

Assessment of Native American and Alaska Native Housing Needs

Household Survey: In-Person Interview

DRAFT v13

Field Interviewer Name:		
Field Interview ID #:		
Interview Date:		
Start Time:		AM PM
Finish Time:		AM PM

Is this an Indian Housing Block Grant assisted unit?	YES	NO
If YES, identify whether: <i>Check one</i>		
Currently Assisted Stock (CAS) Mutual Help		
Currently Assisted Stock (CAS) Rental		
IHBG Ownership		
IHBG Rental		

Affix Survey Case ID label here

HOUSEHOLD SCREENER

INTERVIEWER READ: "Hello, my name is (name of interviewer) from NORC at the University of Chicago. (SHOW NORC ID CARD.) I am here to see if you received our letter about the Assessment of American Indian, Alaska Native, and Native Hawaiian Housing Needs Survey.

IF YES: Do you have any questions about the survey? May I tell you more about the survey?

IF NO: Here is a copy of the letter and some information about the project. Should I leave the materials and come back at a later time or could I answer any questions you may have at this time?

<p>S1. I would like to speak with the person who owns/rents this home OR his/her spouse or partner. Are you that person?</p>	<p>YES I am the owner/renter <i>If YES, go to S1a and then ask question S1b.</i></p> <p>YES I am the spouse/partner of the owner/renter <i>If YES, go to S1a and then ask question S1e.</i></p> <p>NO If NO, go to S2 Don't know REFUSED</p> <p><i>If respondent does not speak English, then indicate here the need for a translator. Stop the screening and contact the Field Manager for further direction.</i></p> <p>_____ Respondent is in need of a translator</p>
<p>S1a. If YES: BRIEFLY COVER THE FOLLOWING POINTS WITH THE RESPONDENT:</p> <ul style="list-style-type: none"> • Purpose of the survey • Request to interview them • Respondent incentive • Answer any questions/concerns 	<p>COMMENTS:</p>
<p>FOR OWNER/RENTER</p> <p>S1b. Since the purpose of this survey is to understand the housing needs of Native Americans, how do you (owner/renter) identify your racial/ethnic background? I am going to read the categories to you. Please choose one or more of the following races you consider yourself to be. (Mark all that apply)</p>	<p><input type="checkbox"/> American Indian or Alaska Native</p> <p><input type="checkbox"/> Native Hawaiian or other Pacific Islander</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Other (SPECIFY): _____</p> <p><input type="checkbox"/> Don't know</p> <p><input type="checkbox"/> Refused</p> <p><i>If the owner/renter is American Indian or Alaska Native, continue to question S1c.</i></p> <p><i>If the owner/renter is NOT American Indian or Alaska Native, then ask question S1d.</i></p>
<p>S1c. I see that you (owner/renter) have</p>	

<p>identified yourself as American Indian or Alaska Native. Are you an enrolled member of a tribe?</p>	<p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Refused </p> <p style="text-align: center;"><i>Continue with question S1h.</i></p>
<p>S1d. I see that you (owner/renter) have identified yourself as NOT American Indian or Alaska Native; can you tell me the racial/ethnic background of your (spouse/partner)?</p>	<p> <input type="checkbox"/> I do not have a spouse/partner </p> <p><i>If the owner/renter does not have a spouse/partner, then thank the person you are speaking with and end the interview. Contact the Field Manager for further directions. STOP.</i></p> <p> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Other (SPECIFY): _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Refused </p> <p><i>If the spouse/partner of the owner/renter is American Indian or Alaska Native, skip to question S1f. You will need to speak with the spouse/partner of the owner/renter to complete the Screener and arrange/conduct the interview.</i></p> <p><i>If the spouse/partner is available: introduce yourself and the study, and cover points in S1a. Then continue with S1f.</i></p> <p><i>If the spouse/partner is not available: Skip to S2.</i></p> <p><i>If the spouse/partner is not American Indian or Alaska native, then thank the person you are speaking with and end the interview. Contact the Field Manager for further directions. STOP.</i></p>
<p>FOR SPOUSE/PARTNER</p> <p>S1e. Since the purpose of this survey is to understand the housing needs of Native Americans, how do you (spouse/partner) identify your racial/ethnic background? I am going to read the categories to you. Please choose one or more of the following races you consider yourself to</p>	<p> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Other (SPECIFY): _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Refused </p>

<p>be. (Mark all that apply)</p>	<p><i>If the spouse/partner is American Indian or Alaska Native, continue with question S1f.</i></p> <p><i>If the spouse/partner is NOT American Indian or Alaska Native, then ask question S1g.</i></p>
<p>S1f. I see that you (spouse/partner) have identified yourself as American Indian or Alaska Native. Are you (spouse/partner) an enrolled member of a tribe?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Refused</p> <p style="text-align: center;"><i>Skip to question S1h.</i></p>
<p>S1g. I see that you (spouse/partner) have identified yourself as NOT American Indian or Alaska Native; can you tell me the racial/ethnic background of the (owner/renter)?</p>	<p><input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Other (SPECIFY): _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Refused</p> <p><i>If the spouse/partner indicates that the owner/renter IS American Indian or Alaska Native, continue with question S1h.</i> <i>If the spouse/partner indicates that the owner /renter is NOT American Indian or Alaska Native, then thank the person you are speaking with and end the interview. Contact the Field Manager for further directions. STOP.</i></p>
<p>S1h. Do you have any additional questions about the survey? When would be the best time for me to come back to conduct the interview? Is now a good time?</p>	<p><input type="checkbox"/> Now is a good time.</p> <hr/> <p>Date Time AM/PM (circle) <i>Go to Informed Consent, next page -></i></p> <p><input type="checkbox"/> Come back at another time.</p> <p>BEST DATE/TIME FOR INTERVIEW:</p> <hr/> <p>Date Time AM/PM (circle) <i>Continue with S2. -></i></p> <p><input type="checkbox"/> I would prefer that someone else speak for me. <i>Continue with S3.</i></p>
<p>S2. IF NO: When would be a good time to do the interview?</p>	<p>Name of owner/renter or spouse/partner: _____</p>

<p>OBTAIN CONTACT INFORMATION AND COME BACK ANOTHER DAY.</p>	<p>Best date/time to speak with respondent:</p> <hr/> <p>Date Time AM/PM (circle)</p> <p>Phone number: _____</p>
<p>S3. IF NEED FOR PROXY: If for some reason, the owner/renter OR spouse/partner is unable to participate in an interview, then ask who the best person (i.e., the one who is most knowledgeable about family housing) would be able to participate.</p>	<p>First name of proxy: _____</p> <p>Relationship to owner/renter: _____</p> <p>Phone number: _____</p> <p>Reason owner/renter cannot participate: _____</p>

INFORMED CONSENT

Hello, my name is _____ [INTERVIEWER NAME].

I am from [INDICATE WHERE FROM] and I am [INDICATE TRIBAL AFFILIATION, if applicable].

I work with NORC at the University of Chicago to conduct this survey of housing needs.

As you may have learned from the [ADVANCE LETTER SENT/MATERIALS SHARED/TRIBAL LETTER/COMMUNITY PRESENTATION HELD], this survey is conducted to help understand the housing needs of American Indian and Alaska Native families. It is sponsored by the Department of Housing and Urban Development and being conducted across Indian Country.

Your participation is very important to the success of this survey. This survey is voluntary, which means that you don't have to participate and you can decide not to answer any specific questions. There are no consequences for choosing not to participate or not to answer any question. You also may end the interview at any point. You will receive a [CASH GIFT/ GIFT CARD/VOUCHER] as a token of appreciation for participating in the survey. The interview will take about 45 minutes.

The information you provide will be confidential, and will not be shared with anyone except for research staff working on the study. This includes anything that can identify you such as your name, address, or telephone number. Everyone who works on this survey has signed a legal document stating they will not reveal any of your personal information and can be severely penalized if they do.

The survey will ask you about how many people live in your household, the features of the housing unit you live in (such as the number of rooms, electricity, and heat), your preferences for an ideal housing unit, your thoughts on homeownership and renting, your attitudes about tribally-assisted housing, your reasons for living on Indian Land, and the costs of housing. Finally, at the end of the interview I will make some observations about the condition of the housing unit, such as whether repairs are needed and things like that. The interview will take about 45 minutes.

The information you provide will be help in the national understanding of housing conditions and needs for Native Americans and Alaska Natives living in tribal areas and villages. It will be used along with data collected across the country to inform policy in ways that help tribes improve housing conditions.

The information that you provide will be kept private. You will not be quoted by name and no names will be included in the summary reports. A report will be shared with the tribe/native village at a later date. It will summarize the findings, without giving names or other information that would identify you or the tribe/native village.

If you have questions about your rights as a survey participant, please call the IRB Human Subjects Protection hotline, toll-free, at (866) 309-0542. You may also email xxx@norc.org or visit www.norc.org.

Do I have your permission to begin the interview?

- IF YES*, Let's begin. [Certain tribes may require written consent]
- IF NO*, ask:

Are there any questions I can answer for you?

What is the reason you prefer not doing the interview?

When is a good time to come back?

Date: ___/___/_____

Time: ___:___ ___ AM/PM (circle)

A. HOUSEHOLD COMPOSITION ¹

INTERVIEWER READ: "In this interview, I am going to ask you some questions about you and your family, and the people that live with you in order to better understand your housing needs. This interview is anonymous, meaning that your name does not appear anywhere on this form."

If PROXY is used: "If you are speaking for someone else, please remember to answer the questions from the owner's/renter's perspective. Feel free to consult with him/her or to not answer any questions if you're not comfortable answering."

<p>A1. To begin, can you tell me how long you have lived here? IF RESIDENT HAS BEEN IN RESIDENCE FOR LESS THAN 1 YEAR THEN INDICATE NUMBER OF MONTHS. IF RESIDENT HAS BEEN IN RESIDENCE FOR 1 1/2 YEARS THEN INDICATE 1 YEAR 6 MONTHS. DO NOT ROUND UP.</p>	<p>____ years ____ months</p>
<p>A2. How many people are living or staying at this address? ² READ THE INSTRUCTIONS TO THE RIGHT ALOUD TO RESPONDENT SO THEY KNOW WHO TO INCLUDE AND WHO NOT TO INCLUDE. AFTER GOING THROUGH THIS SECTION AND DESCRIBING EVERYONE STAYING HERE:</p> <ul style="list-style-type: none"> • IF THE NUMBER OF PERSONS THE RESPONDENT DESCRIBES IS HIGHER THAN THE NUMBER THEY GIVE FOR THIS QUESTION, CHANGE THE NUMBER HERE TO THE HIGHER NUMBER. • IF THE NUMBER OF PERSONS RESPONDENTS DESCRIBES IS LOWER THAN THE NUMBER OF PERSONS THEY GIVE HERE, THEN MENTION THAT AND ASK IF THEY HAVE LEFT SOMEONE OUT. <ul style="list-style-type: none"> ○ IF THEY HAVE OMITTED SOMEONE, ADD THE PERSON IN THE APPROPRIATE TABLE. 	<p>Number of people: ____</p> <ul style="list-style-type: none"> • INCLUDE everyone who lives or stays here now or will be living or staying here for more than 2 months. • INCLUDE yourself if you are living here or will be living here for more than 2 months. • INCLUDE anyone else staying here who does not have another place to stay, even if they are here for 2 months or less. • INCLUDE any children age 17 or younger who are temporarily living away from home at boarding school or with family or friends but for whom this address is their permanent residence. • INCLUDE any children age 17 or younger who regularly split their time between this address and another parent, grandparents or other family members • INCLUDE any of your children age 18 and over who are away at college but for whom this address is their permanent residence. • INCLUDE anyone that is temporarily away and taking part in subsistence activities (e.g.,

¹ The roster is adapted from the Family Composition Form (Module 36) for the Health Resources and Services Administration (HRSA) *Special Project of National Significance (SPNS) Program Cooperative Agreement Evaluation*, developed by The Measurement Group and the SPNS projects. This section of the roster was used to determine history of children, partners, siblings, parents, and extended family and the HIV status of the respondent's children.

² Question 2 is from the American Community Survey questionnaire.
 HOUSEHOLD SURVEY (Draft v.13 7/14/11)

<p>○ IF THEY JUST GAVE THE WRONG NUMBER HERE, THEN CORRECT IT.</p>	<p>hunting, gathering, fish camp, herding, etc.).</p>
<p>A3. Do you have a spouse/partner?</p>	<p>YES NO Don't know REFUSED</p> <p><i>If YES, continue with question A3a. If NO/DK/REF, skip to question A4. →</i></p>
<p>A3a. Do you and he/she live together?</p>	<p>YES NO Don't know REFUSED</p> <p><i>Continue with question A4.</i></p>
<p>A4. Do you have any children?</p>	<p>YES NO Don't know REFUSED</p> <p><i>If YES, continue with question A4a. If NO/DK/REF, skip to question A6. →</i></p>
<p>A4a. Do any of your children live with you? Please include children of all ages who live here. Include children age 17 or younger who are away temporarily at boarding school or with family or friends but for whom this is their permanent residence, or who regularly split their time between this address and another parent, grandparents, or other family members. Also include children age 18 or over who are away at college but for whom this is their permanent residence.</p>	<p>YES NO Don't know REFUSED</p> <p><i>If YES, continue with question A4b. If NO/DK/REF, skip to question A5. →</i></p>
<p>A4b. If yes, how many of these children live with you?</p>	<p>1 2 3 4 5 or more</p> <p><i>Continue with question A4c.</i></p>
<p>A4c. For each child who <i>lives with you</i>, please tell me his or her gender, age, whether he or she is American Indian or Alaska Native, his or her tribal affiliation, and how long he or she has lived with you. Also, please tell me whether this child splits his/her time between living with you and in another household OR if he/she is away at school. IF CHILD IS AN INFANT (2 YEARS OF AGE OR LESS), THEN INDICATE AGE IN MONTHS. OTHERWISE MARK IN YEARS. IF CHILD HAS BEEN IN RESIDENCE FOR LESS THAN 1 YEAR THEN INDICATE NUMBER OF MONTHS. IF CHILD HAS BEEN IN RESIDENCE FOR 1 ½ YEARS THEN INDICATE 1 YEAR 6 MONTHS. DO NOT ROUND UP. IF CHILD SPLITS TIME WITH THEM AND OTHER FAMILY MEMBER(S), INDICATE YES FOR "SPLIT TIME." PROVIDE OVERALL LENGTH OF TIME WITH THEM. DON'T TAKE OUT PERIODS THEY ARE AWAY. IF CHILD IS AWAY AT SCHOOL, INDICATE YES FOR "AWAY AT SCHOOL." PROVIDE OVERALL LENGTH OF TIME WITH THEM. DON'T TAKE OUT PERIODS THEY ARE AWAY.</p>	

√		Male (M)/ Female (F)	Age DK R	AI/ AN YES NO DK R	If AIAN, what is Tribal affiliation? DK R	Length of time living with you DK R	Split time? YES NO	Away at school? YES NO
						_____ years _____ months		
	Child #1					_____ years _____ months		
	Child #2					_____ years _____ months		
	Child #3					_____ years _____ months		
	Child #4					_____ years _____ months		
	Child #5					_____ years _____ months		
	Child #6					_____ years _____ months		
	Child #7					_____ years _____ months		
	Child #8					_____ years _____ months		

A5. Do you have any grandchildren?	YES NO Don't know REFUSED <i>If YES, continue with question A5a and A5b. If NO/DK/REF, skip to question A6. →</i>
A5a. Do any of your grandchildren live with you? Please include grandchildren above the age 18 and grandchildren age 17 or younger age 17 or younger who are away temporarily at boarding school or with family or friends but for whom this is their permanent residence or who regularly split their time between this address and parents, other grandparents, or other family members.	YES NO Don't know REFUSED
A5b. If yes, how many of these grandchildren live with you?	1 2 3 4 5 or more <i>Continue with question A5c.</i>
A5c. For each grandchild who lives with you, please tell me his or her gender, age, whether he or she is American Indian or Alaska Native, his or her tribal affiliation, and	

how long he or she has lived with you. Also, please tell me whether this grandchild splits his/her time between living with you or another household OR if he/she is away at school.

IF GRANDCHILD IS AN INFANT (2 YEARS OF AGE OR LESS), THEN INDICATE AGE IN MONTHS; OTHERWISE MARK IN YEARS.

IF GRANDCHILD HAS BEEN IN RESIDENCE FOR LESS THAN 1 YEAR THEN INDICATE NUMBER OF MONTHS.

IF GRANDCHILD HAS BEEN IN RESIDENCE FOR 1 1/2 YEARS THEN INDICATE 1 YEAR 6 MONTHS. DO NOT ROUND UP.

IF GRANDCHILD SPLITS TIME WITH THEM AND OTHER FAMILY MEMBER(S), INDICATE YES FOR "SPLIT TIME." PROVIDE OVERALL LENGTH OF TIME WITH THEM. DON'T TAKE OUT PERIODS THEY ARE AWAY.

IF GRANDCHILD IS AWAY AT SCHOOL, INDICATE YES FOR "AWAY AT SCHOOL." PROVIDE OVERALL LENGTH OF TIME WITH THEM. DON'T TAKE OUT PERIODS THEY ARE AWAY.

√		Male (M)/ Female (F)	Age DK R	AI/ AN YES NO DK R	If AI/AN, what is Tribal affiliation? DK R	Length of time living with you DK R	Split time? YES NO	Away at school? YES NO
						_____ years _____ months		
	Grandchild #1					_____ years _____ months		
	Grandchild #2					_____ years _____ months		
	Grandchild #3					_____ years _____ months		
	Grandchild #4					_____ years _____ months		
	Grandchild #5					_____ years _____ months		
	Grandchild #6					_____ years _____ months		
	Grandchild #7					_____ years _____ months		
	Grandchild #8					_____ years _____ months		

A6. Is there anyone else, other than your [spouse/partner, child(ren), and grandchild(ren)] who is related to you by birth or marriage that is living in your household? Include all of the people who usually stay here, but are

YES NO Don't know REFUSED

*If YES, continue with question 6a and 6b.
If NO/DK/REF, skip to question 7. →*

away temporarily, on business trips, vacations, at school, temporarily in a hospital and such.	
A6a. If yes, how many other relatives live in your household?	1 2 3 4 5 or more
<p>A6b. I would like to ask you about the other family member(s) that live(s) here with you. Can you tell me their relationship to you? I would also like to ask how long she or he has been living with you, and whether she or he is a child age 17 or younger. Let's begin with the women and girls and then I will ask about the men and boys.</p> <p><i>INTERVIEWER: Check the box next to the type of relative. If more than one, enter the number in the "If more than 1:" column. If there are multiple relatives (such as sisters), enter the longest time of all the sisters.</i></p> <p>IF RELATIVE IS AN INFANT (2 YEARS OF AGE OR LESS), THEN INDICATE AGE IN MONTHS; OTHERWISE MARK IN YEARS.</p> <p>IF RELATIVE HAS BEEN IN RESIDENCE FOR LESS THAN 1 YEAR THEN INDICATE NUMBER OF MONTHS.</p> <p>IF RELATIVE HAS BEEN IN RESIDENCE FOR 1 1/2 YEARS THEN INDICATE 1 YEAR 6 MONTHS. DO NOT ROUND UP.</p> <p>IF RELATIVE SPLITS TIME WITH THEM AND OTHER FAMILY MEMBER(S), INDICATE YES FOR "SPLIT TIME." PROVIDE OVERALL LENGTH OF TIME WITH THEM. DON'T TAKE OUT PERIODS THEY ARE AWAY.</p> <p>IF RELATIVE IS AWAY AT SCHOOL, INDICATE YES FOR "AWAY AT SCHOOL." PROVIDE OVERALL LENGTH OF TIME WITH THEM. DON'T TAKE OUT PERIODS THEY ARE AWAY.</p>	

√	Relationship	If more than 1:	Is this person(s) age 17 or younger?	Length of time living with you	Split time?	Away at school?
			YES NO DK R	DK R	YES NO	YES NO
	Mother	NA		_____ years _____ months		
	Grandmother			_____ years _____ months		
	Sister			_____ years _____ months		
	Aunt			_____ years _____ months		
	Cousin (female)			_____ years _____ months		
	Niece			_____ years _____ months		

Foster daughter			<u> </u> <u> </u> years months		
Mother-in-law			<u> </u> <u> </u> years months		
Sister-in-law			<u> </u> <u> </u> years months		
Other female relative (SPECIFY):			<u> </u> <u> </u> years months		
Father			<u> </u> <u> </u> years months		
Grandfather			<u> </u> <u> </u> years months		
Brother			<u> </u> <u> </u> years months		
Uncle			<u> </u> <u> </u> years months		
Cousin (male)			<u> </u> <u> </u> years months		
Nephew			<u> </u> <u> </u> years months		
Foster son			<u> </u> <u> </u> years months		
Father-in-law			<u> </u> <u> </u> years months		
Brother-in-law			<u> </u> <u> </u> years months		
Other male relative (SPECIFY):			<u> </u> <u> </u> years months		
Other (SPECIFY):			<u> </u> <u> </u> years months		
Other (SPECIFY):			<u> </u> <u> </u> years months		

A7. Is there anyone else, <i>unrelated</i> to you by birth or marriage, living in your household?	YES NO Don't know REFUSED <i>If YES, continue with question A7a and A7b.</i> <i>If NO/DK/REF, skip to question A8. →</i>
A7a. If yes, how many persons that are not related to you live in your household?	1 2 3 4 5 or more

A7b. Can you tell me this person's relationship to you? I would also like to ask how long she or he has been living with you, and whether she or he is a child age 17 or younger. IF THEY SAY THEY ARE A RELATIVE, THEN ENTER THAT PERSON IN TABLE A6b ABOVE FOR RELATIVES. ALSO, CHANGE THE RESPONSE TO QUESTION A6 (IF NECESSARY), AND CHANGE THE NUMBER IN A6a. IF NOT A RELATIVE, CONTINUE.

INTERVIEWER: Check the box next to the type of relationship. If more than one, enter the number next to the person identified.

IF PERSON IS AN INFANT (2 YEARS OF AGE OR LESS), THEN INDICATE AGE IN MONTHS; OTHERWISE MARK IN YEARS.

IF PERSON HAS BEEN IN RESIDENCE FOR LESS THAN 1 YEAR THEN INDICATE NUMBER OF MONTHS.

IF PERSON HAS BEEN IN RESIDENCE FOR 1 1/2 YEARS THEN INDICATE 1 YEAR 6 MONTHS. DO NOT ROUND UP.

IF PERSON SPLITS TIME WITH THEM AND OTHER FAMILY MEMBER(S), INDICATE YES FOR "SPLIT TIME." PROVIDE OVERALL LENGTH OF TIME WITH THEM. DON'T TAKE OUT PERIODS THEY ARE AWAY.

IF PERSON IS AWAY AT SCHOOL, INDICATE YES FOR "AWAY AT SCHOOL." PROVIDE OVERALL LENGTH OF TIME WITH THEM. DON'T TAKE OUT PERIODS THEY ARE AWAY.

√	Relationship	If more than 1:	Is this person(s) age 17 or younger? YES NO DK R	Length of time living with you DK R	Split time? YES NO	Away at school? YES NO
	Friend			____ ____ years months		
	Foster child			____ ____ years months		
	Boarder			____ ____ years months		
	Roommate			____ ____ years months		
	Landlord			____ ____ years months		
	Other (SPECIFY):			____ ____ years months		

Other (SPECIFY):				_____	_____		
				years	months		
Other (SPECIFY):				_____	_____		
				years	months		

A8. In your opinion, are there more people staying here than can live comfortably in this unit?	YES	NO	Don't know	REFUSED			
A9. Of all the people who are living here, is anyone living with you because they had to leave where they were living and had no other place to stay?	YES	NO	Don't know	REFUSED			
	<i>If YES, ask question A10. If NO, skip to next section. → If DON'T KNOW or REFUSED ask A10.</i>						
A10. Would any of these people move to a separate house or apartment if they could?	YES	NO	Don't know	REFUSED			
	<i>If YES, continue with question A10a. If NO/DK/REF, skip to next section. →</i>						
A10a. Which ones? INDICATE THE PERSON ON THE LIST. FOR EACH PERSON IDENTIFIED, ASK QUESTION A10b, GIVE THE RESPONDENT SHOWCARD X AND RECORD THE RESPONSE.	A10b. Are any of them currently looking for housing? <i>If YES, continue with question A10c. If NO/DK/REF, skip to question A11.</i>			A10c. If yes, do they expect to move within the next 60 days?			
	YES	NO	DK	R			
Child(ren):							
Grandchild(ren):							
Relative(s):							
Non-relative(s):							
A11. Of the people who you mentioned, let's see, that would be [MENTION ALL THE PERSONS NOTED ABOVE], what is the most important factor preventing each of them from moving into their own house or apartment at this time? RECORD ONE RESPONSE ONLY FOR EACH PERSON.							
	Factor preventing each person from moving						
Relationship	No housing available in this area	Can't afford own housing	Waiting for a subsidized unit/on waiting list	No safe places to live available in this area	Other (SPECIFY)	Don't Know	Refused
Children							
Child 1							
Child 2							

	Child 3							
	Grandchildren							
	Grandchild 1							
	Grandchild 2							
	Grandchild 3							
	Relatives							
	Female (Specify):							
	Female (Specify):							
	Male (Specify):							
	Male (Specify):							
	Non-relative household member							
	Friend							
	Foster child							
	Boarder							
	Roommate							
	Landlord							
	Other (Specify)							
	Other (Specify):							

B. HOUSING UNIT CHARACTERISTICS AND CONDITIONS³

INTERVIEWER READ: Now I would like to ask some questions about the house/apartment that you live in to get a better understanding about the features of this unit. I will ask you some questions about the rooms, cooking and food storage, electricity, heat, water, and septic systems.

TYPE AND NUMBER OF ROOMS	
B1	How many rooms are there in this house/apartment, not counting bathrooms and hallways? # rooms _____
B2	BEDRMS (p 60) How many bedrooms are there in your house/apartment? 0 1 2 3 4 5 6 7 8 9 Enter 10 for 10 or more
B2a	Are any other rooms in your house/apartment used at night for people to sleep in? YES NO Don't know REFUSED <i>If YES, continue with B2b.</i> <i>If NO, go to B3.</i>
B2b	IF YES Which rooms? (SPECIFY) _____
B3	BATHS (p 60) How many full bathrooms? <i>A full bathroom includes a toilet, sink, bathtub and/or shower.</i> 0 1 2 3 4 5 6 7 8 9 Enter 10 for 10 or more
B4	HALFB (p 60) How many half bathrooms? <i>A half bathroom includes a toilet and sink.</i> 0 1 2 3 4 5 6 7 8 9 Enter 10 for 10 or more

COOKING AND FOOD STORAGE	
B5	Are your main cooking facilities inside this unit or outside? <input type="checkbox"/> Inside unit <input type="checkbox"/> Outside unit <input type="checkbox"/> No cooking facilities <i>If INSIDE UNIT, continue with B6</i> <i>If OUTSIDE UNIT or NO COOKING FACILITIES, skip to question B10</i>
B6	COOKQ (p 71) Does your house/apartment have some type of cooking stove, or a range with an oven—one that is in working order? YES NO Don't know REFUSED
B7	BURNERQ Does your house/apartment have any built-in cooking burners that are in working order? YES NO Don't know REFUSED

³ All questions in this module are derived from the American Housing Survey. Variable names are given as noted and will be used to analyze adequacy of housing per HUD's Worst Case Housing Needs algorithm. The page number next to the variable pertains to the page number in the 2009 Instrument Items Booklet that lists all questions and items in the AHS survey instrument (there is no paper version of the AHS questionnaire as it is a computer-assisted telephone interview). Questions related to the Interior Conditions are included in this section and were moved from the Enumerator Observations in the 1996 instrument. The topical order was adapted from the 1996 version to allow for a more conversational flow and to address cooking facilities, electricity, and heat first and to introduce more personal topics such as use of water and facilities for bathing later in the interview.

B8	OVENQ (p 72) Does your house/apartment have a microwave oven that is in working order?	YES	NO	Don't know	REFUSED
B9	CFUELQ (p 72) What fuel is used MOST for cooking—electricity, gas, or something else?	<input type="checkbox"/> Electricity <input type="checkbox"/> Gas or liquid propane <input type="checkbox"/> Kerosene or other liquid fuel <input type="checkbox"/> Coal or coke <input type="checkbox"/> Wood <input type="checkbox"/> Other (SPECIFY): _____ <input type="checkbox"/> No fuel used			
B10	REFQ (p 73) Does your house/apartment have a refrigerator that is in working order?	YES	NO	Don't know	REFUSED
B11	SINKQ Does your house/apartment have a kitchen sink?	YES	NO	Don't know	REFUSED

ELECTRICITY					
B12	Is your house connected to the electric grid, or do you receive your electricity another way (e.g., generator, extension cord to someone else's house)?	<input type="checkbox"/> Electric grid <input type="checkbox"/> Another way <input type="checkbox"/> Don't have electricity <input type="checkbox"/> Don't know <input type="checkbox"/> Refused <p><i>If "Electric grid", continue with question B13. If "Another way," skip to question B14. If "Don't have electricity," skip to B20.</i></p>			
B13	BUYE2 Do you pay separately for electricity?	<input type="checkbox"/> Yes <input type="checkbox"/> No, included in rent, condo fee or other charges <p><i>Continue with question B15</i></p>			
B14	How do you obtain electricity?	<input type="checkbox"/> By extension cord from another source <input type="checkbox"/> Through a generator <input type="checkbox"/> Other (SPECIFY): _____ <p><i>Skip to HEATING section question B20 -></i></p>			
B15	NOWIRE1Q (p 99) Is all the electrical wiring in the finished areas of your house/apartment concealed in the walls?	<input type="checkbox"/> Yes, wiring concealed <input type="checkbox"/> No, wiring not concealed or not covered <input type="checkbox"/> No electrical wiring			
B16	NOWIRE1Q (p 99) Is the electrical wiring safely contained in protective or metal or plastic coverings? (Exclude appliance cords, extension cords,	YES	NO	Don't know	REFUSED

	chandelier cords, phone, antenna, cable TV wires, etc.).	
B17	PLUG SV (p 100) Does every room have an electrical outlet or wall plug that works?	YES NO Don't know REFUSED
B18	IFBLOW (p 100) Have any fuses blown or circuit breakers tripped in the past three months?	YES NO Don't know REFUSED <i>If YES, continue with B19. If NO/DK/REF, skip to B20.</i>
B19	NUMBLOW (p 100) How many times?	1 2 3 4 5 6 7 Enter 8 for 8 or more

HEAT		
B20	HEQUIP = Main heating equipment What is the main source of heat for this unit?	<input type="checkbox"/> Forced warm-air furnace with ducts and vents to individual rooms <input type="checkbox"/> Steam or hot water system with radiators OR other system using steam or hot water <input type="checkbox"/> Electric heat pump <input type="checkbox"/> Built-in electric baseboard heating or electric coils in floors, ceilings, or walls <input type="checkbox"/> Floor, wall, or other pipeless furnace built into the building <input type="checkbox"/> VENTED room heaters burning kerosene, gas, or oil <input type="checkbox"/> UNVENTED room heaters burning kerosene, gas, or oil <input type="checkbox"/> Portable electric heaters <input type="checkbox"/> Woodburning stove, pot belly stove, Franklin stove <input type="checkbox"/> Fireplace WITH inserts <input type="checkbox"/> Fireplace WITHOUT inserts <input type="checkbox"/> Other heating equipment <input type="checkbox"/> No heating equipment <input type="checkbox"/> Cooking stove (gas or electric) <input type="checkbox"/> Not applicable
B21	HFUELA (pp 84-85) What fuel is used MOST for heating your house/apartment?	<input type="checkbox"/> Electricity <input type="checkbox"/> Gas or liquid propane <input type="checkbox"/> Fuel oil <input type="checkbox"/> Kerosene or other liquid fuel <input type="checkbox"/> Coal or coke <input type="checkbox"/> Wood <input type="checkbox"/> Solar energy <input type="checkbox"/> Other (SPECIFY): _____ <input type="checkbox"/> None
B22	HCENTA (p 86) Sometimes people have more than	YES NO Don't know REFUSED

	one type of heating equipment in their house/apartment. Turning first to questions about your MAIN heating equipment: Is your heating equipment designed to send heat to all or most of the rooms?	<i>If YES, continue with question 23 If NO/DK/REF, skip to question 24.</i>
B23	HCENTB (p 86) How does it send heat to the rooms?	<input type="checkbox"/> Forced air through ducts and vents <input type="checkbox"/> Steam or hot water through radiators or pipes <input type="checkbox"/> Electric coils inside the floors, ceilings or walls <input type="checkbox"/> Some other way
B24	What is the secondary source of heating for your house/apartment?	<input type="checkbox"/> Forced warm-air furnace with ducts and vents to individual rooms <input type="checkbox"/> Steam or hot water system with radiators OR other system using steam or hot water <input type="checkbox"/> Electric heat pump <input type="checkbox"/> Built-in electric baseboard heating or electric coils in floors, ceilings, or walls <input type="checkbox"/> Floor, wall, or other pipeless furnace built into the building <input type="checkbox"/> VENTED room heaters burning kerosene, gas, or oil <input type="checkbox"/> UNVENTED room heaters burning kerosene, gas, or oil <input type="checkbox"/> Portable electric heaters <input type="checkbox"/> Woodburning stove, pot belly stove, Franklin stove <input type="checkbox"/> Fireplace WITH inserts <input type="checkbox"/> Fireplace WITHOUT inserts <input type="checkbox"/> Other heating equipment <input type="checkbox"/> No heating equipment <input type="checkbox"/> Cooking stove (gas or electric) <input type="checkbox"/> Not applicable <input type="checkbox"/> Do not have secondary source of heating
B25	The next series of questions are about problems that some people have experienced with their homes. We are interested if you have experienced these types of problems too. FREEZEQ (p94) Last winter for any reason was your house/apartment so cold for 24 hours or more that you were uncomfortable?	YES NO Don't know REFUSED <i>If YES, continue with question B26 If NO/DK/REF, skip to question B30.</i>
B26	IFCOLD (p 94) Was that because the MAIN heating equipment broke down?	YES NO Don't know REFUSED <i>If NO, skip to B28</i>

B27	NUMCOLD (p95) How many times did the MAIN heating equipment break down for 6 hours or more last winter?	1 2 3 4 5 6 7 Enter 8 for 8 or more
B28	OTHCOLD (p 95) Was it cold for any other reason?	YES NO Don't know REFUSED <i>If NO, DK or REFUSED, skip to B30</i>
B29	OTHCOLD (p 95) What was the reason?	Enter all that apply: <input type="checkbox"/> Utility interruption <input type="checkbox"/> Inadequate heating supply <input type="checkbox"/> Inadequate insulation <input type="checkbox"/> Cost of heating <input type="checkbox"/> Other (SPECIFY): _____

WATER 4		
B30	We would like to know about the <i>primary</i> source of water that you use. WATERQ (p 82) Does most of the water for your house/apartment come from a water system, either public or private, from an individual well, or from some other source?	<input type="checkbox"/> Public or private water system (includes city water) <input type="checkbox"/> Individual well <input type="checkbox"/> Spring <input type="checkbox"/> Cistern <input type="checkbox"/> Stream or lake <input type="checkbox"/> Commercial bottled water <input type="checkbox"/> Other (SPECIFY): _____
B31	WATERS (P 84) In your opinion, is the water from this [water source from B30] safe for cooking and drinking?	YES NO Don't know REFUSED
B32	HOTPIP (P 79) Is there both hot and cold running water anywhere in your house/apartment?	YES NO Don't know REFUSED
B33a	Do you use [water source from B 30] this water for drinking?	YES NO Don't know REFUSED <i>If YES, continue with question B 34a</i> <i>If NO go to question B33b</i>
B33b	How do you obtain water for drinking?	<input type="checkbox"/> Haul water <input type="checkbox"/> Have water trucked in <input type="checkbox"/> Link a hose to another dwelling <input type="checkbox"/> Bottle water at source <input type="checkbox"/> Other (SPECIFY): _____

B34a	Do you use this water for cooking?	YES NO Don't know REFUSED <i>If YES, continue with question B35a If NO go to question B34b</i>
B34b	How do you obtain water for cooking?	<input type="checkbox"/> Haul water <input type="checkbox"/> Have water trucked in <input type="checkbox"/> Link a hose to another dwelling <input type="checkbox"/> Bottle water at source <input type="checkbox"/> Other (SPECIFY): _____
B35a	Do you use this water for bathing?	YES NO Don't know REFUSED <i>If YES, continue with question B36a If NO go to question B35b</i>
B35b	How do you obtain water for bathing?	<input type="checkbox"/> Haul water <input type="checkbox"/> Have water trucked in <input type="checkbox"/> Link a hose to another dwelling <input type="checkbox"/> Bottle water at source <input type="checkbox"/> Other (SPECIFY): _____
B36a	Do you use this water for cleaning?	YES NO Don't know REFUSED <i>If YES, continue with question 37a If NO go to question 36b</i>
B36b	How do you obtain water for cleaning?	<input type="checkbox"/> Haul water <input type="checkbox"/> Have water trucked in <input type="checkbox"/> Link a hose to another dwelling <input type="checkbox"/> Bottle water at source <input type="checkbox"/> Other (SPECIFY): _____
B37a	The next questions are about water leaks, either from OUTSIDE your house/apartment or from INSIDE. LEAK1 (p96) While you have been living here, did water ever leak INTO your house/apartment directly FROM THE OUTSIDE, for example through the roof, outside walls, basement or any closed windows or skylights? ⁵ Does water leak into this house/apartment from the outside?	<input type="checkbox"/> Yes <input type="checkbox"/> No outside water leaks <input type="checkbox"/> Don't know <input type="checkbox"/> REFUSED <i>If YES, continue with question B37b If NO go to question B38a</i>
37b	LEAK2 (p 96) Did water leak in from the outside within the past 12 months, that is, since [date]?	YES NO Don't know REFUSED

⁵ May wish to consider the *quantity* of water that leaks as well (minor or major).

B37c	WHERELK (p97) Did the water come in from...?	<input type="checkbox"/> Roof <input type="checkbox"/> Basement <input type="checkbox"/> Walls or around closed windows or closed doors <input type="checkbox"/> Somewhere else (SPECIFY): _____
B38a	ILEAK1 (p97) Now about water leaks from INSIDE. Since you've lived here, did water leak in from broken pipes or water heaters, backed up plumbing, or on the ceiling, walls, or floor with water that came from another unit?	YES NO Don't know REFUSED <i>If YES, continue with question 38b</i> <i>If NO go to question 39</i>
B38b	ILEAK2 Did any inside water leaks happen within the past 12 months, that is since [date]?	YES NO Don't know REFUSED
B38c	WHERELK2 (p 98) Where did the water come from?	<input type="checkbox"/> Own plumbing fixtures backed up and/or overflowed <input type="checkbox"/> Pipes leaked (include pipe leaks from other apartments) <input type="checkbox"/> Broken water heater <input type="checkbox"/> Other (SPECIFY): _____ <input type="checkbox"/> Unknown

SEPTIC		
B39	PUBSEWQ (p 77) Is your house/apartment connected to a public sewer?	YES NO Don't know REFUSED <i>If Yes, skip to B41</i>
B40	SEWDISQ (p 78) What means of sewage disposal does your house/apartment have?	<input type="checkbox"/> Septic tank <input type="checkbox"/> Cesspool <input type="checkbox"/> Chemical toilet <input type="checkbox"/> Outhouse or privy <input type="checkbox"/> Don't know <input type="checkbox"/> Other (SPECIFY): _____ <input type="checkbox"/> None
B41	IFSEW (p98) Did the sewage system break down in the past three months?	YES NO Don't know REFUSED <i>If NO, DK OR REFUSED, SKIP TO B44</i>
B42	How many of these breakdowns lasted 6 hours or more?	1 2 3 4 5 6 7 Enter 8 for 8 or more
B43	Have you had any of the following problems with the septic system during the last 6 months:	<input type="checkbox"/> Back-ups <input type="checkbox"/> Surfacing sewage <input type="checkbox"/> Septic tank collapse <input type="checkbox"/> Drain field failed

	<input type="checkbox"/> Blocked lines <input type="checkbox"/> Frequent pumping required <input type="checkbox"/> Smell/stench
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B44	TOILETP (p 80) ⁶ Is there a flush toilet anywhere in your house/apartment?	YES NO Don't know REFUSED <i>If YES, continue with B44a</i> <i>If NO, go to B45.</i>
B44a	Were there any times during the last three months when the/all the flush toilet(s) in your house/apartment were broken down or backed up for 6 hours or more?	YES NO Don't know REFUSED
B45	If NO , what type of toilet does this unit have?	<input type="checkbox"/> Chemical toilet <input type="checkbox"/> Outhouse/privy <input type="checkbox"/> Other (SPECIFY): _____
B46	IF RESPONDENT INDICATED THE HOUSE/APARTMENT HAS A FULL BATH IN B3, ASK: Earlier you said that you have a full bath. TUB1 (p 79) Does the full bath contain a bathtub or a shower?	YES NO Don't know REFUSED
B47	SHARPF (p 81) Some people live in neighborhoods where some of the houses don't have complete plumbing facilities. So, they must use other people's bathrooms. Does anyone not living in your home, not counting guests or workers, regularly use your plumbing or bathroom?	YES NO Don't know REFUSED

⁶ NUMTLT variable is needed for the Adequacy of Housing analysis but is not found in the 2009 Instrument Items Booklet, thus TOILETP in B44 may be suggested to serve as a proxy variable.

INTERIOR CONDITION ⁷			
B48	VISIBLE HOLES IN FLOOR HOLES (p 100) How about the floors in your house/apartment, are there any holes in the floors big enough for someone to catch their foot on?	YES	NO Don't know REFUSED
B49	HOLES OR OPEN CRACKS IN WALLS OR CEILING CRACKS (p 100) People sometimes have problems with cracks or holes in the floors, walls, or ceilings, not hairline cracks or nail holes, but OPEN cracks or holes. In the INSIDE walls or ceilings of your house/apartment, are there any OPEN HOLES or CRACKS WIDER THAN THE EDGE OF A DIME?	YES	NO Don't know REFUSED
B50	PEELING PAINT BIGP1 (p 101) Does the inside of your house/apartment have any areas of peeling paint or broken plaster?	YES	NO Don't know REFUSED
B51	BIGP2 (p 101) Are any of these areas bigger than 8 X 11 inches? (PROMPT: That would be about the size of this piece of paper [indicate questionnaire].)	YES	NO Don't know REFUSED
B52	SIGNS OF RATS (OR OTHER VERMIN) EVROD (p 101) Have you ever seen signs of mice or rats INSIDE your house/apartment?	YES	NO Don't know REFUSED

C. SATISFACTION WITH HOUSING⁸

INTERVIEWER READ: Now that you have described the features of the house/apartment, I would like to ask you some questions about your satisfaction with this housing unit.

HOUSING QUALITY	
C1	Overall, how would you rate your satisfaction with the house/apartment you live in? Please tell me using a scale of 1-5 scale where 1 is very dissatisfied and 5 is very satisfied.
	<input type="checkbox"/> Very dissatisfied <input type="checkbox"/> Dissatisfied <input type="checkbox"/> Neither dissatisfied nor satisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Very satisfied <i>If respondent indicates VERY</i>

⁷ Exposed wiring is addressed in question B15.

⁸ The wording of the questions 1 and 2 were changed slightly from the 1996 Household Survey and the scaled response sets were simplified. Questions 3 and 4 were adapted from the original survey question to address positive and negative features independently. SHOWCARDS were introduced for these questions to facilitate response.

		<p>DISSATISFIED or DISSATISFIED, continue with C1a.</p> <p>If respondent is NEITHER DISSATISFIED NOR SATISFIED, SATISFIED, or VERY SATISFIED, skip to questions C2.</p>
C1a	Why are you dissatisfied? What features of your house/apartment are you dissatisfied with?	Record verbatim response: OPEN END
C2	Do you think the overall physical condition of this house/apartment is unacceptable, acceptable, or excellent? Please choose one response.	<input type="checkbox"/> Unacceptable <input type="checkbox"/> Acceptable <input type="checkbox"/> Excellent <p>If respondent indicates EXCELLENT, go to D1. If respondent indicates UNACCEPTABLE OR ACCEPTABLE, continue with C2a.</p>
C2a	Why do you say that? What problems are there with the physical condition of your house/apartment?	Record verbatim response: OPEN END

D. CULTURALLY-RESPONSIVE HOUSING

INTERVIEWER READ: Next I am going to ask you some questions about your housing preferences.

D1	Thinking about this house/apartment, can you tell me if each of the following features of your home reflects tribal culture and practices? I am going to read each feature aloud to you.				
		Yes Please explain.	No Please explain.	Don't Know	Refused
D1a	Exterior appearance				
D1b	Architectural design				
D1c	Floor plan or arrangement of rooms (for example, interior layout of the unit, entry to the unit)				
D1d	Number and type of rooms, for example, for weaving; crafts; sewing; tools; curing or storing meat, fish, berries; activities; family gatherings; ceremonies; places for children to study; rooms for extended family, etc.				
D1e	Relationship to the land, for example, how it sits on the land, location of the door(s), lot size, etc.				
D2	In your opinion, is the tribal housing office doing anything to make new homes or rehabbed/renovated homes more culturally compatible?	Yes Please explain.	No Please explain.	Don't Know	Refused
D3	In general, does the design of housing in your community take into consideration cultural values or practices?	Yes Please explain.	No Please explain.	Don't Know	Refused
D4	If you could choose your housing, which would you prefer? Please choose one. ⁹	<input type="checkbox"/> An apartment for rent <input type="checkbox"/> Duplex/townhome for rent <input type="checkbox"/> Single-family house for rent <input type="checkbox"/> Duplex/townhome for purchase <input type="checkbox"/> Single-family house for purchase <input type="checkbox"/> Manufactured housing/mobile home for rent <input type="checkbox"/> Manufactured housing/mobile home for purchase			

⁹ Project-developed question adapted from the North Dakota Statewide Housing Needs Assessment 2004.

E. NEEDED SERVICES AND AMENITIES

INTERVIEWER READ: I would like to ask you about needed services and amenities in your community.

NEEDED SERVICES/AMENITIES IN YOUR COMMUNITY	
E1	<p>Here is a list of services and amenities that are thought of as important for a community. Please look at the list and tell me which five services or amenities are most needed in your community.</p> <p><i>Interviewer: Hand the respondent SHOWCARD X with the list of responses. Mark five choices.</i></p>
	Convenience store
	Grocery store (small/large/supermarket) – a store with a full range of fresh and frozen products)
	Gas station
	Bank or credit union
	Medical/health care services
	Dental care
	Mental health counseling and care
	Substance abuse treatment and care
	Laundromat
	Early childhood education/preschool programs
	Primary school (K-8)
	Secondary school (9-12)
	Child care center
	Legal services/assistance
	After-school programs
	Community college (tribal or non-tribal) or other adult education
	Parks or playgrounds
	A recreation or community center
	A library
	Job placement and training services
	Social service office to sign up for/receive benefits (e.g., welfare, social security, disability)
	Emergency assistance (rent, utilities, shelter)
	Food bank/meal assistance/commodities
	Help finding affordable housing
	Public safety/law enforcement patrols
	Tribal government offices
E2	<p>Are there any other amenities or services that are most needed in your community but aren't on this list? OPEN END.</p>

F. PREFERENCES FOR HOMEOWNERSHIP

INTERVIEWER READ: Some people own their houses or apartments and other people rent them. I would like to ask you some questions about your preferences for owning or renting. I will also ask if you have concerns about potential sale, foreclosure, eviction or evacuation in the near future.

F1	Do you own this home or apartment or are you buying this home or apartment with a lease/purchase or similar plan?	<input type="checkbox"/> Own Continue with F4 Owners <input type="checkbox"/> Buying on lease/purchase Continue with F4 Owners <input type="checkbox"/> Neither Ask question F2
F2	Do you rent or live for free in this house/apartment?	<input type="checkbox"/> Rent Skip to F9 Renters <input type="checkbox"/> Live for free Ask question F3
F3	If live for free: Who owns it?	<input type="checkbox"/> Parent(s) <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Other family member (SPECIFY): _____ <input type="checkbox"/> Friend <input type="checkbox"/> Other (SPECIFY): _____ <p style="text-align: center;">Skip to F8</p>

FOR OWNERS ONLY		
F4	What is the ownership status of the land that your house or unit is on?	<input type="checkbox"/> Privately owned, non-trust land <input type="checkbox"/> Allotment land (individual trust land) <input type="checkbox"/> Land owned by the tribe (whether in trust or not) <input type="checkbox"/> Don't know <input type="checkbox"/> Other (SPECIFY): _____
F5	Are you in a home that was built or subsidized by the tribe, HUD, BIA or some other government agency?	YES NO Don't know REFUSED
F6	Do you currently have a mortgage on your property?	YES NO Don't know REFUSED
F7	Have you ever applied for a mortgage and had your application denied?	YES NO Don't know REFUSED <p style="text-align: center;">If YES, go to question F7a. If NO, go to question F8.</p>
F7a	Why was your mortgage application denied? Please tell me the reasons. <p style="text-align: center;">Continue with question F8.</p>	<input type="checkbox"/> Didn't have a sufficient down payment <input type="checkbox"/> Don't make enough money to pay the mortgage <input type="checkbox"/> Don't have a job <input type="checkbox"/> Don't have a long/good job history <input type="checkbox"/> My credit score was too low/didn't have a credit history <input type="checkbox"/> Too much debt (credit cards, student loans, medical/health care costs) <input type="checkbox"/> There were issues about the title to the land or property rights <input type="checkbox"/> I felt I was discriminated against because I am

		<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Other (SPECIFY): _____
F8	Would you prefer to rent your home rather than owning?	<input type="checkbox"/> I would prefer to rent <input type="checkbox"/> I would prefer to own <input type="checkbox"/> Don't know <input type="checkbox"/> REFUSED <p style="text-align: center;"><i>If "rent", continue with F8a. If "own", go to F11.</i></p>
F8a	Why would you rather rent? MARK ALL THAT APPLY	<input type="checkbox"/> Less expensive than buying/can't afford to buy <input type="checkbox"/> Less responsibility/less risk/don't have to worry about maintenance <input type="checkbox"/> Can move when I want/can be more flexible <input type="checkbox"/> The market is too poor right now <input type="checkbox"/> It is easier <input type="checkbox"/> Don't have to worry about losing value <input type="checkbox"/> Live on a fixed income <input type="checkbox"/> Can't afford down payment <input type="checkbox"/> Some other reason (SPECIFY): _____ <input type="checkbox"/> None <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <p style="text-align: center;"><i>Skip to F13.</i></p>

FOR RENTERS ONLY		YES	NO	Don't know	REFUSED
F9	Have you ever applied for a mortgage and had your application denied?				
		<i>If YES, go to question F9a. If NO, go to question F10.</i>			
F9a	Why was your mortgage application denied? Please tell me the reasons. <i>Continue with question F10.</i>	<input type="checkbox"/> Didn't have a sufficient down payment <input type="checkbox"/> Don't make enough money to pay the mortgage <input type="checkbox"/> Don't have a job <input type="checkbox"/> Don't have a long/good job history <input type="checkbox"/> My credit score was too low/didn't have a credit history <input type="checkbox"/> Too much debt (credit cards, student loans, medical/health care costs) <input type="checkbox"/> There were issues about the title to the land or property rights <input type="checkbox"/> I felt I was discriminated against because I am American Indian/Alaska Native <input type="checkbox"/> Other (SPECIFY): _____			
F10	Would you prefer to own your own home rather than renting?	<input type="checkbox"/> I would prefer to own <input type="checkbox"/> I would rather rent <input type="checkbox"/> Don't know <input type="checkbox"/> REFUSED			

		<p><i>If "own", go to F11.</i> <i>If "rent", continue with F10a.</i></p>
F10a	<p>Why would you rather rent? MARK ALL THAT APPLY</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Less expensive than buying/can't afford to buy <input type="checkbox"/> Less responsibility/less risk/don't have to worry about maintenance <input type="checkbox"/> Can move when I want/can be more flexible <input type="checkbox"/> The market is too poor right now <input type="checkbox"/> It is easier <input type="checkbox"/> Don't have to worry about losing value <input type="checkbox"/> Live on a fixed income <input type="checkbox"/> Can't afford down payment <input type="checkbox"/> Some other reason (SPECIFY): _____ <input type="checkbox"/> None <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <p><i>Continue to F11.</i></p>

F11	<p>ASK PEOPLE WHO SAID THEY WOULD PREFER TO OWN: Sometimes people find it hard to buy their own home. Here's a list of barriers that prevent people from buying their own home. Please take a look and tell me if any of these reasons apply to you.</p> <p><i>Interviewer: Hand the respondent SHOWCARD X with the list of responses.</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Can't save enough for a house/can't afford down payment (down payment) <input type="checkbox"/> Can't afford the monthly mortgage payment <input type="checkbox"/> Can't find a mortgage lender in the area <input type="checkbox"/> Can't resolve land rights (property rights) <input type="checkbox"/> Don't have collateral to get a loan because my land is held in trust <input type="checkbox"/> Don't have a job <input type="checkbox"/> Don't have a long/good job history <input type="checkbox"/> My credit score was too low/didn't have a credit history <input type="checkbox"/> Too much debt (credit cards, student loans, medical/health care costs) <input type="checkbox"/> No houses available in a location I want to live <input type="checkbox"/> No affordable houses in my area <input type="checkbox"/> No houses are available for sale or being built that are suitable for me/my family <input type="checkbox"/> Don't know how to buy a home/unfamiliar with loan application process, lending terms, or real estate transactions <input type="checkbox"/> Lenders are more likely to deny applications from American Indian/Alaska Native
F12	<p>Are there any other reasons that you may have found it hard to buy your own home?</p>	<p>Specify: OPEN END</p>

F13	Would you be willing to contribute your own labor or that of a family member to build your house if that made it possible to own your own home?	YES	NO	Don't know	REFUSED
F14	Have you ever taken a home buyer education class or training? <small>10</small>	YES	NO	Don't know	REFUSED

Continue with F15.

POTENTIAL SALE, FORECLOSURE, EVICTION OR EVACUATION ¹¹					
F15. Can you tell me if any of the following circumstances apply to you?					
ASK HOMEOWNERS QUESTIONS 15a and 15b.					
ASK RENTERS QUESTIONS 15c, 15d, 15e, and 15f.					
F15a	You plan to sell your home in the next year or two because you can't afford the mortgage payments or need the money that you have in your home.	YES	NO	NA	Don't know REFUSED
F15b	Your home is in foreclosure or you expect it to go into foreclosure within the next 60 days. <i>If R is homeowner, skip to G1.</i>	YES	NO	NA	Don't know REFUSED
F15c	You expect to be evicted from your home within the next 60 days.	YES	NO	NA	Don't know REFUSED
F15d	[If living in subsidized unit] You expect to be asked to move because you are behind on your payments.	YES	NO	NA	Don't know REFUSED
F15e	You will be asked to leave your home in the next 60 days so that someone else can move in.	YES	NO	NA	Don't know REFUSED
F15f	You will have to leave your home in the next 60 days because this residence will be demolished.	YES	NO	NA	Don't know REFUSED

¹⁰ Project-developed question

¹¹ Project developed question

LIVING ON INDIAN LAND

(Reservations, native villages, or tribal service areas - OK only)

INTERVIEWER READ: Now that you have described your preferences for homeownership or renting, I would like to ask you a few questions about why you choose to live on the reservation/native village/tribal service area (OK only).

G1		I am going to list some reasons people may have for living on this reservation/native village/tribal service area (OK only). How important are these reasons to you? <i>Interviewer: Hand the respondent SHOWCARD X with the list of responses.</i>					
		Not important	Important	Very important	NA	DK	REF
G1a	Makes it easy to be an active member of the tribe/community						
G1b	Family and friends are all here						
G1c	Have always lived here						
G1d	Sustaining traditional way of life						
G1e	Avoiding discrimination/harassment						
G1f	Access to job or business opportunity						
G1g	Access to HUD or BIA housing assistance						
G1h	Access to health care						
G1j	Access to other subsidies/assistance						
G1k	Is there any important reason I missed? (SPECIFY: _____)						
G2	Have you ever lived off the reservation/native village or outside the tribal service area (OK only)?	YES	NO	Don't know	REFUSED		
G2a	How long ago was that?	<input type="checkbox"/> Within the last 2 years <input type="checkbox"/> More than 2 years ago					
G3	Do members of your immediate or extended family live outside the boundaries of the reservation/native village or tribal service area (OK only)?	YES	NO	Don't know	REFUSED		
G4	Do you plan to live off the reservation/outside the native village or tribal service area in the next year or two?	YES	NO	Don't know	REFUSED		

<p>G5a</p>	<p>What are the major problems that you experience living on Indian Land?</p> <p><i>Interviewer: Hand the respondent SHOWCARD X with the list of responses. Mark all that apply.</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Limited access to jobs or business opportunities <input type="checkbox"/> Closed environment <input type="checkbox"/> Tribal and family politics <input type="checkbox"/> Difficulty accessing services (child care, job training, shopping, recreation) <input type="checkbox"/> Limited access to health care <input type="checkbox"/> Limited choice of schools for children <input type="checkbox"/> Limited access to tribal or state colleges <input type="checkbox"/> Shortage of affordable housing <input type="checkbox"/> Limited supply of housing available <input type="checkbox"/> Poor housing quality <input type="checkbox"/> Difficulty obtaining a mortgage <input type="checkbox"/> Crime and safety concerns <input type="checkbox"/> Presence of gangs <input type="checkbox"/> Prevalence of domestic violence <input type="checkbox"/> Presence of alcohol/drug use <input type="checkbox"/> Limited transportation options
<p>G5b</p>	<p>Is there anything I missed?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Other (SPECIFY: _____)

H. ATTITUDES TOWARD TRIBALLY-ASSISTED HOUSING

INTERVIEWER READ: I would like your opinion about the quality of tribally assisted housing on the reservation/native village/tribal service area (OK only), and your sense of the federal government and tribal role in providing housing.

H1	<i>INTEVIEWER: ASK ALL RESIDENTS</i> How well does the [INSERT NAME OF TRIBAL HOUSING AUTHORITY] do its share of keeping the units in good condition? Again, please use a scale of 1 to 5, where 1 is a poor job and 5 is an excellent job.				
	1 Poor job	2	3	4	5 Excellent job
H2	<i>INTEVIEWER: ASK ALL RESIDENTS</i> How well do residents do their share of keeping the units in good condition? Please use a scale of 1 to 5, where 1 is a poor job and 5 is an excellent job.				
	1 Poor job	2	3	4	5 Excellent job
H3	<i>INTEVIEWER: ASK ONLY FOR RESIDENTS OF TRIBALLY-ASSISTED HOUSING. Hand the respondent SHOWCARD X with the list of responses and read the responses aloud.</i> What do you think the [INSERT NAME OF TRIBAL HOUSING AUTHORITY] could do to make its housing more attractive to you? Please tell me.				
		YES	NO	Don't know	REFUSED
H3a	Better locations				
H3b	Different types of structures				
H3c	Improved external appearance				
H3d	Better quality of construction				
H3e	Better upkeep of interior of units				
H3f	Better upkeep of exterior of units				
H3g	Upgraded/newer appliances				
H3h	Larger units				
H3i	Different configurations of rooms				
H3j	Larger lot sizes				
H3k	Reduced crime and drug activity in area				
H3l	Reduced gang activity in area				
H3m	More accessible social services				
H3n	Improved landscaping				
H3o	Simplified recertification process (proof of eligibility)				
H3p	Exterior appearance/architectural design that reflects tribal culture and practices				
H3q	Floor plan or arrangement of rooms, e.g., interior layout of the unit, entry to the unit, that reflects tribal culture and practices				
H3r	Number and type of rooms, for example, for weaving, crafts, sewing, subsistence				

	activities, storage, family gatherings, ceremonies, places for children to study, rooms for extended family, etc., that reflects tribal culture and practices				
H4	<i>INTEVIEWER: ASK ALL RESIDENTS</i> Do people in your community have a say in the way the tribal government runs its housing assistance programs?	YES	NO	Don't know	REFUSED

I. HOUSEHOLD INCOME AND HOUSING COSTS ¹²

INTERVIEWER READ: I would like to ask you a few questions about the sources of financial and non-financial support for your household. I appreciate that our questions are difficult to answer and sometimes seem intrusive. As with other questions in this survey, we want to reassure you that the information you provide to us is kept confidential.

I1	I am going to be asking you about your household income, but first, I want to ask you about possible sources of that income. Did you (or anyone in your household) receive any income in the last 12 months from (...)?	YES	NO	Don't know	REFUSED
I1a	Wages or salary				
I1b	Commissions, bonuses, or tips				
I1c	Self-employment income from a business or farm, including proprietorships and partnerships				
I1d	Interest payments, dividends, net rental income, royalty income, or income from estates and trusts related to personal investments				
I1e	Social Security or railroad retirement				
I1f	Supplemental security income (SSI)				
I1g	Public assistance, TANF/welfare payments from the state or local welfare office				
I1h	Retirement, survivor, or disability pensions (SSDI)				
I1i	Other work that you have not yet told me about that you or someone in your household did inside or outside the home such as child care/babysitting, weaving, basket-making, healing, storytelling, cooking, car repair, carpentry, or other jobs like that.				
I1j	Any other sources of income received regularly such as Veteran's payments, unemployment compensation, child support, or alimony				
I1k	Tribal sources of income (per capita payment, other)				
I1l	Other (SPECIFY):				
I1m	No sources of cash income				
I2a	Are there any sources of non-monetary support that your household relies on?	YES	NO	Don't know	REFUSED

¹² Question 1 regarding sources of household income is derived from the income module of *Making Connections Wave I Core* survey, which is based on the *American Community Survey*. Some of the response items have been modified to suit tribal income sources or activities. Question 2 about non-monetary support is a project-developed question to address the prevalence of and reliance on subsistence activities, exchange, and communal sharing. The wording of Question 3 regarding the amount of household income is derived from the *National Longitudinal Survey of Youth, 1997* [Measure: Income and earnings items from the *National Longitudinal Survey of Youth Round 1(1997)* youth questionnaire and parent questionnaire]. The income values are derived from the *American Housing Survey-2007*.

I2b	If YES, please describe them:	<input type="checkbox"/> Subsistence activities (fishing, hunting, farming, gathering, herding) <input type="checkbox"/> Bartering for goods and services <input type="checkbox"/> Food distribution/pantries <input type="checkbox"/> Labor in exchange for room & board <input type="checkbox"/> Other (SPECIFY): _____
I3	<p>Now we have a question about your household's income during the last calendar year, that is, for [INSERT YEAR]. Again, I understand that our questions are difficult to answer and sometimes seem intrusive. As with other questions in this survey, I want to reassure you that the information you provide to us is kept confidential. Please look at this card. Can you tell me the letter that matches your best estimate of the amount of household income you received last year from the all of the sources mentioned in the question 1? Let me read them back to you.</p> <p>Interviewer: Review income sources from question I1.</p>	
	<p>Interviewer: Hand the respondent SHOWCARD X with the list of responses. Ask him/her to point to the response.</p>	<p>A. Less than \$5,000 ¹³ B. \$5,000 to \$9,999 C. \$10,000 to \$14,999 D. \$15,000 to \$19,999 E. \$20,000 to \$24,999 F. \$25,000 to \$29,999 G. \$30,000 to \$34,999 H. \$35,000 to \$39,999 I. \$40,000 to \$49,999 J. \$50,000 to \$59,999 K. \$60,000 to \$79,999 L. \$80,000 to \$99,999 M. \$100,000 to \$119,999 N. \$120,000 or more O. Don't know P. REFUSED</p>
I4	<p>I am going to show you another card. Please look and show the total amount you pay for housing each month, including the rent/mortgage/note payment and all of your utilities?</p> <p>Interviewer: Hand the respondent SHOWCARD X with the list of responses. Ask him/her to point to the response.</p>	<p>A. Less than \$100 ¹⁴ B. \$100 to \$199 C. \$200 to \$249 D. \$250 to \$299 E. \$300 to \$349 F. \$350 to \$399 G. \$400 to \$449 H. \$450 to \$499 I. \$500 to \$599 J. \$600 to \$699 K. \$700 to \$799 L. \$800 to \$999</p>

¹³ Values derived from the *American Housing Survey-2007* Table 2-12, Income Characteristics-Occupied Units, Household Income.

¹⁴ Values derived from the *American Housing Survey 2007* Table 2-13, Selected Housing Costs – Occupied Units , Monthly Housing Costs.

		<p>M. \$1,000 to \$1,249 N. \$1,250 to \$1,499 O. \$1,500 to \$1,999 P. \$1,500 to \$1,999 Q. \$2,500 or more R. No cash paid for rent/mortgage/ utilities</p>
I4a	Do you pay the same amount each season?	<p>YES NO Don't know REFUSED</p> <p><i>If YES, continue with I5. If NO, continue with I4b.</i></p>
I4b	<p><i>Interviewer: For questions I4b-I4e, hand the respondent SHOWCARD X with the list of responses. Ask him/her to point to the response.</i></p> <p>In the winter, tell me the total amount you pay.</p>	Response A-R per I4 above
I4c	In the spring , tell me the total amount you pay.	Response A-R per I4 above
I4d	In the summer , tell me the total amount you pay.	Response A-R per I4 above
I4e	In the fall , please tell me the total amount you pay.	Response A-R per I4 above
I5	<p>After you take care of housing expenses each month—rent/mortgage and utilities—on average over the past year, how much money do you have left to spend on other things?</p> <p><i>Interviewer: Hand the respondent SHOWCARD X with the list of responses. Ask him/her to point to the response.</i></p>	<p>A. Less than \$100 ¹⁵ B. \$100 to \$199 C. \$200 to \$249 D. \$250 to \$299 E. \$300 to \$349 F. \$350 to \$399 G. \$400 to \$449 H. \$450 to \$499 I. \$500 to \$599 J. \$600 to \$699 K. \$700 to \$799 L. \$800 to \$999 M. \$1,000 to \$1,249 N. \$1,250 to \$1,499 O. \$1,500 to \$1,999 P. \$1,500 to \$1,999 Q. \$2,500 or more</p>

¹⁵ Values derived from the American Housing Survey 2007 Table 2-13, Selected Housing Costs – Occupied Units , Monthly Housing Costs.

CONCLUDING THE INTERVIEW

I will be sending this document to the NORC central office in Chicago, so that your responses can be included in this important research. An editor will check to see that I have indicated an answer to all of the appropriate questions. If I mistakenly skipped a question, someone from the NORC central office will call you to fill in the missing information. This is standard procedure to ensure that all of the information needed is provided [quality assurance]. All of our central office employees are bound by the same confidentiality rules that I am.

My office may want to verify that I was here. Someone may call you to make sure that I conducted the interview. Please give me your name and telephone number so that my office may contact you.

NAME OF RESPONDENT: _____

TELEPHONE NUMBER: _____

ADDRESS: _____

Interviewer: Thank the respondent for his/her time and give him/her the incentive. Have the respondent sign the receipt.

Now, as I noted at the beginning of the interview, I will take a look at the exterior conditions of this dwelling and fill in some information about the conditions.

FINISH TIME: _____ AM/PM **TRANSFER FINISH TIME TO FRONT COVER**

Continue to following page →

J. ENUMERATOR OBSERVATION

INSTRUCTIONS FOR CONDUCTING THE HOUSING OBSERVATION: Once the interview is completed, exit the dwelling and walk around the structure. Record observations regarding the type of structure, the size of the lot it sits on, the general conditions of the exteriors, access to the dwelling, other buildings on the lot, and materials used.

American Housing Survey (AHS)	
J1	<p>Type of structure ¹⁶ ISTYPE (p 12) Identify the type of living quarters:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Manufactured/mobile home <input type="checkbox"/> One-unit building, detached from any other building <input type="checkbox"/> One-unit building, attached to one or more buildings <input type="checkbox"/> Building with two or more apartments
J2	<p>For mobile home or single family detached: (Confirm with respondent if necessary) LOTQ (p 68) About how large is the [site/lot]?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Square feet _____ <input type="checkbox"/> Feet by Feet _____ <input type="checkbox"/> Whole acres _____
J2a	<p>LTAC1P (p 69) Would you say that the [site/lot] is more than 1 acre or less than 1 acre? ¹⁷</p> <ul style="list-style-type: none"> <input type="checkbox"/> More <input type="checkbox"/> Less <p>ACRES (p 69) About how many acres? _____</p>
J2b	<p>LTAC10P (p 69) Is it more than 10 acres?</p> <ul style="list-style-type: none"> <input type="checkbox"/> More

¹⁶ The 1996 instrument used the following items: Mobile home; Single-family detached; Townhouse; Multifamily building; Other

¹⁷ The 1996 instrument used the following items: Lot size: Less than ¼ acre; ¼ to 1 acre; 1 to 10 acres; More than 10 acres

	<input type="checkbox"/> Less		
J2c	ESTIMATE (pp 69-70) Could you give me an estimate of dimensions of the lot? _____		
J3	Observe the exterior condition of the OUTSIDE of the housing unit. (pp 241-243). Indicate whether the following conditions are present or not. If not able to observe, then mark "Not Observed."		
		Yes	No
J3a	EMISSR Does the roof have missing shingles or other missing roofing materials?		
J3b	EHOLER Does the roof have any holes?		
J3c	ESAGR Does the roof's surface sag or appear uneven?		
J3d	EMISSW Does the outside walls have any missing siding, bricks, or other missing wall materials?		
J3f	ESLOPEW DO the outside walls slope, lean, buckle or slant?		
J3g	EBROKE Are any of the windows broken?		
J3h	EBAR Are any of the windows covered with metal bars?		
J3i	ECRUMB Are there any holes or open cracks or crumbling in the foundation, in the base on which the building stands?		
J4	Access ¹⁸	<input type="checkbox"/> Paved road <input type="checkbox"/> Well maintained dirt road <input type="checkbox"/> Poorly maintained dirt road	
J5	Other buildings on lot <i>(Mark all that apply)</i>	<input type="checkbox"/> None <input type="checkbox"/> Garage/carport <input type="checkbox"/> Barn or stable <input type="checkbox"/> Outdoor cooking area <input type="checkbox"/> Outhouse <input type="checkbox"/> Living quarters <input type="checkbox"/> Business <input type="checkbox"/> Cultural/ceremonial structures (e.g., hogans, tipis, sweat lodges) <input type="checkbox"/> Other (SPECIFY): _____	
J6	Exterior materials	<input type="checkbox"/> Wood or wood siding <input type="checkbox"/> Aluminum siding	

¹⁸ Not addressed in AHS. Was in 1996 instrument.

	<i>(Mark all that apply)</i>	<input type="checkbox"/> Brick <input type="checkbox"/> Concrete or block <input type="checkbox"/> Masonite <input type="checkbox"/> Stucco <input type="checkbox"/> Other (SPECIFY): _____
J7	Roof materials <i>(Mark all that apply)</i>	<input type="checkbox"/> Asphalt shingles <input type="checkbox"/> Tar paper <input type="checkbox"/> Metal <input type="checkbox"/> Wood <input type="checkbox"/> Other (SPECIFY): _____
J8	Exterior condition THIS QUESTION SEEMS OUT OF SEQUENCE?	<input type="checkbox"/> Excellent or good <input type="checkbox"/> Needs minor repairs