type="checkbox"/> Identical amount in items 64b and 65g — Verify amount in item 64b is TOTAL rent for the unit. <input type="checkbox"/> None
66. Check Item (See item 23, page 2.)	<input type="checkbox"/> Mobile home either one-unit or two-or-more units — Skip to item 68a <input type="checkbox"/> Not a mobile home — Ask item 67
67. About when was the building originally built?	<input type="checkbox"/> 1980 or later } Month Year } Skip to item 70 2910 <input type="checkbox"/> 1979 } <input type="checkbox"/> 75-78 } <input type="checkbox"/> 70-74 } <input type="checkbox"/> 60-69 } Skip to item 71, page 16 <input type="checkbox"/> 50-59 } <input type="checkbox"/> 40-49 } <input type="checkbox"/> 30-39 } <input type="checkbox"/> 20-29 } <input type="checkbox"/> 1919 or earlier }
68a. 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
b. Is your mobile home included in a group of 2 or more?	3540 <input type="checkbox"/> Yes <input type="checkbox"/> No, mobile home not in a group — Skip to item 69
c. How many, including your mobile home, are in the group?	4880 _____ Exact number — (If 2 to 20 mobile homes) OR 21 <input type="checkbox"/> 21 or more
69. What is the model year of the mobile home?	-611+ <input type="checkbox"/> 1980 or later } Year } Ask item 70 2910 <input type="checkbox"/> 1979 } <input type="checkbox"/> 75-78 } <input type="checkbox"/> 70-74 } <input type="checkbox"/> 60-69 } Skip to item 71, page 16 <input type="checkbox"/> 50-59 } <input type="checkbox"/> 40-49 } <input type="checkbox"/> 1939 or earlier }
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

REGULAR OCCUPIED — Continued	
71. Check Item (See item 23, page 2.)	<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)?	2980 _____ Square feet OR 2990 _____ Feet by 3000 _____ feet OR 3010 _____ Whole acres o <input type="checkbox"/> Don't know — Ask item 72b 3020 <input type="checkbox"/> Yes } Skip to item 109a, page 24 <input type="checkbox"/> No }
72b. Is it more than 10 acres?	o <input type="checkbox"/> Don't know — Ask item 72b 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.	NOTE — Ask item 73b only for those categories in item 73a which were answered "Yes".
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)	73b. Did someone in the household do most of the work on ... (Specify type of work reported in item 73a)
73c. How much did the job cost (---/not counting household members' time)? (Include materials and labor.)	
-611+ (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
(2) Were any additions built?	2670 <input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Was the kitchen remodeled or a kitchen added?	2690 <input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Were any bathrooms remodeled or added?	2710 <input type="checkbox"/> Yes <input type="checkbox"/> No
(5) Was any siding replaced or added in the last 2 years?	2730 <input type="checkbox"/> Yes <input type="checkbox"/> No
(6) Were any new storm doors or storm windows bought and installed?	2750 <input type="checkbox"/> Yes <input type="checkbox"/> No
(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
(8) Was insulation added?	2790 <input type="checkbox"/> Yes <input type="checkbox"/> No
(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
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

Facsimile of the American Housing Survey Questionnaire: 1992—Continued

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 \$ _____ o <input type="checkbox"/> Nothing
78. About when was the building originally built?	<input checked="" type="checkbox"/> 1980 or later } Month Year } Skip to item 81a 2910 [ ] [ ] } 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
79a. 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
b. Is your mobile home included in a group of 2 or more?	3540 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, mobile home not in a group — Skip to item 80
c. How many, including your mobile home, are in the group?	4880 _____ Exact number — (If 2 to 20 mobile homes) OR 21 <input type="checkbox"/> 21 or more
80. What is the model year of the mobile home?	-611+ <input type="checkbox"/> 1980 or later } Year } Ask item 81a 2910 [ ] [ ] } 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
81a. 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
b. Is this home currently for rent or sale?	2923 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 82a
c. Is it for — (Read all answer categories.)	2925 1 <input type="checkbox"/> rent only? 2 <input type="checkbox"/> rent or for sale? 3 <input type="checkbox"/> sale only?
82a. When did this household buy the (house/apartment)? (If land and building bought at different times, building only)	2930 1 8 _____ 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 8 _____ 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	
One-unit mobile home — Skip to item 88a, page 18 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 o <input type="checkbox"/> Don't know — Ask item 84b
MARK OR ASK —	3020 1 <input type="checkbox"/> Yes — Skip to item 86a 2 <input type="checkbox"/> No
b. Is it more than 10 acres?	
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

Facsimile of the American Housing Survey Questionnaire: 1992—Continued

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REGULAR OCCUPIED — Continued	
<b>88a. How large is the (lot/site)?</b> <i>(Include all connecting land that is owned or that is rented with the home.)</i> <i>(If over one acre, drop any fractions, don't round up.)</i> <i>(If under one acre, convert to approximate square feet.)</i>  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 88b
MARK OR ASK — <b>b. Is it more than 10 acres?</b>	3020 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>c. Is there a commercial establishment on the property?</b>	3030 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>d. Is there a medical or dental office on the property?</b>	3040 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>e. How much do you think the mobile home would sell for on today's market?</b> <i>(Do not include the value of the land.)</i>	3100 \$ _____ 00
<b>f. Do you own the land?</b>	3140 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 89a
<b>g. How much do you think the land would sell for on today's market?</b>	3150 \$ _____ 00
<b>89a. Is a garage or carport included with your home?</b>	- 6 1 1 ↓ 2520 <input type="checkbox"/> Yes — Skip to item 90 2 <input type="checkbox"/> No
<b>b. Is an offstreet parking space included?</b>	2530 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>90. Is the ownership of the (house/apartment) shared with anyone NOT living here?</b>	3180 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>91. Does anyone not living here pay some of the mortgage or utility costs?</b>	3190 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
The next questions are about mortgages or other loans, such as Home Equity Loans, that are secured by the property. You may check your records if you wish.	
<b>92. Is there a mortgage or other loan on this (house/apartment)?</b> <i>(Include "Land contracts" and other loans SECURED BY THE PROPERTY.)</i>	3200 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>(If response to item 91 was "Yes" probe to see if there is a mortgage.)</i> Skip to item 98a, page 22
<b>93. Did you get your mortgage through a State or local government program that provides lower cost mortgages?</b>	3210 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>94. Check item (See Central Card items 13 and 17.)</b> <input type="checkbox"/> Respondent is an owner or owner's spouse — Ask item 89, page 22 <input type="checkbox"/> Respondent is not an owner or owner's spouse — Ask item 89, page 22; then skip to item 92a, page 22	
Notes _____ _____ _____	

REGULAR OCCUPIED — Continued		
<b>95. How many mortgages are there now on the home/property?</b>	3220 _____ Number of mortgages	
<b>96a. Did you get the current (first/second) mortgage the same year you bought your home?</b>	FIRST (MORTGAGE/LOAN) - 6 1 8 ↓ 3230 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 96a	SECOND (MORTGAGE/LOAN) - 6 1 9 ↓ 3230 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 96a
<b>b. With regard to the (first/second) mortgage, did you get a new mortgage or did you assume someone else's mortgage?</b>	3240 <input type="checkbox"/> New — Skip to item 96f 2 <input type="checkbox"/> Assumed 3 <input type="checkbox"/> Wrap-around — Skip to item 96f	3240 <input type="checkbox"/> New — Skip to item 96f 2 <input type="checkbox"/> Assumed 3 <input type="checkbox"/> Wrap-around — Skip to item 96f
<b>c. How much was left to pay off when you assumed it?</b>	3250 \$ _____ 00	3250 \$ _____ 00
<b>d. How many years remained on the mortgage then?</b>	3280 _____ Years — Skip to item 96i	3280 _____ Years — Skip to item 96i
<b>e. What year did you get the mortgage?</b>	3280 1 9 _____ Year	3280 1 9 _____ Year
<b>f. When you first obtained THIS mortgage, how many years was it for?</b>	3290 _____ Years — If less than 15, ask item 96g; if 15 or more, skip to item 96h <input type="checkbox"/> Can vary — Ask item 96g	3290 _____ Years — If less than 15, ask item 96g; if 15 or more, skip to item 96h <input type="checkbox"/> Can vary — Ask item 96g
<b>g. At your current payments, how long would it take to pay off the loan?</b>	3300 _____ Years	3300 _____ Years
<b>h. How much was borrowed?</b>	3310 \$ _____ 00	3310 \$ _____ 00
<b>i. Does this mortgage cover —</b>	3320 <input type="checkbox"/> Yes — Skip to item 96j 2 <input type="checkbox"/> No	3320 <input type="checkbox"/> Yes — Skip to item 96j 2 <input type="checkbox"/> No
(1) Other homes or apartments besides this one?	3330 <input type="checkbox"/> Yes — Skip to item 96j 2 <input type="checkbox"/> No	3330 <input type="checkbox"/> Yes — Skip to item 96j 2 <input type="checkbox"/> No
(2) Farm land?	3340 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 96k	3340 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 96k
(3) A business on this property?	3340 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 96k	3340 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 96k
<b>j. How much of the . . . (Amount in item 96c or h) applies just to your home?</b>	3350 \$ _____ 00	3350 \$ _____ 00
<b>k. What is the current interest rate on the mortgage?</b> <i>(Annual percentage rate)</i> <i>(Round down to nearest 1/4)</i>	Whole number 3380 _____ Plus Fraction 3370 <input type="checkbox"/> No fraction 2 <input type="checkbox"/> 1/2 <input type="checkbox"/> 1/4 3 <input type="checkbox"/> 3/4	Whole number 3380 _____ Plus Fraction 3370 <input type="checkbox"/> No fraction 2 <input type="checkbox"/> 1/2 <input type="checkbox"/> 1/4 3 <input type="checkbox"/> 3/4
<b>l. What is the current monthly payment?</b>	3380 \$ _____ 00	3380 \$ _____ 00
<b>m. Besides principal and interest, does this payment include —</b>	3390 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	3390 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(1) Property taxes?	3400 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	3400 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(2) Homeowner's insurance?	3410 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 96n, page 21	3410 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 96n, page 21
(3) Anything else?	3420 \$ _____ 00	3420 \$ _____ 00
(4) How much were the other charges last year? <i>(Do not include property taxes or homeowner's insurance.)</i>	3420 \$ _____ 00	3420 \$ _____ 00

APPENDIX A

Facsimile of the American Housing Survey Questionnaire: 1992—Continued

APPENDIX A

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REGULAR OCCUPIED — Continued	
	FIRST (MORTGAGE/LOAN)
<b>96n.</b> Is the mortgage an FHA, a VA, a Farmer's Home Administration, or some other type?	- 6 18 - 3430 1 <input type="checkbox"/> FHA (Federal Housing Administration) } Skip to item 96q 2 <input type="checkbox"/> VA (Veterans' Administration) } 3 <input type="checkbox"/> Farmer's Home Administration — Go to item 96s 4 <input type="checkbox"/> Some other type 5 <input type="checkbox"/> Don't know
	- 6 19 - 3430 1 <input type="checkbox"/> FHA (Federal Housing Administration) } Skip to item 96q 2 <input type="checkbox"/> VA (Veterans' Administration) } 3 <input type="checkbox"/> Farmer's Home Administration — Go to item 96s 4 <input type="checkbox"/> Some other type 5 <input type="checkbox"/> Don't know
<b>o.</b> Did you borrow the money from a bank or other organization, OR did you borrow it from an individual?	3440 1 <input type="checkbox"/> Bank or other organization — Skip to item 96q 2 <input type="checkbox"/> Individual
<b>p.</b> Was that the former owner of the home?	3450 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>q.</b> Are the payments on this loan the same during the whole length of the mortgage?	3460 1 <input type="checkbox"/> Yes — Skip to item 96s 2 <input type="checkbox"/> No
<b>r.</b> How do they change? (Mark all that apply.)	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 _____ (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"/> 1–25 percent 2 <input type="checkbox"/> 26–50 3 <input type="checkbox"/> 51–75 4 <input type="checkbox"/> 76–100
<b>s.</b> 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
<b>97a.</b> For the (third mortgage/other mortgages), how much did you borrow?	- 6 11 - 3490 \$ _____ 00
<b>b.</b> What is your current monthly payment for the (third mortgage/other mortgages)?	3500 \$ _____ 00
Notes	

REGULAR OCCUPIED — Continued	
<b>98a.</b> Check Item (See item 23, page 2.)	<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>b.</b> Check Item (See item 25a, page 2.)	<input type="checkbox"/> Condominium or cooperative — Ask item 99a <input type="checkbox"/> All others — Skip to item 103a, page 23
<b>99a.</b> 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 \$ _____ 00
<b>b.</b> 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 100a
<b>c.</b> What was the amount of the property tax rebate?	3526 \$ _____ 00
<b>100a.</b> Is there a required (condominium/cooperative) association fee?	3570 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 109a, page 24
<b>b.</b> How many times a year is the fee due?	3580 _____ Times per year 12 <input type="checkbox"/> Monthly
<b>c.</b> What is the average cost each ... (Billing period)?	3590 \$ _____ 00 — Skip to item 109a, page 24
<b>101a.</b> 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 assessments, and any other real estate taxes.) (Exclude taxes past due from other years.) (Subtract any rebates.)	3520 \$ _____ 00
<b>b.</b> 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 102a, page 23
<b>c.</b> What was the amount of the property tax rebate?	3526 \$ _____ 00
Notes	

Facsimile of the American Housing Survey Questionnaire: 1992—Continued

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**REGULAR OCCUPIED — Continued**

**102a.** Check Item (See item 88f, page 19.)  
 Land is owned — Skip to item 102f  
 Land is NOT owned — Go to item 102b

**b.** Check Item (See item 92, page 19.)  
 Yes, mortgage — Ask item 102c  
 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? **- 8 1 1 ↓**  
 2511  Yes  
 2  No — Skip to item 102f

**d.** How many times a year is the land rent due?  
 2512 \_\_\_\_\_ Times per year  
 12  Monthly

**e.** What is the cost each . . . (Billing period)?  
 2513 \$ \_\_\_\_\_ 00  
 No cash rent  
 9997  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  Yes  
 2  No — Skip to item 102f

**g.** How many times a year is the fee due?  
 3555 \_\_\_\_\_ Times per year  
 12  Monthly

**h.** What is the average cost each . . . (Billing period)?  
 3600 \$ \_\_\_\_\_ 00

**i.** Are there (any/any other) required fees for utility hookups, mobile home association fees, and so forth? **- 8 1 1 ↓**  
 2517  Yes  
 2  No — Skip to item 109a, page 24

**j.** How many times a year are the fees due?  
 2518 \_\_\_\_\_ Times per year  
 12  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  Yes  
 2  No — Skip to item 105a

**c.** What was the amount of the property tax rebate?  
 3526 \$ \_\_\_\_\_ 00

**104. WASHINGTON USE ONLY**

**105a.** Is there a required homeowner's association fee?  
 3570  Yes  
 2  No — Skip to item 106

**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 109a, page 24

**106.** In some parts of the country people own their homes but rent the land.  
 Do you pay rent for the land?  
 3610  Yes  
 2  No — Skip to item 109a, page 24

**REGULAR OCCUPIED — Continued**

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

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

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

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

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

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

**110.** Now I have some questions about the costs for electricity, gas, and other utilities for your home (this unit). Because accurate costs are important it will help if you would look up the amounts in your checkbook or other records.  
 (Respondent may also use amounts entered in the respondent letter. If 2 or more utilities are billed together, try to obtain the costs for each one separately.)

**8. (1)** Do you have any records available showing your costs for electricity, SEPARATE FROM OTHER UTILITIES?  
 Yes — Ask item 110a(2)  
 No — Skip to item 110a(4)  
 (Mark "No" if records available, but separate costs not shown.)

**(2)** From your records, what were the costs for electricity for the months of —  
 (Read month and appropriate year categories.)  
 (Do not include cents.)

Costs	Month	Year
3664 \$ _____ 00	January	19 _____
3665 \$ _____ 00	April	19 _____
3666 \$ _____ 00	August	19 _____
3667 \$ _____ 00	December	19 _____

**(3)** Check Item  
 Electricity costs entered for 2 or more months — Skip to item 110b(1)  
 Electricity costs entered for 1 month or none — Ask item 110a(4)

**(4)** In the past 12 months what was the average MONTHLY cost for electricity?  
 3670 \$ \_\_\_\_\_ 00  
 (Average MONTHLY cost)  
 OR —  
 3680  Electricity not used  
 Included in rent, site rent, condominium, or other fee, etc.  
 Obtained free

(If "All electric home," mark the "No" box without asking.)

**b. (1)** Do you use gas?  
 3700  Yes  
 No — Skip to item 110d, page 25

**(2)** Is the gas from underground pipes or bottled gas?  
 3720  Underground pipes serving neighborhood  
 Bottled gas — Skip to item 110c(4), page 25

**c. (1)** Do you have any records available showing your costs for gas, SEPARATE FROM OTHER UTILITIES?  
 Yes — Ask item 110b(2)  
 No — Skip to item 110c(4), page 25  
 (Mark "No" if records available, but separate costs not shown.)

**(2)** From your records, what were the costs for gas for the months of —  
 (Read month and appropriate year categories.)  
 (Do not include cents.)

Costs	Month	Year
3684 \$ _____ 00	January	19 _____
3685 \$ _____ 00	April	19 _____
3686 \$ _____ 00	August	19 _____
3687 \$ _____ 00	December	19 _____

**(3)** Check Item  
 Gas costs entered for 2 or more months — Skip to item 110d, page 25  
 Gas costs entered for 1 month or none — Ask item 110c(4), page 25

APPENDIX A

Facsimile of the American Housing Survey Questionnaire: 1992—Continued

APPENDIX A

**REGULAR OCCUPIED — Continued**

**110c. (4) In the past 12 months what was the average MONTHLY cost for gas?**

(1)  \$  OR →  
 (Average MONTHLY cost)  
 OR —  
 3700 2  Included in rent, site rent, condominium, or other fee, etc.  
 3  Obtained free

(If "All electric home," mark the "Not used" box without asking.)

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

(2) Billed with — (Mark all that apply.)  
 3710 1  Electricity  
 2  Fuel oil  
 3  Other fuel  
 4  Garbage and trash  
 5  Water and sewage

(1)  \$  OR →  
 (ANNUAL cost)  
 OR —  
 3740 1  Not used  
 2  Included in rent, site rent, condominium, or other fee, etc.  
 3  Obtained free

(2) Billed with — (Mark all that apply.)  
 3750 1  Electricity  
 2  Gas  
 3  Other fuel  
 4  Garbage and trash  
 5  Water and sewage

**6. In the past 12 months what was the total ANNUAL cost for wood, coal, kerosene, or any other fuel?**

(1)  \$  OR →  
 (ANNUAL cost)  
 OR —  
 3770 1  Not used  
 2  Included in rent, site rent, condominium, or other fee, etc.  
 3  Obtained free

(2) Billed with — (Mark all that apply.)  
 3780 1  Electricity  
 2  Gas  
 3  Fuel oil  
 4  Garbage and trash  
 5  Water and sewage

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

(1)  \$  OR →  
 (ANNUAL cost)  
 OR —  
 3800 1  Not used  
 2  Included in real estate taxes, rent, site rent, condominium, or other fee, etc.  
 3  Obtained free

(2) Billed with — (Mark all that apply.)  
 3810 1  Electricity  
 2  Gas  
 3  Fuel oil  
 4  Other fuel  
 5  Water and sewage

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

(1)  \$  OR →  
 (ANNUAL cost)  
 OR —  
 3830 2  Included in real estate taxes, rent, site rent, condominium, or other fee, etc.  
 3  Obtained free

(2) Billed with — (Mark all that apply.)  
 3840 1  Electricity  
 2  Gas  
 3  Fuel oil  
 4  Other fuel  
 5  Garbage and trash

Notes

**REGULAR OCCUPIED — Continued**

**111a. How many automobiles are kept at home for use by members of your household? Exclude vans or trucks.**   Number

**b. How many vans or trucks of one-ton capacity or less are kept at home for use by members of your household?**   Number

**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(s)**

	<input type="text" value="3880"/> <input type="text" value="620"/>	<input type="text" value="3880"/> <input type="text" value="621"/>	<input type="text" value="3880"/> <input type="text" value="622"/>	<input type="text" value="3880"/> <input type="text" value="623"/>
Line number	Line number	Line number	Line number	Line number
<b>a. Does ... pay a regular fixed rent as a lodger to someone in this household?</b>	<input type="text" value="3890"/> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No — Skip to next nonrelative; if no other nonrelative, skip to item 114, page 27.	<input type="text" value="3890"/> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No — Skip to next nonrelative; if no other nonrelative, skip to item 114, page 27.	<input type="text" value="3890"/> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No — Skip to next nonrelative; if no other nonrelative, skip to item 114, page 27.	<input type="text" value="3890"/> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No — Skip to next nonrelative; if no other nonrelative, skip to item 114, page 27.
<b>b. How often is ...'s rent due?</b>	<input type="text" value="3900"/> Times/year <input type="checkbox"/> 12 Monthly			
<b>c. How much is the rent?</b>	<input type="text" value="3910"/> \$ <input type="text" value="00"/>			
<b>d. Does that include food?</b>	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No			
<b>e.</b>	Go to next nonrelative; if none, go to item 114, page 27.	Go to next nonrelative; if none, go to item 114, page 27.	Go to next nonrelative; if none, go to item 114, page 27.	Go to next nonrelative; if none, go to item 114, page 27.

Notes

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Facsimile of the American Housing Survey Questionnaire: 1992—Continued

A-40

**REGULAR OCCUPIED — Continued**

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

	- 8 24 ↓	Line No.	Amount
	3940		3950 \$ _____ 00
			o <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.	3960		3970 \$ _____ 00
			o <input type="checkbox"/> None
In the past 12 months, how much did ... earn in wages, salaries, tips, and commissions before deductions?	3980		3990 \$ _____ 00
			o <input type="checkbox"/> None
	4000		4010 \$ _____ 00
			o <input type="checkbox"/> None
	4020		4030 \$ _____ 00
			o <input type="checkbox"/> None
	4040		4050 \$ _____ 00
			o <input type="checkbox"/> None
	4060		4070 \$ _____ 00
			o <input type="checkbox"/> None
	4080		4090 \$ _____ 00
			o <input type="checkbox"/> None
	4100		4110 \$ _____ 00
			o <input type="checkbox"/> None
	4120		4130 \$ _____ 00
			o <input type="checkbox"/> None

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

- 8 11 ↓

(1) Have a business, farm or ranch?	4140	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
(2) Receive Social Security or pensions? (Do not count SSI checks as Social Security.)	4160	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
(3) Receive any interest or dividend income of \$400 or more?	4170	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
(4) Receive rental income?	4180	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
(5) Receive welfare or SSI?	4190	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
(6) Receive alimony or child support?	4210	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
(7) Receive unemployment or worker's compensation or any other income?	4220	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No

If all "No," skip to item 115c

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

4240 \$ \_\_\_\_\_ 00 Amount of total net loss

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

o  None or broke even

c. Is your total family income THIS MONTH about the same as it was a year ago?

4244 1  Yes — (About the same, or within 10 percent, or just cost of living adjustments) — Skip to item 116

2  No

d. What do you expect your total family income to be in the NEXT 12 MONTHS?

4246 \$ \_\_\_\_\_ 00

116. Check Item (See items 114 and 115b.) (Mark first box that applies.)

Total income over \$25,000 — Skip to item 118a, page 28

Income \$25,000 or less — Skip to item 117b, page 28

Income is refused, NA or DK — Ask item 117a, page 28

**REGULAR OCCUPIED — Continued**

117a. Was (your/their) total income over \$25,000?

4250 1  Yes — Skip to item 118a

2  No

b. Did ... or ... (Specify names for line numbers in item 114) receive Food Stamps in the past 12 months?

4260 1  Yes

2  No

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

(1) Savings? 4270 1  Yes 2  No

(2) Investments in a farm or business? 4280 1  Yes 2  No

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

If all "No," skip to item 118a

d. Is the total amount of savings and investments over \$25,000?

4300 1  Yes

2  No

118a. Check item (See Control Card item 8b.)

Owned — Skip to item 121a

Rented or no cash rent — Go to item 118b

b. Check Item (See item 23, page 2.)

One-unit building or one-unit mobile home — Skip to item 119b

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)?

4400 1  Yes

2  No

(Exclude staff who do only maintenance.)

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

d. INSTRUCTION — GO TO ITEM 121a

120. WASHINGTON USE ONLY

121a. Check Item (See item 3, page 1.)

Control number in sample last enumeration period — Go to item 121b

Control number in sample for first time this enumeration period — Skip to item 123a, page 29

b. Check Item (See item 5, page 1.)

Same house/apartment/mobile home as last enumeration period — Go to item 121c

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 1984 and 1988

Yes — Skip to item 123a, page 29

No — Go to item 122a, page 29

APPENDIX A

Facsimile of the American Housing Survey Questionnaire: 1992—Continued

APPENDIX A

**REGULAR OCCUPIED — Continued**

**122a.** Since 1988, 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.) - 6 1 1 -

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

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.) - 6 1 1 -

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

**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?**

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

**INSTRUCTION — GO TO ITEM 177a, PAGE 43**

**URE INTERVIEWS**

**MARK OR ASK —** - 6 6 1 -

**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 cr 5

**126a.** Does the (house/apartment) share an attic or basement with the (house/apartment) next door? 1150

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

**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 ..... } SKIP to item 126e  
 Don't know

**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 1210

Final structure type classification based on entries in items 124—126

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

**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 ..... } SKIP to item 130a, page 31  
 Yes, condominium  
 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

A-41

**URE INTERVIEWS — Continued**

**130a. How many of each of the following rooms does that (house/apartment) have?**  
*(For a one room efficiency or studio apartment, enter "1" for living room, enter the correct number of bathrooms, and mark "None" for all other rooms.)*

(1) Bedrooms?  Number  
 None

(2) How many full bathrooms with hot and cold piped water, AND a sink, AND a flush toilet, AND a bathtub or shower?  Number  
 None

(3) How many half bathrooms?  Number  
*(Toilet OR bathtub OR shower)*  
 None

(4) Kitchens?  Number  
 None

(5) Living rooms?  Number  
 None

(6) Separate dining rooms?  Number  
 None

**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.)*  
 Yes  
 No — Skip to item 130d

**c. What are they?**  
*(Complete all 3 parts.)*

Number of family rooms, dens, recreation rooms and/or libraries  
 None

Number of rooms that are business space with direct access to outside  
 None

Number of other rooms, finished or unfinished  
 None

**d. Are there any mobile homes or buildings on this (property/site) other than this one?**  
*(Use site if unit is a mobile home in a mobile home park.)*  
 Yes  
 No — Skip to item 131, page 32

**e. (Is it a/Are they) —**

(1) mobile home(s)?   Yes  
 No

(2) garage(s)?   Yes  
 No

(3) some other type of building(s)?   Yes  
 No

**f. Check item (See item 130e.)**  
 Unit has mobile home on property — Ask item 130g  
 Unit does not have mobile home on property — Skip to item 130h

**g. What is the model year of each mobile home?**

**h. Are any of the rooms in the (Read categories marked "Yes" in item 130e.) lived in enough by members of this household so that they should be counted as part of your living quarters?**  
 Yes  
 No — Skip to item 131, page 32

**i. Did you include them when you told me how many rooms you had?**  
 Yes — Skip to item 131, page 32  
 No

**j. What kinds of rooms are they?**  
*(Specify kinds and number of rooms in item 130j and then include these rooms in the answers to items 130e through c.)*

**URE INTERVIEWS — Continued**

**131. Does the (house/apartment) have a kitchen sink?**   Yes  
*(Exclude sink used on a regular basis by someone living outside the unit.)*  
 No

**1330. Does the (house/apartment) have a bathtub or shower for the occupants' use only?**   Yes  
 No

**b. Does the (house/apartment) have a flush toilet for the occupants' use only?**   Yes } Skip to item 134a  
 No }

**c. (Is the bathroom/Are the bathrooms) for the occupants' use only?**   Yes  
 No

**1340. Is all the wiring in the finished areas of the (house/apartment) concealed either in walls or metal coverings?**   Yes, concealed  
 No  
 No electrical wiring — Skip to item 135a  
*(Exclude appliance cords, extension cords, chandelier cords, telephone, antenna, or cable TV wires.)*

**b. Does every room have an electric outlet or wall plug that works?**   Yes  
 No

**1350. Does the (house/apartment) have hot and cold piped water?**   Yes  
*(Not used on a regular basis by someone outside the unit.)*  
 No — Skip to item 136a

**b. What fuel is used MOST to heat the water?**   Electricity  
 Gas  
 Fuel oil  
 Kerosene or other liquid fuel  
 Coal or coke  
 Wood  
 Solar energy  
 Other — Specify

**136a. Does most of the water used for cooking and drinking come from a public or private system, an individual well, or some other source?**   Public or private water system — Skip to item 136c  
 Individual well — Ask item 136b  
 Spring — For this house only  
 Cistern — For this house only  
 Stream or lake — For this house only  
 Bottled water  
 Other — Specify } Skip to item 137a

**b. Is the well drilled or dug?**   Drilled  
 Dug

**c. Does the (system/well) serve 15 or more (houses/apartments)?**   Yes — Skip to item 137a  
 No — Ask item 136d

**d. How many (houses/apartments) does the (system/well) serve?**   Only this house or apartment  
 2 to 5  
 6 to 9  
 10 to 14

**137a. Is the (house/apartment) connected to a public sewer?**   Yes — Skip to item 138a, page 33  
 No

**b. What means of sewage disposal does the (house/apartment) have?**   Septic tank or cesspool — Ask item 137c  
 Chemical toilet  
 Outhouse or privy  
 Other — Specify } Skip to item 138a, page 33  
 None

**c. How many (houses/apartments) are connected to the (septic tank/cesspool)?**   One  
 2 to 5  
 6 or more

Facsimile of the American Housing Survey Questionnaire: 1992—Continued

URE INTERVIEWS — Continued	
<p><b>138a. Does the (house/apartment) have a refrigerator?</b> <i>(Exclude ice boxes.)</i> <i>(Exclude refrigerator used on a regular basis by someone living outside the unit.)</i></p>	<p>1590 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 139a</p>
<p><b>b. Is it more than 5 years old?</b> <i>(Age of newest if two or more)</i></p>	<p>1600 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p><b>139a. Does the (house/apartment) have a garbage disposal in the sink?</b></p>	<p>1610 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 140a</p>
<p><b>b. Is it more than 5 years old?</b></p>	<p>1620 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p><b>140a. Does the (house/apartment) have a cookstove or range with an oven?</b> <i>(Include microwaves. Exclude toaster-ovens and portable burners.)</i> <i>(Exclude stove or oven used on a regular basis by someone living outside the unit.)</i></p>	<p>1630 1 <input type="checkbox"/> Yes — Skip to item 140c 2 <input type="checkbox"/> No</p>
<p><b>b. Does the (house/apartment) have —</b></p>	
<p>(1) an oven? <i>(Include microwaves. Exclude toaster-ovens.)</i></p>	<p>1640 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>(2) cooking burners? <i>(Exclude portable burners.)</i></p>	<p>1650 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
} If both are "No," skip to item 141a	
<p><b>c. (Is it/Are they) more than 5 years old?</b> <i>(Age of newest if two or more)</i></p>	<p>1660 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p><b>d. What fuel is used MOST for cooking?</b></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><b>141a. Does the (house/apartment) have a dishwasher?</b></p>	<p>1690 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 142a</p>
<p><b>b. Is it more than 5 years old?</b></p>	<p>1700 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p><b>142a. Does the (house/apartment) have a washing machine (----/in the apartment)?</b></p>	<p>1710 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 143a</p>
<p><b>b. Is it more than 5 years old?</b></p>	<p>1720 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p><b>143a. Does the (house/apartment) have a clothes dryer (----/in the apartment)?</b></p>	<p>1730 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 144a</p>
<p><b>b. Is it more than 5 years old?</b></p>	<p>1740 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p><b>c. What kind of fuel does the dryer use?</b></p>	<p>1750 1 <input type="checkbox"/> Electricity 2 <input type="checkbox"/> Gas 3 <input type="checkbox"/> Other — Specify _____</p>
<p><b>144a. Does the (house/apartment) have central air conditioning?</b></p>	<p>1760 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 144c</p>
<p><b>b. What kind of fuel does it use?</b></p>	<p>1770 1 <input type="checkbox"/> Electricity 2 <input type="checkbox"/> Gas 3 <input type="checkbox"/> Other — Specify _____</p>
} Skip to item 145a, page 34	
<p><b>c. Does the (house/apartment) have room air conditioners?</b></p>	<p>1780 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 145a, page 34</p>
<p><b>d. How many?</b></p>	<p>1790 _____ Number</p>

URE INTERVIEWS — Continued	
<p><b>145a. What fuel is used MOST for heating the (house/apartment)?</b></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>b. Besides (Fuel marked in item 145a), what other fuel is used for heating the (house/apartment)?</b> <i>(Mark all that apply.)</i></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><b>146. Does the (house/apartment) have a usable fireplace?</b></p>	<p>1830 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p><b>PLEASE LOOK AT THIS CARD.</b></p>	
<p><b>147a. What type of heating equipment is used MOST to heat the (house/apartment)?</b> <i>(Read answer categories until heating equipment used most is mentioned.)</i></p>	<p>1840 1 <input type="checkbox"/> A central warm-air furnace with air vents or ducts to the individual rooms? — Ask item 147b 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 room heater(s). VENTED to the outside through a chimney, flue, or pipes? 7 <input type="checkbox"/> UNVENTED kerosene, gas, or oil room heaters? 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>
} Skip to item 148a, page 35	
MARK OR ASK —	
<p><b>b. Is the heating fuel for the furnace electricity?</b></p>	<p>1840 1 <input type="checkbox"/> Yes, electricity 2 <input type="checkbox"/> No — Skip to item 148a, page 35</p>
<p><b>c. Is that a heat pump?</b></p>	<p>1840 3 <input type="checkbox"/> Yes 1 <input type="checkbox"/> No — Go to item 148a, page 35</p>
<p>Notes</p>	

Facsimile of the American Housing Survey Questionnaire: 1992—Continued

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**URE INTERVIEWS — Continued**

**148a. What other kinds of heating equipment does the (house/apartment) have or use?**  
(Mark all that apply.)

**b. Anything else?**  
 Yes — Mark appropriate boxes, then go to item 149a  
 No — Go to item 149a

**149a. 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.)

**b. Does the (house/apartment) have open cracks or holes in the inside walls or ceilings?**  
(Cracks thicker than a dime)

**c. Does the (house/apartment) have holes in the floors?**  
(Big enough for someone to trip in)

**d. Does the (house/apartment) have any area of peeling paint or broken plaster bigger than 8 inches by 11 inches?**  
(The size of a weekly news magazine or standard letter)

**150a. Is the (house/apartment) INTENDED for year round use, for occupancy only on a seasonal basis, or for use by migrant workers?**

**b. Does the construction and heating of the (house/apartment) make it suitable for year-round use?**

**c. How many months has it been since the (house/apartment) was occupied as a permanent home?**

**d. Is the ownership of the (house/apartment) time-shared?**

**151. Check Item (See Control Card item 8b.)**  
 Owned — Skip to item 154, page 36  
 Rented — Ask item 152b, page 36  
 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?**

**b. How much is the rent?**  
(If parking billed separately, exclude it here and mark NO to items 153a and 153b without asking.)

**c. (1) Is this (house/apartment) for vacation or other short-term use?**

**(2) Check item (See item 127, page 30.)**  
 Mobile home either one-unit or two-or-more-units — Ask item 152d  
 Not a mobile home — Skip to item 153a

**d. Do you pay separate rent for the land?**  
(If land occupied in exchange for services, mark "Yes" and "No cash rent" in item 152f.)

**e. How many times a year is the (land/site) rent due?**

**f. What is the cost each ... (Billing period)?**

**g. (--- /In addition to the rent), do you pay any (--- /additional) mobile home park fee?**

**h. How many times a year is the fee due?**

**i. What is the cost each ... (Billing period)?**

**j. Are there any (--- /other) required fees for utility hookups, mobile home association fees, and so forth?**

**k. How many times a year are the fees due?**

**l. What is the average cost each ... (Billing period) for those fees?**

**153a. Is a garage or carport included (in the rent/with the home)?**

**b. Is an offstreet parking space included?**

**154. Check Item (See item 127, page 30.)**  
 Mobile home either one-unit or two-or-more-units — Skip to item 156, page 37  
 Not a mobile home — Ask item 155

**155. About when was the building originally built?**

APPENDIX A

Facsimile of the American Housing Survey Questionnaire: 1992—Continued

APPENDIX A

**URE INTERVIEWS — Continued**

**156a.** Excluding the dealer's lot, is this the first site on which this mobile home was placed? **- 6 6 1 ↓**  
 2900 1  Yes, first site  
 2  No, moved from another site  
 3  Don't know

**b.** Is your mobile home included in a group of 2 or more? **3540** 1  Yes  
 2  No, mobile home not in a group — Skip to item 157a

**c.** How many, including your mobile home, are in the group? **4880** \_\_\_\_\_ Exact number — (If 2 to 20 mobile homes)  
 OR  
 21  21 or more

**157.** What is the model year of the mobile home? **- 6 6 1 ↓**  
 1980 or later  
 Year  
 2910 \_\_\_\_\_  
 2910 1  1979  
 2  75—78  
 3  70—74  
 4  60—69  
 5  50—59  
 6  40—49  
 7  1939 or earlier

**158.** Check Item (See item 127, page 30.)  
 Two-or-more-unit building or two-or-more-unit mobile home — Skip to item 160  
 All others — Ask item 159a

**159a.** How large is the (lot/site)? (Include all connecting land that is owned or rented with the home.) (If over one acre, drop any fractions, don't round up. If under one acre, convert to approximate square feet.)  
 2980 \_\_\_\_\_ Square feet  
 OR  
 2990 \_\_\_\_\_ Feet by  
 3000 \_\_\_\_\_ feet  
 OR  
 3010 \_\_\_\_\_ Whole acres  
 Don't know — Ask item 159b

**b.** Is it more than 10 acres? **3020** 1  Yes  
 2  No

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

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

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

**162a.** Check Item (See item 150d, page 35.)  
 Unit is time-shared — Skip to item 163a  
 Unit is not time-shared — Ask item 162b

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

**163a.** Is a garage or carport included with the (house/apartment)? **- 6 6 1 ↓**  
 2520 1  Yes — Skip to item 164a  
 2  No

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

**164a.** Check Item (See item 127, page 30.)  
 Mobile home either one-unit or two-or-more-units — Skip to item 166a, page 38  
 Not a mobile home — Go to item 164b

**b.** Check Item (See item 129a, page 30.)  
 Condominium or cooperative — Ask item 165a, page 38  
 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? (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 165d

**c.** What was the amount of the property tax rebate? **3526** \$ \_\_\_\_\_ 00

**d.** (Is the owner/Are you) required to pay a (condominium/cooperative) association fee? **3570** 1  Yes  
 2  No — Skip to item 171, page 40

**e.** How many times a year is the fee due? **3580** \_\_\_\_\_ Times per year  
 12  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? (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 166d

**c.** What was the amount of the property tax rebate? **3526** \$ \_\_\_\_\_ 00

**d.** Do you own the land? **- 6 6 1 ↓**  
 2607 1  Yes — Skip to item 166h  
 2  No

**e.** Do you pay separate rent for the land? **2611** 1  Yes  
 2  No — Skip to item 166h

**f.** How many times a year is the (land/site) rent due? **2612** \_\_\_\_\_ Times per year  
 12  Monthly

**g.** What is the cost each ... (Billing period)? **2613** \$ \_\_\_\_\_ 00  
 No cash rent  
 9997  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  Yes  
 2  No — Skip to item 166k

**i.** How many times a year is the fee due? **3555** \_\_\_\_\_ Times per year  
 12  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 6 1 ↓**  
 2517 1  Yes  
 2  No — Skip to item 171, page 40

**l.** How many times a year are the fees due? **2518** \_\_\_\_\_ Times per year  
 12  Monthly

**m.** What is the average cost each ... (Billing period) for those fees? **2519** \$ \_\_\_\_\_ 00 Skip to item 171, page 40

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Facsimile of the American Housing Survey Questionnaire: 1992—Continued

APPENDIX A

OBSERVATION ITEMS	
<b>185a.</b> 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>	<b>- 6 09 ↓</b> 4780 _____ Stories in building (If 1 - 20) <b>OR</b> 21 <input type="checkbox"/> 21 or more
<b>b.</b> What is the condition of the light fixtures in the public halls?	4790 <input type="checkbox"/> 1 No public halls <input type="checkbox"/> 2 All in working order <input type="checkbox"/> 3 Some in working order <input type="checkbox"/> 4 None in working order <input type="checkbox"/> 5 No light fixtures <input type="checkbox"/> 6 Fixtures turned off, unable to determine if working, not obviously broken
<b>c.</b> How many stories are there from main entrance of building to main entrance of sample unit?	4800 _____ Stories up or down to home <input type="checkbox"/> 0 Same floor
<b>d.</b> Is there a passenger elevator on this floor?	4810 <input type="checkbox"/> 1 No elevator <input type="checkbox"/> 2 At least one working elevator <input type="checkbox"/> 3 All elevators not working
<b>e.</b> Are there loose, broken, or missing steps on any common stairways inside this building or attached to this building?	4820 <input type="checkbox"/> 1 No common stairways — Skip to item 185g <input type="checkbox"/> 2 Yes <input type="checkbox"/> 3 No
<b>f.</b> Are all railings on the common stairways firmly attached?	4830 <input type="checkbox"/> 1 No stair railings <input type="checkbox"/> 2 Yes <input type="checkbox"/> 3 No
<b>g.</b> 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>	4840 <input type="checkbox"/> 1 Sagging roof <input type="checkbox"/> 2 Missing roofing material <input type="checkbox"/> 3 Hole in roof <input type="checkbox"/> 4 Could not see roof <b>Roof</b> <input type="checkbox"/> 5 Missing bricks, siding, or other outside wall material <input type="checkbox"/> 6 Sloping outside walls <b>Walls</b> 4850 <input type="checkbox"/> 7 Boarded up window(s) <input type="checkbox"/> 8 Broken window(s) <input type="checkbox"/> 9 Bars on window(s) <b>Windows</b> 4860 <input type="checkbox"/> 10 Foundation crumbling or has open crack or hole <input type="checkbox"/> 11 Could not see foundation <b>Foundation</b> <b>OR</b> 4870 <input type="checkbox"/> 12 Observed, but no listed conditions for roofs, walls, windows, or foundations <b>OR</b> <input type="checkbox"/> 13 Unable to observe
<b>h.</b> How would you classify the structure that contains the sample unit?	<input type="checkbox"/> One-unit building — detached <input type="checkbox"/> One-unit building — attached <input type="checkbox"/> Mobile home — one-unit <input type="checkbox"/> Two-or-more-unit building <input type="checkbox"/> Mobile home — two-or-more units <i>Skip to item 188e, page 48</i>
<b>i.</b> How many living quarters are in the structure that contains the sample unit? <i>(Including the sample unit.)</i>	_____ Number of living quarters
<b>Notes</b>	
_____ _____ _____ _____	

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.	
<b>186a.</b> Which of these are within 300 feet of building containing the sample unit? <i>(Exclude this building.)</i> <i>(Mark all that apply.)</i>	4890 <input type="checkbox"/> 1 Single-family, detached house(s) <input type="checkbox"/> 2 Single-family, attached house(s) or low-rise (1 - 3 story) residential multi-unit building(s) <input type="checkbox"/> 3 Mid-rise (4 - 6 story) residential multi-unit building(s) <input type="checkbox"/> 4 High-rise (7 - story) residential multi-unit building(s) <input type="checkbox"/> 5 Mobile home(s) <i>(Exclude campers.)</i> <input type="checkbox"/> 6 Commercial, institutional, industrial building(s) 4900 <input type="checkbox"/> 7 Residential parking lot(s) <input type="checkbox"/> 8 Body of water <input type="checkbox"/> 9 Open space, park, woods, farm, or ranch 4910 <input type="checkbox"/> 10 4 + lane highway, railroad, or airport <input type="checkbox"/> 11 Other — Specify _____ <b>OR</b> <input type="checkbox"/> 12 Could not observe
<b>b.</b> What is the predominant age of residential buildings within 300 feet? <i>(Exclude this building.)</i>	4920 <input type="checkbox"/> 1 Older than sample unit <input type="checkbox"/> 2 About the same <input type="checkbox"/> 3 Newer than sample unit <input type="checkbox"/> 4 Very mixed <input type="checkbox"/> 5 No other residential buildings
<b>c.</b> Are any buildings vandalized, or interior exposed to the elements? <i>(Exclude this building.)</i>	4930 <input type="checkbox"/> 1 Yes, only one vandalized or exposed <input type="checkbox"/> 2 Yes, more than one <input type="checkbox"/> 3 None vandalized or exposed <input type="checkbox"/> 4 No other buildings within 300 feet — Skip to item 186e
<b>d.</b> Are there bars on windows of buildings in area? <i>(Exclude this building.)</i>	4940 <input type="checkbox"/> 1 Yes, only one building with bars <input type="checkbox"/> 2 Yes, more than one <input type="checkbox"/> 3 No bars on windows
<b>e.</b> What is the condition of streets?	4950 <input type="checkbox"/> 1 Major repairs needed <input type="checkbox"/> 2 Minor repairs needed <input type="checkbox"/> 3 No repairs needed <input type="checkbox"/> 4 No streets within 300 feet
<b>f.</b> Is there trash, litter, or junk in streets, roads, empty lots, or on any properties? <i>(Include this building.)</i>	4960 <input type="checkbox"/> 1 Major accumulation <input type="checkbox"/> 2 Minor accumulation <input type="checkbox"/> 3 None
INTERVIEW COMPLETED	
<b>187.</b> Suggestions/Problems (InterComm or S*M*A*R*T suggestion form filed) <i>(Mark all that apply.)</i>	<b>- 4 20 ↓</b> 4965 <input type="checkbox"/> 1 Questionnaire/Control Card suggestions or problems specific to this interview — Describe on appropriate form. <input type="checkbox"/> 2 General questionnaire/Control Card suggestions or problems — Describe on appropriate form. <input type="checkbox"/> 3 Procedural suggestions — Describe on appropriate form.
<b>188.</b> Item number or item ranges involved in suggestion/problem	4971 <input type="text"/> - <input type="text"/> 4973 <input type="text"/> - <input type="text"/> 4975 <input type="text"/> - <input type="text"/>

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Facsimile of the American Housing Survey Questionnaire: 1992—Continued

Notes

A large rectangular area containing horizontal lines for writing notes.