



OMB Number: 2528-0288
Expiration Date: 10/31/2015



Assessment of Native American and Alaska Native Housing Needs

Household Survey: In-Person Interview

Site:		
Case ID:		
Address:		
Field Interviewer Name:		
Field Interview ID #:		
Interview Date:		
Start Time:		AM PM (CIRCLE ONE)
Finish Time:		AM PM (CIRCLE ONE)



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HOUSEHOLD SCREENER

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

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

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

<p>S1. I would like to speak with the person who owns/rents this home OR his/her spouse or partner. Are you that person?</p>	<p>CHECK ONE OPTION:</p> <p><input type="checkbox"/> YES: I am the owner/renter IF YES: OWNER/RENTER, CONTINUE TO S1a, THEN <u>CONTINUE TO S1b.</u></p> <p><input type="checkbox"/> YES: I am the spouse/partner of the owner/renter IF YES: SPOUSE/PARTNER, CONTINUE TO S1a, THEN <u>SKIP TO S1e.</u></p> <p><input type="checkbox"/> NO IF NO, <u>SKIP TO S2.</u></p> <p><input type="checkbox"/> DON'T KNOW</p> <p><input type="checkbox"/> REFUSED</p> <p>IF RESPONDENT DOES NOT SPEAK ENGLISH, INDICATE HERE THE NEED FOR A TRANSLATOR. STOP THE SCREENING AND CONTACT YOUR FIELD MANAGER FOR FURTHER DIRECTION.</p> <p><input type="checkbox"/> RESPONDENT IS IN NEED OF A TRANSLATOR</p>
<p>S1a. IF YES: BRIEFLY COVER THE FOLLOWING POINTS WITH THE RESPONDENT:</p> <ul style="list-style-type: none"> • Purpose of the survey • Request to interview them • Respondent incentive • Answer any questions/concerns 	<p>COMMENTS:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>



FOR OWNER/RENTER (S1b – S1d)

S1b. Since the purpose of this survey is to understand the housing needs of Native Americans, how do you [owner/renter] identify your racial or ethnic background?

I am going to read the categories to you.

Please choose one or more of the following races you consider yourself to be.

MARK ALL THAT APPLY

- American Indian or Alaska Native
- Native Hawaiian or other Pacific Islander
- White
- Black or African American
- Asian
- Other (SPECIFY): _____
- DON'T KNOW
- REFUSED

IF THE OWNER/RENTER IS AMERICAN INDIAN OR ALASKA NATIVE, CONTINUE TO S1c.

IF THE OWNER/RENTER IS NOT AMERICAN INDIAN OR ALASKA NATIVE, SKIP TO S1d.

S1c. I see that you [owner/renter] have identified yourself as American Indian or Alaska Native. Are you an enrolled member of a tribe?

YES NO DON'T KNOW REFUSED

S1c1. Have you ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard?

ACTIVE DUTY DOES NOT INCLUDE TRAINING FOR THE RESERVES OR NATIONAL GUARD, BUT DOES INCLUDE ACTIVATION, FOR EXAMPLE, FOR THE PERSIAN GULF WAR.

- Yes, now on active duty
- Yes, on active duty in the past 12 months, but not now
- Yes, on active duty in the past, but not during the last 12 months
- No, training for Reserves or National Guard only
- No, never served in the military
- DON'T KNOW
- REFUSED

IF ANY OF THE 'YES' OPTIONS: CONTINUE TO S1c2.

IF ANY OF THE 'NO'/DK/REF OPTIONS: SKIP TO S1h.



S1c2. When did you serve on active duty in the U.S. Armed Forces?

MARK (X) A BOX FOR EACH PERIOD IN WHICH THIS PERSON SERVED, EVEN IF JUST FOR PART OF THE PERIOD. MARK ALL BOXES THAT APPLY.

- September 2001 or later
- August 1990 to August 2001 (including Persian Gulf War)
- September 1980 to July 1990
- May 1975 to August 1980
- Vietnam era (August 1964 to April 1975)
- March 1961 to July 1964
- Korean War (July 1950 to January 1955)
- World War II (December 1941 to December 1946)
- February 1955 to February 1961
- January 1947 to June 1950
- November 1941 or earlier

SKIP TO S1h



S1d. I see that you [owner/renter] have identified yourself as NOT American Indian or Alaska Native; can you tell me the racial or ethnic background of your (spouse/partner)?

MARK ALL THAT APPLY

I do not have a spouse/partner

IF THE OWNER/RENTER DOES NOT HAVE A SPOUSE/PARTNER AND OWNER/RENTER IS NOT AMERICAN INDIAN OR ALASKA NATIVE, GO TO S1D1.

- American Indian or Alaska Native
- Native Hawaiian or other Pacific Islander
- White
- Black or African American
- Asian
- Other (SPECIFY): _____
- DON'T KNOW
- REFUSED

IF THE SPOUSE/PARTNER OF THE OWNER/RENTER IS AMERICAN INDIAN OR ALASKA NATIVE, SKIP TO S1f.

YOU WILL NEED TO SPEAK WITH THE SPOUSE/PARTNER OF THE OWNER/RENTER TO COMPLETE THE SCREENER AND ARRANGE/CONDUCT THE INTERVIEW.

IF THE SPOUSE/PARTNER IS AVAILABLE: INTRODUCE YOURSELF AND THE STUDY, AND COVER POINTS IN S1a. THEN CONTINUE TO S1f.

IF THE SPOUSE/PARTNER IS NOT AVAILABLE: SKIP TO S2.

IF THE SPOUSE/PARTNER IS NOT AMERICAN INDIAN OR ALASKA NATIVE AND OWNER/RENTER IS NOT AMERICAN INDIAN OR ALASKA NATIVE, GO TO S1D1.



<p>S1d1. Is this the primary residence of any Native American children who are 17 years old or younger and who are in custody of the head of household?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>IF THE OWNER/RENTER DOES NOT HAVE A SPOUSE/PARTNER OR SPOUSE/PARTNER AND OWNER/RENTER IS NOT AMERICAN INDIAN OR ALASKA NATIVE AND THERE ARE NO AMERICAN INDIAN OR ALASKA NATIVE CHILDREN WHO ARE CUSTODIAL CHILDREN, THANK THE PERSON YOU ARE SPEAKING WITH AND END THE INTERVIEW. CONTACT YOUR FIELD MANAGER FOR FURTHER DIRECTIONS. STOP.</p> <p>IF THIS IS THE PRIMARY RESIDENCE NATIVE AMERICAN CHILDREN WHO ARE 17 YEARS OLD OR YOUNGER AND WHO ARE IN CUSTODY OF THE HEAD OF HOUSEHOLD, GO TO S1H</p>
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<p>FOR SPOUSE/PARTNER (S1e - S1g)</p>	
<p>S1e. Since the purpose of this survey is to understand the housing needs of Native Americans, how do you [spouse/partner] identify your racial/ethnic background? I am going to read the categories to you. Please choose one or more of the following races you consider yourself to be.</p> <p>MARK ALL THAT APPLY</p>	<p><input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Other (SPECIFY): _____ <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> REFUSED</p> <p>IF THE SPOUSE/PARTNER IS AMERICAN INDIAN OR ALASKA NATIVE, <u>CONTINUE TO S1f.</u></p> <p>IF THE SPOUSE/PARTNER IS NOT AMERICAN INDIAN OR ALASKA NATIVE, THEN <u>SKIP TO S1g.</u></p>
<p>S1f. I see that you [spouse/partner] have identified yourself as American Indian or Alaska Native. Are you an enrolled member of a tribe?</p>	<p>YES NO DON'T KNOW REFUSED</p>



<p>S1f1. Have you ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard?</p> <p>ACTIVE DUTY DOES NOT INCLUDE TRAINING FOR THE RESERVES OR NATIONAL GUARD, BUT DOES INCLUDE ACTIVATION, FOR EXAMPLE, FOR THE PERSIAN GULF WAR.</p>	<ul style="list-style-type: none"><input type="checkbox"/> Yes, now on active duty<input type="checkbox"/> Yes, on active duty in the past 12 months, but not now<input type="checkbox"/> Yes, on active duty in the past, but not during the last 12 months<input type="checkbox"/> No, training for Reserves or National Guard only<input type="checkbox"/> No, never served in the military<input type="checkbox"/> DON'T KNOW<input type="checkbox"/> REFUSED <p>IF ANY OF THE 'YES' OPTIONS: <u>CONTINUE TO S1f2.</u></p> <p>IF ANY OF THE 'NO'/DK/REF OPTIONS: <u>SKIP TO S1h.</u></p>
<p>S1f2. When did you serve on active duty in the U.S. Armed Forces?</p> <p>MARK (X) A BOX FOR EACH PERIOD IN WHICH THIS PERSON SERVED, EVEN IF JUST FOR PART OF THE PERIOD. MARK ALL THAT APPLY.</p>	<ul style="list-style-type: none"><input type="checkbox"/> September 2001 or later<input type="checkbox"/> August 1990 to August 2001 (including Persian Gulf War)<input type="checkbox"/> September 1980 to July 1990<input type="checkbox"/> May 1975 to August 1980<input type="checkbox"/> Vietnam era (August 1964 to April 1975)<input type="checkbox"/> March 1961 to July 1964<input type="checkbox"/> Korean War (July 1950 to January 1955)<input type="checkbox"/> World War II (December 1941 to December 1946)<input type="checkbox"/> February 1955 to February 1961<input type="checkbox"/> January 1947 to June 1950<input type="checkbox"/> November 1941 or earlier <div style="border: 1px solid black; padding: 5px; text-align: center;"><p><u>SKIP TO S1h</u></p></div>



<p>S1g. I see that you [spouse/partner] have identified yourself as NOT American Indian or Alaska Native; can you tell me the racial or ethnic background of the (owner/renter)?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Other (SPECIFY): _____ <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> REFUSED <p>IF THE SPOUSE/PARTNER INDICATES THAT THE OWNER/RENTER IS AMERICAN INDIAN OR ALASKA NATIVE, <u>CONTINUE TO S1h.</u></p> <p>IF THE SPOUSE/PARTNER INDICATES THAT THE OWNER /RENTER IS NOT AMERICAN INDIAN OR ALASKA NATIVE AND THE SPOUSE/PARTNER IS NOT AMERICAN INDIAN OR ALASKA NATIVE, GO TO S1G1</p>
<p>S1g1. Is this the primary residence of any Native American children who are 17 years old or younger and who are in custody of the head of household?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <p>IF THE SPOUSE/PARTNER AND OWNER/RENTER IS NOT AMERICAN INDIAN OR ALASKA NATIVE AND THERE ARE NO AMERICAN INDIAN OR ALASKA NATIVE CHILDREN WHO ARE CUSTODIAL CHILDREN, THANK THE PERSON YOU ARE SPEAKING WITH AND END THE INTERVIEW. CONTACT YOUR FIELD MANAGER FOR FURTHER DIRECTIONS. STOP.</p> <p>IF THIS IS THE PRIMARY RESIDENCE NATIVE AMERICAN CHILDREN WHO ARE 17 YEARS OLD OR YOUNGER AND WHO ARE IN CUSTODY OF THE HEAD OF HOUSEHOLD, GO TO S1H</p>



<p>S1h. Do you have any additional questions about the survey? Is now a good time?</p>	<p><input type="checkbox"/> Now is a good time. ENTER DATE AND TIME ON FRONT COVER. GO TO INFORMED CONSENT, NEXT SECTION -></p> <p><input type="checkbox"/> Come back at another time.</p> <p><input type="checkbox"/> <u>CONTINUE TO S2.</u> I would prefer that someone else speak for me. <u>SKIP TO S3.</u></p>
<p>S2. IF NO: When would be a good time to do the interview?</p> <p>OBTAIN CONTACT INFORMATION AND COME BACK ANOTHER DAY.</p>	<p>Name of owner/renter or spouse/partner: _____</p> <p>Best date/time to speak with respondent: ____/____/____ : ____ AM ____ PM (DD/MM/YY) (HH:MM) Date Time AM/PM (circle)</p> <p>Phone number with area code: _(____)_____</p>
<p>S3. IF NEED FOR PROXY: If for some reason, the owner/renter OR spouse/partner is unable to participate in an interview, then who is the best person (the one who is most knowledgeable about family housing) who would be able to participate?</p>	<p>First name of proxy: _____</p> <p>Relationship to owner/renter: _____</p> <p>Phone number: _____</p> <p>Reason owner/renter cannot participate: _____</p>



INFORMED CONSENT

Hello, my name is [INTERVIEWER NAME].

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

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

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

Your participation is very important to the success of this survey. This survey is voluntary, which means that you don't have to participate and you can decide not to answer any specific questions. You also may end the interview at any point. You will receive a [CASH GIFT/ GIFT CARD/VOUCHER] as a token of appreciation for participating in the survey. The interview will take about 45 minutes.

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

The survey will ask you about how many people live in your household, the features of the housing unit you live in (such as the number of rooms, electricity, and heat), your preferences for an ideal housing unit, your thoughts on homeownership and renting, your attitudes about tribally-assisted housing, your reasons for living on Indian Land, and the costs of housing. Finally, at the end of the interview I will make some observations about the condition of the housing unit, such as whether repairs are needed and things like that. You may consider some of these topics personal and choose not to answer.

The information you provide will be helpful to improve housing in your community and other communities in Indian Country.

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

GO TO NEXT PAGE TO CONTINUE INFORMED CONSENT



At the end of the study we will prepare a summary of all of the responses to the survey in a computer data file. The summary will include responses from people in many tribal communities. The summary is called a public use file. It will not contain any names or addresses or other information that could identify you or your tribe. The summary will be carefully protected. We will give it to the federal Department of Housing and Urban Development. We are required to give it to them. Other researchers who are interested in housing needs may use the public use file someday. The (name of Tribe/Native Village) may ask us to give back the responses from your community. If they do, we will give them a summary of responses in a computer file. That computer file will not have names or addresses. We will hide or take out any information that may identify you or anyone in your household, such as the number of persons who live there. This is done to protect your confidentiality. But there is always a slight chance that tribal officials or administrators will be able to identify people based on the responses. It is possible, but not likely. We are very careful about protecting your personal information.

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

Do I have your permission to begin the interview?

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

Are there any questions I can answer for you?

What is the reason you prefer not doing the interview?

When is a good time to come back?

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

MM/DD/YY

HH:MM



A. HOUSEHOLD COMPOSITION

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

IF PROXY IS USED: “If you are speaking for someone else, please remember to answer the questions from the owner’s/renter’s perspective. Feel free to consult with him/her or to not answer any questions if you’re not comfortable answering.”

<p>A1. To begin, can you tell me how long you have lived here?</p> <p>IF RESIDENT HAS BEEN IN RESIDENCE FOR LESS THAN 1 YEAR, INDICATE NUMBER OF MONTHS.</p> <p>IF RESIDENT HAS BEEN IN RESIDENCE FOR 1 1/2 YEARS, INDICATE 1 YEAR 6 MONTHS. DO NOT ROUND UP.</p>	<p>_____ years _____ months</p>
<p>A1a. WHAT IS THE GENDER OF THE RESPONDENT?</p>	<p><input type="checkbox"/> MALE</p> <p><input type="checkbox"/> FEMALE</p> <p><input type="checkbox"/> DON'T KNOW</p>



<p>A2. How many people are living or staying at this address?</p> <p>READ THE INSTRUCTIONS TO THE RIGHT ALOUD TO RESPONDENT SO THEY KNOW WHO TO INCLUDE AND WHO NOT TO INCLUDE.</p> <p>AFTER GOING THROUGH THIS SECTION AND DESCRIBING EVERYONE STAYING HERE:</p> <ul style="list-style-type: none"> • IF THE NUMBER OF PERSONS THE RESPONDENT DESCRIBES IS HIGHER THAN THE NUMBER THEY GIVE FOR THIS QUESTION, CHANGE THE NUMBER HERE TO THE HIGHER NUMBER. • IF THE NUMBER OF PERSONS RESPONDENTS DESCRIBES IS LOWER THAN THE NUMBER OF PERSONS THEY GIVE HERE, MENTION THAT AND ASK IF THEY HAVE LEFT SOMEONE OUT. <ul style="list-style-type: none"> ○ IF THEY HAVE OMITTED SOMEONE, ADD THE PERSON IN THE APPROPRIATE TABLE. ○ IF THEY JUST GAVE THE WRONG NUMBER HERE, CORRECT IT. 	<p>Number of people: _____</p> <p><input type="checkbox"/> DON'T KNOW</p> <p><input type="checkbox"/> REFUSED</p> <ul style="list-style-type: none"> • INCLUDE everyone who lives or stays here now or will be living or staying here for more than 2 months. • INCLUDE yourself if you are living here or will be living here for more than 2 months. • INCLUDE anyone else staying here who does not have another place to stay, even if they are here for 2 months or less. • INCLUDE any children age 17 or younger who are temporarily living away from home at boarding school or with family or friends but for whom this address is their permanent residence. • INCLUDE any children age 17 or younger who regularly split their time between this address and another parent, grandparents or other family members • INCLUDE any of your children age 18 and over who are away at college but for whom this address is their permanent residence. • INCLUDE any of your adult children age 18 or older who live with you. • INCLUDE anyone that is temporarily away and taking part in subsistence activities (e.g., hunting, gathering, fish camp, herding, etc.).
<p>A3. Do you have a (spouse/partner)?</p>	<p>YES NO DON'T KNOW REFUSED</p> <p>IF YES, <u>CONTINUE TO A3a.</u></p> <p>IF NO/DK/REF, <u>SKIP TO A4.</u></p>
<p>A3a. Do you and (he/she) live together?</p> <p>IF RESPONDENT IS HESITANT OR CONCERNED BY THIS QUESTION, READ:</p> <p>“I appreciate that our questions are, or may be, difficult to answer and sometimes seem intrusive. As with other questions in this survey, we want to reassure you that the information you provide to us is kept confidential.”</p>	<p>YES NO DON'T KNOW REFUSED</p>



<p>A3b. WHAT IS THE GENDER OF THE SPOUSE/PARTNER?</p>	<p><input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> DON'T KNOW</p> <p><u>CONTINUE TO A4.</u></p>
<p>A4. Do you have any children?</p>	<p>YES NO DON'T KNOW REFUSED</p> <p>IF YES, <u>CONTINUE TO A4a.</u></p> <p>IF NO/DK/REF, <u>SKIP TO A6.</u></p>
<p>A4a. Do any of your children, whether they are young or adult children, live with you? Please include children of all ages who live here. Include children age 17 or younger who are away temporarily at boarding school or with family or friends but for whom this is their permanent residence, or who regularly split their time between this address and another parent, grandparents, or other family members. Also include children age 18 or over who are away at college but for whom this is their permanent residence.</p>	<p>YES NO DON'T KNOW REFUSED</p> <p>IF YES, <u>CONTINUE TO A4b.</u></p> <p>IF NO/DK/REF, <u>SKIP TO QUESTION A5.</u></p>
<p>A4b. IF YES: How many of these children live with you? (CIRCLE ONE)</p>	<p>1 2 3 4 5 or more</p> <p><input type="checkbox"/> DON'T KNOW <input type="checkbox"/> REFUSED</p> <p><u>CONTINUE TO A4c.</u></p>



A4c. For each child who lives with you, please tell me his or her gender, age, whether he or she is American Indian or Alaska Native, his or her tribal affiliation, and how long he or she has lived with you. Also, please tell me whether this child splits his/her time between living with you and in another household OR if he/she is away at school.

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

IF CHILD HAS BEEN IN RESIDENCE FOR LESS THAN 1 YEAR, INDICATE NUMBER OF MONTHS.

IF CHILD HAS BEEN IN RESIDENCE FOR 1 ½ YEARS, INDICATE 1 YEAR 6 MONTHS. DO NOT ROUND UP.

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

IF CHILD IS AWAY AT SCHOOL, INDICATE YES FOR “AWAY AT SCHOOL.” PROVIDE OVERALL LENGTH OF TIME WITH THEM. DON’T TAKE OUT PERIODS THEY ARE AWAY.

√		Is this child male or female ?	What age is your child? (CIRCLE YEAR OR MONTH)	Is the child AIAN?	If AIAN, what is the child’s Tribal affiliation?	How long has the child been living with you?	Do they split time here and somewhere else?	Are they away at school?	(IF OVER 18)Are they a veteran of the armed forces?
<input type="checkbox"/>	Child #1	M F	_____ Year Month DK R	YES NO DK REF	_____ _____ DK REF	_____ years _____ months DK REF	YES NO DK REF	YES NO DK REF	YES NO DK REF
<input type="checkbox"/>	Child #2	M F	_____ Year Month DK R	YES NO DK REF	_____ _____ DK REF	_____ years _____ months DK REF	YES NO DK REF	YES NO DK REF	YES NO DK REF
<input type="checkbox"/>	Child #3	M F	_____ Year Month DK R	YES NO DK REF	_____ _____ DK REF	_____ years _____ months DK REF	YES NO DK REF	YES NO DK REF	YES NO DK REF
<input type="checkbox"/>	Child #4	M F	_____ Year Month DK R	YES NO DK REF	_____ _____ DK REF	_____ years _____ months DK REF	YES NO DK REF	YES NO DK REF	YES NO DK REF
<input type="checkbox"/>	Child #5	M F	_____ Year Month DK R	YES NO DK REF	_____ _____ DK REF	_____ years _____ months DK REF	YES NO DK REF	YES NO DK REF	YES NO DK REF



ASSESSMENT OF NATIVE AMERICAN, ALASKA NATIVE, AND NATIVE HAWAIIAN HOUSING NEEDS

✓		Is this child male or female ?	What age is your child? (CIRCLE YEAR OR MONTH)	Is the child AIAN?	If AIAN, what is the child's Tribal affiliation?	How long has the child been living with you?	Do they split time here and some-where else?	Are they away at school?	(IF OVER 18) Are they a veteran of the armed forces?
<input type="checkbox"/>	Child #6	M F	_____ Year Month DK R	YES NO DK REF	_____ _____ DK REF	_____ years _____ months DK REF	YES NO DK REF	YES NO DK REF	YES NO DK REF
<input type="checkbox"/>	Child #7	M F	_____ Year Month DK R	YES NO DK REF	_____ _____ DK REF	_____ years _____ months DK REF	YES NO DK REF	YES NO DK REF	YES NO DK REF
<input type="checkbox"/>	Child #8	M F	_____ Year Month DK R	YES NO DK REF	_____ _____ DK REF	_____ years _____ months DK REF	YES NO DK REF	YES NO DK REF	YES NO DK REF
<input type="checkbox"/>	Child #9	M F	_____ Year Month DK R	YES NO DK REF	_____ _____ DK REF	_____ years _____ months DK REF	YES NO DK REF	YES NO DK REF	YES NO DK REF
<input type="checkbox"/>	Child #10	M F	_____ Year Month DK R	YES NO DK REF	_____ _____ DK REF	_____ years _____ months DK REF	YES NO DK REF	YES NO DK REF	YES NO DK REF
<input type="checkbox"/>	Child #11	M F	_____ Year Month DK R	YES NO DK REF	_____ _____ DK REF	_____ years _____ months DK REF	YES NO DK REF	YES NO DK REF	YES NO DK REF
<input type="checkbox"/>	Child #12	M F	_____ Year Month DK R	YES NO DK REF	_____ _____ DK REF	_____ years _____ months DK REF	YES NO DK REF	YES NO DK REF	YES NO DK REF
<input type="checkbox"/>	Child #13	M F	_____ Year Month DK R	YES NO DK REF	_____ _____ DK REF	_____ years _____ months DK REF	YES NO DK REF	YES NO DK REF	YES NO DK REF
<input type="checkbox"/>	Child #14	M F	_____ Year Month DK R	YES NO DK REF	_____ _____ DK REF	_____ years _____ months DK REF	YES NO DK REF	YES NO DK REF	YES NO DK REF
<input type="checkbox"/>	Child #15	M F	_____ Year Month DK R	YES NO DK REF	_____ _____ DK REF	_____ years _____ months DK REF	YES NO DK REF	YES NO DK REF	YES NO DK REF



<p>A5. Do you have any grandchildren?</p>	<p>YES NO DON'T KNOW REFUSED</p> <p>IF YES, <u>CONTINUE TO A5a.</u></p> <p>IF NO/DK/REF, <u>SKIP TO A6.</u></p>
<p>A5a. Do any of your grandchildren live with you? Please include grandchildren above the age of 18 and grandchildren age 17 or younger who are away temporarily at boarding school, or with family or friends but for whom this is their permanent residence, or who regularly split their time between this address and parents, other grandparents, or other family members.</p>	<p>YES NO DON'T KNOW REFUSED</p> <p>IF YES, <u>CONTINUE TO A5b.</u></p> <p>IF NO/DK/REF, <u>SKIP TO A6.</u></p>
<p>A5b. IF YES: How many of these grandchildren live with you?</p>	<p>1 2 3 4 5 or more</p> <p><input type="checkbox"/> DON'T KNOW</p> <p><input type="checkbox"/> REFUSED</p> <p><u>CONTINUE TO A5c.</u></p>



A5c. For each **grandchild** who lives with you, please tell me his or her gender, age, whether he or she is American Indian or Alaska Native, his or her tribal affiliation, and how long he or she has lived with you. Also, please tell me whether this grandchild splits his/her time between living with you or another household OR if he/she is away at school.

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

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

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

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

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

√		Is this grand-child male or female?	What age is the grandchild? (CIRCLE YEAR OR MONTH)	Is the grand-child AIAN?	If AIAN, what is the grandchild's Tribal affiliation?	How long has the grandchild been living with you?	Does the grand-child split time?	Is the grand-child away at school?	(IF OVER 18) Is the grandchild a veteran of the armed forces?
<input type="checkbox"/>	Grand-child #1	M F	_____ Year Month DK R	YES NO DK REF	_____ _____ DK REF	_____ years _____ months DK REF	YES NO DK REF	YES NO DK REF	YES NO DK REF
<input type="checkbox"/>	Grand child #2	M F	_____ Year Month DK R	YES NO DK REF	_____ _____ DK REF	_____ years _____ months DK REF	YES NO DK REF	YES NO DK REF	YES NO DK REF
<input type="checkbox"/>	Grand child #3	M F	_____ Year Month DK R	YES NO DK REF	_____ _____ DK REF	_____ years _____ months DK REF	YES NO DK REF	YES NO DK REF	YES NO DK REF
<input type="checkbox"/>	Grand child #4	M F	_____ Year Month DK R	YES NO DK REF	_____ _____ DK REF	_____ years _____ months DK REF	YES NO DK REF	YES NO DK REF	YES NO DK REF
<input type="checkbox"/>	Grand child #5	M F	_____ Year Month DK R	YES NO DK REF	_____ _____ DK REF	_____ years _____ months DK REF	YES NO DK REF	YES NO DK REF	YES NO DK REF



ASSESSMENT OF NATIVE AMERICAN, ALASKA NATIVE, AND NATIVE HAWAIIAN HOUSING NEEDS

<input checked="" type="checkbox"/>		Is this grand-child male or female?	What age is the grandchild? (CIRCLE YEAR OR MONTH)	Is the grand-child AIAN?	If AIAN, what is the grandchild's Tribal affiliation?	How long has the grandchild been living with you?	Does the grand-child split time?	Is the grand-child away at school?	(IF OVER 18) Is the grandchild a veteran of the armed forces?
<input type="checkbox"/>	Grand child #6	M F	_____ Year Month DK R	YES NO DK REF	_____ _____ DK REF	_____ years _____ months DK REF	YES NO DK REF	YES NO DK REF	YES NO DK REF
<input type="checkbox"/>	Grand child #7	M F	_____ Year Month DK R	YES NO DK REF	_____ _____ DK REF	_____ years _____ months DK REF	YES NO DK REF	YES NO DK REF	YES NO DK REF
<input type="checkbox"/>	Grand child #8	M F	_____ Year Month DK R	YES NO DK REF	_____ _____ DK REF	_____ years _____ months DK REF	YES NO DK REF	YES NO DK REF	YES NO DK REF
<input type="checkbox"/>	Grand child #9	M F	_____ Year Month DK R	YES NO DK REF	_____ _____ DK REF	_____ years _____ months DK REF	YES NO DK REF	YES NO DK REF	YES NO DK REF
<input type="checkbox"/>	Grand child #10	M F	_____ Year Month DK R	YES NO DK REF	_____ _____ DK REF	_____ years _____ months DK REF	YES NO DK REF	YES NO DK REF	YES NO DK REF
<input type="checkbox"/>	Grand child #11	M F	_____ Year Month DK R	YES NO DK REF	_____ _____ DK REF	_____ years _____ months DK REF	YES NO DK REF	YES NO DK REF	YES NO DK REF
<input type="checkbox"/>	Grand child #12	M F	_____ Year Month DK R	YES NO DK REF	_____ _____ DK REF	_____ years _____ months DK REF	YES NO DK REF	YES NO DK REF	YES NO DK REF
<input type="checkbox"/>	Grand child #13	M F	_____ Year Month DK R	YES NO DK REF	_____ _____ DK REF	_____ years _____ months DK REF	YES NO DK REF	YES NO DK REF	YES NO DK REF
<input type="checkbox"/>	Grand child #14	M F	_____ Year Month DK R	YES NO DK REF	_____ _____ DK REF	_____ years _____ months DK REF	YES NO DK REF	YES NO DK REF	YES NO DK REF
<input type="checkbox"/>	Grand child #15	M F	_____ Year Month DK R	YES NO DK REF	_____ _____ DK REF	_____ years _____ months DK REF	YES NO DK REF	YES NO DK REF	YES NO DK REF



<p>A6. Is there anyone else, other than your [spouse/partner, child(ren), and grandchild(ren)] who is related to you by birth or marriage that is living in your household? Include all of the people who usually stay here, but are away temporarily, on business trips, vacations, at school, temporarily in a hospital and such.</p>	<p>YES NO DON'T KNOW REFUSED</p> <p>IF YES, <u>CONTINUE TO 6a.</u></p> <p>IF NO/DK/REF, <u>SKIP TO A7.</u></p>
<p>A6a. IF YES: How many other relatives live in your household?</p>	<p>1 2 3 4 5 or more</p> <p><input type="checkbox"/> DON'T KNOW</p> <p><input type="checkbox"/> REFUSED</p>
<p>A6b. I would like to ask you about the other family member(s) that live(s) here with you. Can you tell me their relationship to you? I would also like to ask how long she or he has been living with you, and whether she or he is a child age 17 or younger. Let's begin with the women and girls and then I will ask about the men and boys.</p> <p>CHECK THE BOX NEXT TO THE TYPE OF RELATIVE. IF THERE IS MORE THAN ONE OF A CERTAIN TYPE OF RELATIVE, INCLUDE ADDITIONAL RELATIVES OF THAT TYPE IN ROWS J, K, OR L. FOR EXAMPLE, TWO SISTERS WOULD BE CAPTURED IN ROWS C (SISTER 1) AND J (SISTER 2).</p> <p>IF RELATIVE IS AN INFANT (2 YEARS OF AGE OR LESS), INDICATE AGE IN MONTHS; OTHERWISE MARK IN YEARS.</p> <p>IF RELATIVE HAS BEEN IN RESIDENCE FOR LESS THAN 1 YEAR, INDICATE NUMBER OF MONTHS.</p> <p>IF RELATIVE HAS BEEN IN RESIDENCE FOR 1 1/2 YEARS INDICATE 1 YEAR 6 MONTHS. DO NOT ROUND UP.</p> <p>IF RELATIVE SPLITS TIME WITH THEM AND OTHER FAMILY MEMBER(S), INDICATE YES FOR "SPLIT TIME." PROVIDE OVERALL LENGTH OF TIME WITH THEM. DON'T TAKE OUT PERIODS THEY ARE AWAY.</p> <p>IF RELATIVE IS AWAY AT SCHOOL, INDICATE YES FOR "AWAY AT SCHOOL." PROVIDE OVERALL LENGTH OF TIME WITH THEM. DON'T TAKE OUT PERIODS THEY ARE AWAY.</p>	



	√	Relationship	Is this person(s) age 17 or younger? (CIRCLE ONE)	Length of time living with you WRITE IN YEARS AND MONTHS	Split time? (CIRCLE ONE)	Away at school? (CIRCLE ONE)	(IF OVER 18) A veteran of the armed forces?
A	<input type="checkbox"/>	Mother	YES NO DK R	____ ____ years months DK R	YES NO DK R	YES NO DK R	YES NO DK R
B	<input type="checkbox"/>	Grandmother	YES NO DK R	____ ____ years months DK R	YES NO DK R	YES NO DK R	YES NO DK R
C	<input type="checkbox"/>	Sister	YES NO DK R	____ ____ years months DK R	YES NO DK R	YES NO DK R	YES NO DK R
D	<input type="checkbox"/>	Aunt	YES NO DK R	____ ____ years months DK R	YES NO DK R	YES NO DK R	YES NO DK R
E	<input type="checkbox"/>	Cousin (female)	YES NO DK R	____ ____ years months DK R	YES NO DK R	YES NO DK R	YES NO DK R
F	<input type="checkbox"/>	Niece	YES NO DK R	____ ____ years months DK R	YES NO DK R	YES NO DK R	YES NO DK R
G	<input type="checkbox"/>	Foster daughter	YES NO DK R	____ ____ years months DK R	YES NO DK R	YES NO DK R	YES NO DK R
H	<input type="checkbox"/>	Mother-in-law	YES NO DK R	____ ____ years months DK R	YES NO DK R	YES NO DK R	YES NO DK R
I	<input type="checkbox"/>	Sister-in-law	YES NO DK R	____ ____ years months DK R	YES NO DK R	YES NO DK R	YES NO DK R
J	<input type="checkbox"/>	Other female relative (SPECIFY): _____	YES NO DK R	____ ____ years months DK R	YES NO DK R	YES NO DK R	YES NO DK R
K	<input type="checkbox"/>	Other female relative (SPECIFY): _____	YES NO DK R	____ ____ years months DK R	YES NO DK R	YES NO DK R	YES NO DK R
L	<input type="checkbox"/>	Other female relative (SPECIFY): _____	YES NO DK R	____ ____ years months DK R	YES NO DK R	YES NO DK R	YES NO DK R



	√	Relationship	Is this person(s) age 17 or younger?	How long has this person lived with you? WRITE IN YEARS AND MONTHS	Do they split time?	Are they away at school?	(IF OVER 18) Are they a veteran of the armed forces?
A	<input type="checkbox"/>	Father	YES NO DK R	____ ____ years months DK R	YES NO DK R	YES NO DK R	YES NO DK R
B	<input type="checkbox"/>	Grandfather	YES NO DK R	____ ____ years months DK R	YES NO DK R	YES NO DK R	YES NO DK R
C	<input type="checkbox"/>	Brother	YES NO DK R	____ ____ years months DK R	YES NO DK R	YES NO DK R	YES NO DK R
D	<input type="checkbox"/>	Uncle	YES NO DK R	____ ____ years months DK R	YES NO DK R	YES NO DK R	YES NO DK R
E	<input type="checkbox"/>	Cousin (male)	YES NO DK R	____ ____ years months DK R	YES NO DK R	YES NO DK R	YES NO DK R
F	<input type="checkbox"/>	Nephew	YES NO DK R	____ ____ years months DK R	YES NO DK R	YES NO DK R	YES NO DK R
G	<input type="checkbox"/>	Foster son	YES NO DK R	____ ____ years months DK R	YES NO DK R	YES NO DK R	YES NO DK R
H	<input type="checkbox"/>	Father-in-law	YES NO DK R	____ ____ years months DK R	YES NO DK R	YES NO DK R	YES NO DK R
I	<input type="checkbox"/>	Brother-in-law	YES NO DK R	____ ____ years months DK R	YES NO DK R	YES NO DK R	YES NO DK R
J	<input type="checkbox"/>	Other male relative (SPECIFY): _____	YES NO DK R	____ ____ years months DK R	YES NO DK R	YES NO DK R	YES NO DK R
K	<input type="checkbox"/>	Other male relative (SPECIFY): _____	YES NO DK R	____ ____ years months DK R	YES NO DK R	YES NO DK R	YES NO DK R
L	<input type="checkbox"/>	Other male relative (SPECIFY): _____	YES NO DK R	____ ____ years months DK R	YES NO DK R	YES NO DK R	YES NO DK R



A7. Is there anyone else, unrelated to you by birth or marriage, living in your household?	YES NO DON'T KNOW REFUSED IF YES, <u>CONTINUE TO A7a.</u> IF NO/DK/REF, <u>SKIP TO A8.</u>
A7a. If yes, how many persons that are not related to you live in your household?	1 2 3 4 5 or more <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> REFUSED



A7b. Can you tell me this person’s relationship to you? I would also like to ask how long she or he has been living with you, and whether she or he is a child age 17 or younger.

IF THEY SAY THEY ARE A RELATIVE, ENTER THAT PERSON IN TABLE A6b ABOVE FOR RELATIVES. ALSO, CHANGE THE RESPONSE TO A6 (IF NECESSARY), AND CHANGE THE NUMBER IN A6a. IF NOT A RELATIVE, CONTINUE.

CHECK THE BOX NEXT TO THE TYPE OF RELATIONSHIP. IF THERE IS MORE THAN ONE OF A CERTAIN TYPE OF PERSON, ENTER THE NUMBER IN THE “IF MORE THAN 1, HOW MANY?” COLUMN. IF THERE ARE MULTIPLE PEOPLE IN ONE CATEGORY, ENTER THE LONGEST TIME OF ALL PEOPLE IN THAT CATEGORY FOR “LENGTH OF TIME LIVING WITH YOU.”

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

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

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

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

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

✓	Relationship	If more than 1, how many?	Is this person(s) age 17 or younger?	Length of time living with you WRITE IN YEARS AND MONTHS	Split time?	Away at school?	(IF OVER 18) A veteran of the armed forces?
<input type="checkbox"/>	Friend	_____	YES NO DK R	____ _ years months DK R	YES NO DK R	YES NO DK R	YES NO DK R
<input type="checkbox"/>	Foster child	_____	YES NO DK R	____ _ years months DK R	YES NO DK R	YES NO DK R	YES NO DK R
<input type="checkbox"/>	Boarder	_____	YES NO DK R	____ _ years months DK R	YES NO DK R	YES NO DK R	YES NO DK R
<input type="checkbox"/>	Roommate	_____	YES NO DK R	____ _ years months DK R	YES NO DK R	YES NO DK R	YES NO DK R



<input type="checkbox"/>	Landlord	_____	YES NO DK R	_____ years months DK R	YES NO DK R	YES NO DK R	YES NO DK R
<input type="checkbox"/>	Other (SPECIFY):	_____	YES NO DK R	_____ years months DK R	YES NO DK R	YES NO DK R	YES NO DK R
<input type="checkbox"/>	Other (SPECIFY):	_____	YES NO DK R	_____ years months DK R	YES NO DK R	YES NO DK R	YES NO DK R
<input type="checkbox"/>	Other (SPECIFY):	_____	YES NO DK R	_____ years months DK R	YES NO DK R	YES NO DK R	YES NO DK R

A8. In your opinion, are there more people staying here than can live comfortably in this unit?	YES NO DON'T KNOW REFUSED
A9. Of all the people who are living here, is anyone living with you because they had to leave where they were living and had no other place to stay?	YES NO DON'T KNOW REFUSED IF YES, <u>CONTINUE TO A9a.</u> IF NO, <u>SKIP TO NEXT SECTION (B).</u> → IF DK/REF, <u>CONTINUE TO A10.</u>
A9a. Would you ask that person to leave if you could?	YES NO DON'T KNOW REFUSED
A10. Would any of these people move to a separate house or apartment if they could?	YES NO DON'T KNOW REFUSED IF YES, <u>CONTINUE TO A10a.</u> IF NO/DK/REF, <u>SKIP TO NEXT SECTION.</u> →



<p>A10a. Which ones?</p> <p>INDICATE THE PERSON ON THE LIST BY WRITING IN THE NUMBER OR TYPE OF RELATIVE. FOR EACH PERSON IDENTIFIED, ASK A10b AND RECORD THE RESPONSE.</p>	<p>A10b. Are any of them currently looking for housing?</p> <p>IF YES, <u>CONTINUE TO A10c.</u></p> <p>IF NO/DK/REF, <u>SKIP TO A11.</u></p>	<p>A10c. IF YES: Do they expect to move within the next 60 days?</p>						
Child(ren): _____	YES	NO	DK	R	YES	NO	DK	R
Grandchild(ren): _____	YES	NO	DK	R	YES	NO	DK	R
Relative(s): _____	YES	NO	DK	R	YES	NO	DK	R
Non-relative(s): _____	YES	NO	DK	R	YES	NO	DK	R

A11. Of the people who you mentioned, let's see, that would be [MENTION ALL THE PERSONS NOTED IN A10a], what is the most important factor preventing each of them from moving into their own house or apartment at this time? RECORD ONE RESPONSE ONLY FOR EACH PERSON.

Relationship	Factor preventing each person from moving						
	No housing available in this area	Can't afford own housing	Waiting for a subsidized unit/on waiting list	No safe places to live available in this area	Other (SPECIFY)	DK	REF
Children							
Child 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grandchildren							
Grandchild 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grandchild 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grandchild 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Relationship	No housing available in this area	Can't afford own housing	Waiting for a subsidized unit/on waiting list	No safe places to live available in this area	Other (SPECIFY)	DK	REF
Relatives							
Female (Specify): _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____	<input type="radio"/>	<input type="radio"/>
Female (Specify): _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____	<input type="radio"/>	<input type="radio"/>
Male (Specify): _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____	<input type="radio"/>	<input type="radio"/>
Male (Specify): _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____	<input type="radio"/>	<input type="radio"/>
Non-relative household member							
Friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____	<input type="radio"/>	<input type="radio"/>
Foster child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____	<input type="radio"/>	<input type="radio"/>
Boarder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____	<input type="radio"/>	<input type="radio"/>
Roommate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____	<input type="radio"/>	<input type="radio"/>
Landlord	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____	<input type="radio"/>	<input type="radio"/>
Other (Specify): _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____	<input type="radio"/>	<input type="radio"/>
Other (Specify): _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____	<input type="radio"/>	<input type="radio"/>



B. HOUSING UNIT CHARACTERISTICS AND CONDITIONS

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

TYPE AND NUMBER OF ROOMS	
B1	How many rooms are there in this house/apartment, not counting bathrooms and hallways? Number of rooms _____ <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> REFUSED
B2	How many bedrooms are there in your house/apartment? 0 1 2 3 4 5 6 7 8 9 10 CIRCLE 10 FOR 10 OR MORE
B2a	Are any other rooms in your house/apartment used at night for people to sleep in? YES NO DON'T KNOW REFUSED IF YES, <u>CONTINUE TO B2b.</u> IF NO, <u>SKIP TO B3.</u>
B2b	IF YES: Which rooms? (SPECIFY) _____
B3	How many full bathrooms? A full bathroom includes a toilet, sink, bathtub and/or shower. 0 1 2 3 4 5 6 7 8 9 10 CIRCLE 10 FOR 10 OR MORE <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> REFUSED
B4	How many half bathrooms? A half bathroom includes a toilet and sink. 0 1 2 3 4 5 6 7 8 9 10 CIRCLE 10 FOR 10 OR MORE <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> REFUSED



COOKING AND FOOD STORAGE	
B5	<p>Are your main cooking facilities inside this unit or outside?</p> <p><input type="checkbox"/> Inside unit <input type="checkbox"/> Outside unit <input type="checkbox"/> No cooking facilities <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> REFUSED</p> <p>IF 'INSIDE UNIT', <u>CONTINUE TO B6.</u></p> <p>IF 'OUTSIDE UNIT'/'NO COOKING FACILITIES'/DK/REF, <u>SKIP TO B10.</u></p>
B6	<p>Does your house/apartment have some type of cooking stove, or a range with an oven—one that is in working order?</p> <p>YES NO DON'T KNOW REFUSED</p>
B7	<p>Does your house/apartment have any built-in cooking burners that are in working order?</p> <p>YES NO DON'T KNOW REFUSED</p>
B8	<p>Does your house/apartment have a microwave oven that is in working order?</p> <p>YES NO DON'T KNOW REFUSED</p>
B9	<p>What fuel is used MOST for cooking—electricity, gas, or something else?</p> <p>MARK ONLY <u>ONE</u> OPTION</p> <p><input type="checkbox"/> Electricity <input type="checkbox"/> Gas or liquid propane <input type="checkbox"/> Kerosene or other liquid fuel <input type="checkbox"/> Coal or coke <input type="checkbox"/> Wood <input type="checkbox"/> Other (SPECIFY): _____ <input type="checkbox"/> No fuel used <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> REFUSED</p>
B10	<p>Does your house/apartment have a refrigerator that is in working order?</p> <p>YES NO DON'T KNOW REFUSED</p>
B11	<p>Does your house/apartment have a kitchen sink?</p> <p>YES NO DON'T KNOW REFUSED</p>



ELECTRICITY	
B12	<p>Is your house connected to the electric grid, or do you receive your electricity another way (such as a generator, or an extension cord to someone else's house)?</p> <p><input type="checkbox"/> Electric grid <input type="checkbox"/> Another way <input type="checkbox"/> Don't have electricity <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> REFUSED</p> <p>IF 'ELECTRIC GRID', <u>CONTINUE TO B13.</u></p> <p>IF 'ANOTHER WAY', <u>SKIP TO B14.</u></p> <p>IF 'DON'T HAVE ELECTRICITY/ DK/ REF', <u>SKIP TO B20.</u></p>
B13	<p>Do you pay separately for electricity?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No, included in rent, condo fee or other charges. <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> REFUSED</p> <p><u>SKIP TO B15.</u></p>
B14	<p>How do you obtain electricity?</p> <p><input type="checkbox"/> By extension cord from another source <input type="checkbox"/> Through a generator <input type="checkbox"/> Other (SPECIFY): _____ <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> REFUSED</p> <p><u>SKIP TO HEATING SECTION, B20.</u></p>
B15	<p>Is all the electrical wiring in the finished areas of your house/apartment concealed in the walls?</p> <p><input type="checkbox"/> Yes, wiring concealed <input type="checkbox"/> No, wiring not concealed or not covered <input type="checkbox"/> No electrical wiring <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> REFUSED</p>
B16	<p>Is the electrical wiring safely contained in protective or metal or plastic coverings? (EXCLUDE APPLIANCE CORDS, EXTENSION CORDS, CHANDELIER CORDS, PHONE, ANTENNA, CABLE TV WIRES, ETC.)</p> <p>YES NO DON'T KNOW REFUSED</p>



B17	Does every room have an electrical outlet or wall plug that works?	YES NO DON'T KNOW REFUSED
B18	Have any fuses blown or circuit breakers tripped in the past three months?	YES NO DON'T KNOW REFUSED IF YES, <u>CONTINUE TO B19.</u> IF NO/DK/REF, <u>SKIP TO B20.</u>
B19	How many times?	1 2 3 4 5 6 7 8 CIRCLE 8 FOR 8 OR MORE <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> REFUSED

HEAT	
<p>B20 MAIN HEATING EQUIPMENT</p> <p>HAND RESPONDENT SHOWCARD A.</p> <p>What is the main source of heat for this unit?</p> <p>MARK ONLY <u>ONE</u> OPTION</p>	<input type="checkbox"/> a. Forced warm-air furnace with ducts and vents to individual rooms <input type="checkbox"/> b. Steam or hot water system with radiators OR other system using steam or hot water <input type="checkbox"/> c. Electric heat pump <input type="checkbox"/> d. Built-in electric baseboard heating or electric coils in floors, ceilings, or walls <input type="checkbox"/> e. Floor, wall, or other pipeless furnace built into the building <input type="checkbox"/> f. <u>Vented</u> room heaters burning kerosene, gas, or oil <input type="checkbox"/> g. <u>Unvented</u> room heaters burning kerosene, gas, or oil <input type="checkbox"/> h. Portable electric heaters <input type="checkbox"/> i. Woodburning stove, pot belly stove, Franklin stove <input type="checkbox"/> j. Fireplace WITH inserts <input type="checkbox"/> k. Fireplace WITHOUT inserts <input type="checkbox"/> l. Other heating equipment <input type="checkbox"/> m. No heating equipment <input type="checkbox"/> n. Cooking stove (gas or electric) <input type="checkbox"/> o. Not applicable <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> REFUSED



<p>B21</p>	<p>What fuel is used MOST for heating your house/apartment?</p> <p>MARK ONLY <u>ONE</u> OPTION</p>	<p><input type="checkbox"/> Electricity</p> <p><input type="checkbox"/> Gas or liquid propane</p> <p><input type="checkbox"/> Kerosene or other liquid fuel</p> <p><input type="checkbox"/> Coal or coke</p> <p><input type="checkbox"/> Wood</p> <p><input type="checkbox"/> Solar energy</p> <p><input type="checkbox"/> Other (SPECIFY): _____</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> DON'T KNOW</p> <p><input type="checkbox"/> REFUSED</p>
<p>B22</p>	<p>Sometimes people have more than one type of heating equipment in their house/apartment. Turning first to questions about your MAIN heating equipment: Is your heating equipment designed to send heat to all or most of the rooms?</p>	<p>YES NO DON'T KNOW REFUSED</p> <p>IF YES, <u>CONTINUE TO B23.</u></p> <p>IF NO/DK/REF, <u>SKIP TO B24.</u></p>
<p>B23</p>	<p>How does it send heat to the rooms?</p>	<p><input type="checkbox"/> Forced air through ducts and vents</p> <p><input type="checkbox"/> Steam or hot water through radiators or pipes</p> <p><input type="checkbox"/> Electric coils inside the floors, ceilings or walls</p> <p><input type="checkbox"/> Some other way</p> <p><input type="checkbox"/> DON'T KNOW</p> <p><input type="checkbox"/> REFUSED</p>



<p>B24</p>	<p>HAND RESPONDENT SHOWCARD A.</p> <p>What is the secondary source of heating for your house/apartment?</p> <p>MARK ONLY ONE OPTION</p>	<ul style="list-style-type: none"> <input type="checkbox"/> a. Forced warm-air furnace with ducts and vents to individual rooms <input type="checkbox"/> b. Steam or hot water system with radiators OR other system using steam or hot water <input type="checkbox"/> c. Electric heat pump <input type="checkbox"/> d. Built-in electric baseboard heating or electric coils in floors, ceilings, or walls <input type="checkbox"/> e. Floor, wall, or other pipeless furnace built into the building <input type="checkbox"/> f. <u>Vented</u> room heaters burning kerosene, gas, or oil <input type="checkbox"/> g. <u>Unvented</u> room heaters burning kerosene, gas, or oil <input type="checkbox"/> h. Portable electric heaters <input type="checkbox"/> i. Woodburning stove, pot belly stove, Franklin stove <input type="checkbox"/> j. Fireplace WITH inserts <input type="checkbox"/> k. Fireplace WITHOUT inserts <input type="checkbox"/> l. Other heating equipment <input type="checkbox"/> m. No heating equipment <input type="checkbox"/> n. Cooking stove (gas or electric) <input type="checkbox"/> o. Not applicable <input type="checkbox"/> p. Do not have secondary source of heating <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> REFUSED
<p>B25</p>	<p>The next series of questions are about problems that some people have experienced with their homes. We are interested if you have experienced these types of problems too.</p> <p>Last winter for any reason was your house/apartment so cold for 24 hours or more that you were uncomfortable?</p>	<p>YES NO DON'T KNOW REFUSED</p> <p>IF YES, <u>CONTINUE TO B26.</u></p> <p>IF NO/DK/REF, <u>SKIP TO B29A.</u></p>
<p>B26</p>	<p>Was that because the MAIN heating equipment broke down?</p>	<p>YES NO DON'T KNOW REFUSED</p> <p>IF NO/DK/REF, <u>SKIP TO B28.</u></p>



B27	How many times did the MAIN heating equipment break down for 6 hours or more last winter?	<p>0 1 2 3 4 5 6 7 8</p> <p>CIRCLE 8 FOR 8 OR MORE</p> <p><input type="checkbox"/> DON'T KNOW</p> <p><input type="checkbox"/> REFUSED</p>
B28	Was it cold for any other reason?	<p>YES NO DON'T KNOW REFUSED</p> <p>IF NO/DK/REF, SKIP TO B30.</p>
B29	What was the reason?	<p>ENTER ALL THAT APPLY:</p> <p><input type="checkbox"/> Utility interruption</p> <p><input type="checkbox"/> Inadequate heating supply</p> <p><input type="checkbox"/> Inadequate insulation</p> <p><input type="checkbox"/> Cost of heating</p> <p><input type="checkbox"/> Other (SPECIFY): _____</p>
COOLING		
B29a	Does this housing unit have central air conditioning?	<p>YES NO DON'T KNOW REFUSED</p> <p>IF YES,CONTINUE TO B29B.</p> <p>IF NO, SKIP TO B30</p>
B29b	What kind of fuel does it use?	<p><input type="checkbox"/> Electricity</p> <p><input type="checkbox"/> Gas, LP Gas (liquid propane)</p> <p><input type="checkbox"/> Other (SPECIFY)</p> <p>_____</p>
B29c	Does the heat pump/heating equipment provide air conditioning for this home?	<p>YES NO DON'T KNOW REFUSED</p>
B29d	Besides this, does this home have another central air conditioning system?	<p>YES NO DON'T KNOW REFUSED</p> <p>IF YES,CONTINUE TO B29E.</p> <p>IF NO, SKIP TO B30</p>
B29e	What kind of fuel does it use?	<p><input type="checkbox"/> Electricity</p> <p><input type="checkbox"/> Gas, LP Gas (liquid propane)</p> <p><input type="checkbox"/> Other (SPECIFY)</p> <p>_____</p>



WATER	
<p>B30 We would like to know about the primary source of water that you use.</p> <p>Does most of the water for your house/apartment come from a water system, either public or private, from an individual well, or from some other source?</p> <p>MARK ONLY ONE OPTION</p>	<p><input type="checkbox"/> Public or private water system (includes city water)</p> <p><input type="checkbox"/> Individual well</p> <p><input type="checkbox"/> Spring</p> <p><input type="checkbox"/> Cistern</p> <p><input type="checkbox"/> Stream or lake</p> <p><input type="checkbox"/> Commercial bottled water</p> <p><input type="checkbox"/> Other (SPECIFY): _____</p> <p><input type="checkbox"/> DON'T KNOW</p> <p><input type="checkbox"/> REFUSED</p>
<p>B31 In your opinion, is the water from this [WATER SOURCE FROM B30] safe for cooking and drinking?</p>	<p>YES NO DON'T KNOW REFUSED</p>
<p>B32 Is there both hot and cold running water anywhere in your house/apartment?</p>	<p>YES NO DON'T KNOW REFUSED</p>
<p>B33a Do you use this water for drinking? [WATER SOURCE FROM B30]</p>	<p>YES NO DON'T KNOW REFUSED</p> <p>IF YES, <u>SKIP TO B34a.</u></p> <p>IF NO, <u>CONTINUE TO B33b.</u></p>
<p>B33b How do you obtain water for drinking?</p> <p>MARK ALL THAT APPLY</p>	<p><input type="checkbox"/> Haul water</p> <p><input type="checkbox"/> Have water trucked in</p> <p><input type="checkbox"/> Link a hose to another dwelling</p> <p><input type="checkbox"/> Bottle water at source</p> <p><input type="checkbox"/> Other (SPECIFY): _____</p> <p><input type="checkbox"/> DON'T KNOW</p> <p><input type="checkbox"/> REFUSED</p>
<p>B34a Do you use this water for cooking?</p>	<p>YES NO DON'T KNOW REFUSED</p> <p>IF YES, <u>SKIP TO B35a.</u></p> <p>IF NO/DK/REF, <u>CONTINUE TO B34b.</u></p>



<p>B34b</p>	<p>How do you obtain water for cooking?</p> <p>MARK ALL THAT APPLY</p>	<p><input type="checkbox"/> Haul water</p> <p><input type="checkbox"/> Have water trucked in</p> <p><input type="checkbox"/> Link a hose to another dwelling</p> <p><input type="checkbox"/> Bottle water at source</p> <p><input type="checkbox"/> Other (SPECIFY): _____</p> <p><input type="checkbox"/> DON'T KNOW</p> <p><input type="checkbox"/> REFUSED</p>
<p>B35a</p>	<p>Do you use this water for bathing?</p>	<p>YES NO DON'T KNOW REFUSED</p> <p>IF YES, <u>SKIP TO B36a.</u></p> <p>IF NO/DK/REF, <u>CONTINUE TO B35b.</u></p>
<p>B35b</p>	<p>How do you obtain water for bathing?</p> <p>MARK ALL THAT APPLY</p>	<p><input type="checkbox"/> Haul water</p> <p><input type="checkbox"/> Have water trucked in</p> <p><input type="checkbox"/> Link a hose to another dwelling</p> <p><input type="checkbox"/> Bottle water at source</p> <p><input type="checkbox"/> Other (SPECIFY): _____</p> <p><input type="checkbox"/> DON'T KNOW</p> <p><input type="checkbox"/> REFUSED</p>
<p>B36a</p>	<p>Do you use this water for cleaning?</p>	<p>YES NO DON'T KNOW REFUSED</p> <p>IF YES, <u>SKIP TO B37a.</u></p> <p>IF NO/DK/REF, <u>CONTINUE TO B36b.</u></p>
<p>B36b</p>	<p>How do you obtain water for cleaning?</p> <p>MARK ALL THAT APPLY</p>	<p><input type="checkbox"/> Haul water</p> <p><input type="checkbox"/> Have water trucked in</p> <p><input type="checkbox"/> Link a hose to another dwelling</p> <p><input type="checkbox"/> Bottle water at source</p> <p><input type="checkbox"/> Other (SPECIFY): _____</p> <p><input type="checkbox"/> DON'T KNOW</p> <p><input type="checkbox"/> REFUSED</p>
<p>B37a</p>	<p>The next questions are about water leaks, either from OUTSIDE your house/apartment or from INSIDE.</p> <p>While you have been living here, did water ever leak INTO your house/apartment directly FROM THE OUTSIDE, for example through the roof, outside walls, basement, or any closed windows or skylights?</p> <p>Does water leak into this house/apartment from the outside?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No outside water leaks</p> <p><input type="checkbox"/> DON'T KNOW</p> <p><input type="checkbox"/> REFUSED</p> <p>IF YES, <u>CONTINUE TO B37b.</u></p> <p>IF NO/DK/REF, <u>SKIP TO B38a.</u></p>



B37b	Did water leak in from the outside within the past 12 months, that is, since [DATE]?	YES NO DON'T KNOW REFUSED
B37c	Did the water come in from...? READ RESPONSES TO RESPONDENT.	<input type="checkbox"/> Roof <input type="checkbox"/> Basement <input type="checkbox"/> Walls or around closed windows or closed doors <input type="checkbox"/> Somewhere else (SPECIFY): _____ <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> REFUSED
B38a	Now about water leaks from INSIDE. Since you've lived here, did water leak in from broken pipes or water heaters, backed up plumbing, or on the ceiling, walls, or floor with water that came from another unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No inside water leaks <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> REFUSED IF YES, <u>CONTINUE TO B38b.</u> IF NO/DK/REF, <u>SKIP TO B39.</u>
B38b	Did any inside water leaks happen within the past 12 months, that is, since [DATE]?	YES NO DON'T KNOW REFUSED
B38c	Where did the water come from?	<input type="checkbox"/> Own plumbing fixtures backed up and/or overflowed <input type="checkbox"/> Pipes leaked (include pipe leaks from other apartments) <input type="checkbox"/> Broken water heater <input type="checkbox"/> Other (SPECIFY): _____ <input type="checkbox"/> Unknown <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> REFUSED
SEPTIC		
B39	Is your house/apartment connected to a public sewer?	YES NO DON'T KNOW REFUSED IF YES, <u>SKIP TO B41.</u> IF NO/DK/REF, <u>CONTINUE WITH B40.</u>



<p>B40</p>	<p>What means of sewage disposal does your house/apartment have?</p> <p>MARK ONLY ONE OPTION</p>	<p><input type="checkbox"/> Septic tank <input type="checkbox"/> Cesspool <input type="checkbox"/> Chemical toilet <input type="checkbox"/> Outhouse or privy <input type="checkbox"/> Other (SPECIFY): _____ <input type="checkbox"/> None <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> REFUSED</p>
<p>B41</p>	<p>Did the sewage system break down in the past three months?</p>	<p>YES NO DON'T KNOW REFUSED</p> <p>IF YES, CONTINUE TO B42.</p> <p>IF NO/DK/REF, SKIP TO B44.</p>
<p>B42</p>	<p>How many of these breakdowns lasted 6 hours or more?</p>	<p>0 1 2 3 4 5 6 7 8</p> <p>CIRCLE 8 FOR 8 OR MORE</p> <p><input type="checkbox"/> DON'T KNOW <input type="checkbox"/> REFUSED</p>
<p>B43</p>	<p>HAND RESPONDENT SHOWCARD B.</p> <p>Have you had any of the following problems with the septic system during the last 6 months?</p>	<p><input type="checkbox"/> a. Back-ups <input type="checkbox"/> b. Surfacing sewage <input type="checkbox"/> c. Septic tank collapse <input type="checkbox"/> d. Drain field failed <input type="checkbox"/> e. Blocked lines <input type="checkbox"/> f. Frequent pumping required <input type="checkbox"/> g. Smell/stench <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> REFUSED</p>
<p>B44</p>	<p>Is there a flush toilet anywhere in your house/apartment?</p>	<p>YES NO DON'T KNOW REFUSED</p> <p>IF YES, CONTINUE TO B44a. IF NO/DK/REF, SKIP TO B45.</p>
<p>B44a</p>	<p>Were there any times during the last three months when the/all the flush toilet(s) in your house/apartment were broken down or backed up for 6 hours or more?</p>	<p>YES NO DON'T KNOW REFUSED</p> <p>SKIP TO B46.</p>
<p>B45</p>	<p>If NO, what type of toilet does this unit have?</p>	<p><input type="checkbox"/> Chemical toilet <input type="checkbox"/> Outhouse/privy <input type="checkbox"/> Other (SPECIFY): _____ <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> REFUSED</p>



B46	IF RESPONDENT INDICATED THE HOUSE/APARTMENT HAS A FULL BATH IN B3, ASK THIS QUESTION (IF OTHERWISE, SKIP TO B47): Earlier you said that you have a full bath. Does the full bath contain a bathtub or a shower?	YES NO DON'T KNOW REFUSED			
B47	Some people live in neighborhoods where some of the houses don't have complete plumbing facilities. So, they must use other people's bathrooms. Does anyone not living in your home, not counting guests or workers, regularly use your plumbing or bathroom?	YES NO DON'T KNOW REFUSED			



INTERIOR CONDITION					
B48	How about the floors in your house/apartment, are there any holes in the floors big enough for someone to catch their foot on?	YES	NO	DON'T KNOW	REFUSED
B49	People sometimes have problems with cracks or holes in the floors, walls, or ceilings, not hairline cracks or nail holes, but open cracks or holes. In the inside walls or ceilings of your house/apartment, are there any open holes or cracks wider than the edge of a dime ?	YES	NO	DON'T KNOW	REFUSED
B50	Does the inside of your house/apartment have any areas of peeling paint or broken plaster?	YES	NO	DON'T KNOW	REFUSED
		IF YES, <u>CONTINUE TO B51.</u>			
		IF NO, <u>SKIP TO B52.</u>			
B51	Are any of these areas bigger than 8 X 11 inches? (PROMPT: That would be about the size of this piece of paper [indicate questionnaire].)	YES	NO	DON'T KNOW	REFUSED
B52	Have you ever seen signs of mice, rats, insects, or other pests INSIDE your house/apartment?	YES	NO	DON'T KNOW	REFUSED

**C. SATISFACTION WITH HOUSING**

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

HOUSING QUALITY							
C1 HAND RESPONDENT SHOWCARD C.		IF RESPONDENT INDICATES '1 - VERY DISSATISFIED' OR '2 - DISSATISFIED', <u>CONTINUE TO C1a.</u>					
Overall, how would you rate your satisfaction with the house/apartment you live in? Please tell me using a scale of 1-5 where 1 is very dissatisfied and 5 is very satisfied.		IF RESPONDENT INDICATES '3 - NEITHER DISSATISFIED NOR SATISFIED', '4 - SATISFIED', OR '5 - VERY SATISFIED', <u>SKIP TO C2.</u>					
	1 Very dissatisfied	2	3 Neither satisfied nor dissatisfied	4	5 Very satisfied	DK	REF
C1a	Why are you dissatisfied? What features of your house/apartment are you dissatisfied with? OPEN-ENDED			Record verbatim response: _____ _____ _____ _____			
C2	Do you think the overall physical condition of this house/apartment is unacceptable, acceptable, or excellent? Please choose one response.			<input type="checkbox"/> Unacceptable <input type="checkbox"/> Acceptable <input type="checkbox"/> Excellent <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> REFUSED IF RESPONDENT INDICATES 'EXCELLENT'/DK/REF, <u>SKIP TO D1.</u> IF RESPONDENT INDICATES 'UNACCEPTABLE' OR 'ACCEPTABLE', <u>CONTINUE TO C2a.</u>			



<p>C2a</p>	<p>Why do you say that? What problems are there with the physical condition of your house/apartment?</p> <p>OPEN-ENDED</p>	<p>Record verbatim response:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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**D. CULTURALLY-RESPONSIVE HOUSING**

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

D1	Thinking about this house/apartment, can you tell me if each of the following features of your home reflects tribal culture and practices? I am going to read each feature aloud to you. READ EACH ITEM IN LIST TO RESPONDENT. PROMPT RESPONDENT PROVIDE EXPLANATION FOR ANY RESPONSE TO EACH QUESTION.					
		YES	NO	DON'T KNOW	REF	EXPLAIN
D1a	Exterior appearance	YES	NO	DK	REF	_____ _____ _____
D1b	Architectural design	YES	NO	DK	REF	_____ _____ _____
D1c	Floor plan or arrangement of rooms (for example, interior layout of the unit, entry to the unit)	YES	NO	DK	REF	_____ _____ _____
D1d	Number and type of rooms, for example, for weaving; crafts; sewing; tools; curing or storing meat, fish, berries; activities; family gatherings; ceremonies; places for children to study; rooms for extended family, etc.	YES	NO	DK	REF	_____ _____ _____ _____ _____
D1e	Relationship to the land, for example, how it sits on the land, location of the door(s), lot size, etc.	YES	NO	DK	REF	_____ _____ _____
D2	In your opinion, is the tribal housing office doing anything to make new homes or rehabbed/renovated homes more culturally compatible?	YES	NO	DK	REF	_____ _____ _____ _____
D3	In general, does the design of housing in your community take into consideration cultural values or practices?	YES	NO	DK	REF	_____ _____ _____



D4	HAND RESPONDENT SHOWCARD D. If you could choose your housing, which would you prefer? Please choose one.	<input type="checkbox"/> a. An apartment for rent <input type="checkbox"/> b. Duplex/townhome for rent <input type="checkbox"/> c. Single-family house for rent <input type="checkbox"/> d. Duplex/townhome for purchase <input type="checkbox"/> e. Single-family house for purchase <input type="checkbox"/> f. Manufactured housing/mobile home for rent <input type="checkbox"/> g. Manufactured housing/mobile home for purchase <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> REFUSED
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E. NEEDED SERVICES AND AMENITIES

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

NEEDED SERVICES/AMENITIES IN YOUR COMMUNITY

E1	<p>HAND THE RESPONDENT SHOWCARD E.</p> <p>Here is a list of services and amenities that are thought of as important for a community. Please look at the list and tell me which five services or amenities are most needed in your community.</p> <p>DO NOT ALLOW RESPONDENT TO SELECT MORE THAN FIVE ITEMS.</p>
<input type="checkbox"/>	a. Convenience store
<input type="checkbox"/>	b. Grocery store (small/large/supermarket) – a store with a full range of fresh and frozen products
<input type="checkbox"/>	c. Gas station
<input type="checkbox"/>	d. Bank or credit union
<input type="checkbox"/>	e. Medical/health care services
<input type="checkbox"/>	f. Dental care
<input type="checkbox"/>	g. Mental health counseling and care
<input type="checkbox"/>	h. Substance abuse treatment and care
<input type="checkbox"/>	i. Laundromat
<input type="checkbox"/>	j. Early childhood education/preschool programs
<input type="checkbox"/>	k. Primary school (K-8)
<input type="checkbox"/>	l. Secondary school (9-12)
<input type="checkbox"/>	m. Child care center
<input type="checkbox"/>	n. Legal services/assistance
<input type="checkbox"/>	o. After-school programs
<input type="checkbox"/>	p. Community college (tribal or non-tribal) or other adult education
<input type="checkbox"/>	q. Parks or playgrounds
<input type="checkbox"/>	r. A recreation or community center
<input type="checkbox"/>	s. A library
<input type="checkbox"/>	t. Job placement and training services
<input type="checkbox"/>	u. Social service office to sign up for/receive benefits (e.g., welfare, social security, disability)
<input type="checkbox"/>	v. Emergency assistance (rent, utilities, shelter)
<input type="checkbox"/>	w. Food bank/meal assistance/commodities
<input type="checkbox"/>	x. Help finding affordable housing
<input type="checkbox"/>	y. Public safety/law enforcement patrols
<input type="checkbox"/>	z. Tribal government offices
<input type="checkbox"/>	aa. Church or place of worship



E2 Are there any other amenities or services that are most needed in your community but aren't on this list? **OPEN-ENDED**



F. PREFERENCES FOR HOMEOWNERSHIP

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

F1	Do you own this home or apartment or are you buying this home or apartment with a lease/purchase or similar plan?	<input type="checkbox"/> Own <u>SKIP TO F4: FOR OWNERS ONLY</u> <input type="checkbox"/> Buying on lease/purchase <u>SKIP TO F4: FOR OWNERS ONLY</u> <input type="checkbox"/> Neither <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> REFUSED 'NEITHER'/DK/REF: <u>CONTINUE TO F2</u>
F2	Do you rent or lease, or live for free in this house/apartment?	<input type="checkbox"/> Rent or lease <u>SKIP TO F9: FOR RENTERS ONLY</u> <input type="checkbox"/> Live for free <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> REFUSED IF 'LIVE FOR FREE'/DK/REF: <u>CONTINUE TO F3</u>
F3	IF LIVE FOR FREE: Who owns it?	<input type="checkbox"/> Parent(s) <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Other family member (SPECIFY): _____ <input type="checkbox"/> Friend <input type="checkbox"/> Other (SPECIFY): _____ <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> REFUSED <u>SKIP TO F9: FOR RENTERS ONLY</u>

FOR OWNERS ONLY (F4 – F8a)

F4	What is the ownership status of the land that your house or unit is on?	<input type="checkbox"/> Privately owned, non-trust land <input type="checkbox"/> Allotment land (individual trust land) <input type="checkbox"/> Land owned by the tribe (whether in trust or not) <input type="checkbox"/> Other (SPECIFY): _____ <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> REFUSED
F4a	Is this an Indian Housing Block Grant (IHBG)-assisted unit?	YES NO DON'T KNOW REFUSED IF YES, <u>CONTINUE TO F4b.</u> IF NO/DK/REF, <u>SKIP TO F4c.</u>



F4b	Which program are you participating in?	<input type="checkbox"/> a. Currently Assisted Stock (CAS) Mutual Help <input type="checkbox"/> b. IHBG Ownership <input type="checkbox"/> c. Something else (SPECIFY): <hr/>
F4c	What type of unit is this?	<input type="checkbox"/> a. Built by owner <input type="checkbox"/> b. Financed by a mortgage loan <input type="checkbox"/> c. Owned by a family member <input type="checkbox"/> d. Inherited <input type="checkbox"/> e. Something else (SPECIFY): <hr/>
F4d	Do you live on a farm or ranch, in a mobile home, in a house or apartment, or in some other type of home?	<input type="checkbox"/> a. Farm <input type="checkbox"/> b. Ranch <input type="checkbox"/> c. Mobile home <input type="checkbox"/> d. Manufactured home <input type="checkbox"/> f. House/townhouse/apartment/other <p style="text-align: center;">IF MOBILE HOME, <u>CONTINUE TO F4E.</u></p> <p style="text-align: center;">OTHERWISE SKIP TO F5.</p>
F4E	Do you own both this mobile home and site or lot, do you own only the mobile home, do you own only the site, do you rent both the home and site, or another arrangement?	<input type="checkbox"/> a. Own both home and site <input type="checkbox"/> b. Own only site <input type="checkbox"/> c. Own only home <input type="checkbox"/> d. Rent both <input type="checkbox"/> e. Neither own nor rent <p style="text-align: center;">IF OWN BOTH, <u>CONTINUE TO F4E.</u></p> <p style="text-align: center;">OTHERWISE <u>SKIP TO F5.</u></p>
F4F	Were the site and mobile home purchased separately?	YES NO DON'T KNOW REFUSED
F5	Are you in a home that was built or subsidized by the tribe, HUD, BIA or some other government agency?	YES NO DON'T KNOW REFUSED
F6	Do you currently have a mortgage on your property?	YES NO DON'T KNOW REFUSED
F7	Have you ever applied for a mortgage and had your application denied?	YES NO DON'T KNOW REFUSED <p style="text-align: center;">IF YES, <u>CONTINUE TO F7a.</u></p> <p style="text-align: center;">IF NO/DK/REF, <u>SKIP TO F8.</u></p>



<p>F7a</p>	<p>HAND THE RESPONDENT SHOWCARD F.</p> <p>MARK ALL THAT APPLY.</p> <p>Why was your mortgage application denied? Please tell me the reasons.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> a. Didn't have a sufficient down payment <input type="checkbox"/> b. Don't make enough money to pay the mortgage <input type="checkbox"/> c. Don't have a job <input type="checkbox"/> d. Don't have a long/good job history <input type="checkbox"/> e. My credit score was too low/didn't have a credit history <input type="checkbox"/> f. Too much debt (credit cards, student loans, medical/health care costs) <input type="checkbox"/> g. There were issues about the title to the land or property rights <input type="checkbox"/> h. I felt I was discriminated against because I am American Indian/Alaska Native <input type="checkbox"/> i. Other (SPECIFY): _____ <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> REFUSED
<p>F8</p>	<p>Would you prefer to rent or lease your home rather than owning?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> I would prefer to rent or lease <input type="checkbox"/> I would prefer to own <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> REFUSED <p style="text-align: center;">IF 'PREFER TO RENT', <u>CONTINUE TO F8a.</u></p> <p style="text-align: center;">IF 'PREFER TO OWN', <u>SKIP TO F11.</u></p> <p style="text-align: center;">IF DON'T KNOW/REFUSED, <u>SKIP TO F13.</u></p>
<p>F8a</p>	<p>INTERVIEWER: HAND THE RESPONDENT SHOWCARD G.</p> <p>MARK ALL THAT APPLY.</p> <p>Why would you rather rent or lease?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> a. Less expensive than buying/can't afford to buy <input type="checkbox"/> b. Less responsibility/less risk/don't have to worry about maintenance <input type="checkbox"/> c. Can move when I want/can be more flexible <input type="checkbox"/> d. The market is too poor right now <input type="checkbox"/> e. It is easier <input type="checkbox"/> f. Don't have to worry about losing value <input type="checkbox"/> g. Live on a fixed income <input type="checkbox"/> h. Can't afford down payment <input type="checkbox"/> i. Some other reason (SPECIFY): _____ <input type="checkbox"/> NONE <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> REFUSED <div style="border: 1px solid black; padding: 5px; text-align: center; width: fit-content; margin: 0 auto;"> <p>SKIP TO F11</p> </div>



FOR RENTERS ONLY (F9 – F12)	
F9	<p>Is this an Indian Housing Block Grant (IHBG)-assisted unit?</p> <p>YES NO DON'T KNOW REFUSED</p> <p>IF YES, <u>CONTINUE TO F9a.</u></p> <p>IF NO/DK/REF, <u>SKIP TO F9b.</u></p>
F9a	<p>Which program are you participating in?</p> <p><input type="checkbox"/> a. Currently Assisted Stock (CAS) Rental</p> <p><input type="checkbox"/> b. IHBG Rental</p> <p><input type="checkbox"/> c. Something else (SPECIFY): _____</p>
F9b	<p>Have you ever applied for a mortgage and had your application denied?</p> <p>YES NO DON'T KNOW REFUSED</p> <p>IF YES, <u>CONTINUE TO F9c.</u></p> <p>IF NO/DK/REF, <u>SKIP TO F10.</u></p>
F9c	<p>HAND THE RESPONDENT SHOWCARD F.</p> <p>MARK ALL THAT APPLY.</p> <p>Why was your mortgage application denied? Please tell me the reasons.</p> <p><input type="checkbox"/> a. Didn't have a sufficient down payment</p> <p><input type="checkbox"/> b. Don't make enough money to pay the mortgage</p> <p><input type="checkbox"/> c. Don't have a job</p> <p><input type="checkbox"/> d. Don't have a long/good job history</p> <p><input type="checkbox"/> e. My credit score was too low/didn't have a credit history</p> <p><input type="checkbox"/> f. Too much debt (credit cards, student loans, medical/health care costs)</p> <p><input type="checkbox"/> g. There were issues about the title to the land or property rights</p> <p><input type="checkbox"/> h. I felt I was discriminated against because I am American Indian/Alaska Native</p> <p><input type="checkbox"/> i. Other (SPECIFY): _____</p> <p><input type="checkbox"/> DON'T KNOW</p> <p><input type="checkbox"/> REFUSED</p>
F10	<p>Would you prefer to own your own home rather than renting or leasing?</p> <p><input type="checkbox"/> I would prefer to own</p> <p><input type="checkbox"/> I would rather rent or lease</p> <p><input type="checkbox"/> DON'T KNOW</p> <p><input type="checkbox"/> REFUSED</p> <p>IF 'PREFER TO OWN', <u>SKIP TO F11.</u></p> <p>IF 'PREFER TO RENT', <u>CONTINUE TO F10a.</u></p> <p>IF DON'T KNOW/REFUSED, <u>SKIP TO F13.</u></p>



<p>F10a</p>	<p>INTERVIEWER: HAND THE RESPONDENT SHOWCARD G.</p> <p>MARK ALL THAT APPLY.</p> <p>Why would you rather rent or lease?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> a. Less expensive than buying/can't afford to buy <input type="checkbox"/> b. Less responsibility/less risk/don't have to worry about maintenance <input type="checkbox"/> c. Can move when I want/can be more flexible <input type="checkbox"/> d. The market is too poor right now <input type="checkbox"/> e. It is easier <input type="checkbox"/> f. Don't have to worry about losing value <input type="checkbox"/> g. Live on a fixed income <input type="checkbox"/> h. Can't afford down payment <input type="checkbox"/> i. Some other reason (SPECIFY): _____ <input type="checkbox"/> NONE <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> REFUSED <div style="border: 1px solid black; padding: 5px; text-align: center; margin: 10px auto; width: fit-content;"> <p>CONTINUE TO F13</p> </div>
<p>F11</p>	<p>IF F10 RESPONSE WAS 'PREFER TO OWN':</p> <p>HAND THE RESPONDENT SHOWCARD H.</p> <p>MARK ALL THAT APPLY.</p> <p>Sometimes people find it hard to buy their own home. Here's a list of barriers that people face when buying their own home. Please take a look and tell me if any of these apply to you.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> a. Can't save enough for a house/can't afford down payment (down payment) <input type="checkbox"/> b. Can't afford the monthly mortgage payment <input type="checkbox"/> c. Can't find a mortgage lender in the area <input type="checkbox"/> d. Can't resolve land rights (property rights) <input type="checkbox"/> e. Don't have collateral to get a loan because my land is held in trust <input type="checkbox"/> f. Don't have a job <input type="checkbox"/> g. Don't have a long/good job history <input type="checkbox"/> h. My credit score was too low/didn't have a credit history <input type="checkbox"/> i. Too much debt (credit cards, student loans, medical/health care costs) <input type="checkbox"/> j. No housing available in a location I want to live <input type="checkbox"/> k. No affordable housing in my area <input type="checkbox"/> l. No houses are available for sale or being built that are suitable for me/my family <input type="checkbox"/> m. Don't know how to buy a home/unfamiliar with loan application process, lending terms, or real estate transactions <input type="checkbox"/> n. Lenders are more likely to deny applications from American Indian/Alaska Native <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> REFUSED
<p>F12</p>	<p>Are there any other reasons that you may have found it hard to buy your own home?</p> <p>OPEN-ENDED</p>	<p>SPECIFY:</p> <hr/> <hr/> <hr/> <hr/> <hr/>



F13	Would you be willing to contribute your own labor or that of a family member to build your house if that made it possible to own your own home?	YES NO DON'T KNOW REFUSED
F14	Have you ever taken a home buyer education class or training?	YES NO DON'T KNOW REFUSED <u>CONTINUE TO F15.</u>

POTENTIAL SALE, FORECLOSURE, EVICTION OR EVACUATION		
<p>F15. Can you tell me if any of the following circumstances apply to you?</p> <p><u>ASK HOMEOWNERS: F15a - F15b.</u></p> <p><u>ASK RENTERS F15c - F15f.</u></p>		
HOMEOWNERS		
F15a	You plan to sell your home in the next year or two because you can't afford the mortgage payments or need the money that you have in your home.	YES NO DON'T KNOW REFUSED N/A
F15b	Your home is in foreclosure or you expect it to go into foreclosure within the next 60 days.	YES NO DON'T KNOW REFUSED N/A <u>SKIP TO G1.</u>



RENTERS					
F15c	You expect to be evicted from your home within the next 60 days.	YES N/A	NO	DON'T KNOW	REFUSED
F15d	[ASK ONLY IF LIVING IN SUBSIDIZED UNIT. IF NOT, CONTINUE TO F15e.] You expect to be asked to move because you are behind on your payments.	YES N/A	NO	DON'T KNOW	REFUSED
F15e	You will be asked to leave your home in the next 60 days so that someone else can move in.	YES N/A	NO	DON'T KNOW	REFUSED
F15f	You will have to leave your home in the next 60 days because this residence will be demolished.	YES N/A	NO	DON'T KNOW	REFUSED



**G. LIVING ON INDIAN LAND****(Reservations, native villages, or tribal service areas – OK only)**

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

G1	I am going to list some reasons people may have for living on this reservation/native village/tribal service area (OK only). How important are these reasons to you? READ RESPONSE OPTIONS OUT LOUD.						
		NOT IMPORTANT	IMPORTANT	VERY IMPORTANT	N/A	DK	REF
G1a	Makes it easy to be an active member of the tribe/community	NOT IMPORTANT	IMPORTANT	VERY IMPORTANT	N/A	DK	REF
G1b	Family and friends are all here	NOT IMPORTANT	IMPORTANT	VERY IMPORTANT	N/A	DK	REF
G1c	Have always lived here	NOT IMPORTANT	IMPORTANT	VERY IMPORTANT	N/A	DK	REF
G1d	Sustaining traditional way of life	NOT IMPORTANT	IMPORTANT	VERY IMPORTANT	N/A	DK	REF
G1e	Avoiding discrimination/harassment	NOT IMPORTANT	IMPORTANT	VERY IMPORTANT	N/A	DK	REF
G1f	Access to job or business opportunity	NOT IMPORTANT	IMPORTANT	VERY IMPORTANT	N/A	DK	REF
G1g	Access to HUD or BIA housing assistance	NOT IMPORTANT	IMPORTANT	VERY IMPORTANT	N/A	DK	REF
G1h	Access to health care	NOT IMPORTANT	IMPORTANT	VERY IMPORTANT	N/A	DK	REF
G1j	Access to other subsidies/assistance	NOT IMPORTANT	IMPORTANT	VERY IMPORTANT	N/A	DK	REF
G1k	Is there any important reason I missed? (SPECIFY: _____)	NOT IMPORTANT	IMPORTANT	VERY IMPORTANT	N/A	DK	REF



G2	Have you ever lived off the reservation/native village or outside the tribal service area (OK only)?	<p>YES NO DON'T KNOW REFUSED</p> <p>IF 'YES', CONTINUE TO G2A.</p> <p>IF 'NO', SKIP TO G3.</p>
G2a	How long ago was that?	<input type="checkbox"/> Within the last 2 years <input type="checkbox"/> More than 2 years ago <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> REFUSED
G3	Do members of your immediate or extended family live outside the boundaries of the reservation/native village or tribal service area (OK only)?	<p>YES NO DON'T KNOW REFUSED</p>
G4	Do you plan to live off the [reservation/outside the native village/outside the tribal service area] in the next year or two?	<p>YES NO DON'T KNOW REFUSED</p>
G5a	<p>What are the major problems that you experience living on Indian Land?</p> <p>HAND THE RESPONDENT SHOWCARD I.</p> <p>MARK ALL THAT APPLY.</p>	<input type="checkbox"/> a. Limited access to jobs or business opportunities <input type="checkbox"/> b. Closed environment <input type="checkbox"/> c. Tribal and family politics <input type="checkbox"/> d. Difficulty accessing services (child care, job training, shopping, recreation) <input type="checkbox"/> e. Limited access to health care <input type="checkbox"/> f. Limited choice of schools for children <input type="checkbox"/> g. Limited access to tribal or state colleges <input type="checkbox"/> h. Shortage of affordable housing <input type="checkbox"/> i. Limited supply of housing available <input type="checkbox"/> j. Poor housing quality <input type="checkbox"/> k. Difficulty obtaining a mortgage <input type="checkbox"/> l. Crime and safety concerns <input type="checkbox"/> m. Presence of gangs <input type="checkbox"/> n. Prevalence of domestic violence <input type="checkbox"/> o. Presence of alcohol/drug use <input type="checkbox"/> p. Limited transportation options <input type="checkbox"/> NONE <input type="checkbox"/> OTHER (SPECIFY): _____ <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> REFUSED
G5b	<p>Is there anything I missed?</p> <p>OPEN-ENDED</p>	<p>Specify:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>



H. ATTITUDES TOWARD TRIBALLY-ASSISTED HOUSING

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

H1	ASK ALL RESIDENTS						
	How well does the [NAME OF TRIBAL HOUSING AUTHORITY] do its share of keeping the units in good condition? Please use a scale of 1 to 5, where 1 is a poor job and 5 is an excellent job.						
	HAND RESPONDENT SHOWCARD J.						
	1 Poor job	2	3	4	5 Excellent job	DK	REF
H2	ASK ALL RESIDENTS						
	How well do residents do their share of keeping the units in good condition?						
	Please use a scale of 1 to 5, where 1 is a poor job and 5 is an excellent job.						
	HAND RESPONDENT SHOWCARD J.						
	1 Poor job	2	3	4	5 Excellent job	DK	REF
H3	ASK ONLY FOR RESIDENTS OF TRIBALLY-ASSISTED HOUSING. IF RESPONDENT IS NOT A RESIDENT OF TRIBALLY-ASSISTED HOUSING, SKIP TO H4.						
	HAND THE RESPONDENT SHOWCARD K.						
	READ EACH ITEM IN LIST ALOUD; HAVE RESPONDENT FOLLOW ALONG ON THE SHOWCARD.						
	What do you think the [INSERT NAME OF TRIBAL HOUSING AUTHORITY] could do to make its housing more attractive to you? Provide [insert response item]						
			YES	NO	DK	REF	Comment
H3a	Better locations		YES	NO	DK	REF	
H3b	Different types of structures		YES	NO	DK	REF	
H3c	Improved external appearance		YES	NO	DK	REF	
H3d	Better quality of construction		YES	NO	DK	REF	



H3e	Better upkeep of interior of units	YES	NO	DK	REF		
H3f	Better upkeep of exterior of units	YES	NO	DK	REF		
H3g	Upgraded/newer appliances	YES	NO	DK	REF		
H3h	Larger units	YES	NO	DK	REF		
H3i	Different configurations of rooms	YES	NO	DK	REF		
H3j	Larger lot sizes	YES	NO	DK	REF		
H3k	Reduced crime and drug activity in area	YES	NO	DK	REF		
H3l	Reduced gang activity in area	YES	NO	DK	REF		
H3m	More accessible social services	YES	NO	DK	REF		
H3n	Improved landscaping	YES	NO	DK	REF		
H3o	Simplified recertification process (proof of eligibility)	YES	NO	DK	REF		
H3p	Exterior appearance/ architectural design that reflects tribal culture and local environment	YES	NO	DK	REF		
H3q	Floor plan or arrangement of rooms, e.g., interior layout of the unit, entry to the unit, that reflects tribal culture and practices	YES	NO	DK	REF		
H3r	Number and type of rooms, for example, for weaving, crafts, sewing, subsistence activities, storage, family gatherings, ceremonies, places for children to study, rooms for extended family, etc., that reflects tribal culture and practices	YES	NO	DK	REF		
H4	ASK ALL RESIDENTS Do people in your community have a say in the way the tribal government runs its housing assistance programs?			YES	NO	DON'T KNOW	REFUSED



I. HOUSEHOLD INCOME AND HOUSING COSTS

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

I1	I am going to be asking you about your household income, but first, I want to ask you about possible sources of that income. Did you (or anyone in your household) receive any income in the last 12 months from (...)?	YES	NO	DK	REF
	“I appreciate that our questions are, or may be, difficult to answer and sometimes seem intrusive. As with other questions in this survey, we want to reassure you that the information you provide to us is kept confidential.”				
I1a	Wages or salary	YES	NO	DK	REF
I1b	Commissions, bonuses, or tips	YES	NO	DK	REF
I1c	Self-employment income from a business or farm, including proprietorships and partnerships	YES	NO	DK	REF
I1d	Interest payments, dividends, net rental income, royalty income, or income from estates and trusts related to personal investments	YES	NO	DK	REF
I1e	Social Security or railroad retirement	YES	NO	DK	REF
I1f	Supplemental security income (SSI)	YES	NO	DK	REF
I1g	Public assistance, general assistance, TANF/welfare payments from the state or local welfare office	YES	NO	DK	REF
I1h	Retirement, survivor, or disability pensions (SSDI)	YES	NO	DK	REF
I1i	Other work that you have not yet told me about that you or someone in your household did inside or outside the home such as child care/babysitting, weaving, basket-making, healing, storytelling, cooking, car repair, carpentry, or other jobs like that.	YES	NO	DK	REF



I1j	Any other sources of income received regularly such as Veteran’s payments, unemployment compensation, child support, or alimony	YES	NO	DK	REF
I1k	Tribal sources of income (per capita payment, other)	YES	NO	DK	REF
I1l	Any other sources of cash income? (SPECIFY): _____ IF ANY SOURCE OF CASH INCOME REPORTED IN I1a – I1l, <u>SKIP TO I2a.</u> IF NO SOURCES OF CASH INCOME REPORTED, <u>CONTINUE TO I1m.</u>	YES	NO	DK	REF
I1m	Just to confirm, there are no sources of cash income? ONLY ASK IF NO SOURCES OF CASH INCOME ARE REPORTED ABOVE IN I1a – I1l.	YES	NO	DK	REF
I2a	Are there any sources of non-monetary support that your household relies on? IF YES, <u>GO TO I2b.</u> IF NO/DK/REF, <u>GO TO I3.</u>	YES	NO	DK	REF
I2b	IF YES: Please describe them: If the respondent is hesitant to identify the source of “Other” income, just check the box and do not record a verbatim response. CHECK ALL THAT APPLY	<input type="checkbox"/> Subsistence activities (fishing, hunting, farming, gathering, herding) <input type="checkbox"/> Bartering for goods and services <input type="checkbox"/> Food distribution/pantries <input type="checkbox"/> Labor in exchange for room & board <input type="checkbox"/> Other (SPECIFY): _____ <input type="checkbox"/> DON’T KNOW <input type="checkbox"/> REFUSED			



<p>I3</p>	<p>Now we have a question about your household’s income during the last calendar year, that is, for [YEAR]. Again, I understand that our questions are, or may be, difficult to answer and sometimes seem intrusive. As with other questions in this survey, I want to reassure you that the information you provide to us is kept confidential. Please look at this card. Can you tell me the letter that matches your best estimate of the amount of household income you received last year from the all of the sources you just mentioned? Let me read them back to you.</p> <p>INTERVIEWER: REVIEW INCOME SOURCES MARKED “YES” FROM QUESTION I1.</p> <p>HAND SHOWCARD L TO RESPONDENT. ASK HIM/HER TO POINT TO THE RESPONSE. CIRCLE LETTER THAT MATCHES RESPONSE.</p>	<p>CIRCLE LETTER TO MATCH RESPONSE</p> <ul style="list-style-type: none"> A. Less than \$5,000 B. \$5,000 to \$9,999 C. \$10,000 to \$14,999 D. \$15,000 to \$19,999 E. \$20,000 to \$24,999 F. \$25,000 to \$29,999 G. \$30,000 to \$34,999 H. \$35,000 to \$39,999 I. \$40,000 to \$49,999 J. \$50,000 to \$59,999 K. \$60,000 to \$79,999 L. \$80,000 to \$99,999 M. \$100,000 to \$119,999 N. \$120,000 or more O. DON’T KNOW P. REFUSED
<p>I3a</p>	<p>ONLY ASK IF R OWNS HOME</p> <p>Thinking of when you originally purchased this home, what was the purchase price?</p> <p>HAND SHOWCARD L1 TO RESPONDENT. ASK HIM/HER TO POINT TO THE RESPONSE. CIRCLE LETTER THAT MATCHES RESPONSE.</p>	<p>CIRCLE LETTER TO MATCH RESPONSE</p> <ul style="list-style-type: none"> A. Less than \$10,000 B. \$10,000 to \$19,999 C. \$20,000 to \$29,999 D. \$30,000 to \$49,999 E. \$50,000 to \$69,999 F. \$70,000 to \$89,999 G. \$90,000 to \$124,999 H. \$125,000 to \$149,999 I. \$150,000 to \$199,999 J. \$200,000 to \$299,999 K. \$300,000 to \$399,999 L. \$400,000 or more M. DON’T KNOW N. REFUSED



I3b	<p>ASK ONLY IF R OWNS HOME</p> <p>Is there a mortgage or land contract on this (home/home and land/apartment/property)?</p>	<p><input type="checkbox"/> Mortgage</p> <p><input type="checkbox"/> Land Contract</p> <p><input type="checkbox"/> No</p> <p>IF 'MORTGAGE/LAND CONTRACT', <u>CONTINUE TO I3C.</u></p> <p>IF NO/DK/REF, <u>SKIP TO I4.</u></p>
I3c	<p>Is this mortgage or loan contract a...</p>	<p><input type="checkbox"/> Fixed rate mortgage</p> <p><input type="checkbox"/> Adjustable rate mortgage (ARM)</p> <p><input type="checkbox"/> An interest only mortgage</p> <p><input type="checkbox"/> Something else (SPECIFY):</p> <p>_____</p>
I3d	<p>Does this mortgage or loan contract have a balloon payment in the future?</p>	<p>YES NO DON'T KNOW REFUSED</p>
I4	<p>I am going to show you another card. Please look and tell me the letter that matches your best estimate for the total amount you pay for housing each month, including the rent/mortgage/note payment and all of your utilities?</p> <p>HAND THE RESPONDENT SHOWCARD M. ASK HIM/HER TO POINT TO THE RESPONSE. CIRCLE LETTER THAT MATCHES RESPONSE.</p>	<p>CIRCLE LETTER TO MATCH RESPONSE</p> <p>A. Less than \$100</p> <p>B. \$100 to \$199</p> <p>C. \$200 to \$249</p> <p>D. \$250 to \$299</p> <p>E. \$300 to \$349</p> <p>F. \$350 to \$399</p> <p>G. \$400 to \$449</p> <p>H. \$450 to \$499</p> <p>I. \$500 to \$599</p> <p>J. \$600 to \$699</p> <p>K. \$700 to \$799</p> <p>L. \$800 to \$999</p> <p>M. \$1,000 to \$1,249</p> <p>N. \$1,250 to \$1,499</p> <p>O. \$1,500 to \$1,999</p> <p>P. \$1,500 to \$1,999</p> <p>Q. \$2,500 or more</p> <p>R. No cash paid for rent/mortgage/ utilities</p> <p>S. DON'T KNOW</p> <p>T. REFUSED</p>
I4a	<p>Do you have homeowner or renter's insurance?</p>	<p>YES NO DON'T KNOW REFUSED</p>



I4b	Do you pay the same amount for housing each season?	YES NO DON'T KNOW REFUSED IF YES, <u>SKIP TO 15.</u> IF NO/DK/REF, <u>CONTINUE TO I4c.</u>
I4c	FOR I4b-I4e, HAND THE RESPONDENT SHOWCARD M. ASK HIM/HER TO POINT TO THE RESPONSE. In the winter, tell me the total amount you pay.	Response A-R per I4 above: _____ WRITE IN LETTER
I4d	In the spring, tell me the total amount you pay.	Response A-R per I4 above: _____ WRITE IN LETTER
I4e	In the summer, tell me the total amount you pay.	Response A-R per I4 above: _____ WRITE IN LETTER
I4f	In the fall, please tell me the total amount you pay.	Response A-R per I4 above: _____ WRITE IN LETTER



<p>I5</p>	<p>After you take care of housing expenses each month—rent/mortgage and utilities—on average over the past year, how much money do you have left to spend on other things?</p> <p>HAND THE RESPONDENT SHOWCARD M. ASK HIM/HER TO POINT TO THE RESPONSE.</p>	<p>CIRCLE LETTER TO MATCH RESPONSE</p> <p>A. Less than \$100 B. \$100 to \$199 C. \$200 to \$249 D. \$250 to \$299 E. \$300 to \$349 F. \$350 to \$399 G. \$400 to \$449 H. \$450 to \$499 I. \$500 to \$599 J. \$600 to \$699 K. \$700 to \$799 L. \$800 to \$999 M. \$1,000 to \$1,249 N. \$1,250 to \$1,499 O. \$1,500 to \$1,999 P. \$2,000 to \$2,499 Q. \$2,500 or more R. DON'T KNOW S. REFUSED</p>
<p>I6</p>	<p>Are (you/you and your family) paying lower rent/mortgage payments because the federal, state, or local government is paying part of the rent/mortgage payment?</p>	<p>YES NO</p> <p>DON'T KNOW REFUSED</p>
<p>I7</p>	<p>In the past 5 years, have (you/you and your family) paid lower rent/mortgage payments because the federal, state, or local government is paying part of the rent/mortgage payment?</p>	<p>YES NO</p> <p>DON'T KNOW REFUSED</p>

BEFORE COLLECTING CONTACT INFORMATION FOR VALIDATION ON NEXT PAGE AND PROVIDING RESPONDENT INCENTIVE:

“These are all the questions I have. Thank you so much for giving me your time. Now I just need to ask you a bit of locating information, give you the gratuity, and do the walk-around outside that I mentioned earlier.”

GO TO NEXT PAGE: CONCLUDING THE INTERVIEW



CONCLUDING THE INTERVIEW

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

My office may want to verify that I was here. Someone may call you to make sure that I conducted the interview. Please give me your name, telephone number, and mailing address so that my office may contact you. *Please be assured that the information on this page will be secured and kept separate from the questionnaire.*

NAME OF RESPONDENT:

(FULL NAME, INCLUDING FIRST AND LAST NAME)

TELEPHONE NUMBER
WITH AREA CODE:

ADDRESS:

Street City State ZIP

SUID: |_|_|_|_|_|_|_|_|_|_|

THANK THE RESPONDENT FOR HIS/HER TIME AND GIVE HIM/HER THE INCENTIVE. HAVE THE RESPONDENT SIGN THE RECEIPT.

Now, as I noted at the beginning of the interview, I will take a look at the exterior conditions of this dwelling and fill in some information about the conditions. You are welcome to accompany me while I make these observations, but if you would rather not, that's OK too.

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

CONTINUE TO FOLLOWING PAGE →

INTERVIEWER: REMOVE THIS PAGE, ONCE COMPLETED, FROM THE QUESTIONNAIRE AND MAIL IT SEPARATELY WITH FACE SHEET AND ROCS.





J. ENUMERATOR OBSERVATION

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

	American Housing Survey (AHS)
J1	<p>Type of structure Identify the type of living quarters:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Manufactured home <input type="checkbox"/> Mobile home <input type="checkbox"/> One-unit building, detached from any other building <input type="checkbox"/> One-unit building, attached to one or more buildings <input type="checkbox"/> Building with two or more apartments
J2	<p>For mobile home or single family detached: (Confirm with respondent if necessary.)</p> <p>About how large is the [site/lot]?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Square feet _____ <input type="checkbox"/> Feet by Feet _____ <input type="checkbox"/> Whole acres _____ <p><u>SKIP TO J3</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Don't know: <u>CONTINUE TO J2a</u>





J2a	<p>Would you say that the [site/lot] is more than 1 acre or less than 1 acre?</p> <p><input type="checkbox"/> More <input type="checkbox"/> Less <input type="checkbox"/> DON'T KNOW</p> <p>About how many acres? ACRES: ____ DK</p> <p><u>IF LESS, SKIP TO J2C</u> <u>IF MORE OR DON'T KNOW: CONTINUE TO J2b</u></p>				
J2b	<p>Is it more than 10 acres?</p> <p><input type="checkbox"/> More <input type="checkbox"/> Less</p>				
J2c	<p>Could you give me an estimate of dimensions of the lot? _____</p>				
J3	<p>Observe the exterior condition of the OUTSIDE of the housing unit. Indicate whether the following conditions are present or not. If not able to observe, then mark "Not Observed."</p>				
	<table border="1"> <thead> <tr> <th data-bbox="1528 1000 1646 1068">Yes</th> <th data-bbox="1646 1000 1743 1068">No</th> <th data-bbox="1743 1000 1990 1068">Not observed</th> </tr> </thead> </table>	Yes	No	Not observed	
Yes	No	Not observed			
J3a	<table border="1"> <tr> <td data-bbox="262 1068 1528 1136">Does the roof have missing shingles or other missing roofing materials?</td> <td data-bbox="1528 1068 1646 1136">Yes</td> <td data-bbox="1646 1068 1743 1136">No</td> <td data-bbox="1743 1068 1990 1136">Not observed</td> </tr> </table>	Does the roof have missing shingles or other missing roofing materials?	Yes	No	Not observed
Does the roof have missing shingles or other missing roofing materials?	Yes	No	Not observed		
J3b	<table border="1"> <tr> <td data-bbox="262 1136 1528 1205">Does the roof have any holes?</td> <td data-bbox="1528 1136 1646 1205">Yes</td> <td data-bbox="1646 1136 1743 1205">No</td> <td data-bbox="1743 1136 1990 1205">Not observed</td> </tr> </table>	Does the roof have any holes?	Yes	No	Not observed
Does the roof have any holes?	Yes	No	Not observed		
J3c	<table border="1"> <tr> <td data-bbox="262 1205 1528 1273">Does the roof's surface sag or appear uneven?</td> <td data-bbox="1528 1205 1646 1273">Yes</td> <td data-bbox="1646 1205 1743 1273">No</td> <td data-bbox="1743 1205 1990 1273">Not observed</td> </tr> </table>	Does the roof's surface sag or appear uneven?	Yes	No	Not observed
Does the roof's surface sag or appear uneven?	Yes	No	Not observed		
J3d	<table border="1"> <tr> <td data-bbox="262 1273 1528 1341">Does the outside walls have any missing siding, bricks, or other missing wall materials?</td> <td data-bbox="1528 1273 1646 1341">Yes</td> <td data-bbox="1646 1273 1743 1341">No</td> <td data-bbox="1743 1273 1990 1341">Not observed</td> </tr> </table>	Does the outside walls have any missing siding, bricks, or other missing wall materials?	Yes	No	Not observed
Does the outside walls have any missing siding, bricks, or other missing wall materials?	Yes	No	Not observed		
J3f	<table border="1"> <tr> <td data-bbox="262 1341 1528 1408">Do the outside walls slope, lean, buckle or slant?</td> <td data-bbox="1528 1341 1646 1408">Yes</td> <td data-bbox="1646 1341 1743 1408">No</td> <td data-bbox="1743 1341 1990 1408">Not observed</td> </tr> </table>	Do the outside walls slope, lean, buckle or slant?	Yes	No	Not observed
Do the outside walls slope, lean, buckle or slant?	Yes	No	Not observed		





J3g	Are any of the windows broken?	Yes	No	Not observed
J3h	Are any of the windows covered with metal bars?	Yes	No	Not observed
J3i	Are there any holes or open cracks or crumbling in the foundation, in the base on which the building stands?	Yes	No	Not observed
J4	Access	<input type="checkbox"/> Paved road <input type="checkbox"/> Well maintained dirt road <input type="checkbox"/> Poorly maintained dirt road <input type="checkbox"/> Other (SPECIFY): _____		
J5	Other buildings on lot MARK ALL THAT APPLY.	<input type="checkbox"/> None <input type="checkbox"/> Garage/carport <input type="checkbox"/> Barn or stable <input type="checkbox"/> Outdoor cooking area <input type="checkbox"/> Outhouse <input type="checkbox"/> Living quarters <input type="checkbox"/> Business <input type="checkbox"/> Cultural/ceremonial structures (e.g., hogans, tipis, sweat lodges) <input type="checkbox"/> Other (SPECIFY): _____		
J6	Exterior materials MARK ALL THAT APPLY.	<input type="checkbox"/> Wood or wood siding <input type="checkbox"/> Aluminum siding <input type="checkbox"/> Brick <input type="checkbox"/> Concrete or block <input type="checkbox"/> Masonite <input type="checkbox"/> Stucco <input type="checkbox"/> Other (SPECIFY): _____		





J7	Roof materials MARK ALL THAT APPLY.	<input type="checkbox"/> Asphalt shingles <input type="checkbox"/> Tar paper <input type="checkbox"/> Metal <input type="checkbox"/> Wood <input type="checkbox"/> Other (SPECIFY): _____
J8	Exterior condition	<input type="checkbox"/> Excellent or good <input type="checkbox"/> Needs minor repairs

