

Facsimile of the American Housing Survey Control Card: 1993

PGM 2		1 PSU Segment Serial Sample Panel 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		INTRODUCTION OCCUPIED HOUSEHOLD: Hello. I am ... from the United States Bureau of the Census. Here is my identification card. We are taking a survey of housing in the United States. I have some questions I would like to ask you. Did you receive our letter? If prior year interview, ask: Is this the (Last name of reference person) household? VACANT INTERVIEW: Hello. I am ... from the United States Bureau of the Census. Here is my identification card. We are taking a survey of housing in the United States. I have some questions about (Read address). Here is a letter which provides some information about the survey.				FORM AHS-61 (9-30-87) OMB No. 2528-0018		U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS CONTROL CARD AMERICAN HOUSING SURVEY																																																																																																																							
3a ADDRESS (Sheet _____, Line _____)						3b Sheet _____ 3c Line _____		NOTICE — All information which would permit identification of the individual will be held in strict confidence by law, under U.S. Code, title 13, section 9a. It may be seen only by sworn Census employees and may be used only for statistical purposes.				LAND USE — Follow instructions for box that is marked.																																																																																																																									
3b (Ask every survey.) What is the exact address? (Make corrections to address above.)		3c OFFICE USE ONLY 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		3d Special place name		3e Type code		3f Sample number		AREA SEGMENTS ONLY																																																																																																																											
4 Year built <input type="checkbox"/> Ask first visit <input type="checkbox"/> Do NOT ask		4a Coverage questions <input type="checkbox"/> Ask items marked <input type="checkbox"/> Do NOT ask		4b Are there any occupied or vacant apartments besides (your own/that one) on the same floor? Yes — Fill Table X No		4c Is there any other building on the property for people to live in — either occupied or vacant? Yes — Fill Table X No		5a <input type="checkbox"/> URBAN — Go to item 6 <input type="checkbox"/> RURAL Reg. units and SP, PL units coded 65-88 in item 3e — Go to item 5b SP, PL units not coded 65-88 in item 3e — Mark "No" in item 5b without asking, then go to item 6.		5b During the past 12 months did you or other farm products from this place amount to \$2,000 or more? Yes No		<table border="1" style="width: 100%;"><tr><th>Survey year</th><th>1</th><th>2</th><th>3</th><th>4</th><th>5</th></tr><tr><td>Yes</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td></tr><tr><td>No</td><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td></tr></table>		Survey year	1	2	3	4	5	Yes	1	1	1	1	1	No	2	2	2	2	2																																																																																																						
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6 STATUS OF CONTROL NUMBER						CLASSIFICATION OF LIVING QUARTERS						7a CHECK ITEM		7b ACCESS — Mark or ask: Does (Address in item 3a) have direct access either from the outside or through a common hall? Yes, direct No, through another unit — Not a separate unit; combine with unit through which access is gained. Apply merged unit procedures if appropriate.																																																																																																																							
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Survey year	1	2	3	4	5																																																																																																																																
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9a Date completed Month Day Year		9b Interviewer code		9c Interview status Reg. Occ. URE Occ. VAC Non-interview (Enter code)		9d Line number of respondent (For Vacant Interviews, use the codes below.)		9e-9f OFFICE USE ONLY		9g I may have to clarify something with you after checking my work. Is there a telephone on which you can be reached?		9h What is the number? Area code Number Mark (X) if unstd./ref.		9i What is the best time to reach you? Time		9j REG./URE INTERVIEW Fill observation items on questionnaire.		9k Starting time Hour Min.		9l Ending time Hour Min.		9m No. of callbacks Pers. Tele.																																																																																																															
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PGM 3		UPDATE EVERY SURVEY										UPDATE EVERY SURVEY FOR PERSONS 14 YEARS OF AGE OR OLDER					GO TO	
10	11	13		14	16	17	18		19	20	21	22	23	24	25	26	27	GO TO
HOUSEHOLD ROSTER SUBSEQUENT INTERVIEW OF HOUSEHOLD — Skip to item 12b below.	FIRST INTERVIEW OF HOUSEHOLD — Ask item 11. What are the names of all persons living or staying here? Start with the name of the person or one of the persons who (owns/rents) this home. Enter names below — last name first, then ask item 12a below.	RELATIONSHIP TO REFERENCE PERSON If necessary, ask: What is ...'s relationship to (Reference person)? Examples: Reference person, husband, wife, son, daughter-in-law, partner, lodger, lodger's wife, etc. (Enter Code) Survey year		HOUSE- HOLD MEMBER Does ... usually live here? If "No," probe for URE. If "No," STOP questions on this person. If "No," for all persons, go to AHS-62.	Enter Line Number of Parent Listed In whose name is this home (owned/ rented)? Mark (X) all lines that apply. Survey year	OWNER/ RENTER Survey year	BIRTH DATE/AGE a. What is ...'s date of birth? Enter two digit month, day, and year. Examples: 01-20-63 12-01-24 Verify age using flashlight. b. ... is now (Read age) years old. Is that correct? Survey year		SEX Ask if necessary. Is ... male or female? Circle 1 for Male and 2 for Female.	RACE What is the race of each person in this household? If needed, show flashcard. 1 White 2 Black 3 American Indian, Aleutian, Eskimo 4 Asian or Pacific Islander 5 Other — Specify (Enter code)	ORIGIN Is anyone living here Hispanic or Spanish American? If "Yes," ask who and mark "Yes." Mark "No" for all others.	MARITAL STATUS Is ... now — 1 Married? 2 Widowed? 3 Divorced? 4 Separated? OR has ... 5 Never been married? (Enter code) Survey year	Enter Line Number of Spouse Listed Survey year	EDUCATION What is the highest grade or year of regular school ... has ever completed? 00 Never attended or preschool or kindergarten only 01-12 1st grade through 12th grade 21-24 1st-4th year of college 25 1 year of graduate school 26 2 or more years of graduate school (Enter code) Survey year	MOBILITY When did ... move to this (home/ site)? If mother lived here when person was born, enter "XX." Survey year	Ask only for those who moved in after 1979. What month was that? (Enter two digits)	CHANGES IN HOUSEHOLD COMPOSITION Continue in notes if necessary. Enter status and date discovered, for example: Added 8/85 Left 8/85 Returned 8/85 Deceased 8/85 Line No.	GO TO
01				1	2				1	M	2	F			19		01	AHS
02				1	2				1	M	2	F			19		02	AHS
03				1	2				1	M	2	F			19		03	AHS
04				1	2				1	M	2	F			19		04	AHS
05				1	2				1	M	2	F			19		05	AHS
06				1	2				1	M	2	F			19		06	AHS
07				1	2				1	M	2	F			19		07	AHS
08				1	2				1	M	2	F			19		08	AHS
09				1	2				1	M	2	F			19		09	AHS
10				1	2				1	M	2	F			19		10	AHS
11				1	2				1	M	2	F			19		11	AHS
12				1	2				1	M	2	F			19		12	AHS
13				1	2				1	M	2	F			19		13	AHS
14				1	2				1	M	2	F			19		14	AHS
15				1	2				1	M	2	F			19		15	AHS

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

Facsimile of the American Housing Survey Questionnaire: 1993

OMB No. 2528-0016; Approval Expires 03/31/94

<p>FORM AHS-82 (2-1-82)</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;">AMERICAN HOUSING SURVEY METROPOLITAN SAMPLE 1993 OCCUPIED HOUSING UNITS</p>	<p>NOTICE - All information which would permit identification of the individual will be held in strict confidence by law under U.S. Code, title 13, section 9a. It may be seen only by sworn Census employees and may be used only for statistical purposes.</p> <p>1. Control number</p> <p style="text-align: center;">-4 10+</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; border-bottom: 1px solid black;">PSU</td> <td style="width:15%; border-bottom: 1px solid black;">Segment</td> <td style="width:15%; border-bottom: 1px solid black;">Serial</td> <td style="width:15%; border-bottom: 1px solid black;">Sample</td> <td style="width:15%; border-bottom: 1px solid black;">Panel</td> </tr> <tr> <td style="text-align: center;">F</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	PSU	Segment	Serial	Sample	Panel	F				
PSU	Segment	Serial	Sample	Panel							
F											
<p>2a. Date of first visit</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border-bottom: 1px solid black;">Month</td> <td style="width:10%; border-bottom: 1px solid black;">Day</td> <td style="width:10%; border-bottom: 1px solid black;">Year</td> </tr> <tr> <td style="text-align: center;">0010</td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> </table> <p>b. Field Representative name</p> <p>-----</p> <p>c. Interview method</p> <p>0015 1 <input type="checkbox"/> Personal visit 2 <input type="checkbox"/> Telephone</p>	Month	Day	Year	0010			<p>10.</p> <p>0131 1 <input type="checkbox"/> Item 183 marked "All others" - no callback required</p> <p>1 <input type="checkbox"/> Item 184c has amount or "DK" or "Ref" for all nonrelatives age 14 + or item 184b is "None" - no callback required</p> <p><input type="checkbox"/> Item 184c blank for any nonrelative age 14 + - telephone callback required</p> <p>2 <input type="checkbox"/> information obtained</p> <p>3 <input type="checkbox"/> unable to obtain information - <i>Explain</i> 7</p>				
Month	Day	Year									
0010											
<p>3. Check Item (See Control Card item 6.)</p> <p><input type="checkbox"/> Control number in sample last enumeration period - <i>Complete item 4</i></p> <p><input type="checkbox"/> Control number in sample for first time this enumeration period - <i>Skip to item 8</i></p> <p>4. (See Control Card items 11 and 14.) Are any household members the same this time as last enumeration period?</p> <p style="text-align: center;"><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>5. Is this the same (house/apartment/mobile home) that was at this address last enumeration period? Mark if house/apartment. Ask if mobile home.</p> <p>0030 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, for example, replacement mobile home, wrong unit interviewed last time, etc.</p>	<p>11-13. WASHINGTON USE ONLY</p> <p>14a. Field Representative: Is there any information for this sample unit which should be reviewed by the office prior to data keying?</p> <p>0135 1 <input type="checkbox"/> Review not required 2 <input type="checkbox"/> Review required</p> <p>Notes</p> <p>-----</p> <p>b. OFFICE USE ONLY</p> <p>0139 2 <input type="checkbox"/> Review completed</p>										
<p>6. Type of interview</p> <p>0040 1 <input type="checkbox"/> Regular occupied - (One or more "1's" in Control Card item 14) - <i>Go to item 20, page 2</i></p> <p>2 <input type="checkbox"/> URE occupied - (All "2's" in Control Card item 14) - <i>Go to item 124, page 30</i></p> <p>4 <input type="checkbox"/> Type A noninterview</p> <p>7. Type A noninterview reason</p> <p>0050 01 <input type="checkbox"/> No one home 02 <input type="checkbox"/> Temporarily absent 03 <input type="checkbox"/> Refused 04 <input type="checkbox"/> Unable to locate 05 <input type="checkbox"/> Other occupied - <i>Specify</i> _____</p>	<p>15. OFFICE USE ONLY</p> <p>a. EDIT FOLLOWUP REQUIRED → <input type="checkbox"/></p> <p>0136 Page <input type="text"/> <input type="text"/> Item <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>0137 Page <input type="text"/> <input type="text"/> Item <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>0138 Page <input type="text"/> <input type="text"/> Item <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>b. SOURCE OF RESOLUTION</p> <p>0140 1 <input type="checkbox"/> Respondent 2 <input type="checkbox"/> Field Representative 3 <input type="checkbox"/> Regional Office staff 4 <input type="checkbox"/> Washington 5 <input type="checkbox"/> Other - <i>Specify</i> _____</p> <p>c. OFFICE USE ONLY</p> <p>0141 <input type="text"/> <input type="text"/> Editor's code</p> <p>0142 <input type="text"/> <input type="text"/></p>										
<p>8. Occupancy status for Type A noninterviews</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><i>Go to Control Card item 9a</i></p> <p>9. Mortgage (See item 94, page 19.)</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 - <i>Explain</i> 7</p>	<p>16. In what language was the interview conducted?</p> <p>0143 1 <input type="checkbox"/> English 2 <input type="checkbox"/> Spanish 3 <input type="checkbox"/> Other - <i>Specify</i> _____</p> <p>17. Address correction/address addition</p> <p style="text-align: center;">-5 10+</p> <p>First address line</p> <p>-----</p> <p>Second address line</p> <p>-----</p> <p>Place or city _____ State _____ ZIP Code _____</p>										
<p>18-19. WASHINGTON USE ONLY</p>	<p>18-19. WASHINGTON USE ONLY</p>										

REGULAR OCCUPIED	
<p>MARK OR ASK —</p> <p>20. Are your living quarters in a — <i>(Read all answer categories.)</i></p>	<p>- 8 11 ↓</p> <p>1120 <input type="checkbox"/> Mobile home <input type="checkbox"/> One-unit building, detached from any other building <input type="checkbox"/> One-unit building, attached to one or more buildings — Skip to item 22a <input type="checkbox"/> Building with two or more apartments? — Skip to item 21b</p>
<p>21a. Are there any occupied or vacant apartments besides your own in the (building/mobile home)?</p>	<p>1130 <input type="checkbox"/> Yes — Fill Table X on Control Card, then go to item 21b <input type="checkbox"/> No — Skip to item 23 and mark box 1 or 4</p>
<p>b. How many apartments are in the (building/mobile home)?</p>	<p>1140 _____ Number — Skip to item 23 and mark box 3 or 5</p>
<p>22a. Does your (house/apartment) share an attic or basement with the (house/apartment) next door?</p>	<p>1150 <input type="checkbox"/> Yes <input type="checkbox"/> No } Skip to item 22c <input type="checkbox"/> Don't know</p>
<p>b. How many (houses/apartments) including your own share the attic or basement?</p>	<p>1160 _____ Number — If one, reask item 22a and correct entry. If more than one, skip to item 23 and mark box 3.</p>
<p>c. Does your (house/apartment) share a furnace or boiler with the (house/apartment) next door?</p>	<p>1170 <input type="checkbox"/> Yes <input type="checkbox"/> No } Skip to item 22e <input type="checkbox"/> Don't know</p>
<p>d. How many (houses/apartments) including your own share the furnace or boiler?</p>	<p>1180 _____ Number — If one, reask item 22c and correct entry. If more than one, skip to item 23 and mark box 3.</p>
<p>6. Are there any occupied or vacant apartments besides your own in this house?</p>	<p>1190 <input type="checkbox"/> Yes — Fill Table X on Control Card, then go to item 22f <input type="checkbox"/> No — Skip to item 23 and mark box 2</p>
<p>f. How many apartments including your own are in this house?</p>	<p>1200 _____ Number — If one, reask item 22e and correct entry. If more than one, go to item 23 and mark box 3.</p>
<p>23. Check Item Final structure type classification based on entries in items 20—22.</p>	<p>1210 <input type="checkbox"/> One-unit building — detached <input type="checkbox"/> One-unit building — attached <input type="checkbox"/> Two-or-more-unit building } Skip to item 25a <input type="checkbox"/> Mobile home — one unit <input type="checkbox"/> Mobile home — two-or-more units</p>
<p>24. Is the house built — <i>(Read answer categories until a "Yes" reply is received.)</i></p>	<p>1220 <input type="checkbox"/> With a basement under all the building? <input type="checkbox"/> With a basement under part of the building? <input type="checkbox"/> With a crawl space? <input type="checkbox"/> On a concrete slab? <input type="checkbox"/> In some other way? — Specify _____</p>
<p>25a. Is the (house/apartment) part of a condominium or cooperative?</p>	<p>1230 <input type="checkbox"/> No } Skip to item 26a, page 3 <input type="checkbox"/> Yes, condominium <input type="checkbox"/> Yes, cooperative</p>
<p>b. To the Census Bureau, a cooperative is property which is owned by a corporation. Each shareholder is entitled to occupy an individual unit. Is this what you mean when you say this is a cooperative?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No — Reask item 25a and correct entry</p>

REGULAR OCCUPIED — Continued	
<p>26a. How many of each of the following rooms does the (house/apartment) have? <i>(For a one room efficiency or studio apartment, enter "1" for living room, enter the correct number of bathrooms, and mark "None" for all other rooms.)</i></p>	<p>(1) Bedrooms? 1240 _____ Number <input type="checkbox"/> None</p> <p>(2) How many full bathrooms with hot and cold piped water, AND a sink, AND a flush toilet, AND a bathtub or shower? 1250 _____ Number <input type="checkbox"/> None</p> <p>(3) How many half bathrooms? (Toilet OR bathtub OR shower) 1260 _____ Number <input type="checkbox"/> None</p> <p>(4) Kitchens? 1270 _____ Number <input type="checkbox"/> None</p> <p>(5) Living rooms? 1280 _____ Number <input type="checkbox"/> None</p> <p>(6) Separate dining rooms? 1290 _____ Number <input type="checkbox"/> None</p>
<p>b. Are there any other rooms? <i>(Exclude halls, foyers, pantries, garages, porches or areas that aren't separated by a built-in, floor-to-ceiling wall extending at least a few inches into room.)</i></p>	<p>1300 <input type="checkbox"/> Yes <input type="checkbox"/> No — Skip to item 26d</p>
<p>c. What are they? <i>(Complete all 3 parts.)</i></p>	<p>1310 _____ Number of family rooms, dens, recreation rooms and/or libraries <input type="checkbox"/> None</p> <p>1320 _____ Number of rooms that are business space with direct access to outside <input type="checkbox"/> None</p> <p>1330 _____ Number of other rooms, finished or unfinished <input type="checkbox"/> None</p>
<p>d. Check Item (See items 21b and 23 and Control Card 3d and 3e.)</p> <p><input type="checkbox"/> 1 or 2 unit building } Ask item 26e <input type="checkbox"/> Mobile home not in park } <input type="checkbox"/> 3 or more unit building or mobile home in park — Skip to item 27, page 4</p>	
<p>6. Are there any mobile homes on this property (---/other than this one)?</p>	<p>1332 <input type="checkbox"/> Yes <input type="checkbox"/> No — Skip to item 27, page 4</p>
<p>f. What is the model year of each mobile home (.../excluding this one)? <i>(Exclude mobile home(s) already listed in Table X or on the listing sheet.)</i></p>	<p>1341 1 9 1342 1 9 1343 1 9 1344 1 9 1345 1 9 1341 <input type="checkbox"/> All mobile homes already listed</p>
<p>Notes</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	

REGULAR OCCUPIED — Continued	
27. Does the (house/apartment) have a kitchen sink? <i>(For this household's use only)</i>	~811↓ 1340 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
28. Check item (See item 26a.) <input type="checkbox"/> One or more full bathrooms — Skip to item 29c <input type="checkbox"/> No full bathrooms — Ask item 29a	
28a. Does the (house/apartment) have a bathtub or shower for this household's use only?	1350 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b. Does the (house/apartment) have a flush toilet for this household's use only?	1360 1 <input type="checkbox"/> Yes — Skip to item 30a 2 <input type="checkbox"/> No — Skip to item 31a
c. (Is the bathroom/Are the bathrooms) for this household's use only?	1360 1 <input type="checkbox"/> Yes, exclusive use 2 <input type="checkbox"/> No, shared
30a. In the last 3 months, was there any time when all the toilets in the home were not working? <i>(While household was living here if less than 3 months)</i>	1370 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No toilet breakdowns — Skip to item 31a
b. How many of these breakdowns lasted 6 hours or more?	1380 _____ Number of toilet breakdowns lasting 6 hours or more <input type="checkbox"/> No toilet breakdowns lasting 6 hours
31a. Is all the wiring in the finished areas of your home concealed either in walls or metal coverings? <i>(Exclude appliance cords, extension cords, chandelier cords, telephone, antenna, or cable TV wires.)</i>	1390 1 <input type="checkbox"/> Yes, concealed 2 <input type="checkbox"/> No 3 <input type="checkbox"/> No electrical wiring — Skip to item 32a
b. Does every room have an electric outlet or wall plug that works?	1400 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
c. Have any fuses blown or circuit breakers tripped in the last 3 months? <i>(For the home)</i> <i>(While household was living here if less than 3 months)</i>	1410 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } Skip to item 32a
d. How many times in the last 3 months?	1420 _____ Number
32a. Has water leaked into your home from outdoors in the last 12 months? <i>(Exclude plumbing or other inside leaks.)</i> <i>(While household was living here if less than 12 months)</i>	1430 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 32c
b. Where did the water come in? <i>(Mark all that apply.)</i>	1440 1 <input type="checkbox"/> Roof 2 <input type="checkbox"/> Basement 3 <input type="checkbox"/> Walls or around closed windows or closed doors 4 <input type="checkbox"/> Other — Specify _____
c. Have there been water leaks in the (house/apartment) from INSIDE the building in the last 12 months? <i>(While household was living here if less than 12 months)</i>	1450 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 33a, page 5
d. Where did the water come from? <i>(Mark all that apply.)</i>	1460 1 <input type="checkbox"/> Own plumbing fixtures backed up and/or overflowed 2 <input type="checkbox"/> Pipes leaked (Include pipe leaks from other apartments.) 3 <input type="checkbox"/> Other or unknown — Specify _____

REGULAR OCCUPIED — Continued	
33a. Does the (house/apartment) have hot and cold piped water? <i>(For this household's use only)</i>	1470 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 34a
b. What fuel is used MOST to heat the water?	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 _____
c. Was your home ever completely without running water in the last 3 months? <i>(While household was living here if less than 3 months)</i>	1490 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No water stoppage — Skip to item 34a
d. How many times was it not available for 6 hours or more?	1500 _____ Water stoppages lasting 6 hours or more <input type="checkbox"/> None lasted 6 hours
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?	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 4 <input type="checkbox"/> Cistern 5 <input type="checkbox"/> Stream or lake 6 <input type="checkbox"/> Bottled water 7 <input type="checkbox"/> Other — Specify _____ } Skip to item 34c } Skip to item 35a, page 6
b. Is the well drilled or dug?	1530 1 <input type="checkbox"/> Drilled 2 <input type="checkbox"/> Dug
c. Does the (system/well) serve 15 or more homes?	~811↓ 1520 1 <input type="checkbox"/> Yes — Skip to item 35a, page 6 2 <input type="checkbox"/> No — Ask item 34d
d. How many homes does the (system/well) serve?	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
Notes _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	

REGULAR OCCUPIED — Continued	
44. Does the (house/apartment) have a usable fireplace?	1830 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<p>PLEASE LOOK AT THIS CARD.</p> <p>45a. What type of heating equipment is used MOST to heat the (house/apartment)? <i>(Read answer categories until heating equipment used most is mentioned.)</i></p> <p><input type="checkbox"/> A central warm-air furnace with air vents or ducts to the individual rooms? — Ask item 45b</p> <p>1840 2 <input type="checkbox"/> Steam or hot-water system with radiators OR other system using steam or hot water? } Skip to item 46a</p> <p>3 <input type="checkbox"/> Electric heat pump? }</p> <p>4 <input type="checkbox"/> Other built-in electric units permanently installed in wall, ceiling, or baseboards? }</p> <p>5 <input type="checkbox"/> Floor, wall, or other built-in, hot-air heater without ducts? }</p> <p><input type="checkbox"/> Kerosene, gas, or oil room heater(s) — Skip to item 45d</p> <p>8 <input type="checkbox"/> Portable electric heater(s)?</p> <p>9 <input type="checkbox"/> Stove(s)?</p> <p>10 <input type="checkbox"/> Fireplace(s) WITH inserts, that is, installed equipment designed to circulate more heat into the room? } Skip to item 46a</p> <p>11 <input type="checkbox"/> Fireplace(s) with NO inserts? }</p> <p>12 <input type="checkbox"/> Some other type of heating equipment? — Specify _____</p> <p>13 <input type="checkbox"/> None? — Skip to item 48a, page 9</p>	
<p>MARK OR ASK —</p> <p>b. Is the heating fuel for the furnace electricity?</p> <p>1840 <input type="checkbox"/> Yes, electricity 1 <input type="checkbox"/> No — Skip to item 46a</p>	
<p>c. Is that a heat pump?</p> <p>1840 3 <input type="checkbox"/> Yes } Skip to item 46a 1 <input type="checkbox"/> No }</p>	
<p>d. Is your room heater VENTED to the outside through a chimney, flue, or pipes?</p> <p>1840 6 <input type="checkbox"/> Yes 7 <input type="checkbox"/> No</p>	
<p>46a. What other kinds of heating equipment does the (house/apartment) have or use? <i>(Mark all that apply.)</i></p> <p>b. Anything else?</p> <p><input type="checkbox"/> Yes — Mark appropriate box(es), then go to item 47a, page 9</p> <p><input type="checkbox"/> No — Go to item 47a, page 9</p> <p>1850 1 <input type="checkbox"/> A central warm-air furnace with air vents or ducts to the individual rooms</p> <p>2 <input type="checkbox"/> Steam or hot-water system with radiators OR other system using steam or hot water</p> <p>3 <input type="checkbox"/> Electric heat pump</p> <p>4 <input type="checkbox"/> Other built-in electric units permanently installed in wall, ceiling, or baseboards</p> <p>5 <input type="checkbox"/> Floor, wall, or other built-in, hot-air heater without ducts</p> <p>6 <input type="checkbox"/> Kerosene, gas, or oil room heater(s), VENTED to the outside through a chimney, flue, or pipes</p> <p>1860 7 <input type="checkbox"/> UNVENTED kerosene, gas, or oil room heaters</p> <p>8 <input type="checkbox"/> Portable electric heater(s)</p> <p>9 <input type="checkbox"/> Stove(s)</p> <p>1870 10 <input type="checkbox"/> Fireplace(s) WITH inserts, that is, installed equipment designed to circulate more heat into the room</p> <p>11 <input type="checkbox"/> Fireplace(s) with NO inserts</p> <p>12 <input type="checkbox"/> Some other type of heating equipment — Specify _____</p> <p>13 <input type="checkbox"/> None — Go to item 47a, page 9</p>	

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

REGULAR OCCUPIED — Continued

51a. Check item (Mark first box that applies.) (See Control Card items 9a and 26.)
 Prior year date entered in Control Card item 9a
 Respondent MOVED here after prior year date of interview — Skip to item 52a
 Other(s) but not respondent MOVED here after prior year date of interview — Skip to item 59, page 11
 All MOVED in before prior year date of interview — Go to item 51b
 New sample unit (no prior year date entered in Control Card item 9a) — Skip to item 52a

b. Check item (See Control Card item 6b.)
 Owned — Skip to item 73a, page 18
 Rented — Skip to item 64a, page 14
 No cash rent — Skip to item 64c, page 14

52a. What are the reasons you moved from your last residence?
 (Mark all that apply.)

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
 All reasons of equal importance

53. Check item (Mark first box that applies.)
 Box 1 marked in item 52a — Ask item 54a
 Box 2 marked in item 52a — Skip to item 54b
 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 Yes — Skip to item 55a, page 11
 No

(2) Because that unit was going to become a condominium or cooperative?
 2090 Yes — Skip to item 55a, page 11
 No

(3) Because that residence was closed for repairs?
 2100 Yes } Skip to item 55a, page 11
 No }

b. Did you leave —

(1) Because the government wanted to use the land or building for some other purpose?
 2110 Yes — Skip to item 55a, page 11
 No

(2) Because that residence was condemned by the government as unfit for occupancy?
 2120 Yes } Skip to item 55a, page 11
 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 Yes — Ask (2)
 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 Yes — Skip to item 55a, page 11
 No — Ask (3)

(3) Because it was going to be a condominium or cooperative?
 2150 Yes — Skip to item 55a, page 11
 No — Ask (4)

(4) Because it was closed for repairs?
 2160 Yes } Skip to item 55a, page 11
 No }

(5) Because the government forced you to leave?
 2170 Yes — Ask (6)
 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 Yes — Skip to item 55a, page 11
 No — Ask (7)

(7) Because it was condemned by the government as unfit for occupancy?
 2190 Yes
 No

REGULAR OCCUPIED — Continued

55a. When you were going to move, did you look for a (house/apartment) in any neighborhood other than this?
 2200 Yes
 No

b. Why did you choose this NEIGHBORHOOD?
 (Write exact words and mark all that apply.)

2210	<input type="checkbox"/> Convenient to job
	<input type="checkbox"/> Convenient to friends or relatives
	<input type="checkbox"/> Convenient to leisure activities
	<input type="checkbox"/> Convenient to public transportation
	<input type="checkbox"/> Good schools
	<input type="checkbox"/> Other public services
2220	<input type="checkbox"/> Looks/design of neighborhood
	<input type="checkbox"/> House was most important consideration
	<input type="checkbox"/> Other

MARK if only one box marked in item 55b OR ASK if two or more boxes marked —

c. What is the MAIN reason you chose this neighborhood?
 2230 _____ Box number from item 55b
 All reasons of equal importance

56a. Before you moved, did you look at both (houses/mobile homes) and apartments?
 2240 Yes
 No
 Looked at only this unit

b. Why did you choose this particular (house/apartment)?
 (Write exact words and mark all that apply.)

2250	<input type="checkbox"/> Financial reasons
	<input type="checkbox"/> Room layout/design
	<input type="checkbox"/> Kitchen
	<input type="checkbox"/> Size
	<input type="checkbox"/> Exterior appearance
	<input type="checkbox"/> Yard/trees/view
2260	<input type="checkbox"/> Quality of construction
	<input type="checkbox"/> Only one available
	<input type="checkbox"/> Other — Specify _____

MARK if only one box marked in item 56b OR ASK if two or more boxes marked —

c. What is the MAIN reason you chose this (house/apartment)?
 2270 _____ Box number from item 56b
 All reasons of equal importance

57. Is this neighborhood better, worse, or about the same as your last neighborhood?
 2280 Better
 Worse
 About the same
 Same neighborhood

58. Is this (house/apartment) better, worse, or about the same as your last home?
 2290 Better
 Worse
 About the same

59. Check item (See Control Card items 9a and 26.)
 Only one person MOVED in (after prior year date of interview/new sample unit) — Skip to item 61a, page 12, enter line number in Group 1 column, and continue with item 61b.
 Two or more persons MOVED in (after prior year date of interview/new sample unit) — Ask item 60a

60a. Earlier you told me that ... (Specify names of movers) moved into this (house/apartment) (...after... (prior year date of interview)). Did (all of you/they) move here from the same previous residence?
 2300 Yes
 No — Skip to item 61a, page 12

b. INSTRUCTION (See Control Card item 26.)
 If all moved in within a 6-month period — Skip to item 61a, page 12, enter line numbers in Group 1 column, and continue with item 61b
 If people moved in more than 6 months apart — Put them in separate groups in item 61a on pages 12 and 13 and ask items 61b—m for each group.

REGULAR OCCUPIED — Continued

61a. Which people moved here from the same previous residence?
 Enter line numbers of all people who come from first home mentioned under Group 1, the line numbers of all people who come from the second home mentioned under Group 2, etc. If people moved from same previous residence but more than 6 months apart, put them in separate groups. Then ask items 61b—m for each mover group.

	~ 614 ↓	GROUP 1 Line numbers
2310		
2320		
2330		
2340	<input type="checkbox"/> Outside U.S. — Skip to item 61n	

b. What city, county, and State did (you) live in just before moving here?
 (Enter 2-character State code from flashcard.)

City or place: _____
 County: _____
 State: _____

c. What was the ZIP Code?
 _____ ZIP Code

d. Did (you/they) live inside the incorporated limits of (City above)?
 2360 Yes
 No or not incorporated place
 Don't know

e. Enter zone number OR hand respondent zone map and ask — This map is divided into zones. Which zone did (you) live in just before moving here?
 (If necessary, obtain any information needed to locate on map, such as street address, nearest intersecting streets or proximity to a landmark.)

2370 _____ Zone code
 Off map
 _____ Zone alpha (if any)

f. Was that residence —
 (Read all answer categories.)

2380 A house?
 An apartment?
 A mobile home?
 Or some other type of residence? — Skip to item 61n.

g. Was that home —
 (Read all answer categories.)

2390 Owned or being bought by someone in that household?
 Rented for cash?
 Occupied without payment of cash rent?

h. Was that part of a condominium or cooperative?

2400 No } Skip to item 61j
 Yes, condominium }
 Yes, cooperative }

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

_____ Yes
 No — Reask item 61h and correct entry

j. How many people lived in that household just before the move?

2410 _____ — If one, skip to item 61m; if more than one, ask item 61k

k. Was that home (owned/ rented) by someone who moved here?

2420 Yes — Skip to item 61m
 No

l. Was it (owned/rented) by a relative?

2430 Yes
 No

m. When I... (Specify names for line number in item 61a) (and you) moved, did (you/their) housing costs increase, decrease, or stay about the same, including utilities and (mortgage/rent)?
 (Compare their share, if not whole household.)

2440 Increased
 Stayed about same
 Decreased
 Don't know

n.
 Go to next mover group.
 If none, go to item 62, page 14.

REGULAR OCCUPIED — Continued

	~ 615 ↓	GROUP 2 Line numbers	~ 616 ↓	GROUP 3 Line numbers	~ 617 ↓	GROUP 4 Line numbers
2310						
2320						
2330						
2340	<input type="checkbox"/> Outside U.S. — Skip to item 61n		<input type="checkbox"/> Outside U.S. — Skip to item 61n		<input type="checkbox"/> Outside U.S. — Skip to item 61n	

~ 715 ↓ City or place: _____
 County: _____
 State: _____

~ 716 ↓ City or place: _____
 County: _____
 State: _____

~ 717 ↓ City or place: _____
 County: _____
 State: _____

c. What was the ZIP Code?
 _____ ZIP Code

c. What was the ZIP Code?
 _____ ZIP Code

c. What was the ZIP Code?
 _____ ZIP Code

d. Did (you/they) live inside the incorporated limits of (City above)?
 2360 Yes
 No or not incorporated place
 Don't know

d. Did (you/they) live inside the incorporated limits of (City above)?
 2360 Yes
 No or not incorporated place
 Don't know

d. Did (you/they) live inside the incorporated limits of (City above)?
 2360 Yes
 No or not incorporated place
 Don't know

e. Enter zone number OR hand respondent zone map and ask — This map is divided into zones. Which zone did (you) live in just before moving here?
 (If necessary, obtain any information needed to locate on map, such as street address, nearest intersecting streets or proximity to a landmark.)

2370 _____ Zone code
 Off map
 _____ Zone alpha (if any)

2370 _____ Zone code
 Off map
 _____ Zone alpha (if any)

2370 _____ Zone code
 Off map
 _____ Zone alpha (if any)

f. Was that residence —
 (Read all answer categories.)

2380 A house?
 An apartment?
 A mobile home?
 Or some other type of residence? — Skip to item 61n.

2380 A house?
 An apartment?
 A mobile home?
 Or some other type of residence? — Skip to item 61n.

2380 A house?
 An apartment?
 A mobile home?
 Or some other type of residence? — Skip to item 61n.

g. Was that home —
 (Read all answer categories.)

2390 Owned or being bought by someone in that household?
 Rented for cash?
 Occupied without payment of cash rent?

2390 Owned or being bought by someone in that household?
 Rented for cash?
 Occupied without payment of cash rent?

2390 Owned or being bought by someone in that household?
 Rented for cash?
 Occupied without payment of cash rent?

h. Was that part of a condominium or cooperative?

2400 No } Skip to item 61j
 Yes, condominium }
 Yes, cooperative }

2400 No } Skip to item 61j
 Yes, condominium }
 Yes, cooperative }

2400 No } Skip to item 61j
 Yes, condominium }
 Yes, cooperative }

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

_____ Yes
 No — Reask item 61h and correct entry

_____ Yes
 No — Reask item 61h and correct entry

_____ Yes
 No — Reask item 61h and correct entry

j. How many people lived in that household just before the move?

2410 _____ — If one, skip to item 61m; if more than one, ask item 61k

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

k. Was that home (owned/ rented) by someone who moved here?

2420 Yes — Skip to item 61m
 No

2420 Yes — Skip to item 61m
 No

2420 Yes — Skip to item 61m
 No

l. Was it (owned/rented) by a relative?

2430 Yes
 No

2430 Yes
 No

2430 Yes
 No

m. When I... (Specify names for line number in item 61a) (and you) moved, did (you/their) housing costs increase, decrease, or stay about the same, including utilities and (mortgage/rent)?
 (Compare their share, if not whole household.)

2440 Increased
 Stayed about same
 Decreased
 Don't know

2440 Increased
 Stayed about same
 Decreased
 Don't know

2440 Increased
 Stayed about same
 Decreased
 Don't know

n.
 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.

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 —
 Owned — Skip to item 73e, page 16
 Rented — Go to item 64a
 No cash rent — Skip to item 64c

64a. How often is the rent due? **- 6 11 ↓**
 2800 \$ _____ 00 Times per year
 12 Monthly

b. How much is the rent?
 (Include total amount paid by household AND any other source.)
 (If parking priced separately, exclude it here and mark NO to items 64m and 64n without asking.)
 2810 \$ _____ 00

c. Check item (See item 23, page 2.)
 Mobile home either one-unit or two-or-more-units — Ask item 64d
 Not a mobile home — Skip to item 64m

d. Do you pay separate rent for the land?
 (If land occupied in exchange for services, mark "Yes" and "No cash rent" in item 64f.)
 2811 Yes
 2 No — Skip to item 64g

e. How many times a year is the (land/site) rent due?
 2812 _____ Times per year
 12 Monthly

f. What is the cost each ... (Billing period)?
 2813 \$ _____ 00
 No cash rent
 9997 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?
 3850 Yes
 2 No — Skip to item 64j

h. How many times a year is the fee due?
 3855 _____ Times per year
 12 Monthly

i. What is the cost each ... (Billing period)?
 3800 \$ _____ 00
 Included in mobile home rent

j. Are there any (---/other) required fees for utility hookups, mobile home association fees, and so forth?
- 6 11 ↓
 2817 Yes
 2 No — Skip to item 64m

k. How many times a year are the fees due?
 2818 _____ Times per year
 12 Monthly

l. What is the average cost each ... (Billing period) for those fees?
 2819 \$ _____ 00

m. Is a garage or carport included (in the rent/with the home)?
 2820 Yes — Skip to item 65a
 2 No

n. Is an offstreet parking space included?
 2830 Yes
 2 No

65a. Is the building owned by a public housing authority?
 2840 Yes — Skip to item 65g, page 15
 2 No

b. Does the Federal government pay some of the cost of the unit?
 2850 Yes — Skip to item 65g, page 15
 2 No

c. Does the State or local government pay some of the cost of the unit?
 2860 Yes — Skip to item 65g, page 15
 2 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?
 2870 Yes — Skip to item 66a, page 15
 2 No

e. Does the local government limit the rent on the unit through rent control or rent stabilization?
 2880 Yes
 2 No

f. Is the rent adjusted because someone in the household works for or is related to the owner?
 2890 Yes } Skip to item 66a, page 15
 2 No }

REGULAR OCCUPIED — Continued

(If "3" circled in Control Card item 8b, mark "None" without asking.)
 2898 \$ _____ 00
 Identical amount in items 64b and 65g — Verify amount in item 64b is TOTAL rent for the unit.
 None

65g. Of the ... (amount from 64b) rent you reported, how much is this household required to pay?

66a. Check item — Unit is located in —
 Boston, MA — NH MS area
 San Francisco/Oakland, CA MS area
 San Jose, CA MS area
 Washington, DC — MD — VA MS area
 All other MS areas — Skip to item 66h } Ask item 66b

b. Were there any nonrefundable fees, or special upfront payments to occupy this unit, excluding a security deposit?
 2812 Yes
 2 No — Skip to 66e

c. How much was that?
 2814 \$ _____ 00

d. Did you pay it to the —
 (Read answer categories. Mark (X) all that apply.)
 2816 Landlord or owner?
 Building manager or superintendent?
 Rental agent or broker?
 Former or existing tenant, if you sublet?
 Someone else?

e. Are there any special ongoing payments you have to make to continue renting here, excluding the rent or utilities?
 (Exclude previously reported mobile home fees and OPTIONAL fees for parking, TV antenna/cable hookup, AC window units, etc.)
 2818 Yes
 2 No — Skip to 66h

f. How much is that per month?
 2822 \$ _____ 00

g. Do you pay it to the —
 (Read answer categories. Mark (X) all that apply.)
 2824 Landlord or owner?
 Building manager or superintendent?
 Former or existing tenant, if you sublet?
 Someone else?

h. Check item — (See item 23, page 2.)
 Mobile home either one-unit or two-or-more units — Skip to item 68a
 Not a mobile home — Ask item 67

67. About when was the building originally built?
 1980 or later }
 Month Year } Skip to item 70
 2810 1979
 2 75 — 78
 3 70 — 74
 4 60 — 69
 5 50 — 59
 6 40 — 49
 7 30 — 39
 8 20 — 29
 9 1919 or earlier } Skip to item 71, page 16

68a. Excluding the dealer's lot, is this the first site on which this mobile home was placed?
 2900 Yes, first site
 No, moved from another site
 Don't know

b. Is your mobile home included in a group of 2 or more?
 3840 Yes
 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
 2 21 or more

69. What is the model year of the mobile home?
- 6 11 ↓
 1980 or later }
 Year } Skip to item 70
 2810 1979
 2 75 — 78
 3 70 — 74
 4 60 — 69
 5 50 — 59
 6 40 — 49
 7 1939 or earlier } Skip to item 71, page 16

70. Were you the first person/people to occupy this home or did someone else live here before you?
 2920 First occupants
 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)? (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 <input type="checkbox"/> Don't know — Ask item 72b														
MARK OR ASK — b. Is it more than 10 acres? 3020 <input type="checkbox"/> Yes <input type="checkbox"/> No } Skip to item 109a, page 24														
NOTE — Ask all categories in item 73a before proceeding to item 73b.														
73a. These questions are about major repairs, improvements or alterations made to the (house/apartment) in the last 2 years. (Count work only once; include work in progress.) (While living here if less than 2 years)														
NOTE — Ask item 73b only for those categories in item 73a which were answered "Yes".														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">(1) Was all or part of the roof replaced in the last 2 years?</th> <th style="width: 30%;">(2) Were any additions built?</th> <th style="width: 30%;">(3) Was the kitchen remodeled or a kitchen added?</th> </tr> </thead> <tbody> <tr> <td>2650 <input type="checkbox"/> Yes, all <input type="checkbox"/> Yes, part <input type="checkbox"/> No</td> <td>2670 <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>2690 <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>2710 <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>2730 <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>2750 <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>2770 <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>2790 <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>2810 <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </tbody> </table>			(1) Was all or part of the roof replaced in the last 2 years?	(2) Were any additions built?	(3) Was the kitchen remodeled or a kitchen added?	2650 <input type="checkbox"/> Yes, all <input type="checkbox"/> Yes, part <input type="checkbox"/> No	2670 <input type="checkbox"/> Yes <input type="checkbox"/> No	2690 <input type="checkbox"/> Yes <input type="checkbox"/> No	2710 <input type="checkbox"/> Yes <input type="checkbox"/> No	2730 <input type="checkbox"/> Yes <input type="checkbox"/> No	2750 <input type="checkbox"/> Yes <input type="checkbox"/> No	2770 <input type="checkbox"/> Yes <input type="checkbox"/> No	2790 <input type="checkbox"/> Yes <input type="checkbox"/> No	2810 <input type="checkbox"/> Yes <input type="checkbox"/> No
(1) Was all or part of the roof replaced in the last 2 years?	(2) Were any additions built?	(3) Was the kitchen remodeled or a kitchen added?												
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2710 <input type="checkbox"/> Yes <input type="checkbox"/> No	2730 <input type="checkbox"/> Yes <input type="checkbox"/> No	2750 <input type="checkbox"/> Yes <input type="checkbox"/> No												
2770 <input type="checkbox"/> Yes <input type="checkbox"/> No	2790 <input type="checkbox"/> Yes <input type="checkbox"/> No	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														

REGULAR OCCUPIED — Continued	
76. In just the last YEAR, how much was spent on routine maintenance such as painting, repairs, etc.? (---/---/---) Exclude anything already mentioned. (Exclude housecleaning.) 2840 \$ _____ 00 <input type="checkbox"/> Nothing	
77. Check item (See item 23, page 2.) <input type="checkbox"/> Mobile home either one-unit or two-or-more-units — Skip to item 79a <input type="checkbox"/> Not a mobile home — Ask item 78	
78. About when was the building originally built? <input type="checkbox"/> 1980 or later } Month Year } 2910 <input type="checkbox"/> 1979 } 2 } 75-78 } 3 } 70-74 } 4 } 60-69 } 5 } 50-59 } 6 } 40-49 } 7 } 30-39 } 8 } 20-29 } 9 } 1919 or earlier }	
79a. 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 80	
c. How many, including your mobile home, are in the group? 4880 _____ Exact number — (If 2 to 20 mobile homes) OR <input type="checkbox"/> 21 or more	
80. What is the model year of the mobile home? <input type="checkbox"/> 1980 or later } Year } 2910 <input type="checkbox"/> 1979 } 2 } 75-78 } 3 } 70-74 } 4 } 60-69 } 5 } 50-59 } 6 } 40-49 } 7 } 1939 or earlier }	
81a. 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	
b. Is this home currently for rent or sale? 2923 <input type="checkbox"/> Yes <input type="checkbox"/> No — Skip to item 82a	
c. Is it for — (Read all answer categories.) 2925 <input type="checkbox"/> rent only? <input type="checkbox"/> rent or for sale? <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 <input type="checkbox"/> 1 9 _____ Year — Skip to item 82c 2930 <input type="checkbox"/> Owner built it or had it built — Skip to item 82c <input type="checkbox"/> Received as inheritance or gift	
b. In what year did this household (inherit/receive) the home? 2940 <input type="checkbox"/> 1 9 _____ Year — Skip to item 82e	
c. What was the price? (Exclude closing costs.) (For mobile homes, exclude value of the land.) 2950 \$ _____ 00	
d. Was the main source of the down payment the sale of a previous home, savings, or something else? (If bought outright, enter main source of full payment.) 2960 <input type="checkbox"/> Sale of previous home if sold during 12 months prior to purchase of new home — Skip to item 83a, page 18 <input type="checkbox"/> Savings or cash on hand <input type="checkbox"/> Sale of other investment <input type="checkbox"/> Borrowing, other than a mortgage on this property <input type="checkbox"/> Inheritance or gift <input type="checkbox"/> Land where building was built used for financing <input type="checkbox"/> Other — Specify _____ <input type="checkbox"/> No down payment made	
e. (Have any of the owners now living here/Have you) ever owned a home before? 2970 <input type="checkbox"/> Yes <input type="checkbox"/> No	

REGULAR OCCUPIED — Continued	
83a. Check Item (See item 25a, page 2.) <input type="checkbox"/> Condominium or cooperative — Skip to item 87a <input type="checkbox"/> Not a condominium or cooperative — Go to item 83b	
b. Check Item (See item 23, page 2.) <input type="checkbox"/> One-unit building — Ask item 84a <input type="checkbox"/> One-unit mobile home — Skip to item 88a, page 19 <input type="checkbox"/> Two-or-more-unit building or two-or-more-unit mobile home — Skip to item 86e	
84a. How large is the (lot/site)? <i>(Include all connecting land that is owned or that is rented with the home.)</i> <i>(If over 1 acre, drop any fractions, don't round up, if under one acre, convert to approximate square feet.)</i>	
2980 _____ Square feet OR 2990 _____ Feet by 3000 _____ feet OR 3010 _____ Whole acres 0 <input type="checkbox"/> Don't know — Ask item 84b	
MARK OR ASK — 3020 <input type="checkbox"/> Yes — Skip to item 86a <input type="checkbox"/> No	
b. Is it more than 10 acres?	
c. Is there a commercial establishment on the property? 3030 <input type="checkbox"/> Yes — Skip to item 85a <input type="checkbox"/> No	
d. Is there a medical or dental office on the property? 3040 <input type="checkbox"/> Yes — Skip to item 85b <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 <input type="checkbox"/> Yes <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 <input type="checkbox"/> Yes <input type="checkbox"/> No	
b. Is there a medical or dental office on the property? 3040 <input type="checkbox"/> Yes <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 <input type="checkbox"/> Yes <input type="checkbox"/> No	
f. Is there a medical or dental office on the property? 3040 <input type="checkbox"/> Yes <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 <input type="checkbox"/> Yes <input type="checkbox"/> No	
b. Is there a medical or dental office on the property? 3040 <input type="checkbox"/> Yes <input type="checkbox"/> No	
c. How much do you think the apartment would sell for on today's market? 3100 \$ _____ 00 Skip to item 89a, page 19	

REGULAR OCCUPIED — Continued	
88a. How large is the (lot/site)? <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, if under one acre, convert to approximate square feet.)</i>	
2980 _____ Square feet OR 2990 _____ Feet by 3000 _____ feet OR 3010 _____ Whole acres 0 <input type="checkbox"/> Don't know — Ask item 88b	
MARK OR ASK — 3020 <input type="checkbox"/> Yes <input type="checkbox"/> No	
b. Is it more than 10 acres?	
c. Is there a commercial establishment on the property? 3030 <input type="checkbox"/> Yes <input type="checkbox"/> No	
d. Is there a medical or dental office on the property? 3040 <input type="checkbox"/> Yes <input type="checkbox"/> No	
e. How much do you think the mobile home would sell for on today's market? 3100 \$ _____ 00 <i>(Do not include the value of the land.)</i>	
f. Do you own the land? 3140 <input type="checkbox"/> Yes <input type="checkbox"/> No — Skip to item 89a	
g. How much do you think the land would sell for on today's market? 3150 \$ _____ 00	
89a. Is a garage or carport included with your home? - 811 ↓ 2520 <input type="checkbox"/> Yes — Skip to item 90 <input type="checkbox"/> No	
b. Is an offstreet parking space included? 2530 <input type="checkbox"/> Yes <input type="checkbox"/> No	
90. Is the ownership of the (house/apartment) shared with anyone NOT living here? 3180 <input type="checkbox"/> Yes <input type="checkbox"/> No	
91. Does anyone not living here pay some of the mortgage or utility costs? 3190 <input type="checkbox"/> Yes <input type="checkbox"/> No	
The next questions are about mortgages or other loans, that are secured by the property. You may check your records if you wish.	
92. Is there a mortgage, a Home Equity Loan, or other type of loan on this (house/apartment)? 3200 <input type="checkbox"/> Yes <input type="checkbox"/> No — <i>(If response to item 91 was "Yes" probe to see if there is a mortgage.) Skip to item 98a, page 22</i> <i>(Include "Land contracts" and other loans SECURED BY THE PROPERTY.)</i>	
93. Did you get your mortgage through a State or local government program that provides lower cost mortgages? 3210 <input type="checkbox"/> Yes <input type="checkbox"/> No	
94. Check Item (See Control Card items 13 and 17.) <input type="checkbox"/> Respondent is an owner or owner's spouse — Ask item 95, page 20 <input type="checkbox"/> Respondent is not an owner or owner's spouse — Callback required — Mark item 9, page 1; then skip to item 98a, page 22	
Notes _____ _____ _____	

REGULAR OCCUPIED — Continued			
95. How many mortgages are there now on the home/property?		3220 _____ Number of mortgages	
96a. Did you get the current (first/second) mortgage the same year you bought your home?		FIRST (MORTGAGE/LOAN) - 6 1 8 ↓ 3230 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 96e	SECOND (MORTGAGE/LOAN) - 6 1 8 ↓ 3230 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 96e
b. With regard to the (first/second) mortgage, did you get a new mortgage or did you assume someone else's mortgage?		3240 1 <input type="checkbox"/> New — Skip to item 96f 2 <input type="checkbox"/> Assumed 3 <input type="checkbox"/> Wrap-around — Skip to item 96f	3240 1 <input type="checkbox"/> New — Skip to item 96f 2 <input type="checkbox"/> Assumed 3 <input type="checkbox"/> Wrap-around — Skip to item 96f
c. How much was left to pay off when you assumed it?		3250 \$ _____ 00	3250 \$ _____ 00
d. How many years remained on the mortgage then?		3260 _____ Years — Skip to item 96i	3260 _____ Years — Skip to item 96i
e. What year did you get the mortgage?		3280 1 8 _____ Year	3280 1 8 _____ Year
f. When you first obtained THIS mortgage, how many years was it for?		3290 _____ Years — If less than 15, ask item 96g; if 15 or more, skip to item 96h o <input type="checkbox"/> Can vary — Ask item 96g	3290 _____ Years — If less than 15, ask item 96g; if 15 or more, skip to item 96h o <input type="checkbox"/> Can vary — Ask item 96g
g. At your current payments, how long would it take to pay off the loan?		3300 _____ Years	3300 _____ Years
h. How much was borrowed?		3310 \$ _____ 00	3310 \$ _____ 00
i. Does this mortgage cover —			
(1) Other homes or apartments besides this one?		3320 1 <input type="checkbox"/> Yes — Skip to item 96j 2 <input type="checkbox"/> No	3320 1 <input type="checkbox"/> Yes — Skip to item 96j 2 <input type="checkbox"/> No
(2) Farm land?		3330 1 <input type="checkbox"/> Yes — Skip to item 96j 2 <input type="checkbox"/> No	3330 1 <input type="checkbox"/> Yes — Skip to item 96j 2 <input type="checkbox"/> No
(3) A business on this property?		3340 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 96k	3340 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 96k
j. How much of the ... (Amount in item 96c or h) applies just to your home?		3350 \$ _____ 00	3350 \$ _____ 00
k. What is the current interest rate on the mortgage? (Annual percentage rate) (Round down to nearest 1/4)		3380 _____ Whole number Plus Fraction 3370 o <input type="checkbox"/> No fraction 2 <input type="checkbox"/> 1/2 1 <input type="checkbox"/> 1/4 3 <input type="checkbox"/> 3/4	3380 _____ Whole number Plus Fraction 3370 o <input type="checkbox"/> No fraction 2 <input type="checkbox"/> 1/2 1 <input type="checkbox"/> 1/4 3 <input type="checkbox"/> 3/4
l. What is the current monthly payment?		3380 \$ _____ 00	3380 \$ _____ 00
m. Besides principal and interest, does this payment include —			
(1) Property taxes?		3390 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	3390 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(2) Homeowner's insurance?		3400 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	3400 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(3) Anything else?		3410 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 96n, page 21	3410 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 96n, page 21
(4) How much were the other charges last year? (Do not include property taxes or homeowner's insurance.)		3420 \$ _____ 00	3420 \$ _____ 00

REGULAR OCCUPIED — Continued			
96n. Is the mortgage an FMA, a VA, a Farmer's Home Administration, or some other type?		FIRST (MORTGAGE/LOAN) - 6 1 8 ↓ 3430 1 <input type="checkbox"/> FHA (Federal Housing Administration) 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	SECOND (MORTGAGE/LOAN) - 6 1 9 ↓ 3430 1 <input type="checkbox"/> FHA (Federal Housing Administration) Skip to item 96q 2 <input type="checkbox"/> VA (Veterans' Administration) Skip to item 96q 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
o. 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	3440 1 <input type="checkbox"/> Bank or other organization — Skip to item 96q 2 <input type="checkbox"/> Individual
p. Was that the former owner of the home?		3450 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	3450 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
q. 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	3460 1 <input type="checkbox"/> Yes — Skip to item 96s 2 <input type="checkbox"/> No
r. 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) —	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) —
s. Check item (See item 95, page 20.)		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 One mortgage — Skip to item 98a, page 22 Two or more mortgages — Go back to item 96a	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 Only two mortgages — Skip to item 98a, page 22 Three or more mortgages — Ask item 97a
97a. For the (third mortgage/other mortgages), how much did you borrow?		- 6 1 1 ↓ 3490 \$ _____ 00	
b. What is your current monthly payment for the (third mortgage/other mortgages)?		3500 \$ _____ 00	
Notes			

REGULAR OCCUPIED — Continued	
<p>98a. Check item (See item 23, page 2.)</p> <p><input type="checkbox"/> Mobile home either one-unit or two-or-more-units — Skip to item 101a</p> <p><input type="checkbox"/> Not a mobile home — Go to item 98b</p> <hr/> <p>b. Check item (See item 25a, page 2.)</p> <p><input type="checkbox"/> Condominium or cooperative — Ask item 99a</p> <p><input type="checkbox"/> All others — Skip to item 103a, page 23</p>	
<p>99a. What were the real estate taxes last year for the (condominium/cooperative) unit? (Include school taxes, special assessments, and any other real estate taxes.) (Exclude taxes past due from other years.) (Subtract any rebates.)</p>	<p>3520 \$ _____ 00</p>
<p>b. Did you receive a real estate property tax rebate last year?</p>	<p>3524 <input type="checkbox"/> Yes <input type="checkbox"/> No — Skip to item 100a</p>
<p>c. What was the amount of the property tax rebata?</p>	<p>3528 \$ _____ 00</p>
<p>100a. Is there a required (condominium/cooperative) association fee?</p>	<p>3570 <input type="checkbox"/> Yes <input type="checkbox"/> No — Skip to item 109a, page 24</p>
<p>b. How many times a year is the fee due?</p>	<p>3580 _____ Times per year <input type="checkbox"/> Monthly</p>
<p>c. What is the average cost each ... (Billing period)?</p>	<p>3590 \$ _____ 00 — Skip to item 109a, page 24</p>
<p>101a. On the mobile home (---) and its lot last year, what was the total cost of — property and real estate taxes, registration fees, and license fees? (Include all connecting owned land. Include school taxes, special assessments, and any other real estate taxes.) (Exclude taxes past due from other years.) (Subtract any rebates.)</p>	<p>3520 \$ _____ 00</p>
<p>b. Did you receive a real estate property tax rebate last year?</p>	<p>3524 <input type="checkbox"/> Yes <input type="checkbox"/> No — Skip to item 102a, page 23</p>
<p>c. What was the amount of the property tax rebata?</p>	<p>3528 \$ _____ 00</p>
<p>Notes</p> <hr/>	

REGULAR OCCUPIED — Continued	
<p>102a. Check item (See item 88f, page 19.)</p> <p><input type="checkbox"/> Land is owned — Skip to item 102f</p> <p><input type="checkbox"/> Land is NOT owned — Go to item 102b</p> <hr/> <p>b. Check item (See item 92, page 19.)</p> <p><input type="checkbox"/> Yes, mortgage — Ask item 102c</p> <p><input type="checkbox"/> No mortgage — Skip to item 102d</p>	
<p>c. Earlier you told me you do not own the land. Do you pay separate rent for the land?</p>	<p>- 6 1 1 !</p> <p>2611 <input type="checkbox"/> Yes <input type="checkbox"/> No — Skip to item 102f</p>
<p>d. How many times a year is the land rent due?</p>	<p>2612 _____ Times per year <input type="checkbox"/> Monthly</p>
<p>e. What is the cost each ... (Billing period)?</p>	<p>2613 \$ _____ 00</p> <p><input type="checkbox"/> No cash rent 9997 <input type="checkbox"/> Included in mobile home park fee or association fee</p>
<p>f. (---) In addition to the land rent, do you pay any (---) additional mobile home park fee?</p>	<p>3560 <input type="checkbox"/> Yes <input type="checkbox"/> No — Skip to item 102i</p>
<p>g. How many times a year is the fee due?</p>	<p>3566 _____ Times per year <input type="checkbox"/> Monthly</p>
<p>h. What is the average cost each ... (Billing period)?</p>	<p>3600 \$ _____ 00</p>
<p>i. Are there (any/any other) required fees for utility hookups, mobile home association fees, and so forth?</p>	<p>- 6 1 1 !</p> <p>2617 <input type="checkbox"/> Yes <input type="checkbox"/> No — Skip to item 109a, page 24</p>
<p>j. How many times a year are the fees due?</p>	<p>2618 _____ Times per year <input type="checkbox"/> Monthly</p>
<p>k. What is the average cost each ... (Billing period) for those fees?</p>	<p>2619 \$ _____ 00 — Skip to item 109a, page 24</p>
<p>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.)</p>	<p>3520 \$ _____ 00</p>
<p>b. Did you receive a real estate property tax rebate last year?</p>	<p>3524 <input type="checkbox"/> Yes <input type="checkbox"/> No — Skip to item 105a</p>
<p>c. What was the amount of the property tax rebata?</p>	<p>3528 \$ _____ 00</p>
<p>104. WASHINGTON USE ONLY</p>	
<p>105a. Is there a required homeowner's association fee?</p>	<p>3570 <input type="checkbox"/> Yes <input type="checkbox"/> No — Skip to item 106</p>
<p>b. How many times a year is the fee due?</p>	<p>3580 _____ Times per year <input type="checkbox"/> Monthly</p>
<p>c. What is the average cost each ... (Billing period)?</p>	<p>3590 \$ _____ 00 — Skip to item 109a, page 24</p>
<p>106. In some parts of the country people own their homes but rent the land. Do you pay rent for the land?</p>	<p>3610 <input type="checkbox"/> Yes <input type="checkbox"/> No — Skip to item 109a, page 24</p>

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? **3820** Yes — Skip to item 109a
 No

b. How many times a year is the land rent due? **3830** _____ Times per year
 12 Monthly

c. What does it cost each time? **3840** \$ _____ **00**

109a. Does this household have (homeowner's/household property) insurance? **3850** Yes
 No — Skip to item 110

b. In the past 12 months what was the total cost? **3860** \$ _____ **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.)

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

(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
3864 \$ _____ 00	January	19__
3865 \$ _____ 00	April	19__
3866 \$ _____ 00	August	19__
3867 \$ _____ 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? **3870** \$ _____ **00**
(Average MONTHLY cost)
 OR —
3880 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?
(Mark "No" if records available, but separate costs not shown.)
 Yes — Ask item 110c(2)
 No — Skip to item 110c(4), page 25

(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
3884 \$ _____ 00	January	19__
3885 \$ _____ 00	April	19__
3886 \$ _____ 00	August	19__
3887 \$ _____ 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

REGULAR OCCUPIED — Continued

110c. (4) In the past 12 months what was the average MONTHLY cost for gas?
3890 \$ _____ **00** OR —
(Average MONTHLY cost)
 OR —
3700 Included in rent, site rent, condominium, or other fee, etc.
 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?
3730 \$ _____ **00** OR —
(ANNUAL cost)
 OR —
3740 Not used
 Included in rent, site rent, condominium, or other fee, etc.
 Obtained free

e. In the past 12 months what was the total ANNUAL cost for wood, coal, kerosene, or any other fuel?
3760 \$ _____ **00** OR —
(ANNUAL cost)
 OR —
3770 Not used
 Included in rent, site rent, condominium, or other fee, etc.
 Obtained free

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

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

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

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

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

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

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

Notes

REGULAR OCCUPIED — Continued

117a. Was (your/their) total income over \$25,000? 4250 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 Yes
2 No

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

(1) Savings? 4270 Yes 2 No

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

(3) Other investments? 4290 Yes 2 No
(Exclude THIS home.) } If all "No," skip to item 118a

d. Is the total amount of savings and investments over \$25,000? 4300 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 Yes
2 No
(Exclude staff who do only maintenance.)

b. What is the owner's name and address?
 If don't know, ask — -817+

Name (Please print) _____

Address (Number, street) _____

City _____ State _____ ZIP Code _____

Title _____ Location _____

Owner Home
 Other Office

c. What is the (owner's/office's) telephone number?
 Area code, number, extension _____

Home
 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 an interview (Reg., URE, or vacant) in survey year 1 and/or 2.
 Yes — Go to item 122a, page 28
 No — Skip to item 123a, page 29

REGULAR OCCUPIED — Continued

See Control Card 9c — Read latest year unit was a regular, URE, or vacant interview. -811+

122a. Since 19____, has there been a change in the amount of living space in this (house/apartment) because of putting on an addition, finishing an attic or converting a garage to living space?
(Do not count finishing a basement.) 4570 Yes — Go to item 122b
2 No — Go to item 177a, page 43

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

ADDITION

4580 _____ Square feet
 (_____ X _____ dimensions)

LOSS

4590 _____ Square feet
 (_____ X _____ dimensions)

4580 Don't know

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

123a. Housing size is important for analysis of other information from this survey. How many square feet are there in this (house/apartment)? -811+
(Include basements and finished attics. Exclude unfinished attics, carports, and attached garages. Also exclude porches that are not protected from the elements/- - - -.)
(- - - - /Exclude the mobile home hitch.) 4600 _____ Square feet — Go to item 177a, page 43
 Don't know — Ask item 123b

b. How many (stories/floors) are there in this (house/apartment)? 4610 _____ Number
(Include basements and finished attics / - - - -.)
(In apartments, floors refers only to the apartment itself.)

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

d. What is the length and width of each floor of the (house/apartment)? 4640 Don't know — Go to item 177a, page 43
(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								

e. SKETCH OFFICE USE ONLY 4640 _____ Square feet
(If enough information is available, draw sketch of sample unit below.)

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

URE INTERVIEWS	
<p>MARK OR ASK —</p> <p>124. Are the living quarters in a — (Read all answer categories.)</p>	<p>1120 <input type="checkbox"/> Mobile home <input type="checkbox"/> One-unit building, detached from any other building <input type="checkbox"/> One-unit building, attached to one or more buildings — Skip to item 126e <input type="checkbox"/> Building with two or more apartments? — Skip to item 125b</p>
<p>125a. Are there any occupied or vacant apartments besides this one in the (building/mobile home)?</p>	<p>1130 <input type="checkbox"/> Yes — Fill Table X on Control Card then go to item 125b <input type="checkbox"/> No — Skip to item 127 and mark box 1 or 4</p>
<p>b. How many apartments are in the (building/mobile home)?</p>	<p>1140 _____ Number — Skip to item 127 and mark box 3 or 5</p>
<p>126a. Does the (house/apartment) share an attic or basement with the (house/apartment) next door?</p>	<p>1160 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know } SKIP to item 126c</p>
<p>b. How many (houses/apartments) including this one share the attic or basement?</p>	<p>1160 _____ Number — If one, reask item 126a and correct entry. If more than one, skip to item 127 and mark box 3.</p>
<p>c. Does the (house/apartment) share a furnace or boiler with the (house/apartment) next door?</p>	<p>1170 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know } SKIP to item 126e</p>
<p>d. How many (houses/apartments) including this one share the furnace or boiler?</p>	<p>1180 _____ Number — If one, reask item 126c and correct entry. If more than one, skip to item 127 and mark box 3.</p>
<p>e. Are there any occupied or vacant apartments besides this one in this house?</p>	<p>1190 <input type="checkbox"/> Yes — Fill Table X on Control Card then go to item 126f <input type="checkbox"/> No — Skip to item 127 and mark box 2</p>
<p>f. How many apartments including this one are in this house?</p>	<p>1200 _____ Number — If one, reask item 126e and correct entry. If more than one, go to item 127 and mark box 3.</p>
<p>127. Check Item Final structure type classification based on entries in items 124—126</p>	<p>1210 <input type="checkbox"/> One-unit building — detached <input type="checkbox"/> One-unit building — attached <input type="checkbox"/> Two-or-more-unit building <input type="checkbox"/> Mobile home — one unit <input type="checkbox"/> Mobile home — two-or-more-units } Skip to item 129a</p>
<p>128. Is the house built — (Read answer categories until a "Yes" reply is received.)</p>	<p>1220 <input type="checkbox"/> With a basement under all the building? <input type="checkbox"/> With a basement under part of the building? <input type="checkbox"/> With a crawl space? <input type="checkbox"/> On a concrete slab? <input type="checkbox"/> In some other way? — Specify _____</p>
<p>129a. Is the (house/apartment) part of a condominium or cooperative?</p>	<p>1230 <input type="checkbox"/> No <input type="checkbox"/> Yes, condominium <input type="checkbox"/> Yes, cooperative } SKIP to item 130a, page 31</p>
<p>b. To the Census Bureau, a cooperative is property which is owned by a corporation. Each shareholder is entitled to occupy an individual unit. Is this what you mean when you say this is a cooperative?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No — Reask item 129a and correct entry</p>
Notes	

URE OCCUPIED — Continued	
<p>130a. How many of each of the following rooms does the (house/apartment) have? (For a one room efficiency or studio apartment, enter "1" for living room, enter the correct number of bathrooms, and mark "None" for all other rooms.)</p>	<p>1240 _____ Number <input type="checkbox"/> None</p>
<p>(1) Bedrooms?</p>	<p>1250 _____ Number <input type="checkbox"/> None</p>
<p>(2) How many full bathrooms with hot and cold piped water, AND a sink, AND a flush toilet, AND a bathtub or shower?</p>	<p>1260 _____ Number <input type="checkbox"/> None</p>
<p>(3) How many half bathrooms? (Toilet OR bathtub OR shower)</p>	<p>1270 _____ Number <input type="checkbox"/> None</p>
<p>(4) Kitchens?</p>	<p>1280 _____ Number <input type="checkbox"/> None</p>
<p>(5) Living rooms?</p>	<p>1290 _____ Number <input type="checkbox"/> None</p>
<p>(6) Separate dining rooms?</p>	<p><input type="checkbox"/> None</p>
<p>b. Are there any other rooms? (Exclude halls, foyers, pantries, garages, porches or areas that aren't separated by a built-in, floor-to-ceiling wall extending at least a few inches into room.)</p>	<p>1300 <input type="checkbox"/> Yes <input type="checkbox"/> No — Skip to item 130d</p>
<p>c. What are they? (Complete all 3 parts.)</p>	<p>1310 _____ Number of family rooms, dens, recreation rooms and/or libraries <input type="checkbox"/> None</p>
	<p>1320 _____ Number of rooms that are business space with direct access to outside <input type="checkbox"/> None</p>
	<p>1330 _____ Number of other rooms, finished or unfinished <input type="checkbox"/> None</p>
<p>d. Check Item (See items 125b and 127 and Control Card 3d and 3e.) <input type="checkbox"/> 1 or 2 unit building <input type="checkbox"/> Mobile home not in park } Ask item 130e <input type="checkbox"/> 3 or more unit building or mobile home in park — Skip to item 131, page 32</p>	
<p>e. Are there any mobile homes on this property (---other than this one)?</p>	<p>1332 <input type="checkbox"/> Yes <input type="checkbox"/> No — Skip to item 131, page 32</p>
<p>f. What is the model year of each mobile home (...excluding this one.) (Exclude mobile home(s) already listed in Table X or on the listing sheet.)</p>	<p>1341 <input type="text" value="1"/> <input type="text" value="9"/> <input type="text" value=""/></p> <p>1342 <input type="text" value="1"/> <input type="text" value="9"/> <input type="text" value=""/></p> <p>1343 <input type="text" value="1"/> <input type="text" value="9"/> <input type="text" value=""/></p> <p>1344 <input type="text" value="1"/> <input type="text" value="9"/> <input type="text" value=""/></p> <p>1345 <input type="text" value="1"/> <input type="text" value="9"/> <input type="text" value=""/></p>
	<p>1341 <input type="checkbox"/> All mobile homes already listed</p>
Notes	

URE INTERVIEWS — Continued	
131. Does the (house/apartment) have a kitchen sink? <i>(Exclude sink used on a regular basis by someone living outside the unit.)</i>	- 6 6 1 + 1340 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
132. Check Item <i>(See item 130a, page 31.)</i> <input type="checkbox"/> One or more full bathrooms — Skip to item 133c <input type="checkbox"/> No full bathrooms — Ask item 133a	
133a. Does the (house/apartment) have a bathtub or shower for the occupants' use only?	1350 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b. Does the (house/apartment) have a flush toilet for the occupants' use only?	1360 1 <input type="checkbox"/> Yes } Skip to item 134a 2 <input type="checkbox"/> No }
c. (Is the bathroom/Are the bathrooms) for the occupants' use only?	1380 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
134a. Is all the wiring in the finished areas of the (house/apartment) concealed either in walls or metal coverings? <i>(Exclude appliance cords, extension cords, chandelier cords, telephone, antenna, or cable TV wires.)</i>	1390 1 <input type="checkbox"/> Yes, concealed 2 <input type="checkbox"/> No 3 <input type="checkbox"/> No electrical wiring — Skip to item 135a
b. Does every room have an electric outlet or wall plug that works?	1400 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
135a. Does the (house/apartment) have hot and cold piped water? <i>(Not used on a regular basis by someone outside the unit.)</i>	1470 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 136a
b. What fuel is used MOST to heat the water?	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 _____
136a. Does most of the water for the home used for cooking and drinking come from a public or private system, an individual well, or some other source?	1510 1 <input type="checkbox"/> Public or private water system — Skip to item 136c 2 <input type="checkbox"/> Individual well — Ask item 136b 3 <input type="checkbox"/> Spring } Skip to item 136c 4 <input type="checkbox"/> Cistern } 5 <input type="checkbox"/> Stream or lake only } 6 <input type="checkbox"/> Bottled water } Skip to item 137a 7 <input type="checkbox"/> Other — Specify _____ }
b. Is the well drilled or dug?	1530 1 <input type="checkbox"/> Drilled 2 <input type="checkbox"/> Dug
c. Does the (system/well) serve 15 or more homes?	- 6 6 1 + 1520 5 <input type="checkbox"/> Yes — Skip to item 137a 6 <input type="checkbox"/> No — Ask item 136d
d. How many homes does the (system/well) serve?	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
137a. Is the (house/apartment) connected to a public sewer?	1540 1 <input type="checkbox"/> Yes — Skip to item 138a, page 33 2 <input type="checkbox"/> No
b. What means of sewage disposal does the (house/apartment) have?	1550 1 <input type="checkbox"/> Septic tank or cesspool — Ask item 137c 2 <input type="checkbox"/> Chemical toilet } Skip to item 138a, page 33 3 <input type="checkbox"/> Outhouse or privy } 4 <input type="checkbox"/> Other — Specify _____ } 5 <input type="checkbox"/> None
c. How many homes are connected to the (septic tank/cesspool)?	1550 1 <input type="checkbox"/> One 2 <input type="checkbox"/> 2 to 5 3 <input type="checkbox"/> 6 or more

URE INTERVIEWS — Continued	
138a. Does the (house/apartment) have a refrigerator? <i>(Exclude ice boxes.)</i> <i>(Exclude refrigerator used on a regular basis by someone living outside the unit.)</i>	1580 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 139a
b. Is it more than 5 years old? <i>(Age of newest if two or more)</i>	1600 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
139a. Does the (house/apartment) have a garbage disposal in the sink?	1610 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 140a
b. Is it more than 5 years old?	1620 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
140a. Does the (house/apartment) have a cookstove or range with an oven? <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>	1630 1 <input type="checkbox"/> Yes — Skip to item 140c 2 <input type="checkbox"/> No
b. Does the (house/apartment) have —	
(1) an oven? <i>(Include microwaves. Exclude toaster-ovens.)</i>	1640 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(2) cooking burners? <i>(Exclude portable burners.)</i>	1650 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
} If both are "No," skip to item 141a	
c. (Is it/Are they) more than 5 years old? <i>(Age of newest if two or more)</i>	1660 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
d. What fuel is used MOST for cooking?	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
141a. Does the (house/apartment) have a dishwasher?	1690 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 142a
b. Is it more than 5 years old?	1700 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
142a. Does the (house/apartment) have a washing machine (----/in the apartment)?	1710 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 143a
b. Is it more than 5 years old?	1720 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
143a. Does the (house/apartment) have a clothes dryer (----/in the apartment)?	1730 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 144a
b. Is it more than 5 years old?	1740 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
c. What kind of fuel does the dryer use?	1750 1 <input type="checkbox"/> Electricity 2 <input type="checkbox"/> Gas 3 <input type="checkbox"/> Other — Specify _____
144a. Does the (house/apartment) have central air conditioning?	1760 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 144c
b. What kind of fuel does it use?	1770 1 <input type="checkbox"/> Electricity 2 <input type="checkbox"/> Gas 3 <input type="checkbox"/> Other — Specify _____ } Skip to item 145a, page 34
c. Does the (house/apartment) have room air conditioners?	1780 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 145a, page 34
d. How many?	1790 _____ Number

URE INTERVIEWS — Continued	
<p>145a. What fuel is used MOST for heating the (house/apartment)?</p>	<p>1800</p> <p>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 <u> </u></p> <p>9 <input type="checkbox"/> None — Skip to item 146</p>
<p>b. Besides (fuel marked in item 145a), what other fuel is used for heating the (house/apartment)? (Mark all that apply.)</p>	<p>1810</p> <p>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 <u> </u></p> <p>9 <input type="checkbox"/> None</p>
<p>146. Does the (house/apartment) have a usable fireplace?</p>	<p>1830</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>PLEASE LOOK AT THIS CARD.</p> <p>147a. What type of heating equipment is used MOST to heat the (house/apartment)? (Read answer categories until heating equipment used most is mentioned.)</p>	<p>1840</p> <p><input type="checkbox"/> A central warm-air furnace with air vents or ducts to the individual rooms? — Ask item 147b</p> <p>2 <input type="checkbox"/> Steam or hot-water system with radiators OR other system using steam or hot water? } Skip to item 148a, page 35</p> <p>3 <input type="checkbox"/> Electric heat pump? }</p> <p>4 <input type="checkbox"/> Other built-in electric units permanently installed in wall, ceiling, or baseboards? }</p> <p>5 <input type="checkbox"/> Floor, wall, or other built-in, hot-air heater without ducts? }</p> <p><input type="checkbox"/> Kerosene, gas, or oil room heater(s) — Skip to item 147d</p> <p>8 <input type="checkbox"/> Portable electric heater(s)? }</p> <p>9 <input type="checkbox"/> Stove(s)? }</p> <p>10 <input type="checkbox"/> Fireplace(s) WITH inserts, that is, installed equipment designed to circulate more heat into the room? } Skip to item 148a, page 35</p> <p>11 <input type="checkbox"/> Fireplace(s) with NO inserts? }</p> <p>12 <input type="checkbox"/> Some other type of heating equipment? — Specify <u> </u></p> <p>13 <input type="checkbox"/> None? — Skip to item 149a, page 35</p>
<p>MARK OR ASK —</p> <p>b. Is the heating fuel for the furnace electricity?</p>	<p>1840</p> <p>1 <input type="checkbox"/> Yes, electricity 2 <input type="checkbox"/> No — Skip to item 148a, page 35</p>
<p>c. Is that a heat pump?</p>	<p>1840</p> <p>3 <input type="checkbox"/> Yes 1 <input type="checkbox"/> No — Go to item 148a, page 35</p>
<p>d. Is your room heater VENTED to the outside through a chimney, flue, or pipes?</p>	<p>1840</p> <p>6 <input type="checkbox"/> Yes 7 <input type="checkbox"/> No</p>
<p>Notes</p> <p>_____</p> <p>_____</p> <p>_____</p>	

Note

All URE interview questions have been deleted from the questionnaire facsimile, except for question 150. The questions deleted are the same as the questions asked for occupied units.

<p>150a. Is the (house/apartment) INTENDED for year round use, for occupancy only on a seasonal basis, or for use by migrant workers?</p>	<p>2480</p> <p>7 <input type="checkbox"/> Year round (occupied temporarily at time of interview) — Skip to item 150c 8 <input type="checkbox"/> Seasonal — Summers only 9 <input type="checkbox"/> Seasonal — Winters only 10 <input type="checkbox"/> Other seasonal — Specify <u> </u></p> <p>11 <input type="checkbox"/> Migratory</p>
<p>b. Does the construction and heating of the (house/apartment) make it suitable for year-round use?</p>	<p>2480</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>c. How many months has it been since the (house/apartment) was occupied as a permanent home?</p>	<p>- 6 6 1 -</p> <p>2470 _____ Months (If 1—24 months)</p> <p>00 <input type="checkbox"/> Less than 1 month 25 <input type="checkbox"/> Over 2 years 26 <input type="checkbox"/> NEVER OCCUPIED AS A PERMANENT HOME 27 <input type="checkbox"/> Don't know</p>
<p>d. Is the ownership of the (house/apartment) time-shared?</p>	<p>3070</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>

URE INTERVIEWS — Continued

152a. How often is the rent on the (house/apartment) due? - 6 8 1 ↓
 2800 _____ Times per year
 12 Monthly

b. How much is the rent?
 (If parking billed separately, exclude it here and mark NO to items 153a and 153b without asking.)
 2810 \$ _____ 00

c. (1) Is this (house/apartment) for vacation or other short-term use? - 6 8 1 ↓
 2485 Yes
 No

(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.)
 2811 Yes
 No — Skip to item 152g

e. How many times a year is the (land/site) rent due?
 2812 _____ Times per year
 12 Monthly

f. What is the cost each ... (Billing period)?
 2813 \$ _____ 00
 No cash rent
 Included in mobile home park fee or association fee

g. (---- /In addition to the rent), do you pay any (---- /additional) mobile home park fee?
 3850 Yes
 No — Skip to item 152j

h. How many times a year is the fee due?
 3855 _____ Times per year
 12 Monthly

i. What is the cost each ... (Billing period)?
 3800 \$ _____ 00
 Included in mobile home rent

j. Are there any (---- /other) required fees for utility hookups, mobile home association fees, and so forth? - 6 8 1 ↓
 2817 Yes
 No — Skip to item 153a

k. How many times a year are the fees due?
 2818 _____ Times per year
 12 Monthly

l. What is the average cost each ... (Billing period) for those fees?
 2819 \$ _____ 00

153a. Is a garage or carport included (in the rent/with the home)?
 2820 Yes — Skip to item 154
 No

b. Is an offstreet parking space included?
 2830 Yes
 No

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?
 1980 or later \checkmark
 Month Year } Skip to item 158, page 37
 2910 1979
 75-78
 70-74
 60-69
 50-59
 40-49
 30-39
 20-29
 1919 or earlier } Skip to item 158, page 37

URE INTERVIEWS — Continued

156a. Excluding the dealer's lot, is this the first site on which this mobile home was placed? - 6 8 1 ↓
 2900 Yes, first site
 No, moved from another site
 Don't know

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

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

157. What is the model year of the mobile home? - 6 8 1 ↓
 1980 or later \checkmark
 Year
 2910 1979
 75-78
 70-74
 60-69
 50-59
 40-49
 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 Yes
 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 Yes
 No

b. Is there a medical or dental office on the property?
 3040 Yes
 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 8 1 ↓
 2620 Yes — Skip to item 164a
 No

b. Is an offstreet parking space included?
 2630 Yes
 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

176a. Housing size is important for analysis of other information from this survey. How many square feet are there in the (house/apartment)? (Include basements and finished attics. Exclude unfinished attics, carports, and attached garages. Also exclude porches that are not protected from the elements/----.) (----/Exclude the mobile home hitch.)

4600 _____ Square feet — Skip to item 177a, page 43

Don't know — Ask item 176b

b. How many (stories/floors) are there in the (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 1 Yes
2 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 — Skip to item 177a, page 43

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

OFFICE USE ONLY **4640** _____ Square feet

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

Notes

NEIGHBORHOOD QUALITY SUPPLEMENT

NOTE — Ask all categories in item 177a before proceeding to item 177b.

NOTE — Ask item 177b only for those categories in item 177a which were answered "Yes."

177a. The following questions are concerned with specific aspects of your PRESENT neighborhood.

Does the neighborhood have —

(1) Street noise or heavy street traffic?

5640 1 Yes
2 No

(2) Neighborhood crime?

5680 1 Yes
2 No

NOTE — If "Yes" was answered for (1) or (2) in item 177a, ask item 177b.

177b. Does the (Condition) bother you?

3 Yes — Ask c →
4 No

177c. Is it so objectionable that you would like to move from the neighborhood?

5 Yes
6 No

178a. Is there public transportation for this area?

5730 1 Yes
2 No — Skip to item 179a

b. Is it satisfactory?

5740 1 Yes
2 No
3 Do not use

c. (Does anyone in the household/Do you) use public transportation at least once a week?

5750 1 Yes
2 No

179a. Do you have satisfactory neighborhood shopping, that is, grocery stores or drug stores?

5780 1 Yes
2 No
3 Don't know } Skip to item 180

b. Are any of these stores within one mile of here?

5770 1 Yes
2 No

180. Check item (See Control Card items 11, 14, and 18.) (Mark first box that applies.)

URE interview — Go to Control Card item 9a
 No household member 18 years of age or less — Skip to item 183, page 44
 Household member 4 to 18 years of age — Ask item 181a
 Household members 3 years old or younger — Skip to item 181b

181a. (Does.../Do the children) attend a public school or a private school? (Mark all that apply.)

5780 1 Public school (K—12)
2 Private school (K—12)
3 Other school (ungraded schools, special schools, preschools, early learning centers, etc.)
4 Does not attend school

b. Is the public elementary school that children living at this address (attend/would attend) satisfactory? (If more than one public elementary school, ask about the closest one to the sample unit.)

5780 1 Yes — Skip to item 181d
2 No
3 Don't know — Skip to item 181d

c. Is it so unsatisfactory that you would like to move from the neighborhood?

5800 1 Yes
2 No

d. Is that public elementary school within one mile of here?

5810 1 Yes
2 No

182. WASHINGTON USE ONLY

NONRELATIVE INCOME				
<p>183. Check item (See Control Card items 13 and 18.) <input type="checkbox"/> Household contains people age 14 + NOT related to reference person — Ask item 184e <input type="checkbox"/> All others — Go to Control Card item 9a</p>				
	~629↓	~630↓	~631↓	~632↓
Enter line number(s).	4660 Line number	4660 Line number	4660 Line number	4660 Line number
<p>184a. I have a few questions that I would like to ask . . . , and . . . (Names of nonrelatives). Are they here now?</p>	4670	4670	4670	4670
	1 <input type="checkbox"/> Yes — Skip to item 184c 2 <input type="checkbox"/> No — Ask item 184b	1 <input type="checkbox"/> Yes — Skip to item 184c 2 <input type="checkbox"/> No — Ask item 184b	1 <input type="checkbox"/> Yes — Skip to item 184c 2 <input type="checkbox"/> No — Ask item 184b	1 <input type="checkbox"/> Yes — Skip to item 184c 2 <input type="checkbox"/> No — Ask item 184b
<p>b. As I mentioned earlier, we are concerned about housing costs compared to income. In case I'm not able to reach . . . at a later time, what is your estimate of . . . 's total income before deductions in the last 12 months?</p>	4675	4675	4675	4675
	\$ _____ 00 <input type="checkbox"/> None <i>(Ask best time to reach nonrelative by telephone. Ask item 184c of nonrelatives who are here, and then go to Control Card item 9a.)</i>	\$ _____ 00 <input type="checkbox"/> None <i>(Ask best time to reach nonrelative by telephone. Ask item 184c of nonrelatives who are here, and then go to Control Card item 9a.)</i>	\$ _____ 00 <input type="checkbox"/> None <i>(Ask best time to reach nonrelative by telephone. Ask item 184c of nonrelatives who are here, and then go to Control Card item 9a.)</i>	\$ _____ 00 <input type="checkbox"/> None <i>(Ask best time to reach nonrelative by telephone. Ask item 184c of nonrelatives who are here, and then go to Control Card item 9a.)</i>
<p>c. (Introduce yourself, then say:) I have been asking . . . a few questions about this building. One of the main housing problems today is the cost of housing compared to income. What was your income before deductions in the past 12 months?</p>	4680	4680	4680	4680
	\$ _____ 00 <input type="checkbox"/> None Go to next nonrelative. If none, go to Control Card item 9a.	\$ _____ 00 <input type="checkbox"/> None Go to next nonrelative. If none, go to Control Card item 9a.	\$ _____ 00 <input type="checkbox"/> None Go to next nonrelative. If none, go to Control Card item 9a.	\$ _____ 00 <input type="checkbox"/> None Go to next nonrelative. If none, go to Control Card item 9a.
Notes				

OBSERVATION ITEMS	
<p>185a. How many stories are in the building, including the basement? <i>(If split level, count greatest number of stories on top of each other.)</i></p>	~609↓ 4760 _____ Stories in building (If 1 — 20) OR 21 <input type="checkbox"/> 21 or more
<p>b. What is the condition of the light fixtures in the public halls?</p>	4780 1 <input type="checkbox"/> No public halls 2 <input type="checkbox"/> All in working order 3 <input type="checkbox"/> Some in working order 4 <input type="checkbox"/> None in working order 5 <input type="checkbox"/> No light fixtures 6 <input type="checkbox"/> Fixtures turned off, unable to determine if working, not obviously broken
<p>c. How many stories are there from main entrance of building to main entrance of sample unit?</p>	4800 _____ Stories up or down to home 0 <input type="checkbox"/> Same floor
<p>d. Is there a passenger elevator on this floor?</p>	4810 1 <input type="checkbox"/> No elevator 2 <input type="checkbox"/> At least one working elevator 3 <input type="checkbox"/> All elevators not working
<p>e. Are there loose, broken, or missing steps on any common stairways inside this building or attached to this building?</p>	4820 1 <input type="checkbox"/> No common stairways — Skip to item 185g 2 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
<p>f. Are all railings on the common stairways firmly attached?</p>	4830 1 <input type="checkbox"/> No stair railings 2 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
<p>g. What is the external condition of the building that contains the sample unit, as visible from front of building or roadway? <i>(Mark all that apply.)</i></p>	4840 1 <input type="checkbox"/> Sagging roof 2 <input type="checkbox"/> Missing roofing material 3 <input type="checkbox"/> Hole in roof 4 <input type="checkbox"/> Could not see roof 5 <input type="checkbox"/> Missing bricks, siding, or other outside wall material 6 <input type="checkbox"/> Sloping outside walls 7 <input type="checkbox"/> Boarded up window(s) 8 <input type="checkbox"/> Broken window(s) 9 <input type="checkbox"/> Bars on window(s)
	* } Roof * } Walls * } Windows * } Foundation
<p>h. How would you classify the structure that contains the sample unit?</p>	<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 } Skip to item 188e, page 46
<p>i. How many living quarters are in the structure that contains the sample unit? <i>(Including the sample unit)</i></p>	_____ Number of living quarters
Notes	

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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.	
<p>186a. Which of these are within 300 feet of building containing the sample unit? (Exclude this building.) (Mark all that apply.)</p>	<p>4890 <input type="checkbox"/> Single-family, detached house(s) <input type="checkbox"/> Single-family, attached house(s) or low-rise (1–3 story) residential multi-unit building(s) <input type="checkbox"/> Mid-rise (4–6 story) residential multi-unit building(s) <input type="checkbox"/> High-rise (7+ story) residential multi-unit building(s) <input type="checkbox"/> Mobile home(s) (Exclude campers.) <input type="checkbox"/> Commercial, institutional, industrial building(s) <input type="checkbox"/> Residential parking lot(s) <input type="checkbox"/> Body of water <input type="checkbox"/> Open space, park, woods, farm, or ranch <input type="checkbox"/> 4+ lane highway, railroad, or airport <input type="checkbox"/> Other — Specify <u> </u></p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Could not observe</p>
<p>b. What is the predominant age of residential buildings within 300 feet? (Exclude this building.)</p>	<p>4920 <input type="checkbox"/> Older than sample unit <input type="checkbox"/> About the same <input type="checkbox"/> Newer than sample unit <input type="checkbox"/> Very mixed <input type="checkbox"/> No other residential buildings</p>
<p>c. Are any buildings vandalized, or interior exposed to the elements? (Exclude this building.)</p>	<p>4930 <input type="checkbox"/> Yes, only one vandalized or exposed <input type="checkbox"/> Yes, more than one <input type="checkbox"/> None vandalized or exposed <input type="checkbox"/> No other buildings within 300 feet — Skip to item 186e</p>
<p>d. Are there bars on windows of buildings in area? (Exclude this building.)</p>	<p>4940 <input type="checkbox"/> Yes, only one building with bars <input type="checkbox"/> Yes, more than one <input type="checkbox"/> No bars on windows</p>
<p>e. What is the condition of streets?</p>	<p>4950 <input type="checkbox"/> Major repairs needed <input type="checkbox"/> Minor repairs needed <input type="checkbox"/> No repairs needed <input type="checkbox"/> No streets within 300 feet</p>
<p>f. Is there trash, litter, or junk in streets, roads, empty lots, or on any properties? (Include this building.)</p>	<p>4960 <input type="checkbox"/> Major accumulation <input type="checkbox"/> Minor accumulation <input type="checkbox"/> None</p>
INTERVIEW COMPLETED	
<p>187. Suggestions/Problems (InterComm or S*M*A*R*T suggestion form filled) (Mark all that apply.)</p>	<p style="text-align: center;">~ 420 ~</p> <p>4965 <input type="checkbox"/> Questionnaire/Control Card suggestions or problems specific to this interview — Describe on appropriate form. <input type="checkbox"/> General questionnaire/Control Card suggestions or problems — Describe on appropriate form. <input type="checkbox"/> Procedural suggestions — Describe on appropriate form.</p>
<p>188. Item number or item ranges involved in suggestion/problem</p>	<p>4971 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> — <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>4973 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> — <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>4975 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> — <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>

APPENDIX A