

FORM **AHS-22**  
(5-1-95)

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

# AMERICAN HOUSING SURVEY NATIONAL SAMPLE 1995 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 10 ↓

PSU	Segment	Serial	Sample
			F

**2a.** Date of first visit

Month	Day	Year

**b.** Field Representative name

**c.** Interview method

1  Personal visit  
2  Telephone

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

Control number in sample last enumeration period - Complete item 4  
 Control number in sample for first time this enumeration period - Skip to item 6g

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

URE household

1  Yes  
2  No  
3  Don't know

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

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

**6a.** Check Item

F8 sample control number in sample for first time  
 All Others - Skip to 6g

**b.** Did these living quarters **move** to this site?

1  Yes  
2  No - Skip to 6e

**c.** If the living quarters were **moved** to this site, were they placed before September 1991?

1  Yes - Skip to 6g  
2  No

**d.** If the living quarters were **moved** to this site, were they placed before September 1993?

1  Yes - Skip to 6g  
2  No - Skip to 6g

**e.** If the living quarters **did not move** to this site, did it become a living quarters before September 1991?

1  Yes - Skip to 6g  
2  No

**f.** If the living quarters **did not move** to this site, did it become a living quarters before September 1993?

1  Yes  
2  No

**6g.** Type of interview

1  Regular occupied - (One or more "1's" in Control Card item 14) - Go to item 20, page 2  
2  URE occupied - (All "2's" in Control Card item 14) - Go to item 124, page 50  
4  Type A noninterview

**7.** Type A noninterview reason

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 (See item 94, page 35.)

0070

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

**10.** Nonrelative Income (See items 211 and 212, page 68.)

0131

1  Item 211 marked "All others" - no callback required  
1  Item 212c has amount or "DK" or "Ref" for all nonrelatives age 14+ or item 212b is "None" - no callback required  
 Item 212c blank for any nonrelative age 14+ - telephone callback required  
2  Information obtained  
3  Unable to obtain information - Explain ↘

### 11 - 13. WASHINGTON USE ONLY

**14a.** Field Representative: 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**

EDIT FOLLOWUP REQUIRED →

0136 Page   Item

0137 Page   Item

0138 Page   Item

**16.** In what language was the interview conducted?

0143

1  English  
2  Spanish  
3  Other - Specify \_\_\_\_\_

**17.** Address correction/address addition

~ 5 10 ↓

First address line

Second address line

Place or city State ZIP Code

### 18 - 19. WASHINGTON USE ONLY

**REGULAR OCCUPIED**

MARK OR ASK -

~ 6 11 ↓

**20. Are your living quarters in a -**  
(Read all answer categories.)

- 1120
- 1  **one-unit mobile home?** - Skip to item 23 and mark box "4"
  - 2  **one-unit building, detached from any other building?** - Skip to item 23 and mark box "1"
  - 3  **one-unit building, attached to one or more buildings?** - Skip to item 22a
  - 4  **building/mobile home with two or more apartments?** - Skip to item 21b

**21a. WASHINGTON USE ONLY**

**b. How many apartments are in the (building/mobile home)?**

1140 \_\_\_\_\_ Number - Skip to item 23 and mark box "3" or "5"

**22a. Does your (house/apartment) share an attic or basement with the (house/apartment) next door?**

- 1150
- 1  Yes
  - 2  No . . . . .
  - 3  Don't know
- } Skip to item 22c

**b. How many (houses/apartments) including your own share the attic or basement?**

1160 \_\_\_\_\_ Number - If one, reask item 22a and correct entry  
If more than one, skip to item 23 and mark box "3"

**c. Does your (house/apartment) share a furnace or boiler with the (house/apartment) next door?**

- 1170
- 1  Yes
  - 2  No . . . . .
  - 3  Don't know
- } Skip to item 23 and mark box "2"

**d. How many (houses/apartments) including your own share the furnace or boiler?**

1180 \_\_\_\_\_ Number - If one, reask item 22c and correct entry  
If more than one, skip to item 23 and mark box "3"

**e. WASHINGTON USE ONLY**

**f. WASHINGTON USE ONLY**

**23. Check Item**

Final structure type classification based on entries in items 20 - 22.

- 1210
- 1  One-unit building - detached
  - 2  One-unit building - attached
  - 3  Two-or-more-unit building . . . . .
  - 4  Mobile home - one unit . . . . .
  - 5  Mobile home - two-or-more units
- } Skip to item 25a

**24. Is the house built -**

(Read answer categories until a "Yes" reply is received.)

- 1220
- 1  **with a basement under all the building?**
  - 2  **with a basement under part of the building?**
  - 3  **with a crawl space?**
  - 4  **on a concrete slab?**
  - 5  **in some other way?** - Specify

**25a. Is the (house/apartment) part of a condominium or cooperative?**

- 1230
- 3  No . . . . .
  - 2  Yes, condominium
  - 1  Yes, cooperative
- } Skip to item 26a, page 3

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

- Yes
- No - Reask item 25a and correct entry



**REGULAR OCCUPIED - Continued**

**27. Does the (house/apartment) have a kitchen sink?** ~ 6 11 v  
 (For this household's use only.)

1340 1  Yes  
 2  No

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

**29a. Does the (house/apartment) have a bathtub or shower for this household's use only?**

1350 1  Yes  
 2  No

**b. Does the (house/apartment) have a flush toilet for this household's use only?**

1360 1  Yes - Skip to item 30a  
 2  No - Skip to item 31a

**c. (Is the bathroom/Are the bathrooms) for this household's use only?**

1360 1  Yes, exclusive use  
 2  No, shared

**30a. In the last 3 months, was there any time when all the toilets in the home were not working?**  
 (While household was living here if less than 3 months.)

1370 1  Yes  
 2  No toilet breakdowns - Skip to item 31a

**b. How many of these breakdowns lasted 6 hours or more?**

1380 \_\_\_\_\_ Number of toilet breakdowns lasting 6 hours or more  
 0  No toilet breakdowns lasting 6 hours

**31a. Is all the wiring in the finished areas of your home concealed either in walls or metal coverings?**  
 (Exclude appliance cords, extension cords, chandelier cords, telephone, antenna, or cable TV wires.)

1390 1  Yes, concealed  
 2  No  
 3  No electrical wiring - Skip to item 32a

**b. Does every room have an electric outlet or wall plug that works?**

1400 1  Yes  
 2  No

**c. Have any fuses blown or circuit breakers tripped in the last 3 months?**  
 (For the home)  
 (While household was living here if less than 3 months.)

1410 1  Yes  
 2  No  
 3  Don't know } Skip to item 32a

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

1420 \_\_\_\_\_ Number

**32a. Has water leaked into your home from OUTDOORS in the last 12 months? For example, has water leaked through the roof, basement, walls, CLOSED windows, doors or skylights? Exclude plumbing or other inside leaks.**  
 (While household was living here if less than 12 months.)

1430 1  Yes,  
 2  No - Skip to item 32c

**b. Where did the water come in?**  
 (Mark (X) all that apply.)

1440 1  Roof  
 \* 2  Basement  
 3  Walls or around closed windows or closed doors  
 4  Other - Specify \_\_\_\_\_

**c. Have there been water leaks in your (house/apartment) from INSIDE the building in the last 12 months? For example, water from broken pipes or water heaters, backed up plumbing, or water that came in from another unit.**  
 (Exclude leaky faucets, waterbeds, aquariums, and such leaks.)  
 (While household was living here if less than 12 months.)

1450 1  Yes  
 2  No - Skip to item 33a, page 5

**d. Where did the water come from?**  
 (Mark (X) all that apply.)

1460 1  Own plumbing fixtures backed up and/or overflowed  
 \* 2  Pipes leaked (Include pipe leaks from other apartments.)  
 3  Other or unknown - Specify \_\_\_\_\_

**REGULAR OCCUPIED - Continued**

**33a. Does the (house/apartment) have hot and cold piped water?**

*(For this household's use only.)*

- 1470 1  Yes  
2  No - Skip to item 34a

**b. What fuel is used MOST to heat the water?**

- 1480 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

**c. Was your home ever completely without running water in the last 3 months?**

*(While household was living here if less than 3 months.)*

- 1490 1  Yes  
2  No water stoppage - Skip to item 34a

**d. How many times was it not available for 6 hours or more?**

- 1500 \_\_\_\_\_ Water stoppages lasting 6 hours or more  
0  None lasted 6 hours

**34a. Does most of the water for your home come from a water system, either public or private, an individual well, or some other source?**

- 1510 1  Public or private water system - Skip to item 34c  
2  Individual well - Ask item 34b  
3  Spring ..... } Skip to item 34c  
4  Cistern ..... }  
5  Stream or lake ..... }  
6  Commercial bottled water - Skip to item 35a, page 6  
7  Other - Specify          } Skip to item 34e

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

- 1530 1  Drilled  
2  Dug

**c. Does the . . . (source of water) serve 15 or more homes?**

- ~ 6 11 v**  
1520 5  Yes - Skip to item 34e  
 No - Ask item 34d

**d. How many homes does the . . . (source of water) serve?**

- 1520 1  Only this house or apartment  
2  2 to 5  
3  6 to 9  
4  10 to 14

**e. Is the water from this . . . (source of water) safe for drinking?**

- 1535 1  Yes - Skip to item 35a, page 6  
2  No

**f. Where do you get your water for drinking?**

- 1537 1  Public or private water system  
2  Individual well  
3  Spring  
4  Cistern  
5  Stream or lake  
6  Commercial bottled water  
7  Other - Specify

**REGULAR OCCUPIED - Continued**

**35a. Is the (house/apartment) connected to a public sewer?**

- 1540 1  Yes - Skip to item 35d  
2  No

**b. What means of sewage disposal does the (house/apartment) have?**

- 1550 1  Septic tank or cesspool - Ask item 35c  
2  Chemical toilet  
3  Outhouse or privy  
4  Other - Specify           
5  None
- } Skip to item 36a

**c. How many homes are connected to the (septic tank/cesspool)?**

- 1560 1  One  
2  2 to 5  
3  6 or more

**d. Did the sewage system break down in the last 3 months?**

- 1570 1  Yes  
2  No sewage breakdowns - Skip to item 36a

*(So that it was completely unusable)*

*(While household was living here if less than 3 months)*

**e. How many of these breakdowns lasted 6 hours or more?**

- 1580 \_\_\_\_\_ Sewage breakdowns lasting 6 hours or more  
0  None lasted 6 hours

**36a. Does your (house/apartment) have a refrigerator?**

*(For this household's use only)  
(Exclude ice boxes.)*

- 1590 1  Yes  
2  No - Skip to item 37a

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

*(Age of newest if two or more)*

- 1600 1  Yes  
2  No

**37a. Does your (house/apartment) have a garbage disposal in the sink?**

- 1610 1  Yes  
2  No - Skip to item 38a

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

- 1620 1  Yes  
2  No

**38a. Does your (house/apartment) have a cookstove or range with an oven?**

*(For this household's use only)  
(Include microwaves. Exclude toaster-ovens and portable burners.)*

- 1630 1  Yes - Skip to item 38c  
2  No

**b. Does your (house/apartment) have -**

*(For this household's use only)*

**(1) an oven?** .....  
*(Include microwaves. Exclude toaster-ovens.)*

- 1640 1  Yes  
2  No

**(2) cooking burners?** .....  
*(Exclude portable burners.)*

- 1650 1  Yes  
2  No

} If both are "No," skip to item 39a

**c. (Is it/Are they) more than 5 years old?**

*(Age of newest if two or more)*

- 1660 1  Yes  
2  No

**d. What fuel is used MOST for cooking?**

- 1670 1  Electricity  
2  Gas  
3  Kerosene or other liquid fuel  
4  Coal or coke  
5  Wood  
6  Other - Specify           
7  No fuel used

**39a. Does your (house/apartment) have a dishwasher?**

- 1690 1  Yes  
2  No - Skip to item 40a, page 7

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

- 1700 1  Yes  
2  No

**REGULAR OCCUPIED - Continued**

<b>40a. Does your (house/apartment) have a washing machine (- - - /in the apartment)?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1710</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>Skip to item 41a</i>
<b>b. Is it more than 5 years old?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1720</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>41a. Does your (house/apartment) have a clothes dryer (- - - /in the apartment)?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1730</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>Skip to item 42a</i>
<b>b. Is it more than 5 years old?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1740</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>c. What kind of fuel does the dryer use?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1750</div> 1 <input type="checkbox"/> Electricity 2 <input type="checkbox"/> Gas 3 <input type="checkbox"/> Other - <i>Specify</i> <input style="width: 50px;" type="text"/>
<b>42a. Does your (house/apartment) have central air conditioning?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1760</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>Skip to item 42c</i>
<b>b. What kind of fuel does it use?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1770</div> 1 <input type="checkbox"/> Electricity ..... 2 <input type="checkbox"/> Gas ..... 3 <input type="checkbox"/> Other - <i>Specify</i> <input style="width: 50px;" type="text"/> <div style="float: right; margin-top: -20px;">} <i>Skip to item 43a</i></div>
<b>c. Do you use any room air conditioners?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1780</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>Skip to item 43a</i>
<b>d. How many?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1790</div> _____ Number
<b>43a. What fuel is used MOST for heating the (house/apartment)?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1800</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 - <i>Specify</i> <input style="width: 50px;" type="text"/>  9 <input type="checkbox"/> None - <i>Skip to item 44, page 8</i>
<b>b. Besides . . . (Fuel marked in item 43a), what other fuel is used for heating the (house/apartment)?</b> <i>(Mark (X) all that apply.)</i>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1810</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 <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 5px;">1820</div> 7 <input type="checkbox"/> Solar energy 8 <input type="checkbox"/> Other - <i>Specify</i> <input style="width: 50px;" type="text"/>  9 <input type="checkbox"/> None

Notes

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**REGULAR OCCUPIED - Continued**

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

- 1830 1  Yes  
2  No

**PLEASE LOOK AT THIS CARD.**

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

*(Read answer categories until heating equipment used most is mentioned.)*

**A central warm-air furnace with air vents or ducts to the individual rooms?** - Ask item 45b

- 1840 2  **Steam or hot water system with 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?**  
 **Kerosene, gas, or oil room heater(s)** - Skip to item 45d

Skip to item 46a

- 8  **Portable electric heater(s)?**  
9  **Stove(s)?**  
10  **Fireplace(s) WITH inserts, that is, installed equipment designed to circulate more heat into the room?**  
11  **Fireplace(s) with NO inserts?**  
12  **Some other type of heating equipment?** - Specify

Skip to item 46a

13  **None?** - Skip to item 48a, page 9

MARK OR ASK -

**b. Is the heating fuel for the furnace electricity?**

- 1840  Yes, electricity  
1  No - Skip to item 46a

**c. Is that a heat pump?**

- 1840 3  Yes } Skip to item 46a  
1  No }

**d. Is your room heater VENTED to the outside through a chimney, flue, or pipes?**

- 1840 6  Yes  
7  No

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

*(Mark (X) all that apply.)*

**b. Anything else?**

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

- 1850 1  A central warm-air furnace with air vents or ducts to the individual rooms.  
\* 2  Steam or hot-water system with 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  Kerosene, gas, or oil room heater(s), VENTED to the outside through a chimney, flue, or pipes  
1860 7  UNVENTED kerosene, gas, or oil room heaters  
\* 8  Portable electric heater(s)  
9  Stove(s)  
1870 10  Fireplace(s) WITH inserts, that is, installed equipment designed to circulate more heat into the room  
\* 11  Fireplace(s) with NO inserts  
12  Some other type of heating equipment - Specify

13  None - Go to item 47a, page 9



**REGULAR OCCUPIED - Continued**

**51a.** Check item (Mark (X) first box that applies.) (See Control Card items 9a and 25.)

PRIOR YEAR DATE ENTERED IN CONTROL CARD ITEM 9a

- Respondent MOVED here after prior year date of interview - Skip to item 52a
- Other(s) but not respondent MOVED here after prior year date of interview - Skip to item 59, page 11
- All MOVED in before prior year date of interview - Go to item 51b

NEW SAMPLE UNIT (NO PRIOR YEAR DATE ENTERED IN CONTROL CARD ITEM 9a)

- Respondent MOVED here after December 31, 1992 - Skip to item 52a
- Other(s) but not respondent MOVED here after December 31, 1992 - Skip to item 59, page 11
- All MOVED in before January 1, 1993 - Go to item 51b

**b.** Check item (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 residence?**

(Mark (X) all that apply.)

2030

\*

- 1  A private company or person wanted to use it for some purpose
- 2  Forced to leave by the government
- 3  Disaster loss (fire, flood, etc.)
- 4  New job or job transfer
- 5  To be closer to work/school/other
- 6  Other, financial/employment related

2040

\*

- 7  To establish own household
- 8  Needed a larger house or apartment
- 9  Married, widowed, divorced, or separated
- 10  Other, family/personal related

2050

\*

- 11  Wanted a better quality house (apartment)
- 12  Change from owner to renter OR renter to owner

2060

\*

- 13  Wanted lower rent or less expensive house to maintain
- 14  Other housing related reasons
- 15  Other - Specify z

**b. MARK if only one box checked in item 52a OR ASK if two or more boxes checked - What is the MAIN reason you moved?**

2070

\_\_\_\_\_ Number from item 52a

- 0  All reasons of equal importance

**53.** Check item (Mark (X) first box that applies.)

- Box 1 marked in item 52a - Ask item 54a
- Box 2 marked in item 52a - Skip to item 54b
- Boxes 1 and 2 blank in item 52a - Skip to item 54c

**54a. Did you leave -**

**(1) Because the owner, or members of the owner's family were going to move into that residence?**

2080

- 1  Yes - Skip to item 55a, page 11
- 2  No

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

2090

- 1  Yes - Skip to item 55a, page 11
- 2  No

**(3) Because that residence was closed for repairs?**

2100

- 1  Yes
  - 2  No
- } Skip to item 55a, page 11

**b. Did you leave -**

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

2110

- 1  Yes - Skip to item 55a, page 11
- 2  No

**(2) Because that residence was condemned by the government as unfit for occupancy?**

2120

- 1  Yes
  - 2  No
- } Skip to item 55a, page 11

**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  Yes - Ask (2)
- 2  No - Skip to (5)

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

2140

- 1  Yes - Skip to item 55a, page 11
- 2  No - Ask (3)

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

2150

- 1  Yes - Skip to item 55a, page 11
- 2  No - Ask (4)

**(4) Because it was closed for repairs?**

2160

- 1  Yes
  - 2  No
- } Skip to item 55a, page 11

**(5) Because the government forced you to leave?**

2170

- 1  Yes - Ask (6)
- 2  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  Yes - Skip to item 55a, page 11
- 2  No - Ask (7)

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

2190

- 1  Yes
- 2  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 (X) all that apply.)*

- 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 if two or more boxes marked -*

**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 only at this unit

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

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

- 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* z

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

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

- 2270** \_\_\_\_\_ Box number from item 56b  
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 items 9a and 25.)**

- Only one person MOVED in (after prior year date of interview/new sample unit after December 31, 1992) - Skip to item 61a, page 12, enter line number in Group 1 column, and continue with item 61b.  
 Two or more persons MOVED in (after prior year date of interview/new sample unit after December 31, 1992) - Ask item 60a.

**60a. Earlier you told me that . . . (Specify names of movers) moved into this (house/apartment) after . . . (prior year date of interview/December 31, 1992). Did (all of you/they) move here from the same previous residence?**

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

**b. INSTRUCTIONS (See Control Card item 26.)**

If all moved in within a 6-month period - Skip to item 61a, page 12, enter line numbers in Group 1 column, and continue with item 61b.

If people moved in more than 6 months apart - Put them in separate groups in item 61a on pages 12 and 13 and ask items 61b - m for each group.

**REGULAR OCCUPIED - Continued**

**61a. Which people moved here from the same previous residence?**

Enter the 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 the same previous residence but more than 6 months apart, put them in separate groups.

Then ask items 61b - m for each mover group.

~ 6 14 ↓

**GROUP 1**

Line numbers

2310

2320

2330

2340


0  Outside U.S. - Skip to item 61n

~ 7 14 ↓

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

(Enter 2-character State code from flashcard.)

City or place

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

County

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

State

--	--

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

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

 ZIP Code

**d. Did (you/they) live inside the incorporated limits of (City above)?**

2360

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

**e. WASHINGTON USE ONLY**

**f. Was that residence -**

(Read all answer categories.)

~ 6 14 ↓

2380

- 1  A house?
- 2  An apartment?
- 3  A mobile home?
- 4  Or some other type of residence? - Skip to item 61n

**g. Was that home -**

(Read all answer categories.)

2390

- 1  Owned or being bought by someone in that household?
- 2  Rented for cash?
- 3  Occupied without payment of cash rent?

**h. Was that part of a condominium or cooperative?**

2400

- 3  No . . . . . } Skip to item 61j
- 2  Yes, condominium
- 1  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

- 1  Yes - Skip to item 61m
- 2  No

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

2430

- 1  Yes
- 2  No

**m. When ( . . . ) (Specify names for line numbers in item 61a) /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

- 1  Increased
- 2  Stayed about same
- 3  Decreased
- 4  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 0 <input type="checkbox"/> Outside U.S. - Skip to item 61n	2340 0 <input type="checkbox"/> Outside U.S. - Skip to item 61n	2340 0 <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
2360 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No or not incorporated place 3 <input type="checkbox"/> Don't know	2360 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No or not incorporated place 3 <input type="checkbox"/> Don't know	2360 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No or not incorporated place 3 <input type="checkbox"/> Don't know
~ 6 15 ↓	~ 6 16 ↓	~ 6 17 ↓
2380 1 <input type="checkbox"/> <b>A house?</b> 2 <input type="checkbox"/> <b>An apartment?</b> 3 <input type="checkbox"/> <b>A mobile home?</b> 4 <input type="checkbox"/> <b>Or some other type of residence? - Skip to item 61n.</b>	2380 1 <input type="checkbox"/> <b>A house?</b> 2 <input type="checkbox"/> <b>An apartment?</b> 3 <input type="checkbox"/> <b>A mobile home?</b> 4 <input type="checkbox"/> <b>Or some other type of residence? - Skip to item 61n.</b>	2380 1 <input type="checkbox"/> <b>A house?</b> 2 <input type="checkbox"/> <b>An apartment?</b> 3 <input type="checkbox"/> <b>A mobile home?</b> 4 <input type="checkbox"/> <b>Or some other type of residence? - Skip to item 61n.</b>
2390 1 <input type="checkbox"/> <b>Owned or being bought by someone in that household?</b> 2 <input type="checkbox"/> <b>Rented for cash?</b> 3 <input type="checkbox"/> <b>Occupied without payment of cash rent?</b>	2390 1 <input type="checkbox"/> <b>Owned or being bought by someone in that household?</b> 2 <input type="checkbox"/> <b>Rented for cash?</b> 3 <input type="checkbox"/> <b>Occupied without payment of cash rent?</b>	2390 1 <input type="checkbox"/> <b>Owned or being bought by someone in that household?</b> 2 <input type="checkbox"/> <b>Rented for cash?</b> 3 <input type="checkbox"/> <b>Occupied without payment of cash rent?</b>
2400 3 <input type="checkbox"/> No ..... } Skip to item 61j 2 <input type="checkbox"/> Yes, condominium } 1 <input type="checkbox"/> Yes, cooperative }	2400 3 <input type="checkbox"/> No ..... } Skip to item 61j 2 <input type="checkbox"/> Yes, condominium } 1 <input type="checkbox"/> Yes, cooperative }	2400 3 <input type="checkbox"/> No ..... } Skip to item 61j 2 <input type="checkbox"/> Yes, condominium } 1 <input type="checkbox"/> Yes, cooperative }
<input type="checkbox"/> Yes <input type="checkbox"/> No - Reask item 61h and correct entry	<input type="checkbox"/> Yes <input type="checkbox"/> No - Reask item 61h and correct entry	<input type="checkbox"/> Yes <input type="checkbox"/> No - Reask item 61h and correct entry
2410 _____ - If one, skip to item 61m; if more than one, ask item 61k	2410 _____ - If one, skip to item 61m; if more than one, ask item 61k	2410 _____ - If one, skip to item 61m; if more than one, ask item 61k
2420 1 <input type="checkbox"/> Yes - Skip to item 61m 2 <input type="checkbox"/> No	2420 1 <input type="checkbox"/> Yes - Skip to item 61m 2 <input type="checkbox"/> No	2420 1 <input type="checkbox"/> Yes - Skip to item 61m 2 <input type="checkbox"/> No
2430 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	2430 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	2430 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
2440 1 <input type="checkbox"/> Increased 2 <input type="checkbox"/> Stayed about same 3 <input type="checkbox"/> Decreased 4 <input type="checkbox"/> Don't know	2440 1 <input type="checkbox"/> Increased 2 <input type="checkbox"/> Stayed about same 3 <input type="checkbox"/> Decreased 4 <input type="checkbox"/> Don't know	2440 1 <input type="checkbox"/> Increased 2 <input type="checkbox"/> Stayed about same 3 <input type="checkbox"/> Decreased 4 <input type="checkbox"/> Don't know
Go to next mover group. If none, go to item 62, page 14	Go to next mover group. If none, go to item 62, page 14	Go to next mover group. If none, go to item 62, page 14

**REGULAR OCCUPIED - Continued**

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

**63. Check Item (See Control Card item 8b.)**  
 Current residence is -  
 Owned - Skip to item 73a, page 16  
 Rented - Go to item 64a  
 No cash rent - Skip to item 64c

<b>64a. How often is the rent due?</b>	- 6 11 ↓
	2500 _____ Times per year 12 <input type="checkbox"/> Monthly
<b>b. How much is the rent?</b> <i>(Include total amount paid by household AND any other source.)</i> <i>(If parking priced separately, exclude it here and mark NO to items 64m and 64n without asking.)</i>	2510 \$ _____ .00
<b>c. Check Item (See item 23, page 2.)</b> <input type="checkbox"/> Mobile home either one-unit or two-or-more-units - Ask item 64d <input type="checkbox"/> Not a mobile home - Skip to item 64m	
<b>d. Do you pay separate rent for the land?</b> <i>(If land occupied in exchange for services, mark "Yes" and "No cash rent" in item 64f.)</i>	2511 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to item 64g
<b>e. How many times a year is the (land/site) rent due?</b>	2512 _____ Times per year 12 <input type="checkbox"/> Monthly
<b>f. What is the cost each . . . (Billing period)?</b>	2513 \$ _____ .00 0 <input type="checkbox"/> No cash rent 9997 <input type="checkbox"/> Included in mobile home park fee or association fee
<b>g. (- - - /In addition to the land rent), do you pay any (- - - /additional) mobile home park fee?</b>	3550 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to item 64j
<b>h. How many times a year is the fee due?</b>	3555 _____ Times per year 12 <input type="checkbox"/> Monthly
<b>i. What is the cost each . . . (Billing period)?</b>	3600 \$ _____ .00 0 <input type="checkbox"/> Included in mobile home rent
<b>j. Are there any (- - - /other) required fees for utility hookups, mobile home association fees, and so forth?</b>	- 6 11 ↓ 2517 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to item 64m
<b>k. How many times a year are the fees due?</b>	2518 _____ Times per year 12 <input type="checkbox"/> Monthly
<b>l. What is the average cost each . . . (Billing period) for those fees?</b>	2519 \$ _____ .00
<b>m. Is a garage or carport included (in the rent/with the home)?</b>	2520 1 <input type="checkbox"/> Yes - Skip to item 65a 2 <input type="checkbox"/> No
<b>n. Is an offstreet parking space included?</b>	2530 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

<b>65a. Is the building owned by a public housing authority?</b>	2540 1 <input type="checkbox"/> Yes - Skip to item 65g, page 15 2 <input type="checkbox"/> No
<b>b. Does the Federal government pay some of the cost of the unit?</b>	2550 1 <input type="checkbox"/> Yes - Skip to item 65g, page 15 2 <input type="checkbox"/> No
<b>c. Does the State or local government pay some of the cost of the unit?</b>	2560 1 <input type="checkbox"/> Yes - Skip to item 65g, page 15 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>	2570 1 <input type="checkbox"/> Yes - Skip to item 66a, page 15 2 <input type="checkbox"/> No

**REGULAR OCCUPIED - Continued**

<b>65e. Does the local government limit the rent on the unit through rent control or rent stabilization?</b>	2580	1 <input type="checkbox"/> Yes 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>	2590	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(If "3" circled in Control Card item 8b, mark "None" without asking.)		
<b>g. Of the . . . (amount from 64b) rent you reported, how much is this household required to pay?</b>	2595	\$ _____ . <span style="border: 1px solid black; padding: 2px;">00</span> <input type="checkbox"/> Identical amount in items 64b and 65g - Verify amount in item 64b is TOTAL rent for the unit. 0 <input type="checkbox"/> None

**66a. Check Item**

Yes in 65e and located in New York City, Westchester County, NY or Los Angeles County, CA - Ask item 66b

All others - Skip to item 66h

<b>b. Were there any nonrefundable fees, or special upfront payments to occupy this unit, excluding a security deposit?</b>	2612	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to 66e
<b>c. How much was that?</b>	2614	\$ _____ . <span style="border: 1px solid black; padding: 2px;">00</span>
<b>d. Did you pay it to the -</b> (Read answer categories. Mark (X) all that apply.) <b>Anyone else?</b>	2616	1 <input type="checkbox"/> Landlord or owner? * 2 <input type="checkbox"/> Building manager or superintendent? 3 <input type="checkbox"/> Rental agent or broker? 4 <input type="checkbox"/> Former or existing tenant, if you sublet? 5 <input type="checkbox"/> Someone else?
<b>e. Are there any special ongoing payments you have to make to continue renting here, excluding the rent or utilities?</b> (Exclude previously reported mobile home fees and OPTIONAL fees for parking, TV antenna/cable hookup, AC window units, etc.)	2618	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to 66h
<b>f. How much is that per month?</b>	2622	\$ _____ . <span style="border: 1px solid black; padding: 2px;">00</span>
<b>g. Did you pay it to the -</b> (Read answer categories. Mark (X) all that apply.) <b>Anyone else?</b>	2624	1 <input type="checkbox"/> Landlord or owner? * 2 <input type="checkbox"/> Building manager or superintendent? 3 <input type="checkbox"/> Former or existing tenant, if you sublet? 4 <input type="checkbox"/> Someone else?

**66h. Check Item (See item 23, page 2.)**

Mobile home either one-unit or two-or-more units - Skip to item 68a

Not a mobile home - Ask item 67

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

<b>68a. Excluding the dealer's lot, is this the first site on which this mobile home was placed?</b>	2900    1 <input type="checkbox"/> Yes, first site 2 <input type="checkbox"/> No, moved from another site 3 <input type="checkbox"/> Don't know
<b>b. Is your mobile home included in a group of 2 or more?</b>	3540    1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, mobile home not in a group - Skip to item 69
<b>c. How many, including your mobile home, are in the group?</b>	4880    _____ Exact number - If 2 to 20 mobile homes <b>OR</b> 21 <input type="checkbox"/> 21 or more

<b>69. What is the model year of the mobile home?</b>	<input type="checkbox"/> 1980 or later <input checked="" type="checkbox"/>
	Year 2910 <span style="border: 1px solid black; padding: 2px;">  </span> <span style="border: 1px solid black; padding: 2px;">  </span> } Skip to item 70
	2910    1 <input type="checkbox"/> 1979      5 <input type="checkbox"/> 50 - 59 2 <input type="checkbox"/> 75 - 78      6 <input type="checkbox"/> 40 - 49 3 <input type="checkbox"/> 70 - 74      7 <input type="checkbox"/> 1939 or earlier 4 <input type="checkbox"/> 60 - 69

<b>70. Were you the first (person/people) to occupy this home or did someone else live here before you?</b>	2920    1 <input type="checkbox"/> First occupants 2 <input type="checkbox"/> Previously occupied
---	--

**REGULAR OCCUPIED - Continued**

- 71. Check Item (See item 23, page 2.)**  
 Two-or-more-unit building or two-or-more-unit mobile home - Skip to item 109a, page 40  
 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 2990 3000 3010 3020	_____ Square feet <p align="center"><b>OR</b></p> _____ Feet by _____ feet <p align="center"><b>OR</b></p> _____ Whole acres 0 <input type="checkbox"/> Don't know - Ask item 72b
--	--------------------------------------	--

MARK OR ASK -

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

1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	3020	} Skip to item 109a, page 40
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**Column 73a**

**73a. The next series of questions deals with major repairs and home improvements.**

**1a. In the last 2 years, has there been a MAJOR disaster, such as an earthquake or tornado that required you to make extensive repairs to your home?**

b. What happened? <i>(Mark (X) all that apply.)</i>	7000 7005	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to 2a 1 <input type="checkbox"/> Earthquake 2 <input type="checkbox"/> Tornado, hurricane, etc. * 3 <input type="checkbox"/> Landslide 4 <input type="checkbox"/> Lightning or fire 5 <input type="checkbox"/> Flood 6 <input type="checkbox"/> Other - Specify $\checkmark$ _____ _____
--	--------------	---

**c. What major repairs (were made/are being made)?**

\_\_\_\_\_ }  
 \_\_\_\_\_ }  
 \_\_\_\_\_ }  $\rightarrow$   
*(Ask across if repair(s) entered)*

*(In the next questions, please do not include any part of the work already reported because I have already recorded that information.)*

**2a. In the last 2 years, was any work done to the attic, basement, garage, or other unfinished area of your home to make it a finished room?**

b. What kind of rooms were created? <i>(Mark (X) all that apply.)</i>	7010 7015 7020 7025 7030 7035	1 <input type="checkbox"/> Yes - Ask 2b 2 <input type="checkbox"/> No - Skip to item 73a(3a), page 18 1 <input type="checkbox"/> Bathroom $\rightarrow$ 2 <input type="checkbox"/> Bedroom $\rightarrow$ 3 <input type="checkbox"/> Kitchen $\rightarrow$ 4 <input type="checkbox"/> Recreation room $\rightarrow$ 5 <input type="checkbox"/> Other inside - Specify $\checkmark$ _____ $\rightarrow$
--	--	--

*(Ask across for each box marked)*

**REGULAR OCCUPIED - Continued**

Column 73b	Column 73c	Column 73d
<p><b>In what month and year was the . . .</b> <i>(Specify work reported) completed?</i></p> <p><i>(Enter current month and year for work in progress.)</i></p>	<p><i>Ask only for work done in last 2 years.</i></p> <p><b>Did someone in your household do most of the work?</b></p>	<p><i>Ask only for work done in the last 2 years.</i></p> <p><b>How much did the entire . . .</b> <i>(Specify work reported) job cost, including your costs and any amount covered by insurance (- - -/not counting your time)?</i> <i>(Enter "1" for jobs whose cost was reported with other work.)</i></p>
<div style="display: flex; justify-content: space-between; margin-top: 100px;"> <div style="width: 30%;"> <p>Month      Year</p> <p>7040    <input type="text"/> <input type="text"/>    <input type="text" value="1"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/></p> </div> <div style="width: 35%;"> <p>7045    1 <input type="checkbox"/> Yes      2 <input type="checkbox"/> No</p> </div> <div style="width: 30%;"> <p>7050    \$ _____ . <input type="text" value="00"/></p> </div> </div>		
<div style="display: flex; justify-content: space-between; margin-top: 100px;"> <div style="width: 30%;"> <p>Month      Year</p> <p>7055    <input type="text"/> <input type="text"/>    <input type="text" value="1"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/></p> <p>Month      Year</p> <p>7070    <input type="text"/> <input type="text"/>    <input type="text" value="1"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/></p> <p>Month      Year</p> <p>7085    <input type="text"/> <input type="text"/>    <input type="text" value="1"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/></p> <p>Month      Year</p> <p>7100    <input type="text"/> <input type="text"/>    <input type="text" value="1"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/></p> <p>Month      Year</p> <p>7115    <input type="text"/> <input type="text"/>    <input type="text" value="1"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/></p> </div> <div style="width: 35%;"> <p>7060    1 <input type="checkbox"/> Yes      2 <input type="checkbox"/> No</p> <p>7075    1 <input type="checkbox"/> Yes      2 <input type="checkbox"/> No</p> <p>7090    1 <input type="checkbox"/> Yes      2 <input type="checkbox"/> No</p> <p>7105    1 <input type="checkbox"/> Yes      2 <input type="checkbox"/> No</p> <p>7120    1 <input type="checkbox"/> Yes      2 <input type="checkbox"/> No</p> </div> <div style="width: 30%;"> <p>7065    \$ _____ . <input type="text" value="00"/></p> <p>7080    \$ _____ . <input type="text" value="00"/></p> <p>7095    \$ _____ . <input type="text" value="00"/></p> <p>7110    \$ _____ . <input type="text" value="00"/></p> <p>7125    \$ _____ . <input type="text" value="00"/></p> </div> </div>		

**REGULAR OCCUPIED - Continued**

**Column 73a**

**3a. In the last 2 years, were any ADDITIONS built onto your home that made it bigger?**

- 7130 1  Yes - Ask 3b  
2  No - Skip to 3c

**b. What was added?**

*(Mark (X) all that apply.)*

7135 1  Bathroom \_\_\_\_\_→

7140 2  Kitchen \_\_\_\_\_→

7145 3  Bedroom \_\_\_\_\_→

7150 4  Other inside \_\_\_\_\_→

*(Ask across for each box marked)*

**c. Check Item - (See item 23)**

- Unit is in a multiunit structure - Skip to item 73a(4a)  
 Unit is NOT in a multiunit structure - Ask item 73a(3d)

**d. Was anything (else) built onto the outside of your home, such as an attached garage, carport, deck, or porch?**

Yes - **What was built?**

**Was it added or replaced?**

*(Mark (X) all that apply.)  
(Count both additions and replacements.)*

No - Skip to 4a

7155  Attached garage  
\* 1  Added } \_\_\_\_\_→  
2  Replaced }

7160  Porch  
\* 1  Added } \_\_\_\_\_→  
2  Replaced }

7165  Deck  
\* 1  Added } \_\_\_\_\_→  
2  Replaced }

7170  Carport  
\* 1  Added } \_\_\_\_\_→  
2  Replaced }

7175  Other outside  
\* 1  Added } \_\_\_\_\_→  
2  Replaced }

*(Ask across for each box marked)*

**4a. Was your bathroom or kitchen remodeled in the last 2 years?**

- 7180 1  Yes  
2  No - Skip to 73a(5a), page 20

**b. Which rooms?**

*(Mark (X) all that apply.)*

- 7185 1  Bathroom(s)  
\* 2  Kitchen

Notes

**REGULAR OCCUPIED - Continued**

Column 73b	Column 73c	Column 73d
<p><b>In what month and year was the . . . (Specify work reported) completed?</b></p>	<p><i>Ask only for work done in last 2 years.</i></p> <p><b>Did someone in your household do most of the work?</b></p>	<p><i>Ask only for work done in the last 2 years.</i></p> <p><b>How much did the entire . . . (Specify work reported) job cost, including your costs and any amount covered by insurance (- - - /not counting your time)? (Enter "1" for jobs whose cost was reported with other work.)</b></p>
<p>Month Year 7190 <input type="text"/> <input type="text"/> 1 9 <input type="text"/> <input type="text"/></p> <p>Month Year 7205 <input type="text"/> <input type="text"/> 1 9 <input type="text"/> <input type="text"/></p> <p>Month Year 7220 <input type="text"/> <input type="text"/> 1 9 <input type="text"/> <input type="text"/></p> <p>Month Year 7235 <input type="text"/> <input type="text"/> 1 9 <input type="text"/> <input type="text"/></p>	<p>7195 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>7210 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>7225 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>7240 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>7200 \$ _____ . 00</p> <p>7215 \$ _____ . 00</p> <p>7230 \$ _____ . 00</p> <p>7245 \$ _____ . 00</p>
<p>Month Year 7250 <input type="text"/> <input type="text"/> 1 9 <input type="text"/> <input type="text"/></p> <p>Month Year 7265 <input type="text"/> <input type="text"/> 1 9 <input type="text"/> <input type="text"/></p> <p>Month Year 7280 <input type="text"/> <input type="text"/> 1 9 <input type="text"/> <input type="text"/></p> <p>Month Year 7295 <input type="text"/> <input type="text"/> 1 9 <input type="text"/> <input type="text"/></p> <p>Month Year 7310 <input type="text"/> <input type="text"/> 1 9 <input type="text"/> <input type="text"/></p>	<p>7255 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>7270 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>7285 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>7300 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>7315 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>7260 \$ _____ . 00</p> <p>7275 \$ _____ . 00</p> <p>7290 \$ _____ . 00</p> <p>7305 \$ _____ . 00</p> <p>7320 \$ _____ . 00</p>

Notes

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**REGULAR OCCUPIED - Continued**

**Column 73a**

*(Ask if "Bathroom" marked in 4b)*

**4c. What was done to the BATHROOM(S)?**

*(Mark (X) all that apply.)*

- 7325 1  Move walls →
  - 7330 1  Add or replace cabinets →
  - 7335 1  Add or replace flooring →
  - 7340 1  Add or replace counter tops →
  - 7345 1  Add or replace toilet →
  - 7350 1  Add or replace tub/shower →
  - 7355 1  Add or replace sink →
  - 7360 1  Lighting fixtures →
  - 7365 1  Other electrical →
  - 7370 1  Paint, paper, wall tiles →
- (Ask across for each box marked)*

*(Ask if "Kitchen" marked in 4b)*

**d. What was done to the KITCHEN?**

*(Mark (X) all that apply.)*

- 7375 1  Move walls →
  - 7380 1  Add or replace cabinets →
  - 7385 1  Add or replace flooring →
  - 7390 1  Add or replace counter tops →
  - 7395 1  Add or replace other built-in appliances →
  - 7400 1  Add or replace sink →
  - 7405 1  Lighting fixtures →
  - 7410 1  Other electrical →
  - 7415 1  Paint, paper, wall tiles →
- (Ask across for each box marked)*

**5a. Did you renovate or alter any (other) rooms by changing their structure, that is moving, adding, or removing walls?**

- 7420 1  Yes
- 2  No - Skip to 73a(6), page 22

**b. What rooms resulted?**

*(Mark (X) all that apply.)*

- 7425 1  Bedrooms →
  - 7430 2  Other - Specify z →
- (Ask across for each box marked)*

**REGULAR OCCUPIED - Continued**

Column 73b	Column 73c	Column 73d																																																																																																																																																																																														
<p><b>In what month and year was the . . . (Specify work reported) completed?</b></p>	<p><i>Ask only for work done in last 2 years.</i></p> <p><b>Did someone in your household do most of the work?</b></p>	<p><i>Ask only for work done in the last 2 years.</i></p> <p><b>How much did the entire . . . (Specify work reported) job cost, including your costs and any amount covered by insurance (- - - /not counting your time)? (Enter "1" for jobs whose cost was reported with other work.)</b></p>																																																																																																																																																																																														
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7745	\$					00																																																																																																																																																																																										

**REGULAR OCCUPIED – Continued**

Column 73a

**6. Next are questions about OTHER work you may have done to your home in the last 2 years.**

*(If previous work reported:)* Please do not include work already reported because we don't want to count jobs twice.

Have you added or replaced —

<p><b>6a. a roof over your entire home?</b></p>	<p>7750 1 <input type="checkbox"/> Yes _____                  2 <input type="checkbox"/> No – Ask 6b(1)</p>
<p><b>b. (1) siding?</b></p>	<p>7755 1 <input type="checkbox"/> Yes – Ask 6b2                  2 <input type="checkbox"/> No – Skip to 6c(1)</p>
<p><b>(2) Did you replace or cover existing siding, or install it where none was before?</b>  <i>(Mark (X) all that apply.)</i></p> <p><i>(Ask if "replaced or covered" marked in 6b(2))</i></p>	<p>7760 1 <input type="checkbox"/> Installed/added _____                  * 2 <input type="checkbox"/> Replaced/covered – Ask 6b(3)</p>
<p><b>(3) Did you replace or cover ALL of the existing siding?</b></p>	<p>7765 1 <input type="checkbox"/> Yes } _____                  2 <input type="checkbox"/> No }</p>
<p><b>c. (1) interior water pipes?</b></p>	<p>7770 1 <input type="checkbox"/> Yes – Ask 6c2                  2 <input type="checkbox"/> No – Skip to 6d(1)</p>
<p><b>(2) Did you add pipes, or replace existing ones?</b>  <i>(Mark (X) all that apply.)</i></p> <p><i>(Ask if "replaced" marked in 6c(2))</i></p>	<p>7775 1 <input type="checkbox"/> Added _____                  * 2 <input type="checkbox"/> Replaced – Ask 6c(3)</p>
<p><b>(3) Did you replace ALL your home's interior water pipes?</b></p>	<p>7780 1 <input type="checkbox"/> Yes } _____                  2 <input type="checkbox"/> No }</p>
<p><b>d. (1) electrical wiring?</b></p>	<p>7785 1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – Skip to 6e(1)</p>
<p><b>(2) Did you add wiring or replace existing wiring?</b>  <i>(Mark (X) all that apply.)</i></p> <p><i>(Ask if "replaced" marked)</i></p>	<p>7790 1 <input type="checkbox"/> Added _____                  * 2 <input type="checkbox"/> Replaced – Ask 6d(3)</p>
<p><b>(3) Did you COMPLETELY rewire your home?</b></p>	<p>7795 1 <input type="checkbox"/> Yes _____                  2 <input type="checkbox"/> No – Skip to 6e(1)</p>
<p><b>e. (1) fuse boxes or breaker switches?</b></p>	<p>7800 1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – Skip to 73a(6f(1)), page 24</p>
<p><b>(2) Were these additions or replacements?</b>  <i>(Mark (X) all that apply.)</i></p>	<p>7805 1 <input type="checkbox"/> Additions } _____                  * 2 <input type="checkbox"/> Replacements }</p>

Notes

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**REGULAR OCCUPIED - Continued**

Column 73b	Column 73c	Column 73d
<p><b>In what month and year was the . . . (Specify work reported) completed?</b></p>	<p><i>Ask only for work done in last 2 years.</i></p> <p><b>Did someone in your household do most of the work?</b></p>	<p><i>Ask only for work done in the last 2 years.</i></p> <p><b>How much did the entire . . . (Specify work reported) job cost, including your costs and any amount covered by insurance (- - - /not counting your time)? (Enter "1" for jobs whose cost was reported with other work.)</b></p>
<p>7810    Month    Year  <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 2px;"> <span style="border: 1px solid black; padding: 2px;">1</span> <span style="border: 1px solid black; padding: 2px;">9</span> </div> </p>	<p>7815    1 <input type="checkbox"/> Yes    2 <input type="checkbox"/> No</p>	<p>7820    \$ _____ . 00</p>
<p>7825    Month    Year  <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 2px;"> <span style="border: 1px solid black; padding: 2px;">1</span> <span style="border: 1px solid black; padding: 2px;">9</span> </div> </p>	<p>7830    1 <input type="checkbox"/> Yes    2 <input type="checkbox"/> No</p>	<p>7835    \$ _____ . 00</p>
<p>7840    Month    Year  <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 2px;"> <span style="border: 1px solid black; padding: 2px;">1</span> <span style="border: 1px solid black; padding: 2px;">9</span> </div> </p>	<p>7845    1 <input type="checkbox"/> Yes    2 <input type="checkbox"/> No</p>	<p>7850    \$ _____ . 00</p>
<p>7855    Month    Year  <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 2px;"> <span style="border: 1px solid black; padding: 2px;">1</span> <span style="border: 1px solid black; padding: 2px;">9</span> </div> </p>	<p>7860    1 <input type="checkbox"/> Yes    2 <input type="checkbox"/> No</p>	<p>7865    \$ _____ . 00</p>
<p>7870    Month    Year  <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 2px;"> <span style="border: 1px solid black; padding: 2px;">1</span> <span style="border: 1px solid black; padding: 2px;">9</span> </div> </p>	<p>7875    1 <input type="checkbox"/> Yes    2 <input type="checkbox"/> No</p>	<p>7880    \$ _____ . 00</p>
<p>7885    Month    Year  <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 2px;"> <span style="border: 1px solid black; padding: 2px;">1</span> <span style="border: 1px solid black; padding: 2px;">9</span> </div> </p>	<p>7890    1 <input type="checkbox"/> Yes    2 <input type="checkbox"/> No</p>	<p>7895    \$ _____ . 00</p>
<p>7900    Month    Year  <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 2px;"> <span style="border: 1px solid black; padding: 2px;">1</span> <span style="border: 1px solid black; padding: 2px;">9</span> </div> </p>	<p>7905    1 <input type="checkbox"/> Yes    2 <input type="checkbox"/> No</p>	<p>7910    \$ _____ . 00</p>
<p>7915    Month    Year  <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 2px;"> <span style="border: 1px solid black; padding: 2px;">1</span> <span style="border: 1px solid black; padding: 2px;">9</span> </div> </p>	<p>7920    1 <input type="checkbox"/> Yes    2 <input type="checkbox"/> No</p>	<p>7925    \$ _____ . 00</p>

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**REGULAR OCCUPIED – Continued**

Column 73a

**10. The following questions are about equipment installed in your home.**

*(If previous work reported:)* Please do not include work already reported because we don't want to count jobs twice.

In the last 2 years have you added or replaced —

<p><b>10a. (1) CENTRAL air conditioning?</b></p>	<p>8210 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Skip to 10b(1)</p>
<p><b>(2) Did this replace old room units, a CENTRAL air conditioner, or did you not have air conditioning?</b></p>	<p>8215 1 <input type="checkbox"/> Replaced old room units 2 <input type="checkbox"/> Replaced CENTRAL 3 <input type="checkbox"/> No previous air conditioner } →</p>
<p><b>b. (1) built-in-heating equipment, such as a furnace, boiler, duct work, or radiators?</b></p>	<p>8220 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Skip to 73a(10c(1))</p>
<p><b>(2) Did this replace old equipment?</b></p>	<p>8225 1 <input type="checkbox"/> Yes, replaced – Ask to 10b(3) 2 <input type="checkbox"/> No, added →</p>
<p><i>(Ask if "replaced" marked)</i></p> <p><b>(3) What kind of equipment was installed?</b></p>	<p>8230 1 <input type="checkbox"/> Furnace, heat pump or boiler 2 <input type="checkbox"/> Any other equipment } →</p>
<p><b>c. (1) septic tank?</b></p>	<p>8235 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Skip to 10d(1)</p>
<p><b>(2) Did this replace another septic tank, or was it added?</b></p>	<p>8240 1 <input type="checkbox"/> Yes, replaced } → 2 <input type="checkbox"/> No, added }</p>
<p><b>d. (1) a water heater?</b></p>	<p>8245 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Skip to 10e(1)</p>
<p><b>(2) Did this replace old equipment?</b></p>	<p>8250 1 <input type="checkbox"/> Yes, replaced } → 2 <input type="checkbox"/> No, added }</p>
<p><b>e. (1) a dishwasher?</b></p>	<p>8255 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Skip to 10f(1)</p>
<p><b>(2) Did this replace old equipment?</b></p>	<p>8260 1 <input type="checkbox"/> Yes, replaced } → 2 <input type="checkbox"/> No, added }</p>
<p><b>f. (1) a garbage disposal?</b></p>	<p>8265 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Skip to 73a(11a), page 30</p>
<p><b>(2) Did this replace old equipment?</b></p>	<p>8270 1 <input type="checkbox"/> Yes, replaced } → 2 <input type="checkbox"/> No, added }</p>

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**REGULAR OCCUPIED - Continued**

Column 73b	Column 73c	Column 73d
<p><b>In what month and year was the . . . (Specify work reported) completed?</b></p>	<p><i>Ask only for work done in last 2 years.</i></p> <p><b>Did someone in your household do most of the work?</b></p>	<p><i>Ask only for work done in the last 2 years.</i></p> <p><b>How much did the entire . . . (Specify work reported) job cost, including your costs and any amount covered by insurance (- - -/not counting your time)? Enter "1" for jobs whose cost was reported with other work.)</b></p>
<p>Month      Year</p> <p>8275    <input type="text"/> <input type="text"/>    1 9 <input type="text"/> <input type="text"/></p>	<p>8280    1 <input type="checkbox"/> Yes    2 <input type="checkbox"/> No</p>	<p>8285    \$ _____ . 00</p>
<p>Month      Year</p> <p>8290    <input type="text"/> <input type="text"/>    1 9 <input type="text"/> <input type="text"/></p>	<p>8295    1 <input type="checkbox"/> Yes    2 <input type="checkbox"/> No</p>	<p>8300    \$ _____ . 00</p>
<p>Month      Year</p> <p>8305    <input type="text"/> <input type="text"/>    1 9 <input type="text"/> <input type="text"/></p>	<p>8310    1 <input type="checkbox"/> Yes    2 <input type="checkbox"/> No</p>	<p>8315    \$ _____ . 00</p>
<p>Month      Year</p> <p>8320    <input type="text"/> <input type="text"/>    1 9 <input type="text"/> <input type="text"/></p>	<p>8325    1 <input type="checkbox"/> Yes    2 <input type="checkbox"/> No</p>	<p>8330    \$ _____ . 00</p>
<p>Month      Year</p> <p>8335    <input type="text"/> <input type="text"/>    1 9 <input type="text"/> <input type="text"/></p>	<p>8340    1 <input type="checkbox"/> Yes    2 <input type="checkbox"/> No</p>	<p>8345    \$ _____ . 00</p>
<p>Month      Year</p> <p>8350    <input type="text"/> <input type="text"/>    1 9 <input type="text"/> <input type="text"/></p>	<p>8355    1 <input type="checkbox"/> Yes    2 <input type="checkbox"/> No</p>	<p>8360    \$ _____ . 00</p>
<p>Month      Year</p> <p>8365    <input type="text"/> <input type="text"/>    1 9 <input type="text"/> <input type="text"/></p>	<p>8370    1 <input type="checkbox"/> Yes    2 <input type="checkbox"/> No</p>	<p>8375    \$ _____ . 00</p>

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**REGULAR OCCUPIED - Continued**

Column 73a

**11a. Did we miss any other MAJOR improvements or repair jobs done INSIDE your home in the last 2 years?**

*(Do not count painting or decorating)*

*(FR: Outside work done to the property will be captured in a later question.)*

8380 1  Yes  
2  No - Skip to 11c

**b. What was the job?**

Job 1

Job 2

Job 3

*(Ask across for each job entered)*

**11c. Check Item (See item 23, page 2.)**

- Unit is in a multi-unit structure - Skip to item 74, page 32  
 Unit is NOT in a multi-unit structure - Ask 73a(12)

*(Multi-units skip to item 74, page 32)*

**12. Now, about work done to your LOT or YARD. In the last 2 years, have you added or replaced —**

**a. driveways or walkways?**

8385 1  Yes —————→  
2  No - Ask 12b

**b. fencing or walls?**

8390 1  Yes —————→  
2  No - Ask 12c

**c. a patio, terrace, or a detached deck?**

8395 1  Yes —————→  
2  No - Ask 12d

**d. a swimming pool, tennis court, or other recreational structure?**

8400 1  Yes —————→  
2  No - Ask 12e

**e. a shed, detached garage, or other building?**

8405 1  Yes —————→  
2  No - Ask 13a

**13a. Did we miss any other MAJOR improvements or repair jobs done to your LOT or YARD in the last 2 years?**

8410 1  Yes  
2  No - Skip to 74, page 32

**b. What was the job?**

Job 1

Job 2

Job 3

*(Ask across for each job entered)*

**REGULAR OCCUPIED - Continued**

Column 73b	Column 73c	Column 73d
<p><b>In what month and year was the . . .</b> <i>(Specify work reported) completed?</i></p>	<p><i>Ask only for work done in last 2 years.</i></p> <p><b>Did someone in your household do most of the work?</b></p>	<p><i>Ask only for work done in the last 2 years.</i></p> <p><b>How much did the entire . . .</b> <i>(Specify work reported) job cost, including your costs and any amount covered by insurance (- - - /not counting your time.)?</i> <i>Enter "1" for jobs whose cost was reported with other work.)</i></p>
<p>Month      Year</p> <p>8420    <input type="text"/> <input type="text"/>    <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <b>1 9</b> <input type="text"/> <input type="text"/></p> <p>Month      Year</p> <p>8435    <input type="text"/> <input type="text"/>    <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <b>1 9</b> <input type="text"/> <input type="text"/></p> <p>Month      Year</p> <p>8450    <input type="text"/> <input type="text"/>    <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <b>1 9</b> <input type="text"/> <input type="text"/></p>	<p>8425    1 <input type="checkbox"/> Yes      2 <input type="checkbox"/> No</p> <p>8440    1 <input type="checkbox"/> Yes      2 <input type="checkbox"/> No</p> <p>8455    1 <input type="checkbox"/> Yes      2 <input type="checkbox"/> No</p>	<p>8430    \$ _____ . <input type="text"/> <input type="text"/> <b>00</b></p> <p>8445    \$ _____ . <input type="text"/> <input type="text"/> <b>00</b></p> <p>8460    \$ _____ . <input type="text"/> <input type="text"/> <b>00</b></p>
<p>Month      Year</p> <p>8465    <input type="text"/> <input type="text"/>    <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <b>1 9</b> <input type="text"/> <input type="text"/></p> <p>Month      Year</p> <p>8480    <input type="text"/> <input type="text"/>    <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <b>1 9</b> <input type="text"/> <input type="text"/></p> <p>Month      Year</p> <p>8495    <input type="text"/> <input type="text"/>    <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <b>1 9</b> <input type="text"/> <input type="text"/></p>	<p>8470    1 <input type="checkbox"/> Yes      2 <input type="checkbox"/> No</p> <p>8485    1 <input type="checkbox"/> Yes      2 <input type="checkbox"/> No</p> <p>8500    1 <input type="checkbox"/> Yes      2 <input type="checkbox"/> No</p>	<p>8475    \$ _____ . <input type="text"/> <input type="text"/> <b>00</b></p> <p>8490    \$ _____ . <input type="text"/> <input type="text"/> <b>00</b></p> <p>8505    \$ _____ . <input type="text"/> <input type="text"/> <b>00</b></p>
<p>Month      Year</p> <p>8510    <input type="text"/> <input type="text"/>    <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <b>1 9</b> <input type="text"/> <input type="text"/></p> <p>Month      Year</p> <p>8525    <input type="text"/> <input type="text"/>    <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <b>1 9</b> <input type="text"/> <input type="text"/></p>	<p>8515    1 <input type="checkbox"/> Yes      2 <input type="checkbox"/> No</p> <p>8530    1 <input type="checkbox"/> Yes      2 <input type="checkbox"/> No</p>	<p>8520    \$ _____ . <input type="text"/> <input type="text"/> <b>00</b></p> <p>8535    \$ _____ . <input type="text"/> <input type="text"/> <b>00</b></p>
<p>Month      Year</p> <p>8540    <input type="text"/> <input type="text"/>    <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <b>1 9</b> <input type="text"/> <input type="text"/></p> <p>Month      Year</p> <p>8555    <input type="text"/> <input type="text"/>    <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <b>1 9</b> <input type="text"/> <input type="text"/></p> <p>Month      Year</p> <p>8570    <input type="text"/> <input type="text"/>    <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <b>1 9</b> <input type="text"/> <input type="text"/></p>	<p>8545    1 <input type="checkbox"/> Yes      2 <input type="checkbox"/> No</p> <p>8560    1 <input type="checkbox"/> Yes      2 <input type="checkbox"/> No</p> <p>8575    1 <input type="checkbox"/> Yes      2 <input type="checkbox"/> No</p>	<p>8550    \$ _____ . <input type="text"/> <input type="text"/> <b>00</b></p> <p>8565    \$ _____ . <input type="text"/> <input type="text"/> <b>00</b></p> <p>8580    \$ _____ . <input type="text"/> <input type="text"/> <b>00</b></p>

**REGULAR OCCUPIED - Continued**

**74.** Check Item (See item 73a.)  
 One or more jobs reported in item 73 - Ask item 75  
 No jobs reported in item 73 - 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? ~ 6 11 ↓  
 2830 1  Yes  
 2  No

**76.** In the TYPICAL YEAR, about how much does your household spend for routine repairs and maintenance, such as painting, plumbing, roofing, or other minor repairs?  
 2840 \$ \_\_\_\_\_ 00

**77.** Check Item (See item 23, page 2.)  
 Mobile home either one-unit or two-or-more units - Skip to item 79a  
 Not a mobile home - Ask item 78

**78.** About when was the building originally built?  
 1980 or later    
 Month Year } Skip to item 81a  
 2910  1979  
 2910 1  1979  
 2  75 - 78  
 3  70 - 74  
 4  60 - 69  
 5  50 - 59  
 6  40 - 49  
 7  30 - 39  
 8  20 - 29  
 9  1919 or earlier } Skip to item 81b

**79a.** 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

**b.** Is your mobile home included in a group of 2 or more?  
 3540 1  Yes  
 2  No, mobile home not in a group - Skip to item 80

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

**80.** What is the model year of the mobile home? ~ 6 11 ↓  
 1980 or later    
 Year } Ask item 81a  
 2910  1979  
 2910 1  1979  
 2  75 - 78  
 3  70 - 74  
 4  60 - 69  
 5  50 - 59  
 6  40 - 49  
 7  1939 or earlier } Skip to item 81b

**81a.** Were you the first (person/people) to occupy this home or did someone else live here before you?  
 2920 1  First occupants  
 2  Previously occupied

**b.** Is this home currently for rent or sale?  
 2923 1  Yes  
 2  No - Skip to item 82a, page 33

**c.** Is it currently —  
 (Read all answer categories.)  
 2925 1  Up for rent only  
 2  Up for rent or for sale  
 3  For sale only  
 4  Rented, but not yet occupied by the leased tenants  
 5  Sold, but not yet occupied by the owner?



**REGULAR OCCUPIED - Continued**

**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

0  Don't know - Ask item 84b

MARK OR ASK -

**b. 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 35

**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 35

**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 35

**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 35

**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 35

**REGULAR OCCUPIED - Continued**

**88a. 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

0  Don't know - Ask item 88b

-----  
MARK OR ASK -

3020 1  Yes  
2  No

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

**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. You may check your records if you wish.**

**92. Is there a mortgage, a Home Equity Loan, or other type of loan on this (house/apartment)?**

*(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 38*

**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 95a
- Respondent is not an owner or owner's spouse - Callback required - Mark item 9, page 1; then skip to item 98a, page 38

**95a. How many mortgages are there now on the home/property?**

3220 \_\_\_\_\_ Number of mortgages

**b. (Are any of these/Is this) a home equity loan?**

3225 1  Yes  
2  No } Go to 96a, page 36

**REGULAR OCCUPIED - Continued**

	FIRST (MORTGAGE/LOAN)	SECOND (MORTGAGE/LOAN)
<b>96a. Did you get the current (first/second) mortgage the same year you bought your home?</b>	~ 6 18 v 3230 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to item 96e	~ 6 19 v 3230 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>	3240 1 <input type="checkbox"/> New - Skip to item 96f 2 <input type="checkbox"/> Assumed 3 <input type="checkbox"/> Wrap-around - Skip to item 96f	3240 1 <input type="checkbox"/> New - Skip to item 96f 2 <input type="checkbox"/> Assumed 3 <input type="checkbox"/> Wrap-around - Skip to item 96f
<b>c. How much was left to pay off when you assumed it?</b>	3250 \$ _____ .00	3250 \$ _____ .00
<b>d. How many years remained on the mortgage then?</b>	3260 _____ Years - Skip to item 96i	3260 _____ Years - Skip to item 96i
<b>e. What year did you get the mortgage?</b>	3280 <b>1 9</b> _____ Year	3280 <b>1 9</b> _____ Year
<b>f. When you first obtained THIS mortgage, how many years was it for?</b>	3290 _____ Years - If less than 15, ask item 96g; if 15 or more, skip to item 96h 0 <input type="checkbox"/> Can vary - Ask item 96g	3290 _____ Years - If less than 15, ask item 96g; if 15 or more, skip to item 96h 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>	3300 _____ Years	3300 _____ Years
<b>h. How much was borrowed?</b>	3310 \$ _____ .00	3310 \$ _____ .00
<b>i. Does this mortgage cover -</b>		
<b>(1) Other homes or apartments besides this one?</b>	3320 1 <input type="checkbox"/> Yes -Skip to item 96j 2 <input type="checkbox"/> No	3320 1 <input type="checkbox"/> Yes -Skip to item 96j 2 <input type="checkbox"/> No
<b>(2) Farm land?</b>	3330 1 <input type="checkbox"/> Yes -Skip to item 96j 2 <input type="checkbox"/> No	3330 1 <input type="checkbox"/> Yes -Skip to item 96j 2 <input type="checkbox"/> No
<b>(3) A business on this property?</b>	3340 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to item 96k	3340 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to item 96k
<b>j. How much of the . . . (Amount in item 96c or h) applies just to your home?</b>	3350 \$ _____ .00	3350 \$ _____ .00
<b>k. What is the current interest rate on the mortgage? (Annual percentage rate) (Round down to nearest 1/4)</b>	3360 _____ Whole number 3370 0 <input type="checkbox"/> No fraction 2 <input type="checkbox"/> 1/2 1 <input type="checkbox"/> 1/4 3 <input type="checkbox"/> 3/4	3360 _____ Whole number 3370 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>	3380 \$ _____ .00	3380 \$ _____ .00
<b>m. Besides principal and interest, does this payment include -</b>		
<b>(1) Property taxes?</b>	3390 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	3390 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>(2) Homeowner's insurance?</b>	3400 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	3400 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>(3) Anything else?</b>	3410 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to item 96n, page 37	3410 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to item 96n, page 37
<b>(4) How much were the other charges last year? (Do not include property taxes or homeowner's insurance.)</b>	3420 \$ _____ .00	3420 \$ _____ .00

**REGULAR OCCUPIED - Continued**

**96n. Is the mortgage an FHA, a VA, a Farmer's Home Administration, or some other type?**

FIRST (MORTGAGE/LOAN)

SECOND (MORTGAGE/LOAN)

~ 6 18 ↓

~ 6 19 ↓

- 3430
- 1  FHA (Federal Housing Administration) } *Skip to item 96q*
  - 2  VA (Veterans' Administration) }
  - 3  Farmer's Home Administration - *Go to Item 96s*
  - 4  Some other type
  - 5  Don't know

- 3430
- 1  FHA (Federal Housing Administration) } *Skip to item 96q*
  - 2  VA (Veterans' Administration) }
  - 3  Farmer's Home Administration - *Go to Item 96s*
  - 4  Some other type
  - 5  Don't know

**o. Did you borrow the money from a bank or other organization, OR did you borrow it from an individual?**

- 3440
- 1  Bank or other organization - *Skip to item 96q*
  - 2  Individual

- 3440
- 1  Bank or other organization - *Skip to item 96q*
  - 2  Individual

**p. Was that the former owner of the home?**

- 3450
- 1  Yes
  - 2  No

- 3450
- 1  Yes
  - 2  No

**q. Are the payments on this loan the same during the whole length of the mortgage?**

- 3460
- 1  Yes - *Skip to item 96s*
  - 2  No

- 3460
- 1  Yes - *Skip to item 96s*
  - 2  No

**r. How do they change?**

*(Mark (X) all that apply.)*

- 3470
- \*
- 1  Change in taxes or insurance, or due to decline in principle balance —
- Do they change for any other reason?**
- Yes - *Mark box 2, 3, 4, 5 and/or 7*
  - No - *Go to item 96s*
  - 2  Change based on interest rates
  - 3  Rise at fixed schedule during part of loan
  - 4  Rise at fixed schedule during whole length of loan
  - 5  Last payment biggest
  - 7  Other - *Specify* ↘

- 3470
- \*
- 1  Change in taxes or insurance, or due to decline in principle balance —
- Do they change for any other reason?**
- Yes - *Mark box 2, 3, 4, 5 and/or 7*
  - No - *Go to item 96s*
  - 2  Change based on interest rates
  - 3  Rise at fixed schedule during part of loan
  - 4  Rise at fixed schedule during whole length of loan
  - 5  Last payment biggest
  - 7  Other - *Specify* ↘

*(If box 5 marked above, ask) -*

*(If box 5 marked above, ask) -*

**Of the total amount you borrowed, what percentage will have to be paid off in this last payment?** ↘

**Of the total amount you borrowed, what percentage will have to be paid off in this last payment?** ↘

- 3480
- 1  1-25 percent
  - 2  26-50
  - 3  51-75
  - 4  76-100

- 3480
- 1  1-25 percent
  - 2  26-50
  - 3  51-75
  - 4  76-100

**s. Check item (See item 95a, page 35.)**

- One mortgage - *Skip to item 98a, page 38*
- Two or more mortgages - *Go back to item 96a*

- Only two mortgages - *Skip to item 98a, page 38*
- Three or more mortgages - *Ask item 97a*

**97a. For the (third mortgage/other mortgages), how much did you borrow?**

~ 6 11 ↓

3490 \$ \_\_\_\_\_ . 00

**b. What is your current monthly payment for the (third mortgage/other mortgages)?**

3500 \$ \_\_\_\_\_ . 00

Notes

**REGULAR OCCUPIED - Continued**

**98a.** Check Item (See item 23, page 2.)

- Mobile home either one-unit or two-or-more-units - Skip to item 101a
- Not a mobile home - Go to item 98b

**b.** Check Item (See item 25a, page 2.)

- Condominium or cooperative - Ask item 99a
- All others - Skip to item 103a, page 39

**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.)

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

(Exclude taxes past due from other years.)

(Subtract any rebates.)

**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 40

**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 40

**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?

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

(Include all connecting owned land. Include school taxes, special assessments, and any other real estate taxes.)

(Exclude taxes past due from other years.)

(Subtract any rebates.)

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

3524 1  Yes  
2  No - Skip to item 102a, page 39

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

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

Notes

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**REGULAR OCCUPIED - Continued**

**102a.** Check Item (See item 88f, page 34.)

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

**b.** Check Item (See item 92, page 35.)

- 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?

**2511** ~ 6 11 v

- 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?

**2517** ~ 6 11 v

- 1  Yes
- 2  No - Skip to item 109a, page 40

**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 40

**103a.** What were the real estate taxes last year for this home and its land?

(Include all connecting owned land. If multi-unit building, estimate share for sample unit. Include school taxes, special assessments, and any other real estate taxes.)

(Exclude taxes past due from other years.)

(Subtract any rebates.)

**3520**

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

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

**3524**

- 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

**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 40

**106.** In some parts of the country people own their homes but rent the land.

**3610**

- 1  Yes
- 2  No - Skip to item 109a, page 40

Do you pay rent for the land?

**REGULAR OCCUPIED - Continued**

**107.** Check Item (See item 92, page 35.)  
 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 (homeowner's/household property) insurance? 3650 1  Yes  
 2  No - Skip to item 110

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

**110.** Now I have some questions about the costs for electricity, gas, and other utilities for your home (this unit). Because accurate costs are important it will help if you would look up the amounts in your checkbook or other records.

*(Respondent may also use amounts entered in the respondent letter. If 2 or more utilities are billed together, try to obtain the costs for each one separately.)*

**a. (1)** Do you have any records available showing your costs for electricity, SEPARATE FROM OTHER UTILITIES? 3655  Yes - Ask item 110a(2)  
 No - Skip to item 110a(4)  
*(Mark "No" if records available, but separate costs not shown.)*

**(2)** From your records, what were the costs for electricity for the months of - ~ 6 12 v

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

*(Read months and appropriate year categories.)*  
*(Do not include cents.)*

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

**(4)** In the past 12 months what was the average MONTHLY cost for electricity? 3670 \$ \_\_\_\_\_ .00  
*(Average MONTHLY cost)*  
**OR -**  
3680 1  Electricity not used  
 2  Included in rent, site rent, condominium, or other fee, etc.  
 3  Obtained free

*(If "All electric home," mark the "No" box without asking.)*  
**b. (1)** Do you use gas? 3700  Yes  
 1  No - Skip to item 110d, page 41

**(2)** Is the gas from underground pipes or bottled gas? 3720 1  Underground pipes serving neighborhood  
 2  Bottled gas - Skip to item 110c(4), page 41

**c. (1)** Do you have any records available showing your costs for gas, SEPARATE FROM OTHER UTILITIES? 3750  Yes - Ask item 110c(2)  
 No - Skip to item 110c(4), page 41  
*(Mark "No" if records available, but separate costs not shown.)*

**(2)** From your records, what were the costs for gas for the months of - ~ 6 12 v

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

*(Read months and appropriate year categories.)*  
*(Do not include cents.)*

**(3)** Check Item  
 Gas costs entered for 2 or more months - Skip to item 110d, page 41  
 Gas costs entered for 1 month or none - Ask item 110c(4), page 41



**REGULAR OCCUPIED - Continued**

**111a.** How many automobiles are kept at home for use by members of your household? Exclude vans or trucks. ~ 6 11 ↓  
3850 \_\_\_\_\_ Number  
 None

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**b.** How many vans or trucks of one-ton capacity or less are kept at home for use by members of your household? ~ 6 11 ↓  
3860 \_\_\_\_\_ Number  
 None

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

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

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

	~ 6 20 ↓	~ 6 21 ↓	~ 6 22 ↓	~ 6 23 ↓
<b>113.</b> Enter line number →	<span style="border: 1px solid black; padding: 2px;">3880</span> Line number _____	<span style="border: 1px solid black; padding: 2px;">3880</span> Line number _____	<span style="border: 1px solid black; padding: 2px;">3880</span> Line number _____	<span style="border: 1px solid black; padding: 2px;">3880</span> Line number _____
<b>a.</b> Does . . . pay a regular fixed rent as a lodger to someone in this household?	<span style="border: 1px solid black; padding: 2px;">3890</span> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to next nonrelative; if no other nonrelative, skip to item 114	<span style="border: 1px solid black; padding: 2px;">3890</span> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to next nonrelative; if no other nonrelative, skip to item 114	<span style="border: 1px solid black; padding: 2px;">3890</span> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to next nonrelative; if no other nonrelative, skip to item 114	<span style="border: 1px solid black; padding: 2px;">3890</span> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to next nonrelative; if no other nonrelative, skip to item 114
<b>b.</b> How often is . . . 's rent due?	<span style="border: 1px solid black; padding: 2px;">3900</span> _____ Times/year 12 <input type="checkbox"/> Monthly	<span style="border: 1px solid black; padding: 2px;">3900</span> _____ Times/year 12 <input type="checkbox"/> Monthly	<span style="border: 1px solid black; padding: 2px;">3900</span> _____ Times/year 12 <input type="checkbox"/> Monthly	<span style="border: 1px solid black; padding: 2px;">3900</span> _____ Times/year 12 <input type="checkbox"/> Monthly
<b>c.</b> How much is the rent?	<span style="border: 1px solid black; padding: 2px;">3910</span> \$ _____ 00	<span style="border: 1px solid black; padding: 2px;">3910</span> \$ _____ 00	<span style="border: 1px solid black; padding: 2px;">3910</span> \$ _____ 00	<span style="border: 1px solid black; padding: 2px;">3910</span> \$ _____ 00
<b>d.</b> Does that include food?	<span style="border: 1px solid black; padding: 2px;">3920</span> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<span style="border: 1px solid black; padding: 2px;">3920</span> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<span style="border: 1px solid black; padding: 2px;">3920</span> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<span style="border: 1px solid black; padding: 2px;">3920</span> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>e.</b>	Go to next nonrelative; if none, go to item 114	Go to next nonrelative; if none, go to item 114	Go to next nonrelative; if none, go to item 114	Go to next nonrelative; if none, go to item 114

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

**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?**

	~ 6 24 ↓	Line number	Amount
<span style="border: 1px solid black; padding: 2px;">3940</span>	↓	<span style="border: 1px solid black; padding: 2px;">3950</span> _____	\$ _____ 00 <input type="checkbox"/> None
<span style="border: 1px solid black; padding: 2px;">3960</span>	↓	<span style="border: 1px solid black; padding: 2px;">3970</span> _____	\$ _____ 00 <input type="checkbox"/> None
<span style="border: 1px solid black; padding: 2px;">3980</span>	↓	<span style="border: 1px solid black; padding: 2px;">3990</span> _____	\$ _____ 00 <input type="checkbox"/> None
<span style="border: 1px solid black; padding: 2px;">4000</span>	↓	<span style="border: 1px solid black; padding: 2px;">4010</span> _____	\$ _____ 00 <input type="checkbox"/> None
<span style="border: 1px solid black; padding: 2px;">4020</span>	↓	<span style="border: 1px solid black; padding: 2px;">4030</span> _____	\$ _____ 00 <input type="checkbox"/> None
<span style="border: 1px solid black; padding: 2px;">4040</span>	↓	<span style="border: 1px solid black; padding: 2px;">4050</span> _____	\$ _____ 00 <input type="checkbox"/> None
<span style="border: 1px solid black; padding: 2px;">4060</span>	↓	<span style="border: 1px solid black; padding: 2px;">4070</span> _____	\$ _____ 00 <input type="checkbox"/> None
<span style="border: 1px solid black; padding: 2px;">4080</span>	↓	<span style="border: 1px solid black; padding: 2px;">4090</span> _____	\$ _____ 00 <input type="checkbox"/> None
<span style="border: 1px solid black; padding: 2px;">4100</span>	↓	<span style="border: 1px solid black; padding: 2px;">4110</span> _____	\$ _____ 00 <input type="checkbox"/> None
<span style="border: 1px solid black; padding: 2px;">4120</span>	↓	<span style="border: 1px solid black; padding: 2px;">4130</span> _____	\$ _____ 00 <input type="checkbox"/> None

**REGULAR OCCUPIED - Continued**

**115a. In the past 12 months did . . . , . . . , or . . .**

~ 6 11 v

*(Specify names for line numbers in item 114) —*

- |  |      |                                |                               |
|--|------|--------------------------------|-------------------------------|
| <b>(1) Have a business, farm or ranch?</b> .....   | 4140 | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No |
| <b>(2) Receive Social Security or pensions?</b> .....  | 4160 | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No |
| <b>(3) Have interest from savings accounts, money market funds, IRA's, certificates of deposit or other interest bearing accounts?</b> ..... | 4170 | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No |
| <b>(4) Have dividends from stocks?</b> .....   | 4175 | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No |
| <b>(5) Receive rental income?</b> .....  | 4180 | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No |
| <b>(6) Receive SSI, AFDC or other forms of welfare?</b> .....  | 4190 | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No |
| <b>(7) Receive alimony or child support?</b> .....   | 4210 | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No |
| <b>(8) Receive worker's compensation or other disability payments?</b> .....   | 4215 | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No |
| <b>(9) Receive unemployment compensation, any veterans' payments not already mentioned, or any other income?</b> .....                       | 4220 | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No |

*If all "No," skip to item 115c*

**b. In the past 12 months what was the total income from (Sources marked "Yes" in item 115a) (- - - /after deducting expenses and losses from business/farm/ranch and/or rental income)?**

4230 \$ \_\_\_\_\_ . 00 **OR** Total income after deducting expenses and losses

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

4240 \$ \_\_\_\_\_ . 00 **OR** Amount of total net loss

None or broke even

**c. We want to make sure we have included (all your income/all the income for the family). In the past 12 months, did (you/any of the family) have any income not already mentioned?**

4242 1  Yes - Determine income amount and correct 114 and/or 115a and 115b  
2  No

*(Exclude children 13 years or younger. Exclude income of persons NOT related to the reference person.)*

**d. Is the total (- - - /family) income THIS MONTH about the same as it was a year ago?**

4244 1  Yes - About the same, or within 10 percent, or just cost of living adjustments - Skip to item 116  
2  No

**e. What do you expect the total (- - - /family) income to be in the NEXT 12 MONTHS?**

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

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

- Total income over \$25,000 - Skip to item 118a,, page 44
- Income \$25,000 or less - Skip to item 117b, page 44
- Income is refused, NA or DK - Ask item 117a, page 44

Notes

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Notes



A series of horizontal lines for writing notes, filling most of the page.

**REGULAR OCCUPIED - Continued**

<p><b>120a. Did</b> <i>(Specify names of all household members age 14+)</i> <b>work at any time last week?</b> <i>If "Yes," list line number.</i></p> <p><i>(Do NOT count persons who were absent from work all last week due to illness, vacation, strike, layoff, etc., as having worked.)</i></p>	<p align="center">~ 625 ↓</p> <p>4440 00 <input type="checkbox"/> No workers - Skip to item 121a, page 48</p> <p>4440 <span style="border: 1px solid black; padding: 2px 10px;">     </span> Line number</p>
<p><b>b. Did . . . usually report to the same location to begin work each day?</b></p>	<p>4445 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p><b>c. In what city and State did . . . work last week?</b> <i>(Enter 2-character State code from flashcard.)</i></p>	<p>4450 0 <input type="checkbox"/> Outside U.S. - Skip to item 120m</p> <p>City or place <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span></p> <p>State <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span></p>
<p><b>d. OFFICE USE ONLY</b></p>	
<p><b>e. Is . . . 's place of work inside the incorporated limits of</b> <i>(City above)?</i></p>	<p>4480 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No or not incorporated place 3 <input type="checkbox"/> Don't know</p>
<p><b>f. OFFICE USE ONLY</b></p>	
<p><b>g. How did . . . usually get to work last week?</b></p> <p><i>PROBES: (If a person uses different means of transportation on different days . . .)</i> <b>Which did . . . use most often?</b></p> <p><i>(If a person uses more than one means of transportation on the same day . . .)</i> <b>Which covered the longest distance?</b></p>	<p>4500 1 <input type="checkbox"/> Car, truck, van <input checked="" type="checkbox"/> <b>Did . . . drive alone or go with others?</b></p> <p>4510 2 <input type="checkbox"/> Alone - Skip to item 120i 3 <input type="checkbox"/> Go with others - Ask item 120h</p> <p>4500 4 <input type="checkbox"/> Bus or street car . 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 . . . } Skip to item 120i 12 <input type="checkbox"/> Works at home - Skip to item 120l</p>
<p><b>h. How many people including . . . usually ride in the</b> <b>(car/truck/van)?</b></p>	<p>4520 _____ Number</p>
<p><b>i. How many minutes did it usually take . . . to get to work?</b></p>	<p>4530 _____ Minutes 00 <input type="checkbox"/> Work place varies</p>
<p><b>j. What time did . . . usually leave for work?</b></p>	<p>Hours Minutes</p> <p>4540 <span style="border: 1px solid black; padding: 2px 5px;">  </span> <span style="border: 1px solid black; padding: 2px 5px;">  </span> <span style="border: 1px solid black; padding: 2px 5px;">  </span> <span style="border: 1px solid black; padding: 2px 5px;">  </span></p> <p>4550 1 <input type="checkbox"/> a.m. 2 <input type="checkbox"/> p.m.</p>
<p><b>k. How many miles was . . . 's trip to work?</b></p>	<p>4560 _____ Miles 00 <input type="checkbox"/> Less than 1 mile</p>
<p><b>l.(1) Last week, did . . . do any of his/her regularly scheduled work for his/her employer at home?</b></p>	<p>4561 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to (3)</p>
<p><b>(2) Last week, how many hours did . . work at home on a wage or salary job?</b></p>	<p>4562 _____ Hours</p>
<p><b>(3) Last week, how many hours did . . work at home as a self-employed person or contract worker or business owner?</b></p>	<p>4563 _____ Hours</p>
<p><b>(4) How many separate days last week did ... work at home instead of traveling to work?</b></p>	<p>4564 _____ Days</p>
<p><b>m.</b></p>	<p align="center"><i>Go to next worker; if none, go to item 121a, page 48</i></p>

**REGULAR OCCUPIED - Continued**

**~ 6 26 ↓**

**~ 6 27 ↓**

**~ 6 28 ↓**

**4440**  Line number

**4440**  Line number

**4440**  Line number

**4445** 1  Yes  
2  No

**4445** 1  Yes  
2  No

**4445** 1  Yes  
2  No

**4450** 0  Outside U.S. - Skip to item 120m  
City or place  
  
State

**4450** 0  Outside U.S. - Skip to item 120m  
City or place  
  
State

**4450** 0  Outside U.S. - Skip to item 120m  
City or place  
  
State

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

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

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

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

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

**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

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

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

**4500** 4  Bus or street car  
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 120i

} Skip to item 120i

**4500** 4  Bus or street car . . . . .  
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 120i

} Skip to item 120i

**4500** 4  Bus or street car . . . . .  
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 120i

} Skip to item 120i

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

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

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

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

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

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

**4540** Hours  Minutes   
**4550** 1  a.m. 2  p.m.

**4540** Hours  Minutes   
**4550** 1  a.m. 2  p.m.

**4540** Hours  Minutes   
**4550** 1  a.m. 2  p.m.

**4560** \_\_\_\_\_ Miles  
00  Less than 1 mile

**4560** \_\_\_\_\_ Miles  
00  Less than 1 mile

**4560** \_\_\_\_\_ Miles  
00  Less than 1 mile

**4561** 1  Yes  
2  No - Skip to (3)

**4561** 1  Yes  
2  No - Skip to (3)

**4561** 1  Yes  
2  No - Skip to (3)

**4562** \_\_\_\_\_ Hours

**4562** \_\_\_\_\_ Hours

**4562** \_\_\_\_\_ Hours

**4563** \_\_\_\_\_ Hours

**4563** \_\_\_\_\_ Hours

**4563** \_\_\_\_\_ Hours

**4564** \_\_\_\_\_ Days

**4564** \_\_\_\_\_ Days

**4564** \_\_\_\_\_ Days

Go to next worker; if none, go to item 121a, page 48

Go to next worker; if none, go to item 121a, page 48

Go to next worker; if none, go to item 121a, page 48





**URE INTERVIEWS**

MARK OR ASK -

~ 6 61 ↓

**124. Are your living quarters in a -**  
(Read all answer categories.)

- 1120
- 1  **one-unit mobile home?** - Skip to item 127 and mark box "4"
  - 2  **one-unit building, detached from any other building?** - Skip to item 127 and mark box "1"
  - 3  **one-unit building, attached to one or more buildings?** - Skip to item 126a
  - 4  **building/mobile home with two or more apartments?** - Skip to item 125b

**125a. WASHINGTON USE ONLY**

b. How many apartments are in the (building/mobile home)?

1140 \_\_\_\_\_ Number - Skip to item 127 and mark box "3" or "5"

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

- 1150
- 1  Yes
  - 2  No . . . . .
  - 3  Don't know } Skip to item 126c

b. How many (houses/apartments) including this one share the attic or basement?

1160 \_\_\_\_\_ Number - If one, reask item 126a and correct entry  
If more than one, skip to item 127 and mark box "3"

c. Does the (house/apartment) share a furnace or boiler with the (house/apartment) next door?

- 1170
- 1  Yes
  - 2  No . . . . .
  - 3  Don't know } Skip to item 127 and mark box 2

d. How many (houses/apartments) including this one share the furnace or boiler?

1180 \_\_\_\_\_ Number - If one, reask item 126c and correct entry  
If more than one, skip to item 127 and mark box "3"

e. WASHINGTON USE ONLY

f. WASHINGTON USE ONLY

**127. Check Item**  
Final structure type classification based on entries in items 124 - 126.

- 1210
- 1  One-unit building - detached
  - 2  One-unit building - attached
  - 3  Two-or-more-unit building . . . . .
  - 4  Mobile home - one unit . . . . .
  - 5  Mobile home - two-or-more units } Skip to item 129a

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

- 1220
- 1  **with a basement under all the building?**
  - 2  **with a basement under part of the building?**
  - 3  **with a crawl space?**
  - 4  **on a concrete slab?**
  - 5  **in some other way?** - Specify \_\_\_\_\_

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

- 1230
- 3  No . . . . .
  - 2  Yes, condominium } Skip to item 130a, page 51
  - 1  Yes, cooperative

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

- Yes
- No - Reask item 129a and correct entry

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

**URE INTERVIEWS - Continued**

**130a. How many of each of the following rooms does the (house/apartment) have?**

*(For a one room efficiency or studio apartment, enter "1" for living room, enter the correct number of bathrooms, and mark "None" for all other rooms.)*

- (1) Bedrooms?** .....  \_\_\_\_\_ Number  
 None
- (2) How many full bathrooms with hot and cold piped water, AND a sink, AND a flush toilet, AND a bathtub or shower?** .....  \_\_\_\_\_ Number  
 None
- (3) How many half bathrooms?**  
*(Toilet OR bathtub OR shower)* .....  \_\_\_\_\_ Number  
 None
- (4) Kitchens?** .....  \_\_\_\_\_ Number  
 None
- (5) Living rooms?** .....  \_\_\_\_\_ Number  
 None
- (6) Separate dining rooms?** .....  \_\_\_\_\_ Number  
 None

**b. Are there any other rooms?**

*(Exclude halls, foyers, pantries, garages, porches or areas that aren't separated by a built-in, floor-to-ceiling wall extending at least a few inches into room.)*

- 1  Yes  
 2  No - Skip to item 130d

**c. What are they?**

*(Complete all 3 parts.)*

- \_\_\_\_\_ Number of family rooms, dens, recreation rooms and/or libraries  
 None
- \_\_\_\_\_ Number of rooms that are business space with direct access to outside  
 None
- \_\_\_\_\_ Number of other rooms, finished or unfinished  
 None

**d. Check Item (See items 125b and 127.)**

- 1 or 2 unit building  
 Mobile home not in park  
 3 or more unit building or mobile home in park - Skip to item 131, page 52
- } Ask item 130e

**e. Are there any mobile homes on this property (- - - /other than this one)?**

- 1  Yes  
 2  No - Skip to item 131, page 52

**f. What is the model year of (each/the) mobile home (- - - /excluding this one.)**

*(Exclude mobile home(s) already listed in Table X or on the listing sheet.)*

- 
- 
- 
- 
- 

- 1  All mobile homes already listed

**URE INTERVIEWS - Continued**

**131. Does the (house/apartment) have a kitchen sink?**  
*(Exclude sink used on a regular basis by someone living outside the unit.)*

**~ 6 6 1 ↓**

**1340** 1  Yes  
 2  No

**132. Check Item (See item 130a, page 51.)**  
 One or more full bathrooms – *Skip to item 133c*  
 No full bathrooms – *Ask item 133a*

**133a. Does the (house/apartment) have a bathtub or shower for the occupants' use only?**

**1350** 1  Yes  
 2  No

**b. Does the (house/apartment) have a flush toilet for the occupants' use only?**

**1360** 1  Yes  
 2  No } *Skip to item 134a*

**c. (Is the bathroom/Are the bathrooms) for the occupants' use only?**

**1360** 1  Yes, exclusive use  
 2  No, shared

**134a. Is all the wiring in the finished areas of the (house/apartment) concealed either in walls or metal coverings?**  
*(Exclude appliance cords, extension cords, chandelier cords, telephone, antenna, or cable TV wires.)*

**1390** 1  Yes, concealed  
 2  No  
 3  No electrical wiring – *Skip to item 135a*

**b. Does every room have an electric outlet or wall plug that works?**

**1400** 1  Yes  
 2  No

**135a. Does the (house/apartment) have hot and cold piped water?**  
*(Not used on a regular basis by someone outside the unit.)*

**1470** 1  Yes  
 2  No – *Skip to item 136a, page 53*

**b. What fuel is used MOST to heat the water?**

**1480** 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* \_\_\_\_\_

**c. Does most of the water for the home come from a water system, either public or private, an individual well, or some other source?**

**1510** 1  Public or private water system – *Skip to item 135e*  
 2  Individual well – *Ask item 135d*  
 3  Spring  
 4  Cistern  
 5  Stream or lake } *Skip to item 135e*  
 6  Commercial bottled water – *Skip to item 136a, page 53*  
 7  Other – *Specify* \_\_\_\_\_ } *Skip to item 135g*

**d. Is the well drilled or dug?**

**1530** 1  Drilled  
 2  Dug

**e. Does the . . . (source of water) serve 15 or more homes?**

**~ 6 6 1 ↓**

**1520** 5  Yes – *Skip to item 135g*  
 No – *Ask item 135f*

**f. How many homes does the . . . (source of water) serve?**

**1520** 1  Only this house or apartment  
 2  2 to 5  
 3  6 to 9  
 4  10 to 14

**g. Is the water from this . . . (source of water) safe for drinking?**

**1535** 1  Yes  
 2  No

**URE INTERVIEWS – Continued**

**136a. Is the (house/apartment) connected to a public sewer?**

- 1540 1  Yes – *Skip to item 137a*  
2  No

**b. What means of sewage disposal does the (house/apartment) have?**

- 1550 1  Septic tank or cesspool – *Ask item 136c*  
2  Chemical toilet .....  
3  Outhouse or privy .....  
4  Other – *Specify* \_\_\_\_\_  
5  None .....
- } *Skip to item 137a*

**c. How many homes are connected to the (septic tank/cesspool)?**

- 1560 1  One  
2  2 to 5  
3  6 or more

**137a. Does the (house/apartment) have a refrigerator?**

*(Exclude ice boxes.)*

*(Exclude refrigerator used on a regular basis by someone living outside the unit.)*

- 1590 1  Yes  
2  No – *Skip to item 138a*

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

*(Age of newest if two or more)*

- 1600 1  Yes  
2  No

**138a. Does the (house/apartment) have a garbage disposal in the sink?**

- 1610 1  Yes  
2  No – *Skip to item 139a*

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

- 1620 1  Yes  
2  No

**139a. Does the (house/apartment) have a cookstove or range with an oven?**

*(Include microwaves. Exclude toaster-ovens and portable burners.)*

*(Exclude stove or oven used on a regular basis by someone living outside the unit.)*

- 1630 1  Yes – *Skip to item 139c*  
2  No

**b. Does the (house/apartment) have –**

**(1) an oven?** .....  
*(Include microwaves. Exclude toaster-ovens.)*

- 1640 1  Yes  
2  No

**(2) cooking burners?** .....  
*(Exclude portable burners.)*

- 1650 1  Yes  
2  No

*If both are "No," skip to item 140a, page 54*

**c. (Is it/Are they) more than 5 years old?**

*(Age of newest if two or more)*

- 1660 1  Yes  
2  No

**d. What fuel is used MOST for cooking?**

- 1670 1  Electricity  
2  Gas  
3  Kerosene or other liquid fuel  
4  Coal or coke  
5  Wood  
6  Other – *Specify* \_\_\_\_\_  
7  No fuel used

Notes

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**URE INTERVIEWS - Continued**

<b>140a. Does the (house/apartment) have a dishwasher?</b>	<div style="border: 1px solid black; display: inline-block; padding: 2px;">1690</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>Skip to item 141a</i>
<b>b. Is it more than 5 years old?</b>	<div style="border: 1px solid black; display: inline-block; padding: 2px;">1700</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>141a. Does the (house/apartment) have a washing machine (- - - /in the apartment)?</b>	<div style="border: 1px solid black; display: inline-block; padding: 2px;">1710</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>Skip to item 142a</i>
<b>b. Is it more than 5 years old?</b>	<div style="border: 1px solid black; display: inline-block; padding: 2px;">1720</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>142a. Does the (house/apartment) have a clothes dryer (- - - /in the apartment)?</b>	<div style="border: 1px solid black; display: inline-block; padding: 2px;">1730</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>Skip to item 143a</i>
<b>b. Is it more than 5 years old?</b>	<div style="border: 1px solid black; display: inline-block; padding: 2px;">1740</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>c. What kind of fuel does the dryer use?</b>	<div style="border: 1px solid black; display: inline-block; padding: 2px;">1750</div> 1 <input type="checkbox"/> Electricity 2 <input type="checkbox"/> Gas 3 <input type="checkbox"/> Other - <i>Specify</i> <u>                    </u>
<b>143a. Does the (house/apartment) have central air conditioning?</b>	<div style="border: 1px solid black; display: inline-block; padding: 2px;">1760</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>Skip to item 143c</i>
<b>b. What kind of fuel does it use?</b>	<div style="border: 1px solid black; display: inline-block; padding: 2px;">1770</div> 1 <input type="checkbox"/> Electricity 2 <input type="checkbox"/> Gas 3 <input type="checkbox"/> Other - <i>Specify</i> <u>                    </u>
<b>c. Does the (house/apartment) have room air conditioners?</b>	<div style="border: 1px solid black; display: inline-block; padding: 2px;">1780</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>Skip to item 144a</i>
<b>d. How many?</b>	<div style="border: 1px solid black; display: inline-block; padding: 2px;">1790</div> _____ Number
<b>144a. What fuel is used MOST for heating the (house/apartment)?</b>	<div style="border: 1px solid black; display: inline-block; padding: 2px;">1800</div> 1 <input type="checkbox"/> Electricity - <i>Skip to item 145</i> 2 <input type="checkbox"/> Gas - <i>Ask 144b</i> 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> <u>                    </u>  9 <input type="checkbox"/> None
<b>b. Is it from underground pipes or bottled gas?</b>	<div style="border: 1px solid black; display: inline-block; padding: 2px;">1805</div> 1 <input type="checkbox"/> Underground pipes serving the neighborhood 2 <input type="checkbox"/> Bottled gas
<b>145. Does the (house/apartment) have a usable fireplace?</b>	<div style="border: 1px solid black; display: inline-block; padding: 2px;">1830</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

Notes

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**URE INTERVIEWS - Continued**

**146a. PLEASE LOOK AT THIS CARD.**

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

*(Read answer categories until heating equipment used most is mentioned.)*

- A central warm-air furnace with air vents or ducts to the individual rooms? - Ask item 146b
- 1840 2  Steam or hot-water system with 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?
- Kerosene, gas, or oil room heater(s) - Skip to item 146d
- 8  Portable electric heater(s)?
- 9  Stove(s)?
- 10  Fireplace(s) WITH inserts, that is, installed equipment designed to circulate more heat into the room?
- 11  Fireplace(s) with NO inserts?
- 12  Some other type of heating equipment? - Specify \_\_\_\_\_
- 13  None? - Skip to item 148a

Skip to item 147a

Skip to item 147a

MARK OR ASK

**b. Is the heating fuel for the furnace electricity?**

- 1840  Yes, electricity
- 1  No - Skip to item 147a

**c. Is that a heat pump?**

- 1840 3  Yes
- 1  No } Skip to item 147a

**d. Is the room heater VENTED to the outside through a chimney, flue, or pipes?**

- 1840 6  Yes
- 7  No

**147a. What other kinds of heating equipment does the (house/apartment) have or use?**

*(Mark (X) all that apply.)*

**b. Anything else?**

- Yes - Mark appropriate box(es), then go to item 148a
- No - Go to item 148a

- 1850 1  A central warm-air furnace with air vents or ducts to the individual rooms
- 2  Steam or hot-water system with 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  Kerosene, gas or oil room heater(s), VENTED to the outside through a chimney, flue, or pipes
- 1860 7  UNVENTED kerosene, gas or oil room heater(s)
- 8  Portable electric heater(s)
- 9  Stove(s)
- 1870 10  Fireplace(s) WITH inserts, that is, installed equipment designed to circulate more heat into the room
- 11  Fireplace(s) with NO inserts
- 12  Some other type of heating equipment - Specify \_\_\_\_\_
- 13  None - Go to item 148a

**148a. Does the (house/apartment) have a porch, deck, balcony, or patio?**

*(Measuring at least four feet by four feet)  
(Exclude if already counted as a room.)*

- 1930 1  Yes
- 2  No

**b. Does the (house/apartment) have open cracks or holes in the inside walls or ceiling?**

*(Cracks thicker than a dime)*

- 1940 1  Yes
- 2  No

**URE INTERVIEWS - Continued**

**148c. Does the (house/apartment) have holes in the floors?**

*(Big enough for someone to trip in)*

- 1950    1  Yes  
           2  No

**d. Does the (house/apartment) have any area of peeling paint or broken plaster bigger than 8 inches by 11 inches?**

*(The size of a weekly magazine or standard letter)*

- 1960    1  Yes  
           2  No

**149a. WASHINGTON USE ONLY**

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

Notes

- 2460     Year round - *SKIP TO ITEM 151c*  
           8  Seasonal - Summer only  
           9  Seasonal - Winter only  
           10  Other seasonal - *Specify in notes*  
           11  Migratory

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

2470    \_\_\_\_\_ Months (if 1 to 24 months)

- 2470    00  Less than 1 month  
           25  Over 2 years  
           28  NEVER OCCUPIED AS A PERMANENT HOME  
           27  Don't know

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

- 2480    1  Yes  
           2  No

**151a. Is a garage or carport included with the (house/apartment)?**

- 2520    1  Yes - *Skip to item 151c*  
           2  No

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

- 2530    1  Yes  
           2  No

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

- 3070    1  Yes  
           2  No

**d. Check Item (See item 149b)**

- Year around - *Ask item 152*  
 All other - *Skip to item 156, page 58*

**152. Does the owner/manager intend for this (house/apartment) to be —**

*(Read all answer categories.)*

~ 6 6 1 ↓

- 2460    1  **For rent only** } *Skip to item 153a, page 57*  
           2  **For rent or for sale** }  
           3  **For sale only** - *Skip to item 156, page 58*  
           4  **Rented, but not yet occupied by the tenants** - *Go to item 153a, page 57*  
           5  **Sold, but not yet occupied by the owners** }  
           6  **Held for occasional use throughout the year?** } *Skip to item 156, page 58*  
           7  **Other - Specify** z

Notes

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**URE INTERVIEWS - Continued**

**154a.** Is a garage or carport included (in the rent/with the home)?

2520

- 1  Yes - Skip to item 155a  
2  No

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

2530

- 1  Yes  
2  No

**155a.** Is the building owned by the public housing authority?

2540

- 1  Yes - Skip to item 156  
2  No

**b.** Does the Federal Government pay some of the cost of the unit?

2550

- 1  Yes - Skip to item 156  
2  No

**c.** Does the State or local government pay some of the cost of the unit?

2560

- 1  Yes - Skip to item 156  
2  No

**d.** Does the local government limit the rent on the unit through rent control or rent stabilization?

2580

- 1  Yes  
2  No

**156.** Check Item (See item 127, page 50.)

- Mobile home either one-unit or two-or-more-units - Skip to item 159a  
 Not a mobile home - Ask item 157

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

~ 6 61 ↓

1980 or later ↗

Month	Year

- Skip to item 161a, page 59

2910

2910

- 1  1979  
2  75-78  
3  70-74  
4  60-69  
5  50-59  
6  40-49  
7  30-39  
8  20-29  
9  1919 or earlier

} Skip to item 161a, page 59

**158. WASHINGTON USE ONLY**

**159a.** 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

**b.** Is the mobile home included in a group of 2 or more?

3540

- 1  Yes  
2  No, mobile home not in group - Skip to item 160

**c.** How many, including the mobile home, are in the group?

4880

\_\_\_\_\_ Exact number - (If 2 to 20 mobile homes)

**OR**

- 21  21 or more

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

~ 6 61 ↓

1980 or later ↗

Year

2910

2910

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

**URE INTERVIEWS - Continued**

- 161a.** Check Item (See item 149b, page 56.)  
 Year round - Go to item 161b  
 Not year round - Skip to item 185a, page 62

- b.** Check Item (See item 152, page 56.)  
 Held for occasional use throughout the year - Skip to item 185a, page 62  
 Other - Skip to item 185a, page 62  
 For rent only; For rent or for sale; For sale only; Rented, but not yet occupied; Sold, but not yet occupied - Go to item 161c

- c.** Check Item (See item 127, page 50.)  
 Two-or-more-unit building or two-or-more-unit mobile home - Skip to item 163  
 All others - Ask item 162a

**162a. 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 162b

MARK OR ASK -

3020 1  Yes

2  No

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

- 163.** Check Item (See item 152, page 56.)  
 For rent only; For rent or for sale; or Rented, but not yet occupied - Skip to item 182, page 61  
 All others - Ask item 164a

**164a. 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

- 165a.** Check Item (See item 151c, page 56.)  
 Unit is time-shared - Skip to item 170a  
 Unit not time-shared - Go to item 165b

- b.** Check Item (See item 152, page 56.)  
 For sale only - Skip to item 167  
 Sold but not yet occupied - Skip to item 169

**166. WASHINGTON USE ONLY**

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

(Include all connecting land; if multiunit building, ask for estimate of share of value applicable to sample unit.)

3100 \$ \_\_\_\_\_ . 00 - Skip to item 170a

**168. WASHINGTON USE ONLY**

**169. What was the purchase price?**

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

o  Don't know

**170a. Is a garage or carport included with the (house/apartment)?**

~ 6 61 ↓

2520 1  Yes - Skip to item 171a, page 60

2  No

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

2530 1  Yes

2  No

**URE INTERVIEWS - Continued**

**171a.** Check Item (See item 127, page 50.)

- Mobile home either one-unit or two-or-more units - Skip to item 174
- Not a mobile home - Go to item 171b

**b.** Check Item (See item 129a, page 50.)

- Condominium or cooperative - Ask item 172
- All others - Skip to item 176, page 61

**172.** 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

**173a.** Is there a required (condominium/cooperative) association fee?

3570 1  Yes  
2  No - Skip to item 182, page 61

**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 182, page 61

**174.** On the mobile home and its lot last year, what was the total cost of -

**Property and real estate taxes, registration fees, and license fees?**

*(Include school taxes, special assessments, and any other real estate taxes.)  
(Exclude taxes past due from other years.)  
(Subtract any rebates.)*

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

**175a.** Is the mobile home to remain where it is, or is it to be moved?

~ 6 61 ↓

2506 1  Remain  
2  To be moved - Skip to item 180, page 61

**b.** (Do you/Does the owner) own the land?

2507 1  Yes - Skip to item 175f  
2  No

**c.** (Do you/Does the owner) pay separate rent for the land?

2511 1  Yes  
2  No - Skip to item 175f

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

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

**e.** What is the cost each . . . (Billing period)

2513 \$ \_\_\_\_\_ . 00  
9997  Included in mobile home park fee or association fee

**f.** (--- /In addition to the land rent) (is the owner/ are you) required to pay any (--- /additional) mobile home park fee?

3550 1  Yes  
2  No - Skip to item 175i

**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 (--- /other) required fees for utility hook-ups, mobile home association fees, and so forth?

~ 6 61 ↓

2517 1  Yes  
2  No - Skip to item 180, page 61

**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 180, page 61

**URE INTERVIEWS - Continued**

**176. What were the real estate taxes last year for the (house/apartment) and its land?** 3520 \$ \_\_\_\_\_ 00 - Skip to item 178a  
*(If multiunit building, estimate share for sample unit, include school taxes, special assessments, and any other real estate taxes.)*  
*(Exclude taxes past due from other years.)*  
*(Subtract any rebates.)*

**177. WASHINGTON USE ONLY**

**178a. (Is the owner/Are you) required to pay a homeowner's association fee?** 3570 1  Yes  
2  No - Skip to item 179a

---

**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 180

**179a. In some parts of the country, people own their homes but rent the land. (Does the owner of the unit/Do you) pay separate rent for the land?** 3610 1  Yes  
2  No - Skip to item 180

---

**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

**180. Check Item (See item 129a, page 50.)**  
 Not a condominium - Ask item 181  
 Condominium - Skip to item 182

**181. (Is the owner of the (house/apartment)/Are you) billed for -** 4320 1  Yes  
2  No

**(1) Garbage and trash collection?**

---

**(2) Water and sewage disposal?** 4330 1  Yes  
2  No } Skip to item 183a, page 62

**182. (Does the owner of the (house/apartment)/Do you) pay separately for -** 4340 1  Yes  
2  No, included in rent, condominium fee, etc.  
3  Not used

**(1) Electricity?**

---

**(2) Gas?** 4350 1  Yes  
2  No, included in rent, condominium fee, etc.  
3  Not used

---

**(3) Fuel oil?** 4360 1  Yes  
2  No, included in rent, condominium fee, etc.  
3  Not used

---

**(4) Any other fuel?** 4370 1  Yes  
2  No, included in rent, condominium fee, etc.  
3  Not used

---

**(5) Garbage and trash collection?** 4380 1  Yes  
2  No, included in rent, condominium fee, etc.  
3  Not used

---

**(6) Water supply and sewage disposal?** 4390 1  Yes  
2  No, included in rent, condominium fee, etc.

**URE INTERVIEWS - Continued**

**183a.** Check Item (See item 152, page 56.)

- For sale only, Sold but not yet occupied - Skip to item 185a
- For rent only, For rent or for sale, Rented but not yet occupied - Go to item 183b

**b.** Check Item (See item 127, page 50.)

- One-unit building or one-unit mobile home - Skip to item 184b
- Two-or-more-unit building or two-or-more-unit mobile home - Ask item 184a

**184a.** Does either the owner or a resident manager live in that (building/complex)?

(Exclude staff that do only maintenance.)

4400 1  Yes  
2  No

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

If don't know, ask -

**Where is the rent sent?**

~ 8 67 ↓

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

**185a.** Check Item (See item 3, page 1.)

- Control number in sample last enumeration period - Go to item 185b
- Control number in sample for first time this enumeration period - Skip to item 187a, page 63

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

- Same house/apartment/mobile home as last enumeration period - Go to item 185c
- Different house/apartment/mobile home from last enumeration period - Skip to item 187a, page 63

**c.** Check Item (See Control Card item 9c.)

Unit was an interview (Reg., URE, or vacant) in survey year 5.

- Yes - Ask item 186a
- No - Skip to item 187a, page 63

**186a.** Since 1993, has there been a change in the amount of living space in this (house/apartment) because of putting on an addition, finishing an attic, or converting a garage to living space?

(Do not count finishing a basement.)

~ 6 61 ↓

4570 1  Yes - Go to item 186b  
2  No - Go to Control Card item 9a

**b.** How many square feet of living space were added or lost?

(If dimensions given, record dimensions.)

ADDITION

4580 \_\_\_\_\_ Square feet

( \_\_\_\_\_ x \_\_\_\_\_ dimensions)

LOSS

4590 \_\_\_\_\_ Square feet

( \_\_\_\_\_ x \_\_\_\_\_ dimensions)

4580 0  Don't know

**c.** INSTRUCTION - Go to Control Card item 9a



**NEIGHBORHOOD QUALITY SUPPLEMENT**

**NOTE** - Ask all categories in item 189a before proceeding to item 189b.

**NOTE** - Ask item 189b only for those categories in item 189a which were answered "Yes."

**189a. The following questions are concerned with specific aspects of your PRESENT neighborhood.**

**189b. Does the (Condition) bother you?**

**189c. Is it so objectionable that you would like to move from the neighborhood?**

Does the neighborhood have —

**(1) Street noise or heavy street traffic?** .....

~ 6 41 ↓

5640    1  Yes  
\*        2  No

3  Yes - Ask c →  
4  No

5  Yes  
6  No

**(2) Neighborhood crime?** .....

5660    1  Yes  
\*        2  No

3  Yes - Ask c →  
4  No

5  Yes  
6  No

**NOTE** - If "Yes" was answered for (1) or (2) in item 189a, ask item 189b.

**190a. Is there public transportation for this area?**

5730    1  Yes  
          2  No - Skip to item 191a

**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

**191a. Do you have satisfactory neighborhood shopping, that is, grocery stores or drug stores?**

5760    1  Yes  
          2  No ..... } Skip to item 192  
          3  Don't know

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

5770    1  Yes  
          2  No

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

- No household member 16 years or age or less - Skip to item 195, page 65
- Household member 4 to 16 years of age - Ask item 193a
- Household members 3 years old or younger - Skip to item 193b

**193a. (Does . . . /Do the children) attend a public school or a private school?**

(Mark (X) 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 193d  
          2  No  
          3  Don't know - Skip to item 193d

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

5800    1  Yes  
          2  No

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

5810    1  Yes  
          2  No

**194. WASHINGTON USE ONLY**

## SECOND HOME SUPPLEMENT

**195. INTRODUCTION: Now I have some questions about second homes.**

**196. (Do/Does) Specify names with "X" in Control Card item 17) own or co-own (any residential property/any other residential property, not counting this home)?**

~ 6 4 1 ↓

6040

- 1  Yes  
2  No – Skip to item 211, page 68

**197. How many (----/other) residential units (do/does) (Specify names with "X" in Control Card item 17) own or co-own?**

6050

\_\_\_\_\_ Number

*(In a multi-unit building, count each unit owned.)*

**198. OFFICE USE ONLY**

**199. OFFICE USE ONLY**

**200a. Where (is this unit/are these units) located?**  
*(Enter multi-unit properties only once.)*

For residential units listed ask –

Property	Location		200b. Who in this household owns or co-owns the residential unit(s) located in (Location information in item 200a)  <i>(Enter line numbers)</i>	200c. Was this unit ever (Specify names for line numbers in item 200b) usual residence?  <i>(4)</i>	200d. How many units (do/does) Specify names for line numbers in item 200b) own or co-own in (Location information in item 200a)?  <i>(5)</i>
	<i>(If needed, enter location information to uniquely identify residential units)</i>  <i>(1)</i>	<i>(Enter 2-character State code from flashcard)</i>  <i>(2)</i>			
1	6060 <input type="text"/> <input type="text"/> State code <b>OR</b> 00 <input type="checkbox"/> Outside the United States	6070 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 6080 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	6090 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	6095 _____ Number	
2	6100 <input type="text"/> <input type="text"/> State code <b>OR</b> 00 <input type="checkbox"/> Outside the United States	6110 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 6120 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	6130 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	6135 _____ Number	
3	6140 <input type="text"/> <input type="text"/> State code <b>OR</b> 00 <input type="checkbox"/> Outside the United States	6150 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 6160 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	6170 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	6175 _____ Number	
4	6180 <input type="text"/> <input type="text"/> State code <b>OR</b> 00 <input type="checkbox"/> Outside the United States	6190 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 6200 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	6210 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	6215 _____ Number	
5	6220 <input type="text"/> <input type="text"/> State code <b>OR</b> 00 <input type="checkbox"/> Outside the United States	6230 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 6240 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	6250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	6255 _____ Number	
6	6260 <input type="text"/> <input type="text"/> State code <b>OR</b> 00 <input type="checkbox"/> Outside the United States	6270 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 6280 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	6290 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	6295 _____ Number	

Notes

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**SECOND HOME SUPPLEMENT - Continued**

**201a.** INSTRUCTIONS – *Transcribe property number from item 200a for up to three properties in the following priority: Any previous usual residence; then one per person; then any others. TREAT OWNERSHIP OF A MULTI-UNIT BUILDING AS ONE. Then ask items 201-210 for each property.*

~ 6 42 ↓

~ 6 43 ↓

~ 6 44 ↓

Column A

Column B

Column C

**201b. Property number**

6300

**201b. Property number**

6300

**201b. Property number**

6300

**202a. Now I have a few questions to ask about the property in** (Location information in item 200a).

**202a. Now I have a few questions to ask about the property in** (Location information in item 200a).

**202a. Now I have a few questions to ask about the property in** (Location information in item 200a).

**b. Is that property in a rural area or is it in an urban area?**

6310 1  Rural  
2  Urban

**b. Is that property in a rural area or is it in an urban area?**

6310 1  Rural  
2  Urban

**b. Is that property in a rural area or is it in an urban area?**

6310 1  Rural  
2  Urban

**C. Is that property in what YOU would call a recreational or resort area?**

6320 1  Yes  
2  No

**C. Is that property in what YOU would call a recreational or resort area?**

6320 1  Yes  
2  No

**C. Is that property in what YOU would call a recreational or resort area?**

6320 1  Yes  
2  No

**203. Is it -** (Read all answer categories.)

6330 1  a single-family house,  
2  a multi-unit building,  
3  an apartment in a multi-unit building,  
4  a mobile home,  
5  or some other type of residence?

**203. Is it -** (Read all answer categories.)

6330 1  a single-family house,  
2  a multi-unit building,  
3  an apartment in a multi-unit building,  
4  a mobile home,  
5  or some other type of residence?

**203. Is it -** (Read all answer categories.)

6330 1  a single-family house,  
2  a multi-unit building,  
3  an apartment in a multi-unit building,  
4  a mobile home,  
5  or some other type of residence?

**204. Do the construction and heating of the (house/apartment/mobile home/building) make it SUITABLE FOR year-round use?**

6340 1  Yes  
2  No

**204. Do the construction and heating of the (house/apartment/mobile home/building) make it SUITABLE FOR year-round use?**

6340 1  Yes  
2  No

**204. Do the construction and heating of the (house/apartment/mobile home/building) make it SUITABLE FOR year-round use?**

6340 1  Yes  
2  No

**205. MARK OR ASK - Is it within 150 miles of here?**

6350 1  Yes  
2  No

**205. MARK OR ASK - Is it within 150 miles of here?**

6350 1  Yes  
2  No

**205. MARK OR ASK - Is it within 150 miles of here?**

6350 1  Yes  
2  No

**206a. Is the ownership of the (house/apartment/mobile home/building) shared with anyone living outside this household?**

6360 1  Yes  
2  No – Skip to item 207

**206a. Is the ownership of the (house/apartment/mobile home/building) shared with anyone living outside this household?**

6360 1  Yes  
2  No – Skip to item 207

**206a. Is the ownership of the (house/apartment/mobile home/building) shared with anyone living outside this household?**

6360 1  Yes  
2  No – Skip to item 207

**b. What is (your/. . .) share?**

6370 \_\_\_\_\_ Percent

**OR**

6380 \_\_\_\_\_ Weeks

**b. What is (your/. . .) share?**

6370 \_\_\_\_\_ Percent

**OR**

6380 \_\_\_\_\_ Weeks

**b. What is (your/. . .) share?**

6370 \_\_\_\_\_ Percent

**OR**

6380 \_\_\_\_\_ Weeks

**207. How much do you think (it/your share of it/. . . share of it) would sell for on today's market?**

6390 \_\_\_\_\_ . 00

Ask item 208, page 67

**207. How much do you think (it/your share of it/. . . share of it) would sell for on today's market?**

6390 \_\_\_\_\_ . 00

Ask item 208, page 67

**207. How much do you think (it/your share of it/. . . share of it) would sell for on today's market?**

6390 \_\_\_\_\_ . 00

Ask item 208, page 67

**SECOND HOME SUPPLEMENT - Continued**

~ 6 42 ↓ Column A	~ 6 43 ↓ Column B	~ 6 44 ↓ Column C
<p><b>208. Is there a mortgage or other loan on that property?</b> <i>(Include "Land contracts" and other loans SECURED BY THE PROPERTY.)</i></p> <p>6400    1 <input type="checkbox"/> Yes           2 <input type="checkbox"/> No</p>	<p><b>208. Is there a mortgage or other loan on that property?</b> <i>(Include "Land contracts" and other loans SECURED BY THE PROPERTY.)</i></p> <p>6400    1 <input type="checkbox"/> Yes           2 <input type="checkbox"/> No</p>	<p><b>208. Is there a mortgage or other loan on that property?</b> <i>(Include "Land contracts" and other loans SECURED BY THE PROPERTY.)</i></p> <p>6400    1 <input type="checkbox"/> Yes           2 <input type="checkbox"/> No</p>
<p><b>209. In the past year, how many nights did (Specify names for line numbers in item 200b) stay there?</b></p> <p>6410    _____ Nights</p> <p align="center"><b>OR</b></p> <p>          0 <input type="checkbox"/> None</p>	<p><b>209. In the past year, how many nights did (Specify names for line numbers in item 200b) stay there?</b></p> <p>6410    _____ Nights</p> <p align="center"><b>OR</b></p> <p>          0 <input type="checkbox"/> None</p>	<p><b>209. In the past year, how many nights did (Specify names for line numbers in item 200b) stay there?</b></p> <p>6410    _____ Nights</p> <p align="center"><b>OR</b></p> <p>          0 <input type="checkbox"/> None</p>
<p><b>210a. Which of the following reasons is why (Specify names for line numbers in item 200b) own this (house/apartment/mobile home/building)?</b> <b>Because -</b> <i>(Read all answer categories.) (Mark (X) all that apply.)</i></p> <p>6420    1 <input type="checkbox"/> <b>It was a previous usual residence</b>           *           2 <input type="checkbox"/> <b>It is used for recreational purposes</b>           3 <input type="checkbox"/> <b>It is for investment purposes</b>           4 <input type="checkbox"/> <i>(Specify names for line numbers in item 200b) wish to sell it but have not yet been able to</i>           5 <input type="checkbox"/> <b>It was inherited</b> 6430    6 <input type="checkbox"/> <b>Some other reason -</b>           Specify ↴</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>210a. Which of the following reasons is why (Specify names for line numbers in item 200b) own this (house/apartment/mobile home/building)?</b> <b>Because -</b> <i>(Read all answer categories.) (Mark (X) all that apply.)</i></p> <p>6420    1 <input type="checkbox"/> <b>It was a previous usual residence</b>           *           2 <input type="checkbox"/> <b>It is used for recreational purposes</b>           3 <input type="checkbox"/> <b>It is for investment purposes</b>           4 <input type="checkbox"/> <i>(Specify names for line numbers in item 200b) wish to sell it but have not yet been able to</i>           5 <input type="checkbox"/> <b>It was inherited</b> 6430    6 <input type="checkbox"/> <b>Some other reason -</b>           Specify ↴</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>210a. Which of the following reasons is why (Specify names for line numbers in item 200b) own this (house/apartment/mobile home/building)?</b> <b>Because -</b> <i>(Read all answer categories.) (Mark (X) all that apply.)</i></p> <p>6420    1 <input type="checkbox"/> <b>It was a previous usual residence</b>           *           2 <input type="checkbox"/> <b>It is used for recreational purposes</b>           3 <input type="checkbox"/> <b>It is for investment purposes</b>           4 <input type="checkbox"/> <i>(Specify names for line numbers in item 200b) wish to sell it but have not yet been able to</i>           5 <input type="checkbox"/> <b>It was inherited</b> 6430    6 <input type="checkbox"/> <b>Some other reason -</b>           Specify ↴</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><b>b. In the past year, how many nights did you rent out this unit?</b></p> <p>6440    _____ Nights</p> <p align="center"><b>OR</b></p> <p>          0 <input type="checkbox"/> None</p>	<p><b>b. In the past year, how many nights did you rent out this unit?</b></p> <p>6440    _____ Nights</p> <p align="center"><b>OR</b></p> <p>          0 <input type="checkbox"/> None</p>	<p><b>b. In the past year, how many nights did you rent out this unit?</b></p> <p>6440    _____ Nights</p> <p align="center"><b>OR</b></p> <p>          0 <input type="checkbox"/> None</p>
<p><i>Go to next property; if none, ask item 211, page 68</i></p>	<p><i>Go to next property; if none, ask item 211, page 68</i></p>	<p><i>Ask item 211, page 68</i></p>
<p>Notes</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		





**ALTERNATE HOUSING SUPPLEMENT**

**213a. CHECK ITEM** (See Control Card items 25 and 26.)

- One or more persons moved in within a 12-month period – Ask item 213b
- No persons moved in within a 12-month period – Skip to item 214, page 72

**NOTE** – Ask all categories in item 213b before proceeding to item 213c.

**213b. Now I have some questions about places . . .**  
 (Specify names of persons who moved here within the last 12 months) **stayed before moving here. In the 12 months before (you/he/she/they) moved here, did (you/he/she/any of these persons) stay overnight –**

**213d. We're interested in finding out whether people had difficulties obtaining housing. When (you/he/she/they) stayed overnight (Specify categories reported "Yes" in item 213b) did (you/he/she/they) have a home to return to?**

~ 6 41 v

**(1) with family or friends in their house, apartment, or mobile homes?**

6800 1  Yes  
 \* 2  No

3  Yes  
 4  No – Ask item 213e →

**(2) in a dormitory or barracks?**

6810 1  Yes  
 \* 2  No

3  Yes  
 4  No – Ask item 213e →

**(3) in a care facility or other institution, such as a hospital?**

6820 1  Yes  
 \* 2  No

3  Yes  
 4  No – Ask item 213e →

**(4) in a jail or prison?**

6830 1  Yes  
 \* 2  No

3  Yes  
 4  No – Ask item 213e →

**(5) in a homeless shelter or other shelter, halfway house, or welfare hotel?**

6840 1  Yes  
 \* 2  No

3  Yes  
 4  No – Ask item 213e →

**(6) in a single room occupancy hotel (SRO-hotel)?**

6850 1  Yes  
 \* 2  No

3  Yes  
 4  No – Ask item 213e →

**(7) in a bus or train terminal, an all-night theater, makeshift structure, automobile, or other indoor sleeping location?**

6860 1  Yes  
 \* 2  No

3  Yes  
 4  No – Ask item 213e →

**(8) on a street, in a park, under an underpass or other outdoor sleeping location?**

6870 1  Yes  
 \* 2  No

3  Yes  
 4  No – Ask item 213e →

**NOTE** – Ask item 213d (and item 213e if applicable) for each "Yes" in item 213b.

**c. CHECK ITEM**

- All "No" in item 213b – Skip to item 214, page 72
- Any "Yes" in item 213b – Ask item 213d

Notes

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**ALTERNATE HOUSING SUPPLEMENT – Continued**

*(Ask it necessary)*

**213e. Who was that?** *(Enter line number and name and ask 213f when "No" is marked in 213d.)*

**~ 6 45** ↓

**~ 6 46** ↓

**~ 6 47** ↓

6880

6880

6880

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

**213f. How many nights did (. . . /you) spend there?**

**213f. How many nights did (. . . /you) spend there?**

**213f. How many nights did (. . . /you) spend there?**

**(1)**  6890 \_\_\_\_\_ Nights

**(1)**  6890 \_\_\_\_\_ Nights

**(1)**  6890 \_\_\_\_\_ Nights

**(2)**  6900 \_\_\_\_\_ Nights

**(2)**  6900 \_\_\_\_\_ Nights

**(2)**  6900 \_\_\_\_\_ Nights

**(3)**  6910 \_\_\_\_\_ Nights

**(3)**  6910 \_\_\_\_\_ Nights

**(3)**  6910 \_\_\_\_\_ Nights

**(4)**  6920 \_\_\_\_\_ Nights

**(4)**  6920 \_\_\_\_\_ Nights

**(4)**  6920 \_\_\_\_\_ Nights

**(5)**  6930 \_\_\_\_\_ Nights

**(5)**  6930 \_\_\_\_\_ Nights

**(5)**  6930 \_\_\_\_\_ Nights

**(6)**  6940 \_\_\_\_\_ Nights

**(6)**  6940 \_\_\_\_\_ Nights

**(6)**  6940 \_\_\_\_\_ Nights

**(7)**  6950 \_\_\_\_\_ Nights

**(7)**  6950 \_\_\_\_\_ Nights

**(7)**  6950 \_\_\_\_\_ Nights

**(8)**  6960 \_\_\_\_\_ Nights

**(8)**  6960 \_\_\_\_\_ Nights

**(8)**  6960 \_\_\_\_\_ Nights

**g. Go to item 214, page 72**

Notes

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

## HOUSING MODIFICATION SUPPLEMENT

**214.** The next part of this interview is about the housing modifications that you have or need because of permanent physical limitations persons in this household may have. Include persons with limitations whether or not they have help or equipment.

<p><b>215a.</b> (Does anyone in this household/Do you) have difficulty in doing any of the following?</p>	<p>~ 641 ↓</p>	<p><b>215b.</b> Which person has this difficulty? Enter the line number(s) of the person(s) in this household who have limitation. Line number</p>
<p><b>(1) Entering and exiting this home</b></p>	<p>8700 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No</p>	<p>8770 <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/></p>
<p><b>(2) Getting around inside the home, such as:</b></p> <p><b>a. Going up and down the steps</b></p>	<p>8705 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No</p>	<p>8775 <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/></p>
<p><b>b. Opening and closing or going through any doors of this home</b></p>	<p>8710 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No</p>	<p>8780 <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/></p>
<p><b>c. Moving between rooms</b></p>	<p>8715 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No</p>	<p>8785 <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/></p>
<p><b>d. Reaching the bathroom facilities, including tub, shower, toilet or sink</b></p>	<p>8720 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No</p>	<p>8790 <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/></p>
<p><b>e. Reaching the kitchen facilities, including sink, stove, refrigerator, and kitchen cabinets</b></p>	<p>8725 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No</p>	<p>8795 <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/></p>
<p><b>(3) (Does anyone in this household/Do you) have difficulty with personal activities such as:</b></p> <p><b>a. Cooking and preparing food</b></p>	<p>8730 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No</p>	<p>8800 <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/></p>
<p><b>b. Feeding themselves</b></p>	<p>8735 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No</p>	<p>8805 <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/></p>
<p><b>c. Bathing, getting in and out of the tub or shower</b></p>	<p>8740 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No</p>	<p>8810 <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/></p>
<p><b>d. Grooming and dressing</b></p>	<p>8745 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No</p>	<p>8815 <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/></p>
<p><b>e. Doing housework and laundry tasks</b></p>	<p>8750 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No</p>	<p>8820 <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/></p>
<p><b>(Does anyone in this household/Do you) have serious:</b></p> <p><b>(4) Difficulty seeing, even when wearing glasses or contact lenses</b></p>	<p>8755 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No</p>	<p>8825 <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/></p>
<p><b>(5) Problems hearing even a normal conversation even when wearing a hearing aid</b></p>	<p>8760 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No</p>	<p>8830 <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/></p>
<p><b>(6) (Does anyone in this household/Do you) use or need special modifications, equipment, or the assistance of another person around the home because of a physical limitation?</b></p>	<p>8765 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No</p>	<p>8835 <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/></p>

**216.** CHECK ITEM (See item 215b)

No line numbers entered – Go to Control Card item 9a.

ONE OR MORE LINE NUMBERS ENTERED (See item 23)

Unit is not in a multiunit structure – Ask 217

Unit is in a multiunit structure – Skip to item 218

**217.** How many floors are in your home?  Floors – Skip to item 219

**218.** Which of the following does this building have?

1  Ramps

2  Handrails

3  Automatic doors

4  Handicap parking

5  Elevators with audio cueing or braille

6  Accessibility for people with physical limitations to public use facilities, such as the lobby, laundry room and storage areas

**HOUSING MODIFICATION SUPPLEMENT - Continued**

NOTE - Ask all categories in item 219a before proceeding to item 219b or 219c.

~ 6 41 ↓

~ 6 48 ↓

8942

Line number

--	--

**b. (Does ... / Do you) need**  
(If "Yes" ask 219c)

**c. Which limitation requires the use of this aid?**

(Read only circled limitation(s))

- 1 - Entering and exiting this residence**
- 2 - Getting around inside the home**
- 3 - Personal activities**
- 4 - Vision problems**
- 5 - Hearing problems**

(Mark (X) all that apply.)

**a. Does this home have -**

**1. ramps?**

8850	1	<input type="checkbox"/>	Yes	2	<input type="checkbox"/>	No
------	---	--------------------------	-----	---	--------------------------	----

8945	1	<input type="checkbox"/>	Yes	2	<input type="checkbox"/>	No
------	---	--------------------------	-----	---	--------------------------	----

8950	1	<input type="checkbox"/>
------	---	--------------------------

1	2	3	4	5
2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>

**2. elevators or stair lift?**

8855	1	<input type="checkbox"/>	Yes	2	<input type="checkbox"/>	No
------	---	--------------------------	-----	---	--------------------------	----

8955	1	<input type="checkbox"/>	Yes	2	<input type="checkbox"/>	No
------	---	--------------------------	-----	---	--------------------------	----

8960	1	<input type="checkbox"/>
------	---	--------------------------

2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
----------------------------	----------------------------	----------------------------	----------------------------	----------------------------

**3. extra handrails or grab bars?**

8860	1	<input type="checkbox"/>	Yes	2	<input type="checkbox"/>	No
------	---	--------------------------	-----	---	--------------------------	----

8965	1	<input type="checkbox"/>	Yes	2	<input type="checkbox"/>	No
------	---	--------------------------	-----	---	--------------------------	----

8970	1	<input type="checkbox"/>
------	---	--------------------------

2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
----------------------------	----------------------------	----------------------------	----------------------------	----------------------------

**4. extra wide doors or hallways?**

8865	1	<input type="checkbox"/>	Yes	2	<input type="checkbox"/>	No
------	---	--------------------------	-----	---	--------------------------	----

8975	1	<input type="checkbox"/>	Yes	2	<input type="checkbox"/>	No
------	---	--------------------------	-----	---	--------------------------	----

8980	1	<input type="checkbox"/>
------	---	--------------------------

2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
----------------------------	----------------------------	----------------------------	----------------------------	----------------------------

**5. door handles instead of knobs?**

8870	1	<input type="checkbox"/>	Yes	2	<input type="checkbox"/>	No
------	---	--------------------------	-----	---	--------------------------	----

8985	1	<input type="checkbox"/>	Yes	2	<input type="checkbox"/>	No
------	---	--------------------------	-----	---	--------------------------	----

8990	1	<input type="checkbox"/>
------	---	--------------------------

2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
----------------------------	----------------------------	----------------------------	----------------------------	----------------------------

**6. push bars on doors?**

8875	1	<input type="checkbox"/>	Yes	2	<input type="checkbox"/>	No
------	---	--------------------------	-----	---	--------------------------	----

8995	1	<input type="checkbox"/>	Yes	2	<input type="checkbox"/>	No
------	---	--------------------------	-----	---	--------------------------	----

9000	1	<input type="checkbox"/>
------	---	--------------------------

2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
----------------------------	----------------------------	----------------------------	----------------------------	----------------------------

**7. modified wall sockets or light switches?**

8880	1	<input type="checkbox"/>	Yes	2	<input type="checkbox"/>	No
------	---	--------------------------	-----	---	--------------------------	----

9005	1	<input type="checkbox"/>	Yes	2	<input type="checkbox"/>	No
------	---	--------------------------	-----	---	--------------------------	----

9010	1	<input type="checkbox"/>
------	---	--------------------------

2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
----------------------------	----------------------------	----------------------------	----------------------------	----------------------------

**8. modified sink faucets or cabinets?**

8885	1	<input type="checkbox"/>	Yes	2	<input type="checkbox"/>	No
------	---	--------------------------	-----	---	--------------------------	----

9015	1	<input type="checkbox"/>	Yes	2	<input type="checkbox"/>	No
------	---	--------------------------	-----	---	--------------------------	----

9020	1	<input type="checkbox"/>
------	---	--------------------------

2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
----------------------------	----------------------------	----------------------------	----------------------------	----------------------------

**9. bathroom designed for easier accessibility such as for wheelchair use?**

8890	1	<input type="checkbox"/>	Yes	2	<input type="checkbox"/>	No
------	---	--------------------------	-----	---	--------------------------	----

9025	1	<input type="checkbox"/>	Yes	2	<input type="checkbox"/>	No
------	---	--------------------------	-----	---	--------------------------	----

9030	1	<input type="checkbox"/>
------	---	--------------------------

2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
----------------------------	----------------------------	----------------------------	----------------------------	----------------------------

**10. kitchens designed for easier accessibility such as for wheelchair use?**

8895	1	<input type="checkbox"/>	Yes	2	<input type="checkbox"/>	No
------	---	--------------------------	-----	---	--------------------------	----

9035	1	<input type="checkbox"/>	Yes	2	<input type="checkbox"/>	No
------	---	--------------------------	-----	---	--------------------------	----

9040	1	<input type="checkbox"/>
------	---	--------------------------

2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
----------------------------	----------------------------	----------------------------	----------------------------	----------------------------

**11. raised lettering or braille?**

8900	1	<input type="checkbox"/>	Yes	2	<input type="checkbox"/>	No
------	---	--------------------------	-----	---	--------------------------	----

9045	1	<input type="checkbox"/>	Yes	2	<input type="checkbox"/>	No
------	---	--------------------------	-----	---	--------------------------	----

9060	1	<input type="checkbox"/>
------	---	--------------------------

2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
----------------------------	----------------------------	----------------------------	----------------------------	----------------------------

**12. specially equipped telephone?**

8905	1	<input type="checkbox"/>	Yes	2	<input type="checkbox"/>	No
------	---	--------------------------	-----	---	--------------------------	----

9055	1	<input type="checkbox"/>	Yes	2	<input type="checkbox"/>	No
------	---	--------------------------	-----	---	--------------------------	----

9060	1	<input type="checkbox"/>
------	---	--------------------------

2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
----------------------------	----------------------------	----------------------------	----------------------------	----------------------------

**13. flashing lights?**

8910	1	<input type="checkbox"/>	Yes	2	<input type="checkbox"/>	No
------	---	--------------------------	-----	---	--------------------------	----

9065	1	<input type="checkbox"/>	Yes	2	<input type="checkbox"/>	No
------	---	--------------------------	-----	---	--------------------------	----

9070	1	<input type="checkbox"/>
------	---	--------------------------

2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
----------------------------	----------------------------	----------------------------	----------------------------	----------------------------

**14. any other structural modification? - Specify**

8915	1	<input type="checkbox"/>	Yes	2	<input type="checkbox"/>	No
------	---	--------------------------	-----	---	--------------------------	----

9075	1	<input type="checkbox"/>	Yes	2	<input type="checkbox"/>	No
------	---	--------------------------	-----	---	--------------------------	----

9080	1	<input type="checkbox"/>
------	---	--------------------------

2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
----------------------------	----------------------------	----------------------------	----------------------------	----------------------------

**(Does anyone in this household/Do you) have -**

**15. the help of another person with their/your limitation?**

8920	1	<input type="checkbox"/>	Yes	2	<input type="checkbox"/>	No
------	---	--------------------------	-----	---	--------------------------	----

9085	1	<input type="checkbox"/>	Yes	2	<input type="checkbox"/>	No
------	---	--------------------------	-----	---	--------------------------	----

9090	1	<input type="checkbox"/>
------	---	--------------------------

2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
----------------------------	----------------------------	----------------------------	----------------------------	----------------------------

**16. a cane, walker or crutches?**

8925	1	<input type="checkbox"/>	Yes	2	<input type="checkbox"/>	No
------	---	--------------------------	-----	---	--------------------------	----

9095	1	<input type="checkbox"/>	Yes	2	<input type="checkbox"/>	No
------	---	--------------------------	-----	---	--------------------------	----

9100	1	<input type="checkbox"/>
------	---	--------------------------

2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
----------------------------	----------------------------	----------------------------	----------------------------	----------------------------

**17. a wheelchair?**

8930	1	<input type="checkbox"/>	Yes	2	<input type="checkbox"/>	No
------	---	--------------------------	-----	---	--------------------------	----

9105	1	<input type="checkbox"/>	Yes	2	<input type="checkbox"/>	No
------	---	--------------------------	-----	---	--------------------------	----

9110	1	<input type="checkbox"/>
------	---	--------------------------

2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
----------------------------	----------------------------	----------------------------	----------------------------	----------------------------

**18. motorized or electric cart?**

8935
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**HOUSING MODIFICATION SUPPLEMENT - Continued**

~ 6 49 ↓

8942

Line number

1
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**b. (Does ... / Do you) need**

(If "Yes" ask 219c)

**c. Which limitation requires the use of this aid?**

(Read only circled limitation(s))

- 1 - Entering and exiting this residence**
- 2 - Getting around inside the home**
- 3 - Personal activities**
- 4 - Vision problems**
- 5 - Hearing problems**

(Mark (X) all that apply.)

		1	2	3	4	5
<b>1. ramps?</b>	8945 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	8950 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>2. elevators or stair lift?</b>	8955 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	8960 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>3. extra handrails or grab bars?</b>	8965 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	8970 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>4. extra wide doors or hallways?</b>	8975 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	8980 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>5. door handles instead of knobs?</b>	8985 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	8990 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>6. push bars on doors?</b>	8995 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9000 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>7. modified wall sockets or light switches?</b>	9005 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9010 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>8. modified sink faucets or cabinets?</b>	9015 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9020 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>9. bathroom designed for easier accessibility such as for wheelchair use?</b>	9025 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9030 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>10. kitchens designed for easier accessibility such as for wheelchair use?</b>	9035 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9040 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>11. raised lettering or braille?</b>	9045 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No					
<b>12. specially equipped telephone?</b>	9055 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9060 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>13. flashing lights?</b>	9065 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9070 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>14. any other structural modification? - Specify</b> <input checked="" type="checkbox"/>	9075 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9080 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>15. the help of another person with their/your limitation?</b>	9085 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9090 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>16. a cane, walker or crutches?</b>	9095 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9100 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>17. a wheelchair?</b>	9105 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9110 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>18. motorized or electric cart?</b>	9115 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9120 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>19. any other device? - Specify</b> <input checked="" type="checkbox"/>	9125 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9130 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**20. INSTRUCTION** - Ask 219b and 219c for each person with line number entered in 215b.  
If more than three line numbers entered, ask 219b and 219c for first three line numbers.

**HOUSING MODIFICATION SUPPLEMENT - Continued**

~ 6 50 ~

8942

Line number

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**b. (Does ... / Do you) need**

(If "Yes" ask 219c)

**c. Which limitation requires the use of this aid?**

(Read only circled limitation(s))

- 1 - Entering and exiting this residence**
- 2 - Getting around inside the home**
- 3 - Personal activities**
- 4 - Vision problems**
- 5 - Hearing problems**

(Mark (X) all that apply.)

**1. ramps?**

8945	1	Yes	8950
	2	No	1

1	2	3	4	5
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**2. elevators or stair lift?**

8955	1	Yes	8960
	2	No	1

2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
----------------------------	----------------------------	----------------------------	----------------------------

**3. extra handrails or grab bars?**

8965	1	Yes	8970
	2	No	1

2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
----------------------------	----------------------------	----------------------------	----------------------------

**4. extra wide doors or hallways?**

8975	1	Yes	8980
	2	No	1

2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
----------------------------	----------------------------	----------------------------	----------------------------

**5. door handles instead of knobs?**

8985	1	Yes	8990
	2	No	1

2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
----------------------------	----------------------------	----------------------------	----------------------------

**6. push bars on doors?**

8995	1	Yes	9000
	2	No	1

2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
----------------------------	----------------------------	----------------------------	----------------------------

**7. modified wall sockets or light switches?**

9005	1	Yes	9010
	2	No	1

2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
----------------------------	----------------------------	----------------------------	----------------------------

**8. modified sink faucets or cabinets?**

9015	1	Yes	9020
	2	No	1

2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
----------------------------	----------------------------	----------------------------	----------------------------

**9. bathroom designed for easier accessibility such as for wheelchair use?**

9025	1	Yes	9030
	2	No	1

2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
----------------------------	----------------------------	----------------------------	----------------------------

**10. kitchens designed for easier accessibility such as for wheelchair use?**

9035	1	Yes	9040
	2	No	1

2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
----------------------------	----------------------------	----------------------------	----------------------------

**11. raised lettering or braille?**

9045	1	Yes
	2	No

2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
----------------------------	----------------------------	----------------------------	----------------------------

**12. specially equipped telephone?**

9055	1	Yes	9060
	2	No	1

2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
----------------------------	----------------------------	----------------------------	----------------------------

**13. flashing lights?**

9065	1	Yes	9070
	2	No	1

2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
----------------------------	----------------------------	----------------------------	----------------------------

**14. any other structural modification? - Specify**

9075	1	Yes	9080
	2	No	1

2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
----------------------------	----------------------------	----------------------------	----------------------------

**15. the help of another person with their/your limitation?**

9085	1	Yes	9090
	2	No	1

2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
----------------------------	----------------------------	----------------------------	----------------------------

**16. a cane, walker or crutches?**

9095	1	Yes	9100
	2	No	1

2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
----------------------------	----------------------------	----------------------------	----------------------------

**17. a wheelchair?**

9105	1	Yes	9110
	2	No	1

2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
----------------------------	----------------------------	----------------------------	----------------------------

**18. motorized or electric cart?**

9115	1	Yes	9120
	2	No	1

2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
----------------------------	----------------------------	----------------------------	----------------------------

**19. any other device? - Specify**

9125	1	Yes	9130
	2	No	1

2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
----------------------------	----------------------------	----------------------------	----------------------------

**20. INSTRUCTION - Ask 219b and 219c for each person with line number entered in 215b. If more than three line numbers entered, ask 219b and 219c for first three line numbers.**

## OBSERVATION ITEMS

**220a.** How many stories are in the building, including the basement?

*(If split level, count greatest number of stories on top of each other.)*

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4780

\_\_\_\_\_ Stories in building (If 1 – 20)

**OR**

21  21 or more

**b.** What is the condition of the light fixtures in the public halls?

4790

- 1  No public halls
- 2  All in working order
- 3  Some in working order
- 4  None in working order
- 5  No light fixtures
- 6  Fixtures turned off, unable to determine if working, not obviously broken

**c.** How many stories are there from main entrance of building to main entrance of sample unit?

4800

\_\_\_\_\_ Stories up or down to home

0  Same floor

**d.** Is there a passenger elevator on the same floor as the sample unit?

4810

- 1  No elevator
- 2  At least one working elevator
- 3  All elevators not working

**e.** Are there loose, broken, or missing steps on any common stairways inside this building or attached to this building?

4820

- 1  No common stairways – *Skip to item 220g*
- 2  Yes
- 3  No

**f.** Are all railings on the common stairways firmly attached?

4830

- 1  No stair railings
- 2  Yes
- 3  No

**g.** What is the external condition of the building that contains the sample unit, as visible from front of building or roadway?

*(Mark (X) all that apply.)*

4840

- 1  Sagging roof
- 2  Missing roofing material
- 3  Hole in roof
- 4  Could not see roof

} Roof

- 5  Missing bricks, siding, or other outside wall material
- 6  Sloping outside walls

} Walls

4850

- 7  Boarded up window(s)
- 8  Broken window(s)
- 9  Bars on window(s)

} Windows

4860

- 10  Foundation crumbling or has open crack or hole
- 11  Could not see foundation

} Foundation

**OR**

4870

- 12  Observed, but no listed conditions for roofs, walls, windows, or foundations

**OR**

13  Unable to observe

**h.** How would you classify the structure that contains the sample unit?

- One-unit building – detached
- One-unit building – attached
- Mobile home – one-unit
- Two-or-more-unit building
- Mobile home – two-or-more units

} *Skip to item 221a, page 77*

**i.** How many living quarters are in the structure that contains the sample unit?

*(Including the sample unit)*

\_\_\_\_\_ Number of living quarters

Notes

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## OBSERVATION ITEMS - Continued

The items on this page concern the area within 300 feet from the front entrance of the building in which sample unit is located:

**221a.** Which of these are within 300 feet of building containing the sample unit?

*(Exclude the sample unit building.)*

*(Mark (X) all that apply.)*

4890

\*

- 1  Single-family detached house(s)
- 2  Single-family, attached house(s) or low-rise (1 - 3 story) residential multi-unit building(s)
- 3  Mid-rise (4 - 6 story) residential multi-unit building(s)
- 4  High-rise (7 + story) residential multi-unit building(s)
- 5  Mobile home(s) *(Exclude campers.)*
- 6  Commercial, institutional, industrial building(s)
- 7  Residential parking lot(s)
- 8  Body of water
- 9  Open space, park, woods, farm, or ranch
- 10  4 + lane highway, railroad, or airport
- 11  Other - *Specify*

4900

\*

4910

\*

**OR**

- 12  Could not observe

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

*(Exclude the sample unit 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 the sample unit 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 222*

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

*(Exclude the sample unit 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 the 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 the sample unit building.)*

4960

- 1  Major accumulation
- 2  Minor accumulation
- 3  None

## INTERVIEW COMPLETED

**222.** Suggestions/problems (InterComm or S\*M\*A\*R\*T\* suggestion form filled)

*(Mark (X) all that apply.)*

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4965

\*

- 1  Questionnaire/Control Card suggestions or problems specific to this interview - *Describe on appropriate form.*
- 2  General questionnaire/Control Card suggestions or problems - *Describe on appropriate form.*
- 3  Procedural suggestions - *Describe on appropriate form.*

**223.** Item number or item ranges involved in suggestion/problem

4971

-

4973

-

4975

-



