

FORM **AHS-62**  
(10-15-84)

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

**AMERICAN HOUSING SURVEY  
METROPOLITAN SAMPLE  
1985  
OCCUPIED HOUSING UNITS**

**NOTICE** — All information which would permit identification of the individual will be held in strict confidence by law under U.S. Code, title 13, section 9a. It may be seen only by sworn Census employees and may be used only for statistical purposes.

**1. Control number**

~ 4 1 0 ~

PSU	Segment	Serial	Sample	Panel
			F	

**2a. Date of first visit**

0010

Month	Day	Year

**b. Interviewer name**

**c. Interview method**

0015

1  Personal visit  
2

**3. Check Item (See Control Card item 6.)**

- Control number in sample last enumeration period — *Fill item 4*
- Control number in sample for first time this enumeration period — *Skip to item 6*

**4. (See Control Card items 11 and 14.)  
Are any household members the same this time as last enumeration period?**

0020

URE household

1  Yes  
2  No  
3  Don't know

**5. Is this the same (house/apartment/mobile home) as last enumeration period?  
Mark if house/apartment. Ask if mobile home.**

0030

1  Yes  
2  No, for example, replacement mobile home, wrong unit interviewed last time, etc.

**6. Type of interview**

0040

1  Regular occupied — (One or more "1's" in Control Card item 14) — *Go to item 20, page 3*  
2  URE occupied — (All "2's" in Control Card item 14) — *Go to item 124, page 32*  
4  Type A noninterview

**7. Type A noninterview reason**

0050

01  No one home  
02  Temporarily absent  
03  Refused  
04  Unable to locate  
05  Other occupied — *Specify* \_\_\_\_\_

**8. Occupancy status for Type A noninterviews**

0060

1  Occupied as a usual residence by at least one person  
2  All occupants have a usual residence elsewhere  
3  Don't know — *Go to Control Card item 9a*

**9. Mortgage information (See item 94, page 19.)**

0070

1  Mortgage information not required OR callback not required  
 Callback required   
2  Information obtained  
3  Unable to obtain information — *Explain*

**10. Unit measurement (See item 192, page 52.)**

0125

1  Unit measurement not required OR callback not required  
 Callback required   
2  Information obtained  
3  Unable to obtain information — *Explain*

**11-13. WASHINGTON USE ONLY**

**14a. Interviewer: Is there any information for this sample unit which should be reviewed by the office prior to data keying?**

0135

1  Review not required  
2  Review required

Notes

**b. OFFICE USE ONLY**

0139

2  Review completed

**15. OFFICE USE ONLY**

**a. EDIT FOLLOWUP REQUIRED** →

0136 Page   Item

0137 Page   Item

0138 Page   Item

**b. SOURCE OF RESOLUTION**

0140

1  Respondent  
\* 2  Interviewer  
3  Regional Office staff  
4  Washington  
5  Other — *Specify* \_\_\_\_\_

**c. OFFICE USE ONLY**

0141   Editor's code

0142

**16. Mobility Supplement (See item 175, page 44.)**

0145

1  Mobility information not required OR callback not required  
 Callback required   
2  Information obtained  
3  Unable to obtain information — *Explain*

**17. Address correction**

~ 5 1 0 ~

First address line

Second address line

Place or city State ZIP Code

**18-19. WASHINGTON USE ONLY**

Notes

**REGULAR OCCUPIED**

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

Notes

**REGULAR OCCUPIED – Continued**

<p><b>26a. How many of each of the following rooms does the (house/apartment) have?</b>  <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><b>(1) Bedrooms?</b> .....</p> <p><b>(2) Full bathrooms?</b>  <i>(Hot and cold piped water AND sink AND flush toilet AND bathtub or shower) .....</i></p> <p><b>(3) Half bathrooms?</b>  <i>(Toilet OR bathtub OR shower) .....</i></p> <p><b>(4) Kitchens?</b> .....</p> <p><b>(5) Living rooms?</b> .....</p> <p><b>(6) Dining rooms?</b> .....</p>	<p align="center"><b>1240</b> _____ Number  <input type="checkbox"/> None</p> <p align="center"><b>1250</b> _____ Number  <input type="checkbox"/> None</p> <p align="center"><b>1260</b> _____ Number  <input type="checkbox"/> None</p> <p align="center"><b>1270</b> _____ Number  <input type="checkbox"/> None</p> <p align="center"><b>1280</b> _____ Number  <input type="checkbox"/> None</p> <p align="center"><b>1290</b> _____ Number → <b>Is it a separate room?</b> <input checked="" type="checkbox"/>  <input type="checkbox"/> None</p> <p align="center"><b>1295</b> <span style="float:right">1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No — <i>Correct entry for number of dining rooms</i></span></p> <hr/> <p><b>b. Are there any other rooms?</b>  <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 align="center"><b>1300</b> 1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No — <i>Skip to item 27</i></p> <hr/> <p><b>c. What are they?</b></p> <p align="center"><b>1310</b> _____ Number of family rooms, dens, recreation rooms and/or libraries  <input type="checkbox"/> None</p> <p align="center"><b>1320</b> _____ Number of rooms that are business space with direct access to outside  <input type="checkbox"/> None</p> <p align="center"><b>1330</b> _____ Number of other rooms, finished or unfinished  <input type="checkbox"/> None</p>
<p><b>27. Does the (house/apartment) have a kitchen sink?</b>  <i>(For this household's use only)</i></p>	<p align="center"><b>1340</b> 1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No</p>
<p><b>28. Check Item (See item 26a.)</b></p> <p><input type="checkbox"/> One or more full bathrooms — <i>Skip to item 30a</i>  <input type="checkbox"/> No full bathrooms — <i>Ask item 29a</i></p>	
<p><b>29a. Does the (house/apartment) have a bathtub or shower for this household's use only?</b></p>	<p align="center"><b>1350</b> 1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No</p>
<p><b>b. Does the (house/apartment) have a flush toilet for this household's use only?</b></p>	<p align="center"><b>1360</b> 1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No — <i>Skip to item 31a, page 5</i></p>
<p><b>30a. In the last 3 months, was there any time when all the toilets in the home were not working?</b>  <i>(While household was living here if less than 3 months)</i></p>	<p align="center"><b>1370</b> 1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No toilet breakdowns — <i>Skip to item 31a, page 5</i></p>
<p><b>b. How many of these breakdowns lasted 6 hours or more?</b></p>	<p align="center"><b>1380</b> _____ Number of toilet breakdowns lasting 6 hours or more  <input type="checkbox"/> No toilet breakdowns lasting 6 hours</p>

**REGULAR OCCUPIED – Continued**

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

**REGULAR OCCUPIED – Continued**

<b>35a. Is the (house/apartment) connected to a public sewer?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1540</div> 1 <input type="checkbox"/> Yes — <i>Skip to item 35d</i> 2 <input type="checkbox"/> No
<b>b. What means of sewage disposal does the (house/apartment) have?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1550</div> 1 <input type="checkbox"/> Septic tank or cesspool — <i>Ask item 35c</i> 2 <input type="checkbox"/> Chemical toilet ..... 3 <input type="checkbox"/> Outhouse or privy ..... 4 <input type="checkbox"/> Other — Specify <input type="checkbox"/> _____ 5 <input type="checkbox"/> None ..... <div style="float: right; font-size: 2em; line-height: 1; padding-left: 10px;">} <i>Skip to item 36a</i></div>
<b>c. How many (houses/apartments) are connected to the (septic tank/cesspool)?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1560</div> 1 <input type="checkbox"/> One 2 <input type="checkbox"/> 2 to 5 3 <input type="checkbox"/> 6 or more
<b>d. Did the sewage system break down in the last 3 months?</b> <i>(So that it was completely unusable)</i> <i>(While household was living here if less than 3 months)</i>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1570</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No sewage breakdowns — <i>Skip to item 36a</i>
<b>e. How many of these breakdowns lasted 6 hours or more?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1580</div> _____ Sewage breakdowns lasting 6 hours or more 0 <input type="checkbox"/> None lasted 6 hours
<b>36a. Does your (house/apartment) have a refrigerator?</b> <i>(For this household's use only)</i> <i>(Exclude ice boxes.)</i>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1590</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>Skip to item 37a</i>
<b>b. Is it more than 5 years old?</b> <i>(Age of newest if two or more)</i>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1600</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>37a. Does your (house/apartment) have a garbage disposal in the sink?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1610</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>Skip to item 38a</i>
<b>b. Is it more than 5 years old?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1620</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>38a. Does your (house/apartment) have a cookstove or range with an oven?</b> <i>(For this household's use only)</i> <i>(Include microwaves. Exclude toaster-ovens and portable burners.)</i>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1630</div> 1 <input type="checkbox"/> Yes — <i>Skip to item 38c</i> 2 <input type="checkbox"/> No
<b>b. Does your (house/apartment) have —</b> <i>(For this household's use only)</i> <b>(1) an oven?</b> ..... <i>(Include microwaves.)</i> <i>(Exclude toaster-ovens.)</i> <b>(2) cooking burners?</b> ..... <i>(Exclude portable burners.)</i>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1640</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 5px;">1650</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No <div style="float: right; font-size: 2em; line-height: 1; padding-left: 10px;">} <i>If both are "No," skip to item 39a</i></div>
<b>c. (Is it/Are they) more than 5 years old?</b> <i>(Age of newest if two or more)</i>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1660</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>d. What fuel is used MOST for cooking?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1670</div> 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 — <i>Specify</i> _____ 7 <input type="checkbox"/> No fuel used
<b>39a. Does your (house/apartment) have a dishwasher?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1690</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>Skip to item 40a, page 7</i>
<b>b. Is it more than 5 years old?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1700</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

**REGULAR OCCUPIED – Continued**

**40a. Does your (house/apartment) have a washing machine (---- / in the apartment)?**

- 1710** 1  Yes  
2  No — Skip to item 41a

**b. Is it more than 5 years old?**

- 1720** 1  Yes  
2  No

**41a. Does your (house/apartment) have a clothes dryer (---- / in the apartment)?**

- 1730** 1  Yes  
2  No — Skip to item 42a

**b. Is it more than 5 years old?**

- 1740** 1  Yes  
2  No

**c. What kind of fuel does the dryer use?**

- 1750** 1  Electricity  
2  Gas  
3  Other — Specify \_\_\_\_\_

**42a. Does your (house/apartment) have central air conditioning?**

- 1760** 1  Yes  
2  No — Skip to item 42c

**b. What kind of fuel does it use?**

- 1770** 1  Electricity .....  
2  Gas .....  
3  Other — Specify \_\_\_\_\_ } Skip to item 43a

**c. Do you use any room air conditioners?**

- 1780** 1  Yes  
2  No — Skip to item 43a

**d. How many?**

**1790** \_\_\_\_\_ Number

**43a. What fuel is used MOST for heating the (house/apartment)?**

- 1800** 1  Electricity  
2  Gas  
3  Fuel oil  
4  Kerosene or other liquid fuel  
5  Coal or coke  
6  Wood  
7  Solar energy  
8  Other — Specify \_\_\_\_\_  
9  None — Skip to item 44, page 8

**b. Besides (Fuel marked in item 43a) what other fuel is used for heating the (house/apartment)?**

(Mark all that apply.)

- 1810** \* 1  Electricity  
2  Gas  
3  Fuel oil  
4  Kerosene or other liquid fuel  
5  Coal or coke  
6  Wood  
**1820** \* 7  Solar energy  
8  Other — Specify \_\_\_\_\_  
9  None

Notes

**REGULAR OCCUPIED – Continued**

**44. Does the (house/apartment) have a usable fireplace?**

- 1830** 1  Yes  
2  No

**PLEASE LOOK AT THIS CARD.**

**45. What type of heating equipment is used MOST to heat the (house/apartment)?**

- 1840** 1  A central warm-air furnace (with air vents or ducts to the individual rooms)  
2  Steam or hot-water system (radiators or other system using steam or hot water)  
3  Electric heat pump  
4  Other built-in electric units (permanently installed in wall, ceiling, or baseboards)  
5  Floor, wall, or other built-in, hot-air heater without ducts  
 Room heaters – **(Is it /Are they) –**  
6  **Kerosene, gas, or oil heaters, VENTED to the outside through a chimney, flue, or pipes?**  
7  **UNVENTED gas, oil, or kerosene heaters?**  
8  **Portable electric heaters?**  
9  Stove(s)  
10  Fireplace(s) WITH inserts (installed equipment designed to circulate more heat into the room)  
11  Fireplace(s) with NO inserts  
  
12  Other – *Specify* \_\_\_\_\_  
13  None – *Skip to item 48a, page 9*

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

- 1850** 1  A central warm-air furnace (with air vents or ducts to the individual rooms)  
\* 2  Steam or hot-water system (radiators or other system using steam or hot water)  
3  Electric heat pump  
4  Other built-in electric units (permanently installed in wall, ceiling, or baseboards)  
5  Floor, wall, or other built-in, hot-air heater without ducts  
 Room heaters – **(Is it /Are they) –**  
6  **Kerosene, gas, or oil heaters, VENTED to the outside through a chimney, flue, or pipes?**  
**1860** 7  **UNVENTED gas, oil, or kerosene heaters?**  
\* 8  **Portable electric heaters?**  
9  Stove(s)  
**1870** 10  Fireplace(s) WITH inserts (installed equipment designed to circulate more heat into the room)  
\* 11  Fireplace(s) with NO inserts  
  
12  Other – *Specify* \_\_\_\_\_  
13  None

**b. Anything else?**

*(Mark all that apply.)*

Notes

**REGULAR OCCUPIED – Continued**

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

**REGULAR OCCUPIED – Continued**

**51.** Check Item  
Mark first box that applies.

**a.** (See Control Card item 25.)

- Respondent moved here after 1979 – Ask item 52a
- Other(s) but not respondent moved here after 1979 – Skip to item 59, page 11
- All moved in 1979 or earlier – Go to item 51b

**b.** (See Control Card item 8b.)

- Owned – Skip to item 73a, page 16
- 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 (house/apartment)?

Anything else?

(Mark all that apply.)

- |      |  |
|------|--|
| 2030 | 1 <input type="checkbox"/> A private company or person wanted to use it for some purpose |
| *    | 2 <input type="checkbox"/> Forced to leave by the government                             |
|      | 3 <input type="checkbox"/> Disaster loss (fire, flood, etc.)                             |
|      | 4 <input type="checkbox"/> New job or job transfer                                       |
|      | 5 <input type="checkbox"/> To be closer to work/school/other                             |
|      | 6 <input type="checkbox"/> Other, financial/employment related                           |
| 2040 | 7 <input type="checkbox"/> To establish own household                                    |
| *    | 8 <input type="checkbox"/> Needed larger house or apartment                              |
|      | 9 <input type="checkbox"/> Married, widowed, divorced or separated                       |
| 2050 | 10 <input type="checkbox"/> Other, family/personal related                               |
| *    | 11 <input type="checkbox"/> Wanted better quality house (apartment)                      |
|      | 12 <input type="checkbox"/> Change from owner to renter OR renter to owner               |
| 2060 | 13 <input type="checkbox"/> Wanted lower rent or less expensive house to maintain        |
| *    | 14 <input type="checkbox"/> Other housing related reasons                                |
|      | 15 <input type="checkbox"/> Other – Specify _____  |

**b.** Mark If only one box checked in item 52a or ask – What is the MAIN reason you moved?

- |      |  |
|------|--|
| 2070 | _____ Number from item 52a                                 |
|      | 0 <input type="checkbox"/> All reasons of equal importance |

**53.** Check Item (Mark first 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 (house/apartment)?

- |      |  |
|------|--|
| 2080 | 1 <input type="checkbox"/> Yes – Skip to item 55a, page 11 |
|      | 2 <input type="checkbox"/> No                              |

(2) Because that unit was going to become a condominium or cooperative?

- |      |  |
|------|--|
| 2090 | 1 <input type="checkbox"/> Yes – Skip to item 55a, page 11 |
|      | 2 <input type="checkbox"/> No                              |

(3) Because that (house/apartment) was closed for repairs?

- |      |  |
|------|--|
| 2100 | 1 <input type="checkbox"/> Yes } Skip to item 55a, page 11 |
|      | 2 <input type="checkbox"/> No }                            |

**b.** Did you leave –

(1) Because the government wanted to use the land or building for some other purpose?

- |      |  |
|------|--|
| 2110 | 1 <input type="checkbox"/> Yes – Skip to item 55a, page 11 |
|      | 2 <input type="checkbox"/> No                              |

(2) Because that (house/apartment) was condemned by the government as unfit for occupancy?

- |      |  |
|------|--|
| 2120 | 1 <input type="checkbox"/> Yes } Skip to item 55a, page 11 |
|      | 2 <input type="checkbox"/> No }                            |

**c.** In addition to the reasons given, did you leave –

(1) Because a private company or person wanted to use it for some purpose?

- |      |   |
|------|---|
| 2130 | 1 <input type="checkbox"/> Yes – Ask (2)    |
|      | 2 <input type="checkbox"/> No – Skip to (5) |

(2) Was that because the owner or members of the owner's family were going to move into that (house/apartment)?

- |      |  |
|------|--|
| 2140 | 1 <input type="checkbox"/> Yes – Skip to item 55a, page 11 |
|      | 2 <input type="checkbox"/> No – Ask (3)                    |

(3) Because it was going to be a condominium or cooperative?

- |      |  |
|------|--|
| 2150 | 1 <input type="checkbox"/> Yes – Skip to item 55a, page 11 |
|      | 2 <input type="checkbox"/> No – Ask (4)                    |

(4) Because it was closed for repairs?

- |      |  |
|------|--|
| 2160 | 1 <input type="checkbox"/> Yes } Skip to item 55a, page 11 |
|      | 2 <input type="checkbox"/> No }                            |

(5) Because the government forced you to leave?

- |      |   |
|------|---|
| 2170 | 1 <input type="checkbox"/> Yes – Ask (6)                  |
|      | 2 <input type="checkbox"/> No – Skip to item 55a, page 11 |

(6) Was that because the government wanted to use the land or building for some other purpose?

- |      |  |
|------|--|
| 2180 | 1 <input type="checkbox"/> Yes – Skip to item 55a, page 11 |
|      | 2 <input type="checkbox"/> No – Ask (7)                    |

(7) Because it was condemned by the government as unfit for occupancy?

- |      |                                |
|------|--------------------------------|
| 2190 | 1 <input type="checkbox"/> Yes |
|      | 2 <input type="checkbox"/> No  |

**REGULAR OCCUPIED – Continued**

**55a. When you were going to move, did you look for a (house/apartment) in any neighborhood other than this?**

- 2200** 1  Yes  
2  No

**b. Why did you choose this NEIGHBORHOOD?**

*(Write exact words and mark all that apply.)*

**Anything else?**

- 2210** 1  Convenient to job  
\* 2  Convenient to friends or relatives  
3  Convenient to leisure activities  
4  Convenient to public transportation  
5  Good schools  
6  Other public services  
**2220** 7  Looks/design of neighborhood  
\* 8  House was most important consideration  
9  Other

*Mark if only one box marked in item 55b or ask —*

**c. What is the MAIN reason you chose this neighborhood?**

- 2230** \_\_\_\_\_ Box number from item 55b  
0  All reasons of equal importance

**56a. Before you moved, did you look at both (houses/mobile homes) and apartments?**

- 2240** 1  Yes  
2  No  
3  Looked at only this unit

**b. Why did you choose this particular (house/apartment)?**

*(Write exact words and mark all that apply.)*

**Anything else?**

- 2250** 1  Financial reasons  
\* 2  Room layout/design  
3  Kitchen  
4  Size  
5  Exterior appearance  
6  Yard/trees/view  
**2260** 7  Quality of construction  
\* 8  Only one available  
9  Other — *Specify* \_\_\_\_\_

*Mark if only one box marked in item 56b or ask —*

**c. What is the MAIN reason you chose this (house/apartment)?**

- 2270** \_\_\_\_\_ Box number from item 56b  
0  All reasons of equal importance

**57. Is this neighborhood better, worse, or about the same as your last neighborhood?**

- 2280** 1  Better  
2  Worse  
3  About the same  
4  Same neighborhood

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

- 2290** 1  Better  
2  Worse  
3  About the same

**59. Check Item (See Control Card item 25.)**

- Only one person moved in after 1979 — *Skip to item 61b, page 12*  
 Two or more persons moved in after 1979 — *Ask item 60a*

**60a. Earlier you told me that (... (Specify names)/and you) moved into this (house/apartment) after 1979. Did all of (you/them) move here from the same previous residence?**

- 2300** 1  Yes  
2  No — *Skip to item 61a, page 12*

**b. INTERVIEWER INSTRUCTION (See Control Card item 26.)**

If all moved in within a 6-month period — *Skip to item 61b, page 12*

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.

~6 14 ↓	<b>GROUP 1</b>					
	Line numbers					
2310	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>					
2320	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>					
2330	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>					

**b. What city, county, and State did (. . . (Specify names for line numbers in item 61a) /you/they) live in just before moving here?**

2340  Outside U.S. — Skip to item 61n

~7 14 ↓

City or place  

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

County  

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State  

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**c. What was the ZIP Code?**

ZIP Code  

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**2350 Office use only**  

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**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 . . . , . . . , and . . . live in just before moving here?**

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

2370 

--	--	--	--

 Zone code

\_\_\_\_\_ Zone alpha (if any)

00  Off map

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

~6 14 ↓

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

**g. Was that home — (Read 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 (. . . (Specify names for line number in item 61a) / and you) moved, did (your/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**

~6 15 ↓ <b>GROUP 2</b>	~6 16 ↓ <b>GROUP 3</b>	~6 17 ↓ <b>GROUP 4</b>
Line numbers	Line numbers	Line numbers
2310	2310	2310
2320	2320	2320
2330	2330	2330
2340 <input type="checkbox"/> Outside U.S. — Skip to item 61n	2340 <input type="checkbox"/> Outside U.S. — Skip to item 61n	2340 <input type="checkbox"/> Outside U.S. — Skip to item 61n
~7 15 ↓	~7 16 ↓	~7 17 ↓
City or place	City or place	City or place
County	County	County
State	State	State
ZIP Code	ZIP Code	ZIP Code
<b>2350 Office use only</b>	<b>2350 Office use only</b>	<b>2350 Office use only</b>
2360 <input type="checkbox"/> Yes <input type="checkbox"/> No or not incorporated place <input type="checkbox"/> Don't know	2360 <input type="checkbox"/> Yes <input type="checkbox"/> No or not incorporated place <input type="checkbox"/> Don't know	2360 <input type="checkbox"/> Yes <input type="checkbox"/> No or not incorporated place <input type="checkbox"/> Don't know
2370 Zone code Zone alpha (if any) <input type="checkbox"/> Off map	2370 Zone code Zone alpha (if any) <input type="checkbox"/> Off map	2370 Zone code Zone alpha (if any) <input type="checkbox"/> Off map
~6 15 ↓	~6 16 ↓	~6 17 ↓
2380 <input type="checkbox"/> A house? <input type="checkbox"/> An apartment? <input type="checkbox"/> A mobile home? <input type="checkbox"/> Or some other type of residence? — Skip to item 61n.	2380 <input type="checkbox"/> A house? <input type="checkbox"/> An apartment? <input type="checkbox"/> A mobile home? <input type="checkbox"/> Or some other type of residence? — Skip to item 61n.	2380 <input type="checkbox"/> A house? <input type="checkbox"/> An apartment? <input type="checkbox"/> A mobile home? <input type="checkbox"/> Or some other type of residence? — Skip to item 61n.
2390 <input type="checkbox"/> Owned or being bought by someone in that household? <input type="checkbox"/> Rented for cash? <input type="checkbox"/> Occupied without payment of cash rent?	2390 <input type="checkbox"/> Owned or being bought by someone in that household? <input type="checkbox"/> Rented for cash? <input type="checkbox"/> Occupied without payment of cash rent?	2390 <input type="checkbox"/> Owned or being bought by someone in that household? <input type="checkbox"/> Rented for cash? <input type="checkbox"/> Occupied without payment of cash rent?
2400 <input type="checkbox"/> No ..... } Skip to item 61j <input type="checkbox"/> Yes, condominium } <input type="checkbox"/> Yes, cooperative }	2400 <input type="checkbox"/> No ..... } Skip to item 61j <input type="checkbox"/> Yes, condominium } <input type="checkbox"/> Yes, cooperative }	2400 <input type="checkbox"/> No ..... } Skip to item 61j <input type="checkbox"/> Yes, condominium } <input type="checkbox"/> Yes, cooperative }
<input type="checkbox"/> Yes <input type="checkbox"/> No — Reask item 61h and correct entry	<input type="checkbox"/> Yes <input type="checkbox"/> No — Reask item 61h and correct entry	<input type="checkbox"/> Yes <input type="checkbox"/> No — Reask item 61h and correct entry
2410 _____ — If one, skip to item 61m; if more than one, ask item 61k	2410 _____ — If one, skip to item 61m; if more than one, ask item 61k	2410 _____ — If one, skip to item 61m; if more than one, ask item 61k
2420 <input type="checkbox"/> Yes — Skip to item 61m <input type="checkbox"/> No	2420 <input type="checkbox"/> Yes — Skip to item 61m <input type="checkbox"/> No	2420 <input type="checkbox"/> Yes — Skip to item 61m <input type="checkbox"/> No
2430 <input type="checkbox"/> Yes <input type="checkbox"/> No	2430 <input type="checkbox"/> Yes <input type="checkbox"/> No	2430 <input type="checkbox"/> Yes <input type="checkbox"/> No
2440 <input type="checkbox"/> Increased <input type="checkbox"/> Stayed about same <input type="checkbox"/> Decreased <input type="checkbox"/> Don't know	2440 <input type="checkbox"/> Increased <input type="checkbox"/> Stayed about same <input type="checkbox"/> Decreased <input type="checkbox"/> Don't know	2440 <input type="checkbox"/> Increased <input type="checkbox"/> Stayed about same <input type="checkbox"/> Decreased <input type="checkbox"/> Don't know
Go to next mover group. If none, go to item 62, page 14.	Go to next mover group. If none, go to item 62, page 14.	Go to next mover group. If none, go to item 62, page 14.

**REGULAR OCCUPIED – Continued**

**62. INTRODUCTION: The next questions are about your current residence.**

**63. Check Item (See Control Card item 8b.)**

Current residence is —

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

**64a. How often is the rent due?**

**~ 6 1 1 v**

**2500** \_\_\_\_\_ Times per year

12  Monthly

**b. How much is the rent?**

*(If parking priced separately, exclude it here and mark NO to items 64m and 64n without asking.)*

**2510** \$ \_\_\_\_\_ . **00**

**c. Check Item (See item 23, page 3.)**

- One-unit mobile home or two-or-more-unit mobile home — Ask item 64d
- Not a mobile home — Skip to item 64m

**d. Do you pay separate rent for the land?**

**2511** 1  Yes  
2  No — Skip to item 64g

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

**2512** \_\_\_\_\_ Times per year

12  Monthly

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

**2513** \$ \_\_\_\_\_ . **00**

- 0  No cash rent
- 9997  Included in mobile home park fee

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

**3550** 1  Yes  
2  No — Skip to item 64j

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

**3555** \_\_\_\_\_ Times per year

12  Monthly

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

**3600** \$ \_\_\_\_\_ . **00**

0  Included in mobile home rent

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

**~ 6 1 1 v**

**2517** 1  Yes  
2  No — Skip to item 64m

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

**2518** \_\_\_\_\_ Times per year

12  Monthly

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

**2519** \$ \_\_\_\_\_ . **00**

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

**2520** 1  Yes — Skip to item 65a, page 15  
2  No

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

**2530** 1  Yes  
2  No

Notes

**REGULAR OCCUPIED – Continued**

<b>65a. Is the building owned by a public housing authority?</b>	<div style="border: 1px solid black; display: inline-block; padding: 2px;">2540</div> 1 <input type="checkbox"/> Yes — <i>Skip to item 66</i> 2 <input type="checkbox"/> No
<b>b. Does the Federal Government pay some of the cost of the unit?</b>	<div style="border: 1px solid black; display: inline-block; padding: 2px;">2550</div> 1 <input type="checkbox"/> Yes — <i>Skip to item 66</i> 2 <input type="checkbox"/> No
<b>c. Does the State or local government pay some of the cost of the unit?</b>	<div style="border: 1px solid black; display: inline-block; padding: 2px;">2560</div> 1 <input type="checkbox"/> Yes — <i>Skip to item 66</i> 2 <input type="checkbox"/> No
<b>d. Do (you/the people living here) have to report the household's income to someone every year so they can set the rent?</b>	<div style="border: 1px solid black; display: inline-block; padding: 2px;">2570</div> 1 <input type="checkbox"/> Yes — <i>Skip to item 66</i> 2 <input type="checkbox"/> No
<b>e. Is there rent control on the unit?</b>	<div style="border: 1px solid black; display: inline-block; padding: 2px;">2580</div> 1 <input type="checkbox"/> Yes — <i>Skip to item 66</i> 2 <input type="checkbox"/> No
<b>f. Is the rent adjusted because someone in the household works for or is related to the owner?</b>	<div style="border: 1px solid black; display: inline-block; padding: 2px;">2590</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

**66. Check Item (See item 23, page 3.)**

One-unit mobile home or two-or-more-unit mobile home — *Skip to item 68*

Not a mobile home — *Ask item 67*

<b>67. About when was the building originally built?</b>	<div style="border: 1px solid black; display: inline-block; padding: 2px;">2910</div> <input type="checkbox"/> 1980 or later ↘ Month                      Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> } <i>Skip to item 70</i>
	<div style="border: 1px solid black; display: inline-block; padding: 2px;">2910</div> 1 <input type="checkbox"/> 1979 2 <input type="checkbox"/> 75–78 3 <input type="checkbox"/> 70–74 4 <input type="checkbox"/> 60–69 5 <input type="checkbox"/> 50–59 6 <input type="checkbox"/> 40–49 7 <input type="checkbox"/> 30–39 8 <input type="checkbox"/> 20–29 9 <input type="checkbox"/> 1919 or earlier } <i>Skip to item 71, page 16</i>

<b>68. Excluding the dealer's lot, is this the first site on which this mobile home was placed?</b>	<div style="border: 1px solid black; display: inline-block; padding: 2px;">2900</div> 1 <input type="checkbox"/> Yes, first site 2 <input type="checkbox"/> No, moved from another site 3 <input type="checkbox"/> Don't know
---	---

<b>69. What is the model year of the mobile home?</b>	<div style="border: 1px solid black; display: inline-block; padding: 2px;">2910</div> <input type="checkbox"/> 1980 or later ↘ Year <input type="text"/> <input type="text"/> } <i>Ask item 70</i>
	<div style="border: 1px solid black; display: inline-block; padding: 2px;">2910</div> 1 <input type="checkbox"/> 1979 2 <input type="checkbox"/> 75–78 3 <input type="checkbox"/> 70–74 4 <input type="checkbox"/> 60–69 5 <input type="checkbox"/> 50–59 6 <input type="checkbox"/> 40–49 7 <input type="checkbox"/> 1939 or earlier } <i>Skip to item 71, page 16</i>

<b>70. Were you the first (person/people) to occupy this home or did someone else live here before you?</b>	<div style="border: 1px solid black; display: inline-block; padding: 2px;">2920</div> 1 <input type="checkbox"/> First occupants 2 <input type="checkbox"/> Previously occupied
---	--

Notes

**REGULAR OCCUPIED – Continued**

**71.** Check Item (See item 23, page 3.)

- Two-or-more-unit building or two-or-more-unit mobile home – Skip to item 109a, page 24
- All others – Ask item 72a

**72a. How large is the (lot/site)?**

(Include all connecting land that is owned or that is rented with the home.)

If over 1 acre, drop any fractions, don't round up.  
If under one acre, convert to approximate square feet.

- One eighth acre = 5500 sq. ft.
- Quarter acre = 11000 sq. ft.
- One third acre = 14000 sq. ft.
- Half acre = 22000 sq. ft.
- Three quarters acre = 33000 sq. ft.
- One acre = 44000 sq. ft.

**2980** \_\_\_\_\_ Square feet  
OR

**2990** \_\_\_\_\_ Feet by

**3000** \_\_\_\_\_ feet  
OR

**3010** \_\_\_\_\_ Whole acres  
o  Don't know – Ask item 72b

MARK OR ASK –

**b. Is it more than 10 acres?**

**3020** 1  Yes } Skip to item 109a, page 24  
2  No }

**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)

**b. Did someone in the household do most of the work?**

**c. How much did the job cost (---/not counting household members' time?)**  
(Include materials and labor.)

**~ 6 11 ↓**

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

**2655** 1  Yes  
2  No

**2660** \$ \_\_\_\_\_ **00**  
o  No cost

**(2) Were any additions built?**  
**2670** 1  Yes →  
\* 2  No ↓

3  Yes  
4  No

**2680** \$ \_\_\_\_\_ **00**  
o  No cost

**(3) Was the kitchen remodeled or a kitchen added?**  
**2690** 1  Yes →  
\* 2  No ↓

3  Yes  
4  No

**2700** \$ \_\_\_\_\_ **00**  
o  No cost

**(4) Were any bathrooms remodeled or added?**  
**2710** 1  Yes →  
\* 2  No ↓

3  Yes  
4  No

**2720** \$ \_\_\_\_\_ **00**  
o  No cost

**(5) Was any siding replaced or added in the last 2 years?**  
**2730** 1  Yes →  
\* 2  No ↓

3  Yes  
4  No

**2740** \$ \_\_\_\_\_ **00**  
o  No cost

**(6) Were any new storm doors or storm windows bought and installed?**  
**2750** 1  Yes →  
\* 2  No ↓

3  Yes  
4  No

**2760** \$ \_\_\_\_\_ **00**  
o  No cost

**(7) Was any major equipment, such as a furnace or central air conditioning replaced or added?**  
**2770** 1  Yes →  
\* 2  No ↓

3  Yes  
4  No

**2780** \$ \_\_\_\_\_ **00**  
o  No cost

**(8) Was insulation added?**  
**2790** 1  Yes →  
\* 2  No ↓

3  Yes  
4  No

**2800** \$ \_\_\_\_\_ **00**  
o  No cost

**(9) Were any (---/other) major repairs, or improvements, over \$500 each done in the last 2 years?**  
**2810** 1  Yes →  
\* 2  No – Go to item 74

3  Yes  
4  No

**2820** \$ \_\_\_\_\_ **00**  
o  No cost

**74.** Check Item (See item 73a.)

- At least one "Yes" marked in item 73a – Ask item 75
- All "No" in item 73a – Skip to item 76

**75. Did the household get a low interest loan or grant from a government program to help pay for making any of these repairs or alterations to your home?**

**2830** 1  Yes  
2  No

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

**2840** \$ \_\_\_\_\_ **00**  
o  Nothing



**REGULAR OCCUPIED – Continued**

**83. Check Item**

**a.** (See item 25a, page 3.)

- Condominium or cooperative — Skip to item 87a
- Not a condominium or cooperative — Go to item 83b

**b.** (See item 23, page 3.)

- One-unit building — Ask item 84a
- Mobile home — Skip to item 88a, page 19
- Two-or-more-unit building or two-or-more-unit- mobile home — Skip to item 86e

**84a. How large is the (lot/site)?**

(Include all connecting land that is owned or that is rented with the home.)

If over 1 acre, drop any fractions, don't round up.

If under one acre, convert to approximate square feet.

- One-eighth acre = 5500 sq. ft.
- Quarter acre = 11000 sq. ft.
- One-third acre = 14000 sq. ft.
- Half acre = 22000 sq. ft.
- Three-quarters acre = 33000 sq. ft.
- One acre = 44000 sq. ft.

**2980** \_\_\_\_\_ Square feet

OR

**2990** \_\_\_\_\_ Feet by

**3000** \_\_\_\_\_ feet

OR

**3010** \_\_\_\_\_ Whole acres

Don't know — Ask item 84b

**b. MARK OR ASK —**

**Is it more than 10 acres?**

**3020** 1  Yes — Skip to item 86a  
2  No

**c. Is there a commercial establishment on the property?**

**3030** 1  Yes — Skip to item 85a  
2  No

**d. Is there a medical or dental office on the property?**

**3040** 1  Yes — Skip to item 85b  
2  No

**e. How much do you think the house and lot would sell for on today's market?**

**3100** \$ \_\_\_\_\_ . **00** Skip to item 89a, page 19

**85a. Is there a medical or dental office on the property?**

**3040** 1  Yes  
2  No

**b. How much do you think the house, (business/medical office) and lot would sell for on today's market?**

**3080** \$ \_\_\_\_\_ . **00**

**c. What is the value of the residential portion of this property?**

**3100** \$ \_\_\_\_\_ . **00** Skip to item 89a, page 19

**86a. Is there a commercial establishment on the property?**

**3030** 1  Yes  
2  No

**b. Is there a medical or dental office on the property?**

**3040** 1  Yes  
2  No

**c. How much do you think the house and (Acreage from item 84a/all the land) would sell for on today's market?**

**3080** \$ \_\_\_\_\_ . **00**

**d. How much do you think the house and its (lot/yard) would sell for on today's market?**

**3100** \$ \_\_\_\_\_ . **00** Skip to item 89a, page 19

**e. Is there a commercial establishment on the property?**

**3030** 1  Yes  
2  No

**f. Is there a medical or dental office on the property?**

**3040** 1  Yes  
2  No

**g. How much do you think the entire building and property would sell for on today's market?**

**3080** \$ \_\_\_\_\_ . **00**

**h. How much of that would apply to the apartment only?**

**3100** \$ \_\_\_\_\_ . **00** Skip to item 89a, page 19

**87a. Is there a commercial establishment on the property?**

**3030** 1  Yes  
2  No

**b. Is there a medical or dental office on the property?**

**3040** 1  Yes  
2  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)?**

*(Include all connecting land that is owned or that is rented with the home.)*

**2980** \_\_\_\_\_ Square feet  
OR

*If over one acre, drop any fractions, don't round up.*

*If under one acre, convert to approximate square feet.*

**2990** \_\_\_\_\_ Feet by

One-eighth acre = 5500 sq. ft.

**3000** \_\_\_\_\_ feet

Quarter acre = 11000 sq. ft.

OR

One-third acre = 14000 sq. ft.

Half acre = 22000 sq. ft.

**3010** \_\_\_\_\_ Whole acres

Three-quarters acre = 33000 sq. ft.

One acre = 44000 sq. ft.

Don't know — Ask item 88b

MARK OR ASK —

**b. Is it more than 10 acres?**

**3020** 1  Yes  
2  No

**c. Is there a commercial establishment on the property?**

**3030** 1  Yes  
2  No

**d. Is there a medical or dental office on the property?**

**3040** 1  Yes  
2  No

**e. How much do you think the mobile home would sell for on today's market?**

*(Do not include the value of the land.)*

**3100** \$ \_\_\_\_\_ . **00**

**f. Do you own the land?**

**3140** 1  Yes  
2  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?**

**~6 11** ↓

**2520** 1  Yes — Skip to item 90  
2  No

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

**2530** 1  Yes  
2  No

**90. Is the ownership of the (house/apartment) shared with anyone NOT living here?**

**3180** 1  Yes  
2  No

**91. Does anyone not living here pay some of the mortgage or utility costs?**

**3190** 1  Yes  
2  No

**The next questions are about mortgages or other loans that are secured by the property.**

**92. Is there a mortgage or other loan on this (house/apartment)?**

*(Include "Land contracts" and other loans SECURED BY THE PROPERTY.)*

**3200** 1  Yes  
2  No — *(If response to item 91 was "Yes" probe to see if there is a mortgage.) Skip to item 98a, page 22*

**93. Did you get your mortgage through a State or local government program that provides lower cost mortgages?**

**3210** 1  Yes  
2  No

**94. Check Item (See Control Card items 13 and 17.)**

- Respondent is an owner or owner's spouse — Ask item 95, page 20
- 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**

<b>95. How many mortgages are there now on the home/property?</b>	<input type="text" value="3220"/> _____ Number of mortgages		
<b>96a. Did you get the current (first/second) mortgage the same year you bought your home?</b>	<b>FIRST (MORTGAGE/LOAN)</b>	<b>SECOND (MORTGAGE/LOAN)</b>	
	<input type="text" value="3230"/> <b>~ 6 18</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 96e	<input type="text" value="3230"/> <b>~ 6 19</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 96e	
<b>b. With regard to the (first/second) mortgage, did you get a new mortgage or did you assume someone else's mortgage?</b>	<input type="text" value="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	<input type="text" value="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	
<b>c. How much was left to pay off when you assumed it?</b>	<input type="text" value="3250"/> \$ _____ <input type="text" value="00"/>	<input type="text" value="3250"/> \$ _____ <input type="text" value="00"/>	
<b>d. How many years remained on the mortgage then?</b>	<input type="text" value="3260"/> _____ Years — Skip to item 96i	<input type="text" value="3260"/> _____ Years — Skip to item 96i	
<b>e. What year did you get the mortgage?</b>	<input type="text" value="3280"/> <input type="text" value="1"/> <input type="text" value="9"/> _____ Year	<input type="text" value="3280"/> <input type="text" value="1"/> <input type="text" value="9"/> _____ Year	
<b>f. When you first obtained THIS mortgage, how many years was it for?</b>	<input type="text" value="3290"/> _____ Years — If less than 15, ask item 96g; if 15 or more, skip to item 96h 0 <input type="checkbox"/> Can vary — Ask item 96g	<input type="text" value="3290"/> _____ Years — If less than 15, ask item 96g; if 15 or more, skip to item 96h 0 <input type="checkbox"/> Can vary — Ask item 96g	
<b>g. At your current payments, how long would it take to pay off the loan?</b>	<input type="text" value="3300"/> _____ Years	<input type="text" value="3300"/> _____ Years	
<b>h. How much was borrowed?</b>	<input type="text" value="3310"/> \$ _____ <input type="text" value="00"/>	<input type="text" value="3310"/> \$ _____ <input type="text" value="00"/>	
<b>i. Does this mortgage cover —</b>			
<b>(1) Other homes or apartments besides this one?</b>	<input type="text" value="3320"/> 1 <input type="checkbox"/> Yes — Skip to item 96j 2 <input type="checkbox"/> No	<input type="text" value="3320"/> 1 <input type="checkbox"/> Yes — Skip to item 96j 2 <input type="checkbox"/> No	
<b>(2) Farm land?</b>	<input type="text" value="3330"/> 1 <input type="checkbox"/> Yes — Skip to item 96j 2 <input type="checkbox"/> No	<input type="text" value="3330"/> 1 <input type="checkbox"/> Yes — Skip to item 96j 2 <input type="checkbox"/> No	
<b>(3) A business on this property?</b>	<input type="text" value="3340"/> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 96k	<input type="text" value="3340"/> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 96k	
<b>j. How much of the ... (Amount in item 96c or h) applies just to your home?</b>	<input type="text" value="3350"/> \$ _____ <input type="text" value="00"/>	<input type="text" value="3350"/> \$ _____ <input type="text" value="00"/>	
<b>k. What is the current interest rate on the mortgage?</b> (Annual percentage rate) (Round down to nearest 1/4)	<input type="text" value="3360"/> _____ Whole number	<input type="text" value="3360"/> _____ Whole number	
	<input type="text" value="3370"/> _____ Plus Fraction 0 <input type="checkbox"/> No fraction 2 <input type="checkbox"/> 1/2 1 <input type="checkbox"/> 1/4 3 <input type="checkbox"/> 3/4	<input type="text" value="3370"/> _____ Plus Fraction 0 <input type="checkbox"/> No fraction 2 <input type="checkbox"/> 1/2 1 <input type="checkbox"/> 1/4 3 <input type="checkbox"/> 3/4	
<b>l. What is the current monthly payment?</b>	<input type="text" value="3380"/> \$ _____ <input type="text" value="00"/>	<input type="text" value="3380"/> \$ _____ <input type="text" value="00"/>	
<b>m. Besides principal and interest, does this payment include —</b>			
	<b>(1) Property taxes?</b>	<input type="text" value="3390"/> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<input type="text" value="3390"/> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
	<b>(2) Homeowner's insurance?</b>	<input type="text" value="3400"/> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<input type="text" value="3400"/> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
	<b>(3) Anything else?</b>	<input type="text" value="3410"/> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 96n, page 21	<input type="text" value="3410"/> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 96n, page 21
<b>(4) How much were the other charges last year?</b> <i>(Do not include property taxes or homeowner's insurance.)</i>	<input type="text" value="3420"/> \$ _____ <input type="text" value="00"/>	<input type="text" value="3420"/> \$ _____ <input type="text" value="00"/>	

**REGULAR OCCUPIED – Continued**

	FIRST (MORTGAGE/LOAN)	SECOND (MORTGAGE/LOAN)	
<b>96n. Is the mortgage an FHA mortgage, a VA mortgage, a Farmer's Home Administration mortgage, or some other mortgage?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">~ 6 18 ↓</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">3430</div> 1 <input type="checkbox"/> FHA (Federal Housing Administration) } <i>Skip to item 96q</i> 2 <input type="checkbox"/> VA (Veterans' Administration) } 3 <input type="checkbox"/> Farmer's Home Administration — <i>Go to item 96s</i> 4 <input type="checkbox"/> Some other mortgage 5 <input type="checkbox"/> Don't know	<div style="border: 1px solid black; padding: 2px; display: inline-block;">~ 6 19 ↓</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">3430</div> 1 <input type="checkbox"/> FHA (Federal Housing Administration) } <i>Skip to item 96q</i> 2 <input type="checkbox"/> VA (Veterans' Administration) } 3 <input type="checkbox"/> Farmer's Home Administration — <i>Go to item 96s</i> 4 <input type="checkbox"/> Some other mortgage 5 <input type="checkbox"/> Don't know	
	<b>o. Did you borrow the money from a bank or other organization, OR did you borrow it from an individual?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">3440</div> 1 <input type="checkbox"/> Bank or other organization — <i>Skip to item 96q</i> 2 <input type="checkbox"/> Individual	<div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">3440</div> 1 <input type="checkbox"/> Bank or other organization — <i>Skip to item 96q</i> 2 <input type="checkbox"/> Individual
	<b>p. Was that the former owner of the home?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">3450</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">3450</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
	<b>q. Are the payments on this loan the same during the whole length of the mortgage?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">3460</div> 1 <input type="checkbox"/> Yes — <i>Skip to item 96s</i> 2 <input type="checkbox"/> No	<div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">3460</div> 1 <input type="checkbox"/> Yes — <i>Skip to item 96s</i> 2 <input type="checkbox"/> No
	<b>r. How do they change?</b> <i>(Mark all that apply.)</i>	<div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">3470</div> * 1 <input type="checkbox"/> Change in taxes or insurance, or due to decline in principal balance ↓ <b>Do they change for any other reason?</b> <input type="checkbox"/> Yes — <i>Mark box 2, 3, 4 and/or 5</i> <input type="checkbox"/> No — <i>Go to item 96s</i> 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 — <i>Specify</i> ↓  <i>(If box 5 marked above, ask)</i> ↓ <b>Of the total amount you borrowed, what percentage will have to be paid off in this last payment?</b> ↓ <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">3480</div> 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	<div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">3470</div> * 1 <input type="checkbox"/> Change in taxes or insurance, or due to decline in principal balance ↓ <b>Do they change for any other reason?</b> <input type="checkbox"/> Yes — <i>Mark box 2, 3, 4 and/or 5</i> <input type="checkbox"/> No — <i>Go to item 96s</i> 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 — <i>Specify</i> ↓  <i>(If box 5 marked above, ask)</i> ↓ <b>Of the total amount you borrowed, what percentage will have to be paid off in this last payment?</b> ↓ <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">3480</div> 1 <input type="checkbox"/> 1–25 percent 2 <input type="checkbox"/> 26–50 3 <input type="checkbox"/> 51–75 4 <input type="checkbox"/> 76–100
<b>s. Check Item (See item 95, page 20.)</b>	<input type="checkbox"/> One mortgage — <i>Skip to item 98a, page 22</i> <input type="checkbox"/> Two or more mortgages — <i>Go back to item 96a</i>	<input type="checkbox"/> Only two mortgages — <i>Skip to item 98a, page 22</i> <input type="checkbox"/> Three or more mortgages — <i>Ask item 97a</i>	
<b>97a. For the (third mortgage/other mortgages), how much did you borrow?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">~ 6 11 ↓</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">3490</div> \$ _____ . <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;">00</div>		
<b>b. What is your current monthly payment for the (third mortgage/other mortgages)?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">3500</div> \$ _____ . <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;">00</div>		

Notes

**REGULAR OCCUPIED – Continued**

**98. Check Item**

**a.** (See item 23, page 3.)

- One-unit mobile home or two-or-more-unit mobile home — Skip to item 101a
- Not a mobile home — Go to item 98b

**b.** (See item 25a, page 3.)

- Condominium or cooperative — Ask item 99a
- All others — Skip to item 103a, page 23

**99a. What were the real estate taxes last year for the (condominium/cooperative) unit?**

(Include school taxes, special assessments, and any other real estate taxes.)

(Exclude taxes past due from other years.)

**3520** \$ \_\_\_\_\_ . **00**

**b. Did you receive a real estate property tax rebate last year?**

**3524** 1  Yes  
2  No — Skip to item 100a

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

**3526** \$ \_\_\_\_\_ . **00**

**100a. Is there a required (condominium/cooperative) association fee?**

**3570** 1  Yes  
2  No — Skip to item 109a, page 24

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

**3580** \_\_\_\_\_ Times per year  
12  Monthly

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

**3590** \$ \_\_\_\_\_ . **00** — Skip to item 109a, page 24

**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 land. Include school taxes, special assessment, and any other real estate taxes.)

(Exclude taxes past due from other years.)

**3520** \$ \_\_\_\_\_ . **00**

**b. Did you receive a real estate property tax rebate last year?**

**3524** 1  Yes  
2  No — Skip to item 102a

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

**3526** \$ \_\_\_\_\_ . **00**

Notes

**REGULAR OCCUPIED – Continued**

**102. Check Item**

**a.** (See item 88f, page 19.)

- Land is owned — Skip to item 102f
- Land is NOT owned — Go to item 102b

**b.** (See item 92, page 19.)

- Yes, mortgage — Ask item 102c
- No mortgage — Skip to item 102d

**c. Earlier you told me you do not own the land. Do you pay separate rent for the land?**

~ 6 1 1 ↓

- 2511 1  Yes  
2  No — Skip to item 102f

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

2512 \_\_\_\_\_ Times per year  
12  Monthly

**e. What is the cost each billing period?**

2513 \$ \_\_\_\_\_ .00  
0  No cash rent  
9997  Included in mobile home park fee or association fee

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

- 3550 1  Yes  
2  No — Skip to item 102i

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

3555 \_\_\_\_\_ Times per year  
12  Monthly

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

3600 \$ \_\_\_\_\_ .00

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

~ 6 1 1 ↓

- 2517 1  Yes  
2  No — Skip to item 109a, page 24

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

2518 \_\_\_\_\_ Times per year  
12  Monthly

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

2519 \$ \_\_\_\_\_ .00 — Skip to item 109a, page 24

**103a. What were the real estate taxes last year for this home and its land?**  
(Include all connecting owned land. If multi-unit building, estimate share for sample unit. Include school taxes, special assessments, and any other real estate taxes.)  
(Exclude taxes past due from other years.)

3520 \$ \_\_\_\_\_ .00

**b. Did you receive a real estate property tax rebate last year?**

- 3524 1  Yes  
2  No — Skip to item 105a

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

3526 \$ \_\_\_\_\_ .00

**104. WASHINGTON USE ONLY**

**105a. Is there a required homeowner's association fee?**

- 3570 1  Yes  
2  No — Skip to item 106, page 24

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

3580 \_\_\_\_\_ Times  
12  Monthly

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

3590 \$ \_\_\_\_\_ .00 — Skip to item 109a, page 24

**REGULAR OCCUPIED – Continued**

**106.** In some parts of the country people own their homes but rent the land.  
Do you pay rent for the land?

3610 1  Yes  
2  No — Skip to item 109a

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

**108a.** Is the land rent included with the mortgage payment?

3620 1  Yes — Skip to item 109a  
2  No

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

3630 \_\_\_\_\_ Times per year  
12  Monthly

**c.** What does it cost each time?

3640 \$ \_\_\_\_\_ .00

**109a.** Does this household have (household property/homeowner's) insurance?

3650 1  Yes  
2  No — Skip to item 110a

**b.** In the past 12 months what was the total cost?

3660 \$ \_\_\_\_\_ .00

**Now I have some questions about utility costs for this unit. You may check your records if you wish.**  
When two or more utilities are billed together, try to determine the cost of each.

**110a.** In the past 12 months what was the average MONTHLY cost for electricity?

3670 \$ \_\_\_\_\_ .00 per month — If "All electric home," mark "Not used" in items 110b and d without asking

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

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

3690 \$ \_\_\_\_\_ .00 per month, OR → (1) 3710 Billed with — (2)  
3700 1  Not used — Skip to item 110d \* (Mark all that apply.)  
2  Included in rent, site rent, condominium, or other fee, etc. 1  Electricity  
3  Obtained free 2  Fuel oil  
3  Obtained free 3  Other fuel  
4  Garbage and trash  
5  Water and sewage

**c.** Is the gas from underground pipes or bottled gas?

3720 1  Underground pipes serving neighborhood  
2  Bottled gas

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

3730 \$ \_\_\_\_\_ .00 per year, OR → 3750 Billed with — (Mark all that apply.)  
3740 1  Not used \* 1  Electricity  
2  Included in rent, site rent, condominium, or other fee 2  Gas  
3  Obtained free 3  Other fuel  
4  Garbage and trash  
5  Water and sewage

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

3760 \$ \_\_\_\_\_ .00 per year, OR → 3780 Billed with — (Mark all that apply.)  
3770 1  Not used \* 1  Electricity  
2  Included in rent, site rent, condominium, or other fee 2  Gas  
3  Obtained free 3  Fuel oil  
4  Garbage and trash  
5  Water and sewage

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

3790 \$ \_\_\_\_\_ .00 per year, OR → 3810 Billed with — (Mark all that apply.)  
3800 1  Not used \* 1  Electricity  
2  Included in real estate taxes, rent, site rent, condominium, or other fee 2  Gas  
3  Obtained free 3  Fuel oil  
4  Other fuel  
5  Water and sewage

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

3820 \$ \_\_\_\_\_ .00 per year, OR → 3840 Billed with — (Mark all that apply.)  
3830 2  Included in real estate taxes, rent, site rent, condominium, or other fee \* 1  Electricity  
3  Obtained free 2  Gas  
3  Fuel oil  
4  Other fuel  
5  Garbage and trash

**REGULAR OCCUPIED – Continued**

<b>111a. How many automobiles are kept at home for use by members of your household?</b>	<input type="text" value="3850"/> _____ Number <input type="checkbox"/> None
<b>b. How many vans or trucks of one-ton capacity or less are kept at home for use by members of your household?</b>	<input type="text" value="3860"/> _____ Number <input type="checkbox"/> None

**112. Check Item**

**a.** (See Control Card items 13, 14, and 18.)

No nonrelative household members age 14+ in household — Skip to item 114, page 26

Nonrelative household members age 14+ in household — Go to item 112b

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**b.** (See Control Card items 13, 17, and 18.)

All nonrelatives age 14+ are co-owners/co-renters (in Control Card item 17) — Skip to item 114, page 26

All others — Go to item 112c

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**c.** (See Control Card items 13, 17, and 18.)

Remaining nonrelatives age 14+ are spouse or child(ren) of co-owner or co-renter — Skip to item 114, page 26

All others — Ask item 113a – d for each nonrelative age 14+

	~620↓	~621↓	~622↓	~623↓
<b>113. Enter line number</b>	<input type="text" value="3880"/> Line number _____			
<b>a. Does . . . pay a regular fixed rent as a lodger to someone in this household?</b>	<input type="text" value="3890"/> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to next nonrelative; If no other nonrelative, skip to item 114, page 26.	<input type="text" value="3890"/> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to next nonrelative; If no other nonrelative, skip to item 114, page 26.	<input type="text" value="3890"/> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to next nonrelative; If no other nonrelative, skip to item 114, page 26.	<input type="text" value="3890"/> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to next nonrelative; If no other nonrelative, skip to item 114, page 26.
<b>b. How often is . . . 's rent due?</b>	<input type="text" value="3900"/> _____ Times/year 12 <input type="checkbox"/> Monthly			
<b>c. How much is the rent?</b>	<input type="text" value="3910"/> \$ _____ . <input type="text" value="00"/>	<input type="text" value="3910"/> \$ _____ . <input type="text" value="00"/>	<input type="text" value="3910"/> \$ _____ . <input type="text" value="00"/>	<input type="text" value="3910"/> \$ _____ . <input type="text" value="00"/>
<b>d. Does that include food?</b>	<input type="text" value="3920"/> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<input type="text" value="3920"/> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<input type="text" value="3920"/> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<input type="text" value="3920"/> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

**Notes**

**REGULAR OCCUPIED – Continued**

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

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

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

Line No.	Amount
~ 6 24 ↓ 3940	3950 \$ _____ 00 o <input type="checkbox"/> None
3960	3970 \$ _____ 00 o <input type="checkbox"/> None
3980	3990 \$ _____ 00 o <input type="checkbox"/> None
4000	4010 \$ _____ 00 o <input type="checkbox"/> None
4020	4030 \$ _____ 00 o <input type="checkbox"/> None
4040	4050 \$ _____ 00 o <input type="checkbox"/> None
4060	4070 \$ _____ 00 o <input type="checkbox"/> None
4080	4090 \$ _____ 00 o <input type="checkbox"/> None
4100	4110 \$ _____ 00 o <input type="checkbox"/> None
4120	4130 \$ _____ 00 o <input type="checkbox"/> None

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

- | Line No. | 1                            | 2                           |
|----------|------------------------------|-----------------------------|
| 4140     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4160     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4170     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4180     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4190     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4210     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4220     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

*If all "No," skip to item 116*

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

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

4230	\$ _____	00	Total income after deducting losses
	OR		
4240	\$ _____	00	Amount of total net loss
	OR		
			<input type="checkbox"/> None or broke even

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

Notes

**REGULAR OCCUPIED – Continued**

**117a. Was (your/their) total income over \$20,000?**

4250 1  Yes — Skip to item 118a  
2  No

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

4260 1  Yes  
2  No

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

**(1) Savings?** . . . . .

4270 1  Yes

2  No

**(2) Investments in a farm or business?** . . . . .

4280 1  Yes

2  No

**(3) Other investments?**  
(Exclude THIS home.) . . . . .

4290 1  Yes

2  No

} If all "No," skip to item 118a

**d. Is the total amount of savings and investments over \$20,000?**

4300 1  Yes  
2  No

**118. Check Item**

**a. (See Control Card item 8b.)**

- Owned — Skip to item 120a, page 28
- Rented or no cash rent — Go to item 118b

**b. (See item 23, page 3.)**

- One-unit building 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 the owner or a resident manager live in this (building/complex)?**

(Exclude staff who do only maintenance.)

4400 1  Yes  
2  No

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

If don't know, ask —

**Where do you send your rent?**

~ 8 1 7 ↓

Name (Please print)

\_\_\_\_\_

Address (Number, street)

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_

ZIP Code

\_\_\_\_\_

Title

- 1  Owner
- 2  Other

Location

- 1  Home
- 2  Office

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

Area code, number, extension

\_\_\_\_-\_\_\_\_-\_\_\_\_

- 1  Home
- 2  Business

Notes

**REGULAR OCCUPIED – Continued**

**120a. Did . . .** (Specify names of all household members age 14 + )  
**work at any time last week?** If "Yes," list line number.

(Do NOT count persons who were absent from work all last week due to illness, vacation, strike, layoff, etc., as having worked.)

~6 25 ↓

4440 00  No workers — Skip to item 121a, page 30

4440   Line number

**b. Did . . . usually report to the same location to begin work each day?**

4445 1  Yes  
 2  No

**c. In what city, county, and State did . . . work last week?**

4450 0  Outside USA — Skip to item 120l

~7 25 ↓

City or place

County

State

**d. What is the ZIP Code?**

4460       ZIP Code

4470 **OFFICE USE ONLY**

**e. Is . . . 's place of work inside the incorporated limits of (City above)?**

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

**f. Enter zone number OR if necessary hand respondent zone map and ask — This map is divided into zones. In which zone did . . . work last week?**

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

4490    Zone code

\_\_\_\_\_ Zone alpha (if any)

4490 00  Off map

**g. How did . . . usually get to work last week?**

(Mark item that accounted for greatest distance to location of job at which person worked most hours last week.)

~6 25 ↓

4500 1  Car, truck, van  **Did . . . drive alone or go with others?**

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

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

} Skip to item 120i

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

4520 \_\_\_\_\_ Number

**i. How many minutes did it usually take . . . to get to work?**

4530 \_\_\_\_\_ Minutes  
 00  Work place varies

**j. What time did . . . usually leave for work?**

4540 Hours Minutes

4550 1  a.m. 2  p.m.

**k. How many miles was . . . 's trip to work?**

4560 \_\_\_\_\_ Miles  
 0  Less than 1 mile

**l.**

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

**REGULAR OCCUPIED – Continued**

~ 6 26 ↓	~ 6 27 ↓	~ 6 28 ↓
4440 <input type="text"/> <input type="text"/> Line number	4440 <input type="text"/> <input type="text"/> Line number	4440 <input type="text"/> <input type="text"/> Line number
4445 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	4445 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	4445 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
4450 0 <input type="checkbox"/> Outside USA – <i>Skip to item 120ℓ</i>	4450 0 <input type="checkbox"/> Outside USA – <i>Skip to item 120ℓ</i>	4450 0 <input type="checkbox"/> Outside USA – <i>Skip to item 120ℓ</i>
~ 7 26 ↓	~ 7 27 ↓	~ 7 28 ↓
City or place <input type="text"/>	City or place <input type="text"/>	City or place <input type="text"/>
County <input type="text"/>	County <input type="text"/>	County <input type="text"/>
State <input type="text"/>	State <input type="text"/>	State <input type="text"/>
4460 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ZIP Code	4460 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ZIP Code	4460 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ZIP Code
4470 OFFICE USE ONLY <input type="text"/>	4470 OFFICE USE ONLY <input type="text"/>	4470 OFFICE USE ONLY <input type="text"/>
4480 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No or not incorporated place 3 <input type="checkbox"/> Don't know	4480 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No or not incorporated place 3 <input type="checkbox"/> Don't know	4480 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No or not incorporated place 3 <input type="checkbox"/> Don't know
4490 <input type="text"/> <input type="text"/> <input type="text"/> Zone code _____ Zone alpha (if any)	4490 <input type="text"/> <input type="text"/> <input type="text"/> Zone code _____ Zone alpha (if any)	4490 <input type="text"/> <input type="text"/> <input type="text"/> Zone code _____ Zone alpha (if any)
4490 00 <input type="checkbox"/> Off map	4490 00 <input type="checkbox"/> Off map	4490 00 <input type="checkbox"/> Off map
~ 6 26 ↓	~ 6 27 ↓	~ 6 28 ↓
4500 1 <input type="checkbox"/> Car, truck, van <input checked="" type="checkbox"/> <b>Did . . . drive alone or go with others?</b>	4500 1 <input type="checkbox"/> Car, truck, van <input checked="" type="checkbox"/> <b>Did . . . drive alone or go with others?</b>	4500 1 <input type="checkbox"/> Car, truck, van <input checked="" type="checkbox"/> <b>Did . . . drive alone or go with others?</b>
4510 2 <input type="checkbox"/> Alone – <i>Skip to item 120i</i> 3 <input type="checkbox"/> Go with others – <i>Ask item 120h</i>	4510 2 <input type="checkbox"/> Alone – <i>Skip to item 120i</i> 3 <input type="checkbox"/> Go with others – <i>Ask item 120h</i>	4510 2 <input type="checkbox"/> Alone – <i>Skip to item 120i</i> 3 <input type="checkbox"/> Go with others – <i>Ask item 120h</i>
4500 4 <input type="checkbox"/> Bus or streetcar . . . 5 <input type="checkbox"/> Subway or elevated 6 <input type="checkbox"/> Railroad . . . . . 7 <input type="checkbox"/> Taxicab . . . . . 8 <input type="checkbox"/> Motorcycle . . . . . 9 <input type="checkbox"/> Bicycle . . . . . 10 <input type="checkbox"/> Other vehicle . . . . 11 <input type="checkbox"/> Walked only . . . . . 12 <input type="checkbox"/> Works at home – <i>Skip to item 120ℓ</i>	4500 4 <input type="checkbox"/> Bus or streetcar . . . 5 <input type="checkbox"/> Subway or elevated 6 <input type="checkbox"/> Railroad . . . . . 7 <input type="checkbox"/> Taxicab . . . . . 8 <input type="checkbox"/> Motorcycle . . . . . 9 <input type="checkbox"/> Bicycle . . . . . 10 <input type="checkbox"/> Other vehicle . . . . 11 <input type="checkbox"/> Walked only . . . . . 12 <input type="checkbox"/> Works at home – <i>Skip to item 120ℓ</i>	4500 4 <input type="checkbox"/> Bus or streetcar . . . 5 <input type="checkbox"/> Subway or elevated 6 <input type="checkbox"/> Railroad . . . . . 7 <input type="checkbox"/> Taxicab . . . . . 8 <input type="checkbox"/> Motorcycle . . . . . 9 <input type="checkbox"/> Bicycle . . . . . 10 <input type="checkbox"/> Other vehicle . . . . 11 <input type="checkbox"/> Walked only . . . . . 12 <input type="checkbox"/> Works at home – <i>Skip to item 120ℓ</i>
} <i>Skip to item 120i</i>	} <i>Skip to item 120i</i>	} <i>Skip to item 120i</i>
4520 _____ Number	4520 _____ Number	4520 _____ Number
4530 _____ Minutes 00 <input type="checkbox"/> Work place varies	4530 _____ Minutes 00 <input type="checkbox"/> Work place varies	4530 _____ Minutes 00 <input type="checkbox"/> Work place varies
4540 Hours Minutes <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	4540 Hours Minutes <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	4540 Hours Minutes <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4550 1 <input type="checkbox"/> a.m. 2 <input type="checkbox"/> p.m.	4550 1 <input type="checkbox"/> a.m. 2 <input type="checkbox"/> p.m.	4550 1 <input type="checkbox"/> a.m. 2 <input type="checkbox"/> p.m.
4560 _____ Miles 0 <input type="checkbox"/> Less than 1 mile	4560 _____ Miles 0 <input type="checkbox"/> Less than 1 mile	4560 _____ Miles 0 <input type="checkbox"/> Less than 1 mile
<i>Go to next worker; if none, go to item 121a, page 30</i>	<i>Go to next worker; if none, go to item 121a, page 30</i>	<i>Go to next worker; if none, go to item 121a, page 30</i>





**URE INTERVIEWS**

<p>MARK OR ASK —</p> <p><b>124. Are the living quarters in a —</b> (Read answer categories.)</p>	<p align="center"><b>~661 ↓</b></p> <p>1120 1 <input type="checkbox"/> <b>Mobile home?</b>                  2 <input type="checkbox"/> <b>One-unit building, detached from any other building?</b>                  3 <input type="checkbox"/> <b>One-unit building, attached to one or more buildings? — Skip to item 126a</b>                  4 <input type="checkbox"/> <b>Building with two or more apartments? — Skip to item 125b</b></p>
<p><b>125a. Are there any occupied or vacant apartments besides this one in the (building/mobile home)?</b></p>	<p>1130 1 <input type="checkbox"/> Yes — Fill Table X on Control Card then go to item 125b                  2 <input type="checkbox"/> No — Skip to item 127 and mark box 1 or 4</p>
<p><b>b. How many apartments are in the (building/mobile home)?</b></p>	<p>1140 _____ Number — Skip to item 127 and mark box 3 or 5</p>
<p><b>126a. Does the (house/apartment) share an attic or basement with the (house/apartment) next door?</b></p>	<p>1150 1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No . . . . . } <b>SKIP to item 126c</b>                  3 <input type="checkbox"/> Don't know }</p>
<p><b>b. How many (houses/apartments) including this one share the attic or basement?</b></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><b>c. Does the (house/apartment) share a furnace or boiler with the (house/apartment) next door?</b></p>	<p>1170 1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No . . . . . } <b>SKIP to item 126e</b>                  3 <input type="checkbox"/> Don't know }</p>
<p><b>d. How many (houses/apartments) including this one share the furnace or boiler?</b></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><b>e. Are there any occupied or vacant apartments besides this one in the building?</b></p>	<p>1190 1 <input type="checkbox"/> Yes — Fill Table X on Control Card then go to item 126f                  2 <input type="checkbox"/> No — Skip to item 127 and mark box 2</p>
<p><b>f. How many apartments including this one are in the building?</b></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><b>127. Final structure type classification based on entries in items 124—126</b></p>	<p>1210 1 <input type="checkbox"/> One-unit building — detached                  2 <input type="checkbox"/> One-unit building — attached                  3 <input type="checkbox"/> Two-or-more-unit building . . . } <b>Skip to item 129a</b>                  4 <input type="checkbox"/> One-unit mobile home . . . . . }                  5 <input type="checkbox"/> Two-or-more-unit mobile home</p>
<p><b>128. Is the house built —</b> (Read answer categories until a "Yes" reply is received.)</p>	<p>1220 1 <input type="checkbox"/> <b>With a basement under all the building?</b>                  2 <input type="checkbox"/> <b>With a basement under part of the building?</b>                  3 <input type="checkbox"/> <b>With a crawl space?</b>                  4 <input type="checkbox"/> <b>On a concrete slab?</b>                  5 <input type="checkbox"/> <b>In some other way? — Specify</b> ↴</p> <p>_____</p>
<p><b>129a. Is the (house/apartment) part of a condominium or cooperative?</b></p>	<p>1230 3 <input type="checkbox"/> No . . . . . } <b>SKIP to item 130a, page 33</b>                  2 <input type="checkbox"/> Yes, cooperative }                  1 <input type="checkbox"/> Yes, condominium</p>
<p><b>b. To the Census Bureau, a cooperative is property which is owned by a corporation. Each shareholder is entitled to occupy an individual unit. Is this what you mean when you say this is a cooperative?</b></p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No — Reask item 129a and correct entry</p>

Notes



**URE INTERVIEWS – Continued**

<p><b>134a. Is all the wiring in the finished areas of the (house/apartment) concealed either in walls or metal coverings?</b></p> <p><i>(Exclude appliance cords, extension cords, chandelier cords, telephone or antenna wires.)</i></p>	<p><b>1390</b></p> <p>1 <input type="checkbox"/> Yes, concealed                  2 <input type="checkbox"/> No                  3 <input type="checkbox"/> No electrical wiring — <i>Skip to item 135a</i></p>
<p><b>b. Does every room have an electric outlet or wall plug that works?</b></p>	<p><b>1400</b></p> <p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No</p>
<p><b>135a. Does the (house/apartment) have hot and cold piped water?</b></p> <p><i>(Not used on a regular basis by someone outside the unit.)</i></p>	<p><b>1470</b></p> <p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No — <i>Skip to item 136a</i></p>
<p><b>b. What fuel is used MOST to heat the water?</b></p>	<p><b>1480</b></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 — <i>Specify</i> _____</p>
<p><b>136a. Does water for the (house/apartment) come from a public or private system, an individual well, or some other source?</b></p> <p><i>(Mark first category that is used for drinking and cooking.)</i></p>	<p><b>1510</b></p> <p>1 <input type="checkbox"/> Public or private water system — <i>Skip to item 137a</i>                  2 <input type="checkbox"/> Individual well — <i>Ask item 136b</i>                  3 <input type="checkbox"/> Spring .....                  4 <input type="checkbox"/> Cistern .....                  5 <input type="checkbox"/> Stream or lake .....                  6 <input type="checkbox"/> Bottled water .....                  7 <input type="checkbox"/> Other — <i>Specify</i> ↴                  _____</p> <p style="text-align: right;">} <i>Skip to item 137a</i></p>
<p><b>b. How many (houses/apartments) does the well serve?</b></p>	<p><b>1520</b></p> <p>1 <input type="checkbox"/> Only this house/apartment                  2 <input type="checkbox"/> 2 to 5                  3 <input type="checkbox"/> 6 or more</p>
<p><b>c. Is the well drilled or dug?</b></p>	<p><b>1530</b></p> <p>1 <input type="checkbox"/> Drilled                  2 <input type="checkbox"/> Dug</p>
<p><b>137a. Is the (house/apartment) connected to a public sewer?</b></p>	<p><b>1540</b></p> <p>1 <input type="checkbox"/> Yes — <i>Skip to item 138a, page 35</i>                  2 <input type="checkbox"/> No</p>
<p><b>b. What means of sewage disposal does the (house/apartment) have?</b></p>	<p><b>1550</b></p> <p>1 <input type="checkbox"/> Septic tank or cesspool — <i>Ask item 137c</i>                  2 <input type="checkbox"/> Chemical toilet .....                  3 <input type="checkbox"/> Outhouse or privy .....                  4 <input type="checkbox"/> Other — <i>Specify</i> ↴                  _____                  5 <input type="checkbox"/> None .....</p> <p style="text-align: right;">} <i>Skip to item 138a, page 35</i></p>
<p><b>c. How many (houses/apartments) are connected to the (septic tank/cesspool)?</b></p>	<p><b>1560</b></p> <p>1 <input type="checkbox"/> One                  2 <input type="checkbox"/> 2 to 5                  3 <input type="checkbox"/> 6 or more</p>

Notes

**URE INTERVIEWS – Continued**

<b>138a. Does the (house/apartment) have a refrigerator?</b> <i>(Exclude ice boxes.)</i> <i>(Exclude refrigerator used on a regular basis by someone living outside the unit.)</i>	<b>1590</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 139a
<b>b. Is it more than 5 years old?</b> <i>(Age of newest if two or more)</i>	<b>1600</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>139a. Does the (house/apartment) have a garbage disposal in the sink?</b>	<b>1610</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 140a
<b>b. Is it more than 5 years old?</b>	<b>1620</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>140a. Does the (house/apartment) have a cookstove or range with an oven?</b> <i>(Include microwaves. Exclude toaster-ovens and portable burners.)</i> <i>(Exclude stove or oven used on a regular basis by someone living outside the unit.)</i>	<b>1630</b> 1 <input type="checkbox"/> Yes — Skip to item 140c 2 <input type="checkbox"/> No
<b>b. Does the (house/apartment) have —</b> <b>(1) an oven?</b> ..... <b>1640</b> 1 <input type="checkbox"/> Yes <i>(Include microwaves. Exclude toaster-ovens.)</i> <b>(2) cooking burners?</b> ..... <b>1650</b> 1 <input type="checkbox"/> Yes <i>(Exclude portable burners.)</i>	2 <input type="checkbox"/> No 2 <input type="checkbox"/> No 2 <input type="checkbox"/> No } <i>If both are "No," skip to item 141a</i>
<b>c. (Is it/Are they) more than 5 years old?</b> <i>(Age of newest if two or more)</i>	<b>1660</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>d. What fuel is used MOST for cooking?</b>	<b>1670</b> 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
<b>141a. Does the (house/apartment) have a dishwasher?</b>	<b>1690</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 142a
<b>b. Is it more than 5 years old?</b>	<b>1700</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>142a. Does the (house/apartment) have a washing machine (----/in the apartment)?</b>	<b>1710</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 143a
<b>b. Is it more than 5 years old?</b>	<b>1720</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>143a. Does the (house/apartment) have a clothes dryer (----/in the apartment)?</b>	<b>1730</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 144a
<b>b. Is it more than 5 years old?</b>	<b>1740</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>c. What kind of fuel does the dryer use?</b>	<b>1750</b> 1 <input type="checkbox"/> Electricity 2 <input type="checkbox"/> Gas 3 <input type="checkbox"/> Other — Specify ↴ _____
<b>144a. Does the (house/apartment) have central air conditioning?</b>	<b>1760</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 144c
<b>b. What kind of fuel does it use?</b>	<b>1770</b> 1 <input type="checkbox"/> Electricity 2 <input type="checkbox"/> Gas 3 <input type="checkbox"/> Other — Specify ↴ _____ } <i>Skip to item 145a, page 36</i>
<b>c. Does the (house/apartment) have room air conditioners?</b>	<b>1780</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to item 145a, page 36
<b>d. How many?</b>	<b>1790</b> _____ Number

**URE INTERVIEWS – Continued**

**145a. What fuel is used MOST for heating the (house/apartment)?**

**1800**

- 1  Electricity
- 2  Gas
- 3  Fuel oil
- 4  Kerosene or other liquid fuel
- 5  Coal or coke
- 6  Wood
- 7  Solar energy
- 8  Other — *Specify* \_\_\_\_\_
- 9  None — *Skip to item 146*

**b. Besides (Fuel marked in item 145a), what other fuel is used for heating the (house/apartment)?**  
(Mark all that apply.)

**1810**

- 1  Electricity
- 2  Gas
- 3  Fuel oil
- 4  Kerosene or other liquid fuel
- 5  Coal or coke
- 6  Wood
- 7  Solar energy
- 8  Other — *Specify* \_\_\_\_\_
- 9  None

**1820**

- 1  Electricity
- 2  Gas
- 3  Fuel oil
- 4  Kerosene or other liquid fuel
- 5  Coal or coke
- 6  Wood
- 7  Solar energy
- 8  Other — *Specify* \_\_\_\_\_
- 9  None

**146. Does the (house/apartment) have a usable fireplace?**

**1830**

- 1  Yes
- 2  No

**147. PLEASE LOOK AT THIS CARD.**  
**What type of heating equipment is used MOST to heat the (house/apartment)?**

**1840**

- 1  A central warm-air furnace (with air vents or ducts to the individual rooms)
- 2  Steam or hot-water system (radiators or other system using steam or hot water)
- 3  Electric heat pump
- 4  Other built-in electric units (permanently installed in wall, ceiling, or baseboards)
- 5  Floor, wall, or other built-in, hot-air heater without ducts
- 6  Room heaters — **(Is it /Are they) —**
- 7  **Kerosene, gas, or oil heaters VENTED to the outside through a chimney, flue, or pipes?**
- 8  **UNVENTED gas, oil, or kerosene heaters?**
- 9  **Portable electric heaters?**
- 10  Stove(s)
- 11  Fireplace(s) WITH inserts (installed equipment designed to circulate more heat into the room)
- 12  Fireplace(s) with NO inserts
- 13  Other — *Specify* \_\_\_\_\_
- 14  None — *Skip to item 149a, page 37*

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

**1850**

- 1  A central warm-air furnace (with air vents or ducts to the individual rooms)
- 2  Steam or hot-water system (radiators or other system using steam or hot water)
- 3  Electric heat pump
- 4  Other built-in electric units (permanently installed in wall, ceiling, or baseboards)
- 5  Floor, wall, or other built-in, hot-air heater without ducts
- 6  Room heaters — **(Is it /Are they) —**
- 7  **Kerosene, gas, or oil heaters, VENTED to the outside through a chimney, flue, or pipes?**
- 8  **UNVENTED gas, oil, or kerosene heaters?**
- 9  **Portable electric heaters?**
- 10  Stove(s)
- 11  Fireplace(s) WITH inserts (installed equipment designed to circulate more heat into the room)
- 12  Fireplace(s) with NO inserts
- 13  Other — *Specify* \_\_\_\_\_
- 14  None

**b. Anything else?**  
(Mark all that apply.)

**1860**

- 1  A central warm-air furnace (with air vents or ducts to the individual rooms)
- 2  Steam or hot-water system (radiators or other system using steam or hot water)
- 3  Electric heat pump
- 4  Other built-in electric units (permanently installed in wall, ceiling, or baseboards)
- 5  Floor, wall, or other built-in, hot-air heater without ducts
- 6  Room heaters — **(Is it /Are they) —**
- 7  **Kerosene, gas, or oil heaters, VENTED to the outside through a chimney, flue, or pipes?**
- 8  **UNVENTED gas, oil, or kerosene heaters?**
- 9  **Portable electric heaters?**
- 10  Stove(s)
- 11  Fireplace(s) WITH inserts (installed equipment designed to circulate more heat into the room)
- 12  Fireplace(s) with NO inserts
- 13  Other — *Specify* \_\_\_\_\_
- 14  None

**1870**

- 1  A central warm-air furnace (with air vents or ducts to the individual rooms)
- 2  Steam or hot-water system (radiators or other system using steam or hot water)
- 3  Electric heat pump
- 4  Other built-in electric units (permanently installed in wall, ceiling, or baseboards)
- 5  Floor, wall, or other built-in, hot-air heater without ducts
- 6  Room heaters — **(Is it /Are they) —**
- 7  **Kerosene, gas, or oil heaters, VENTED to the outside through a chimney, flue, or pipes?**
- 8  **UNVENTED gas, oil, or kerosene heaters?**
- 9  **Portable electric heaters?**
- 10  Stove(s)
- 11  Fireplace(s) WITH inserts (installed equipment designed to circulate more heat into the room)
- 12  Fireplace(s) with NO inserts
- 13  Other — *Specify* \_\_\_\_\_
- 14  None



**URE INTERVIEWS – Continued**

**151.** Check Item (See Control Card item 8b.)  
 Owned – Skip to item 154  
 Rented – Ask item 152a  
 No cash rent – Skip to item 152c

<p><b>152a.</b> How often is the rent on the (house/apartment) due?</p>	<p>2500 _____ Times per year                  12 <input type="checkbox"/> Monthly</p>
<p><b>b.</b> How much is the rent?                  (If parking billed separately, exclude it here and mark NO to items 153a and 153b without asking.)</p>	<p>2510 \$ _____ . 00</p>
<p><b>c.</b> Check Item (See item 127, page 32.)  <input type="checkbox"/> One-unit mobile home or two-or-more-unit mobile home – Ask item 152d  <input type="checkbox"/> Not a mobile home – Skip to item 153a</p>	
<p><b>d.</b> Do you pay separate rent for the land?</p>	<p>2511 1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – Skip to item 152g</p>
<p><b>e.</b> How many times a year is the (land/site) rent due?</p>	<p>2512 _____ Times per year                  12 <input type="checkbox"/> Monthly</p>
<p><b>f.</b> What is the cost each . . . (Billing period)?</p>	<p>2513 \$ _____ . 00                  0 <input type="checkbox"/> No cash rent                  9997 <input type="checkbox"/> Included in mobile home park fee</p>
<p><b>g.</b> (----/In addition to the rent), do you pay any (----/additional) mobile home park fee?</p>	<p>3550 1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – Skip to item 152j</p>
<p><b>h.</b> How many times a year is the fee due?</p>	<p>3555 _____ Times per year                  12 <input type="checkbox"/> Monthly</p>
<p><b>i.</b> What is the cost each . . . (Billing period)?</p>	<p>3600 \$ _____ . 00                  0 <input type="checkbox"/> Included in mobile home rent</p>
<p><b>j.</b> Are there any (----/other) required fees for utility hookups, mobile home association fees, and so forth?</p>	<p>~6 61 ↓                  2517 1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – Skip to item 153a</p>
<p><b>k.</b> How many times a year are the fees due?</p>	<p>2518 _____ Times per year                  12 <input type="checkbox"/> Monthly</p>
<p><b>l.</b> What is the average cost each . . . (Billing period) for those fees?</p>	<p>2519 \$ _____ . 00</p>

<p><b>153a.</b> Is a garage or carport included (in the rent/with the home)?</p>	<p>2520 1 <input type="checkbox"/> Yes – Skip to item 154                  2 <input type="checkbox"/> No</p>
<p><b>b.</b> Is an offstreet parking space included?</p>	<p>2530 1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No</p>

**154.** Check Item (See item 127, page 32.)  
 One-unit mobile home or two-or-more-unit mobile home – Skip to item 156, page 39  
 Not a mobile home – Ask item 155

<p><b>155.</b> About when was the building originally built?</p>	<p>2910 <input type="checkbox"/> 1980 or later                  Month _____ Year _____ – Skip to item 158, page 39</p> <p>2910 1 <input type="checkbox"/> 1979                  2 <input type="checkbox"/> 75–78                  3 <input type="checkbox"/> 70–74                  4 <input type="checkbox"/> 60–69                  5 <input type="checkbox"/> 50–59                  6 <input type="checkbox"/> 40–49                  7 <input type="checkbox"/> 30–39                  8 <input type="checkbox"/> 20–29                  9 <input type="checkbox"/> 1919 or earlier</p> <p style="text-align: right;">} Skip to item 158, page 39</p>
--	--

**URE INTERVIEWS – Continued**

**156. Excluding the dealer's lot, is this the first site on which this mobile home was placed?**

- 2900 1  Yes, first site  
 2  No, moved from another site  
 3  Don't know

**157. What is the model year of the mobile home?**

- 2910  1980 or later → 

--	--

 Year
- 2910 1  1979  
 2  75-78  
 3  70-74  
 4  60-69  
 5  50-59  
 6  40-49  
 7  1939 or earlier

**158. Check Item (See item 127, page 32.)**

- Two-or-more-unit building or two-or-more-unit mobile home — Skip to item 160  
 All others — Ask item 159a

**159a. How large is the (lot/site)?**

*(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.*

- One-eighth acre = 5500 sq. ft.  
 Quarter acre = 11000 sq. ft.  
 One-third acre = 14000 sq. ft.  
 Half acre = 22000 sq. ft.  
 Three-quarters acre = 33000 sq. ft.  
 One acre = 44000 sq. ft.

- 2980 \_\_\_\_\_ Square feet  
 OR  
 2990 \_\_\_\_\_ Feet by  
 3000 \_\_\_\_\_ feet  
 OR  
 3010 \_\_\_\_\_ Whole acres  
 0  Don't know — Ask item 159b

MARK OR ASK —

**b. Is it more than 10 acres?**

- 3020 1  Yes  
 2  No

**160. Check Item (See Control Card item 8b.)**

- Owned — Ask item 161a  
 Rented — Skip to item 171a, page 42  
 Occupied without payment of cash rent — Skip to item 171a, page 42

**161a. Is there a commercial establishment on the property?**

- 3030 1  Yes  
 2  No

**b. Is there a medical or dental office on the property?**

- 3040 1  Yes  
 2  No

**162a. Is the ownership of the (house/apartment) time-shared?**

- 3070 1  Yes — Skip to item 163a  
 2  No

**b. How much do you think the (house/apartment) would sell for on today's market?**

*(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 61 ↓

- 2520 1  Yes — Skip to item 164a  
 2  No

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

- 2530 1  Yes  
 2  No

**164. Check Item**

**a. (See item 127, page 32.)**

- One-unit mobile home or two-or-more-unit mobile home — Skip to item 166a, page 40  
 Not a mobile home — Go to item 164b

**b. (See item 129a, page 32.)**

- Condominium or cooperative — Ask item 165a, page 40  
 All others — Skip to item 167, page 41

**URE INTERVIEWS – Continued**

**165a. What were the real estate taxes last year for the (condominium/cooperative) unit?**  
*(Include school taxes, special assessments, and any other real estate taxes.)*  
*(Exclude taxes past due from other years.)*

3520 \$ \_\_\_\_\_ . 00

---

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

3524 1  Yes  
 2  No – Skip to item 165d

---

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

3526 \$ \_\_\_\_\_ . 00

---

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

3570 1  Yes  
 2  No – Skip to item 171a, page 42

---

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

3580 \_\_\_\_\_ Times per year  
 12  Monthly

---

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

3590 \$ \_\_\_\_\_ . 00 Skip to item 171a, page 42

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

3520 \$ \_\_\_\_\_ . 00

---

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

3524 1  Yes  
 2  No – Skip to item 166d

---

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

3526 \$ \_\_\_\_\_ . 00

---

**d. Do you own the land?**

~6 61 v  
 2507 1  Yes – Skip to item 166h  
 2  No

---

**e. Do you pay separate rent for the land?**

2511 1  Yes  
 2  No – Skip to item 166h

---

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

2512 \_\_\_\_\_ Times per year  
 12  Monthly

---

**g. What is the cost each billing period?**

2513 \$ \_\_\_\_\_ . 00  
 0  No cash rent  
 9997  Included in mobile home park fee

---

**h. (Is the owner/Are you) required to pay any (additional) mobile home park fee?**

3550 1  Yes  
 2  No – Skip to item 166k

---

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

3555 \_\_\_\_\_ Times per year  
 12  Monthly

---

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

3600 \$ \_\_\_\_\_ . 00

---

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

~6 61 v  
 2517 1  Yes  
 2  No – Skip to item 171a, page 42

---

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

2518 \_\_\_\_\_ Times per year  
 12  Monthly

---

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

2519 \$ \_\_\_\_\_ . 00 Skip to item 171a, page 42

**URE INTERVIEWS – Continued**

**167a. What were the real estate taxes last year for the (house/apartment) and its land?**

*(Include school taxes, special assessments, and any other real estate taxes.)*

*(Exclude taxes past due from other years.)*

**3520** \$ \_\_\_\_\_ . **00**

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

**3524** 1  Yes  
2  No – *Skip to item 169a*

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

**3526** \$ \_\_\_\_\_ . **00**

**168. WASHINGTON USE ONLY**

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

**3570** 1  Yes  
2  No – *Skip to item 170a*

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

**3580** \_\_\_\_\_ Times per year  
12  Monthly

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

**3590** \$ \_\_\_\_\_ . **00** *Skip to item 171a, page 42*

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

**3610** 1  Yes  
2  No – *Skip to item 171a, page 42*

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

**3630** \_\_\_\_\_ Times per year  
12  Monthly

**c. What does it cost each time?**

**3640** \$ \_\_\_\_\_ . **00**

Notes

**URE INTERVIEWS – Continued**

**Now I have some questions about utility costs. You may check your records if you wish.**  
 When two or more utilities are billed together, try to determine the cost of each.

<p><b>171a. In the past 12 months what was the average MONTHLY cost for electricity?</b></p>	<p>3670 \$ _____ .00 per month — If "All electric home," mark "Not used" in items 171b and d without asking</p> <p>3680 1 <input type="checkbox"/> Not used                  2 <input type="checkbox"/> Included in rent, site rent, condominium or other fee, etc.                  3 <input type="checkbox"/> Obtained free</p>	
<p><b>b. In the past 12 months what was the average MONTHLY cost for gas?</b></p>	<p align="center">(1)</p> <p>3690 \$ _____ .00 per month, OR →</p> <p>3700 1 <input type="checkbox"/> Not used — Skip to item 171d                  2 <input type="checkbox"/> Included in rent, site rent, condominium or other fee                  3 <input type="checkbox"/> Obtained free</p>	<p align="center">(2)</p> <p>Billed with — (Mark all that apply.)</p> <p>3710 * 1 <input type="checkbox"/> Electricity                  2 <input type="checkbox"/> Fuel oil                  3 <input type="checkbox"/> Other fuel                  4 <input type="checkbox"/> Garbage and trash                  5 <input type="checkbox"/> Water and sewage</p>
<p><b>c. Is the gas from underground pipes or bottled gas?</b></p>	<p>3720 1 <input type="checkbox"/> Underground pipes serving neighborhood                  2 <input type="checkbox"/> Bottled gas</p>	
<p><b>d. In the past 12 months what was the total ANNUAL cost for fuel oil?</b></p>	<p>3730 \$ _____ .00 per year, OR →</p> <p>3740 1 <input type="checkbox"/> Not used                  2 <input type="checkbox"/> Included in rent, site rent, condominium or other fee                  3 <input type="checkbox"/> Obtained free</p>	<p>Billed with — (Mark all that apply.)</p> <p>3750 * 1 <input type="checkbox"/> Electricity                  2 <input type="checkbox"/> Gas                  3 <input type="checkbox"/> Other fuel                  4 <input type="checkbox"/> Garbage and trash                  5 <input type="checkbox"/> Water and sewage</p>
<p><b>e. In the past 12 months what was the total ANNUAL cost for wood, coal, kerosene, or any other fuel?</b></p>	<p>3760 \$ _____ .00 per year, OR →</p> <p>3770 1 <input type="checkbox"/> Not used                  2 <input type="checkbox"/> Included in rent, site rent, condominium or other fee                  3 <input type="checkbox"/> Obtained free</p>	<p>Billed with — (Mark all that apply.)</p> <p>3780 * 1 <input type="checkbox"/> Electricity                  2 <input type="checkbox"/> Gas                  3 <input type="checkbox"/> Fuel oil                  4 <input type="checkbox"/> Garbage and trash                  5 <input type="checkbox"/> Water and sewage</p>
<p><b>f. In the past 12 months what was the total ANNUAL cost for garbage and trash collection?</b></p>	<p>3790 \$ _____ .00 per year, OR →</p> <p>3800 1 <input type="checkbox"/> Not used                  2 <input type="checkbox"/> Included in rent, site rent, condominium or other fee                  3 <input type="checkbox"/> Obtained free</p>	<p>Billed with — (Mark all that apply.)</p> <p>3810 * 1 <input type="checkbox"/> Electricity                  2 <input type="checkbox"/> Gas                  3 <input type="checkbox"/> Fuel oil                  4 <input type="checkbox"/> Other fuel                  5 <input type="checkbox"/> Water and sewage</p>
<p><b>g. In the past 12 months what was the total ANNUAL cost for water supply and sewage disposal?</b></p>	<p>3820 \$ _____ .00 per year, OR →</p> <p>3830 2 <input type="checkbox"/> Included in rent, site rent, condominium or other fee                  3 <input type="checkbox"/> Obtained free</p>	<p>Billed with — (Mark all that apply.)</p> <p>3840 * 1 <input type="checkbox"/> Electricity                  2 <input type="checkbox"/> Gas                  3 <input type="checkbox"/> Fuel oil                  4 <input type="checkbox"/> Other fuel                  5 <input type="checkbox"/> Garbage and trash</p>

**172. Check Item**

**a. (See Control Card item 8b.)**  
 Owned — Skip to item 174a, page 43  
 Rented or occupied without payment of cash rent — Go to item 172b

**b. (See item 127, page 32.)**  
 Two-or-more unit building or two-or-more unit mobile home — Ask item 173a  
 All others — Skip to item 173b

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

4400 1  Yes  
 2  No

---

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

**Where do you send your rent?**

~8 67 ↓

Name (Please print) \_\_\_\_\_

Address (Number, street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Title \_\_\_\_\_ Location \_\_\_\_\_

1  Owner 1  Home  
 2  Other 2  Office

---

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

Area code, number, extension \_\_\_\_\_

1  Home 2  Business

**URE INTERVIEWS – Continued**

**174a. 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.)**

**~ 6 6 1**

**4600** \_\_\_\_\_ Square feet — Skip to item 174f

Don't know — Ask item 174b

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

**4610** \_\_\_\_\_ Number

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

**4620** 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 all rooms, if necessary.)*

		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 174h

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

**OFFICE USE ONLY**

**4640** \_\_\_\_\_ Square feet

**f. Describe characteristics of the sample unit that would help to determine total number of square feet, such as ranch, cape cod, split level, etc.**

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

**g. SKIP TO ITEM 175, PAGE 44**

**h. Check Item (See item 127, page 32.)**

One unit building — detached } Ask item 174i  
 Mobile home }  
 All others — Skip to item 175, page 44

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

**4650** 1  Yes } Go to item 175, page 44  
2  No }

**MOBILITY SUPPLEMENT**

<p><b>175.</b> Check Item (See item 6, page 1 and Control Card item 18.) (Mark first box that applies.)</p> <p><input type="checkbox"/> URE interview — Skip to item 184a, page 46</p> <p><input type="checkbox"/> No household members 18+ — Skip to item 184a, page 46</p> <p><input type="checkbox"/> Any household members 18+ — Ask item 176 (Enter line numbers.)</p>	<p align="center">~0 34 ↓</p> <p>5510 <input type="text"/> <input type="text"/> Line number</p> <p><input type="checkbox"/> Callback required, household member 18+ not present — Mark item 16, page 1</p>
<p><i>NOTE: Husbands and wives may respond for each other. All other household members 18+ must be asked these questions individually.</i></p> <p><b>176.</b> In what State (was . . . /were you) born? (Enter 2-character State code from flashcard.)</p>	<p>5520 <input type="text"/> <input type="text"/> State code</p> <p align="center">OR</p> <p>00 <input type="checkbox"/> Outside the United States</p>
<p><b>177a.</b> At age 16, did . . . live in this area or a different place?</p>	<p>5530 1 <input type="checkbox"/> This area — Skip to item 177c</p> <p>2 <input type="checkbox"/> Different place</p>
<p><b>b.</b> In what State was that place located? (Enter 2-character State code from flashcard.)</p>	<p>5540 <input type="text"/> <input type="text"/> State code</p> <p align="center">OR</p> <p>00 <input type="checkbox"/> Outside the United States</p>
<p><b>c.</b> Which of these categories best describes (this/that) place AT THAT TIME? (Read answer categories.)</p>	<p>5550</p> <p>1 <input type="checkbox"/> A large city</p> <p>2 <input type="checkbox"/> A suburb near a large city</p> <p>3 <input type="checkbox"/> A medium-sized city or its suburbs</p> <p>4 <input type="checkbox"/> A small city</p> <p>5 <input type="checkbox"/> A town or village</p> <p>6 <input type="checkbox"/> Open country, but not a farm</p> <p>7 <input type="checkbox"/> A farm</p> <p>8 <input type="checkbox"/> Other — Specify _____</p>
<p><b>178.</b> Five years from now, would . . . PREFER to be living in this (house/apartment) or someplace else?</p>	<p>5560</p> <p>1 <input type="checkbox"/> Same house/apartment</p> <p>2 <input type="checkbox"/> Someplace else — Skip to item 180</p>
<p><b>179.</b> Five years from now, how LIKELY (is . . . /are you) still to be living in this unit—very likely, likely, not very likely, or no chance at all?</p>	<p>5570</p> <p>1 <input type="checkbox"/> Very likely</p> <p>2 <input type="checkbox"/> Likely</p> <p>3 <input type="checkbox"/> Not very likely</p> <p>4 <input type="checkbox"/> No chance at all</p> <p>5 <input type="checkbox"/> Don't know</p> <p style="font-size: 2em;">}</p> <p style="font-size: 0.8em;">Go to next household member 18+; if none, go to item 184a, page 46</p>
<p><b>180.</b> Five years from now, would . . . prefer to be living in another home in this area, or outside this area?</p>	<p>5580</p> <p>1 <input type="checkbox"/> Another home in this area — Skip to item 183</p> <p>2 <input type="checkbox"/> Outside the area</p>
<p><b>181.</b> Which of these categories best describes the area in which . . . would prefer to live 5 years from now? (Read answer categories.)</p>	<p>5590</p> <p>1 <input type="checkbox"/> A large city</p> <p>2 <input type="checkbox"/> A suburb near a large city</p> <p>3 <input type="checkbox"/> A medium-sized city or its suburbs</p> <p>4 <input type="checkbox"/> A small city</p> <p>5 <input type="checkbox"/> A town or village</p> <p>6 <input type="checkbox"/> Open country, but not a farm</p> <p>7 <input type="checkbox"/> A farm</p> <p>8 <input type="checkbox"/> Other — Specify _____</p>
<p><b>182.</b> In what State would . . . prefer to be living 5 years from now? (Enter 2-character State code from flashcard.)</p>	<p>5600 <input type="text"/> <input type="text"/> State code</p> <p align="center">OR</p> <p>00 <input type="checkbox"/> Outside the United States</p>
<p><b>183.</b> Within the next 5 years, how LIKELY (is . . . /are you) to move to the place just indicated—very likely, likely, not very likely, or no chance at all?</p>	<p>5610</p> <p>1 <input type="checkbox"/> Very likely</p> <p>2 <input type="checkbox"/> Likely</p> <p>3 <input type="checkbox"/> Not very likely</p> <p>4 <input type="checkbox"/> No chance at all</p> <p>5 <input type="checkbox"/> Don't know</p> <p style="font-size: 2em;">}</p> <p style="font-size: 0.8em;">Go to next household member 18+; if none, go to item 184a, page 46</p>

Notes

**MOBILITY SUPPLEMENT – Continued**

~0 35 ↓	~0 36 ↓	~0 37 ↓
5510 <input type="text"/> <input type="text"/> Line number	5510 <input type="text"/> <input type="text"/> Line number	5510 <input type="text"/> <input type="text"/> Line number
<input type="checkbox"/> Callback required, household member 18+ not present – <i>Mark item 16, page 1</i>	<input type="checkbox"/> Callback required, household member 18+ not present – <i>Mark item 16, page 1</i>	<input type="checkbox"/> Callback required, household member 18+ not present – <i>Mark item 16, page 1</i>
5520 <input type="text"/> <input type="text"/> State code OR 00 <input type="checkbox"/> Outside the United States	5520 <input type="text"/> <input type="text"/> State code OR 00 <input type="checkbox"/> Outside the United States	5520 <input type="text"/> <input type="text"/> State code OR 00 <input type="checkbox"/> Outside the United States
5530 1 <input type="checkbox"/> This area – <i>Skip to item 177c</i> 2 <input type="checkbox"/> Different place	5530 1 <input type="checkbox"/> This area – <i>Skip to item 177c</i> 2 <input type="checkbox"/> Different place	5530 1 <input type="checkbox"/> This area – <i>Skip to item 177c</i> 2 <input type="checkbox"/> Different place
5540 <input type="text"/> <input type="text"/> State code OR 00 <input type="checkbox"/> Outside the United States	5540 <input type="text"/> <input type="text"/> State code OR 00 <input type="checkbox"/> Outside the United States	5540 <input type="text"/> <input type="text"/> State code OR 00 <input type="checkbox"/> Outside the United States
5550 1 <input type="checkbox"/> <b>A large city</b> 2 <input type="checkbox"/> <b>A suburb near a large city</b> 3 <input type="checkbox"/> <b>A medium-sized city or its suburbs</b> 4 <input type="checkbox"/> <b>A small city</b> 5 <input type="checkbox"/> <b>A town or village</b> 6 <input type="checkbox"/> <b>Open country, but not a farm</b> 7 <input type="checkbox"/> <b>A farm</b> 8 <input type="checkbox"/> Other – <i>Specify _____</i>	5550 1 <input type="checkbox"/> <b>A large city</b> 2 <input type="checkbox"/> <b>A suburb near a large city</b> 3 <input type="checkbox"/> <b>A medium-sized city or its suburbs</b> 4 <input type="checkbox"/> <b>A small city</b> 5 <input type="checkbox"/> <b>A town or village</b> 6 <input type="checkbox"/> <b>Open country, but not a farm</b> 7 <input type="checkbox"/> <b>A farm</b> 8 <input type="checkbox"/> Other – <i>Specify _____</i>	5550 1 <input type="checkbox"/> <b>A large city</b> 2 <input type="checkbox"/> <b>A suburb near a large city</b> 3 <input type="checkbox"/> <b>A medium-sized city or its suburbs</b> 4 <input type="checkbox"/> <b>A small city</b> 5 <input type="checkbox"/> <b>A town or village</b> 6 <input type="checkbox"/> <b>Open country, but not a farm</b> 7 <input type="checkbox"/> <b>A farm</b> 8 <input type="checkbox"/> Other – <i>Specify _____</i>
5560 1 <input type="checkbox"/> Same house/apartment 2 <input type="checkbox"/> Someplace else – <i>Skip to item 180</i>	5560 1 <input type="checkbox"/> Same house/apartment 2 <input type="checkbox"/> Someplace else – <i>Skip to item 180</i>	5560 1 <input type="checkbox"/> Same house/apartment 2 <input type="checkbox"/> Someplace else – <i>Skip to item 180</i>
5570 1 <input type="checkbox"/> Very likely 2 <input type="checkbox"/> Likely 3 <input type="checkbox"/> Not very likely 4 <input type="checkbox"/> No chance at all 5 <input type="checkbox"/> Don't know } <i>Go to next household member 18+; if none, go to item 184a, page 46</i>	5570 1 <input type="checkbox"/> Very likely 2 <input type="checkbox"/> Likely 3 <input type="checkbox"/> Not very likely 4 <input type="checkbox"/> No chance at all 5 <input type="checkbox"/> Don't know } <i>Go to next household member 18+; if none, go to item 184a, page 46</i>	5570 1 <input type="checkbox"/> Very likely 2 <input type="checkbox"/> Likely 3 <input type="checkbox"/> Not very likely 4 <input type="checkbox"/> No chance at all 5 <input type="checkbox"/> Don't know } <i>Go to next household member 18+; if none, go to item 184a, page 46</i>
5580 1 <input type="checkbox"/> Another home in this area – <i>Skip to item 183</i> 2 <input type="checkbox"/> Outside the area	5580 1 <input type="checkbox"/> Another home in this area – <i>Skip to item 183</i> 2 <input type="checkbox"/> Outside the area	5580 1 <input type="checkbox"/> Another home in this area – <i>Skip to item 183</i> 2 <input type="checkbox"/> Outside the area
5590 1 <input type="checkbox"/> <b>A large city</b> 2 <input type="checkbox"/> <b>A suburb near a large city</b> 3 <input type="checkbox"/> <b>A medium-sized city or its suburbs</b> 4 <input type="checkbox"/> <b>A small city</b> 5 <input type="checkbox"/> <b>A town or village</b> 6 <input type="checkbox"/> <b>Open country, but not a farm</b> 7 <input type="checkbox"/> <b>A farm</b> 8 <input type="checkbox"/> Other – <i>Specify _____</i>	5590 1 <input type="checkbox"/> <b>A large city</b> 2 <input type="checkbox"/> <b>A suburb near a large city</b> 3 <input type="checkbox"/> <b>A medium-sized city or its suburbs</b> 4 <input type="checkbox"/> <b>A small city</b> 5 <input type="checkbox"/> <b>A town or village</b> 6 <input type="checkbox"/> <b>Open country, but not a farm</b> 7 <input type="checkbox"/> <b>A farm</b> 8 <input type="checkbox"/> Other – <i>Specify _____</i>	5590 1 <input type="checkbox"/> <b>A large city</b> 2 <input type="checkbox"/> <b>A suburb near a large city</b> 3 <input type="checkbox"/> <b>A medium-sized city or its suburbs</b> 4 <input type="checkbox"/> <b>A small city</b> 5 <input type="checkbox"/> <b>A town or village</b> 6 <input type="checkbox"/> <b>Open country, but not a farm</b> 7 <input type="checkbox"/> <b>A farm</b> 8 <input type="checkbox"/> Other – <i>Specify _____</i>
5600 <input type="text"/> <input type="text"/> State code OR 00 <input type="checkbox"/> Outside the United States	5600 <input type="text"/> <input type="text"/> State code OR 00 <input type="checkbox"/> Outside the United States	5600 <input type="text"/> <input type="text"/> State code OR 00 <input type="checkbox"/> Outside the United States
5610 1 <input type="checkbox"/> Very likely 2 <input type="checkbox"/> Likely 3 <input type="checkbox"/> Not very likely 4 <input type="checkbox"/> No chance at all 5 <input type="checkbox"/> Don't know } <i>Go to next household member 18+; if none, go to item 184a, page 46</i>	5610 1 <input type="checkbox"/> Very likely 2 <input type="checkbox"/> Likely 3 <input type="checkbox"/> Not very likely 4 <input type="checkbox"/> No chance at all 5 <input type="checkbox"/> Don't know } <i>Go to next household member 18+; if none, go to item 184a, page 46</i>	5610 1 <input type="checkbox"/> Very likely 2 <input type="checkbox"/> Likely 3 <input type="checkbox"/> Not very likely 4 <input type="checkbox"/> No chance at all 5 <input type="checkbox"/> Don't know } <i>Go to next household member 18+; if none, go to item 184a, page 46</i>

Notes

## NEIGHBORHOOD QUALITY SUPPLEMENT

**NOTE** — Ask all categories in item 184a before proceeding to item 184b.

**NOTE** — Ask item 184b only for those categories in item 184a which were answered "Yes."

**184a. The following questions are concerned with specific aspects of your PRESENT neighborhood. Here is a list of conditions.**

**184b. Does the (Condition) bother you?**

**184c. Is it so objectionable that you would like to move from the neighborhood?**

Which, if any, does it have?

<p><b>(1) Street noise or heavy street traffic?</b> .....</p>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">~6 4 1 ↓</div>	<p>3 <input type="checkbox"/> Yes — Ask c → 4 <input type="checkbox"/> No</p>	<p>5 <input type="checkbox"/> Yes 6 <input type="checkbox"/> No</p>
<p>5640 1 <input type="checkbox"/> Yes * 2 <input type="checkbox"/> No</p>			
<p><b>(2) Streets or roads continually in need of repair, or open ditches?</b> .....</p>		<p>3 <input type="checkbox"/> Yes — Ask c → 4 <input type="checkbox"/> No</p>	<p>5 <input type="checkbox"/> Yes 6 <input type="checkbox"/> No</p>
<p>5650 1 <input type="checkbox"/> Yes * 2 <input type="checkbox"/> No</p>			
<p><b>(3) Neighborhood crime?</b> .....</p>		<p>3 <input type="checkbox"/> Yes — Ask c → 4 <input type="checkbox"/> No</p>	<p>5 <input type="checkbox"/> Yes 6 <input type="checkbox"/> No</p>
<p>5660 1 <input type="checkbox"/> Yes * 2 <input type="checkbox"/> No</p>			
<p><b>(4) Trash, litter, or junk in the (streets/roads), or on empty lots, or on properties in the neighborhood?</b> .....</p>		<p>3 <input type="checkbox"/> Yes — Ask c → 4 <input type="checkbox"/> No</p>	<p>5 <input type="checkbox"/> Yes 6 <input type="checkbox"/> No</p>
<p>5670 1 <input type="checkbox"/> Yes * 2 <input type="checkbox"/> No</p>			
<p><b>(5) Houses or buildings in rundown condition?</b> .....</p>		<p>3 <input type="checkbox"/> Yes — Ask c → 4 <input type="checkbox"/> No</p>	<p>5 <input type="checkbox"/> Yes 6 <input type="checkbox"/> No</p>
<p>5680 1 <input type="checkbox"/> Yes * 2 <input type="checkbox"/> No</p>			
<p><b>(6) Industries, businesses, stores, or other non-residential activities?</b> .....</p>		<p>3 <input type="checkbox"/> Yes — Ask c → 4 <input type="checkbox"/> No</p>	<p>5 <input type="checkbox"/> Yes 6 <input type="checkbox"/> No</p>
<p>5690 1 <input type="checkbox"/> Yes * 2 <input type="checkbox"/> No</p>			
<p><b>(7) Odors, smoke, or gas?</b> .....</p>		<p>3 <input type="checkbox"/> Yes — Ask c → 4 <input type="checkbox"/> No</p>	<p>5 <input type="checkbox"/> Yes 6 <input type="checkbox"/> No</p>
<p>5700 1 <input type="checkbox"/> Yes * 2 <input type="checkbox"/> No</p>			

**NOTE** — If "Yes" was answered for one or more categories in item 184a, ask item 184b.

**NOTE** — Ask ALL categories in item 185a before proceeding to item 185b.

**NOTE** — Ask item 185b only for those categories in item 185a which were answered "No."

**185a. The following questions are concerned with neighborhood services.**

**185b. Is the (Service) so unsatisfactory that you would like to move from the neighborhood?**

Do you have —

<p><b>(1) Satisfactory police protection?</b> .....</p>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">5710</div>	<p>4 <input type="checkbox"/> Yes 5 <input type="checkbox"/> No</p>	
<p>* 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p>			
<p><b>(2) Satisfactory hospitals or health clinics?</b> .....</p>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">5720</div>	<p>4 <input type="checkbox"/> Yes 5 <input type="checkbox"/> No</p>	
<p>* 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p>			

**NOTE** — If "No" was answered for one or more categories in item 185a, ask item 185b.

**NEIGHBORHOOD QUALITY SUPPLEMENT – Continued**

**186a. Is there public transportation for this area?**

- 5730** 1  Yes  
 2  No — *Skip to item 187a*

**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

**187a. Do you have satisfactory neighborhood shopping, that is, grocery stores or drug stores?**

- 5760** 1  Yes  
 2  No . . . . . } *Skip to item 188*  
 3  Don't know }

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

- 5770** 1  Yes  
 2  No

**188. Check Item (See Control Card items 11, 14, and 18.)**

- No household child(ren) 16 years of age or less — *Go to Control Card item 9a*  
 Household child(ren) 4 to 16 years of age — *Ask item 189a*  
 All household children 3 years old or younger — *Skip to item 189b*

**189a. (Does your child/Do your 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.)*

- 5790** 1  Yes — *Skip to item 189d*  
 2  No  
 3  Don't know — *Skip to item 189d*

**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 } *Go to Control Card item 9a*  
 2  No }

Notes

## INTERVIEWER OBSERVATION

<p><b>190a.</b> How many stories are in the building, including the basement? <i>(If split level, count greatest number of stories on top of each other.)</i></p>	<p style="text-align: center;"><b>~6 09~</b></p> <p><b>4780</b> _____ Stories in building (If 1 – 20)</p> <p style="text-align: center;"><b>OR</b></p> <p>21 <input type="checkbox"/> 21 or more</p>
<p><b>b.</b> What is the condition of the light fixtures in the public halls?</p>	<p><b>4790</b></p> <p>1 <input type="checkbox"/> No public halls</p> <p>2 <input type="checkbox"/> All in working order</p> <p>3 <input type="checkbox"/> Some in working order</p> <p>4 <input type="checkbox"/> None in working order</p> <p>5 <input type="checkbox"/> No light fixtures</p> <p>6 <input type="checkbox"/> Fixtures turned off, unable to determine if working, not obviously broken</p>
<p><b>c.</b> How many stories are there from main entrance of building to main entrance of sample unit?</p>	<p><b>4800</b> _____ Stories up or down to home</p> <p>0 <input type="checkbox"/> Same floor</p>
<p><b>d.</b> Is there a passenger elevator on this floor?</p>	<p><b>4810</b></p> <p>1 <input type="checkbox"/> No elevator</p> <p>2 <input type="checkbox"/> At least one working elevator</p> <p>3 <input type="checkbox"/> All elevators not working</p>
<p><b>e.</b> Are there loose, broken, or missing steps on any common stairways inside this building or attached to this building?</p>	<p><b>4820</b></p> <p>1 <input type="checkbox"/> No common stairways — <i>Skip to item 190g</i></p> <p>2 <input type="checkbox"/> Yes</p> <p>3 <input type="checkbox"/> No</p>
<p><b>f.</b> Are all railings on the common stairways firmly attached?</p>	<p><b>4830</b></p> <p>1 <input type="checkbox"/> No stair railings</p> <p>2 <input type="checkbox"/> Yes</p> <p>3 <input type="checkbox"/> No</p>
<p><b>g.</b> What is the external condition of the building that contains the sample unit, as visible from front of building or roadway?  <i>(Mark all that apply.)</i></p>	<p><b>4840</b> *      1 <input type="checkbox"/> Sagging roof</p> <p>                  2 <input type="checkbox"/> Missing roofing material</p> <p>                  3 <input type="checkbox"/> Hole in roof</p> <p>                  4 <input type="checkbox"/> Could not see roof</p> <p style="text-align: right;">} Roof</p> <p>                  5 <input type="checkbox"/> Missing bricks, siding, or other</p> <p>                  6 <input type="checkbox"/> Sloping outside walls</p> <p style="text-align: right;">} Walls</p> <p><b>4850</b> *      7 <input type="checkbox"/> Boarded up window(s)</p> <p>                  8 <input type="checkbox"/> Broken window(s)</p> <p>                  9 <input type="checkbox"/> Bars on window(s)</p> <p style="text-align: right;">} Windows</p> <p><b>4860</b>      10 <input type="checkbox"/> Foundation crumbling or has</p> <p>                  open crack or hole</p> <p>                  11 <input type="checkbox"/> Could not see foundation</p> <p style="text-align: right;">} Foundation</p> <p><b>4870</b>      12 <input type="checkbox"/> Observed no listed conditions for roofs,</p> <p>                  walls, windows, or foundations</p> <p>                  13 <input type="checkbox"/> Could not observe any</p> <p>                  external conditions</p>
<p><b>h.</b> How many mobile homes are in the group?  <i>(Including sample mobile home)</i></p>	<p><b>4880</b> _____ Exact number (If 1 – 20)</p> <p style="text-align: center;"><b>OR</b></p> <p>21 <input type="checkbox"/> 21 or more</p> <p>0 <input type="checkbox"/> Sample unit not a mobile home</p>

Notes

## INTERVIEWER OBSERVATION – Continued

The items on this page concerns the area within 300 feet of the building in which sample unit is located.

**191a.** Which of these are within 300 feet of building containing the sample unit?

*(Exclude this building.)*

*(Mark all that apply.)*

**4890**

\*

- 1  Single-family, detached house(s)
- 2  Single-family, attached house(s) or low-rise (1–3 story) multiunit building(s)
- 3  Mid-rise (4–6 story) multiunit building(s)
- 4  High-rise (7+ story) multiunit building(s)
- 5  Mobile home(s) (exclude campers)
- 6  Commercial, institutional, industrial building(s)

**4900**

\*

- 7  Residential parking lot(s)
- 8  Body of water
- 9  Open space, park, woods, farm, or ranch

**4910**

- 10  Other – *Specify* ↴

- 11  Could not observe

**b.** What is the predominant age of residential buildings within 300 feet?

*(Exclude this building.)*

**4920**

- 1  Older than sample unit
- 2  About the same
- 3  Newer than sample unit
- 4  Very mixed
- 5  No other residential buildings

**c.** Are any buildings vandalized, or interior exposed to the elements?

*(Exclude this building.)*

**4930**

- 1  Yes, only one vandalized or exposed
- 2  Yes, more than one
- 3  None vandalized or exposed
- 4  No other buildings within 300 feet – *Skip to item 191e*

**d.** Are there bars on windows of buildings in area?

*(Exclude this building.)*

**4940**

- 1  Yes, only one building with bars
- 2  Yes, more than one
- 3  No bars on windows

**e.** What is the condition of streets?

**4950**

- 1  Major repairs needed
- 2  Minor repairs needed
- 3  No repairs needed
- 4  No streets within 300 feet

**f.** Is there trash, litter, or junk in streets, roads, empty lots, or on any properties?

*(Include this building.)*

**4960**

- 1  Major accumulation
- 2  Minor accumulation
- 3  None

### INTERVIEW COMPLETED

Notes

Notes

**192.** Check Item — Regular Occupied (See item 121i, page 30); URE Occupied (See item 174i, page 43)

"Yes" marked — Go to item 193 — If callback required, mark item 10, page 1

"No" marked or blank — Fill observation items on pages 48 and 49

**UNIT MEASUREMENT**

**193.** Obtain the measurements (length and width) of each story of the unit. Draw sketch (showing dimensions) in area below. Include basements and finished attics. Exclude unfinished attics, carports, attached garages, and porches that are not protected from the elements.

**a. SKETCH**

**OFFICE  
USE  
ONLY**

4970

\_\_\_\_\_ Square feet

**b. ENTER DIMENSIONS HERE.**

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

**c. Describe characteristics of the sample unit that would help to determine total number of square feet such as ranch, cape cod, split level, etc.**

Dimensions —

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

**d. FILL OBSERVATION ITEMS ON PAGES 48 AND 49.**