

FORM **AHS-62**
(11-18-94)

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

**AMERICAN HOUSING SURVEY
METROPOLITAN SAMPLE
1995
OCCUPIED HOUSING UNITS**

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

1. CONTROL NUMBER

~ 4 10 ↓

PSU	Segment	Serial	Sample	Panel
			F	

2a. Date of first visit

0010	Month	Day	Year

b. Field Representative name

c. Interview method

0015 1 Personal visit
2 Telephone

3-5. WASHINGTON USE ONLY

6. Type of interview

0040 1 Regular occupied - (One or more "1's" in Control Card item 14) - *Go to item 20, page 2*
2 URE occupied - (All "2's" in Control Card item 14) - *Go to item 124, page 46*
4 Type A noninterview

7. Type A noninterview reason

0050 01 No one home
02 Temporarily absent
03 Refused
04 Unable to locate
05 Other occupied - *Specify* ↘

8. Occupancy status for Type A noninterviews

0060 1 Occupied as a usual residence by at least one person
2 All occupants have a usual residence elsewhere
3 Don't know
Go to Control Card item 9a

9. Mortgage (See item 94, page 35.)

0070 1 Mortgage information not required OR callback not required
 Callback required -
2 Information obtained
3 Unable to obtain information - *Explain* ↘

10. Nonrelative income (See items 195 and 196, page 61.)

0131 1 Item 195 marked "All others" - no callback required
1 Item 196c has amount or "DK" or "Ref" for all nonrelatives age 14 + or item 196b is "None" - no callback required
 Item 196c blank for any nonrelative age 14 + - telephone callback required
2 information obtained
3 unable to obtain information - *Explain* ↘

11-13. WASHINGTON USE ONLY

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

0135 1 Review not required
2 **Review required**

Notes

b. OFFICE USE ONLY

0139 2 Review completed

15. OFFICE USE ONLY

a. EDIT FOLLOWUP REQUIRED →

0136 Page Item

0137 Page Item

0138 Page Item

b. SOURCE OF RESOLUTION

0140 1 Respondent
2 Field Representative
3 Regional Office staff
4 Washington
5 Other - *Specify* ↘

c. OFFICE USE ONLY

0141 Editor's code

0142

16. In what language was the interview conducted?

0143 1 English
2 Spanish
3 Other - *Specify* ↘

17. Address correction/address addition

~ 5 10 ↓

First address line

Second address line

Place or city

State ZIP Code

18 - 19. WASHINGTON USE ONLY

REGULAR OCCUPIED

MARK OR ASK -

~ 6 11 ↓

20. Are your living quarters in a -

(Read all answer categories.)

- 1120
- 1 **Mobile home**
 - 2 **One-unit building, detached from any other building**
 - 3 **One-unit building, attached to one or more buildings - Skip to item 22a**
 - 4 **Building with two or more apartments? - Skip to item 21b**

21a. Are there any occupied or vacant apartments besides your own in the (building/mobile home)?

- 1130
- 1 Yes - *Fill Table X on Control Card, then go to item 21b*
 - 2 No - *Skip to item 23 and mark box 1 or 4*

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

1140 _____ Number - *Skip to item 23 and mark box 3 or 5*

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

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

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

1160 _____ Number - *If one, reask item 22a and correct entry. If more than one, skip to item 23 and mark box 3.*

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

- 1170
- 1 Yes
 - 2 No
 - 3 Don't know
- } *Skip to item 22e*

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

1180 _____ Number - *If one, reask item 22c and correct entry. If more than one, skip to item 23 and mark box 3.*

e. Are there any occupied or vacant apartments besides your own in this house?

- 1190
- 1 Yes - *Fill Table X on Control Card, then go to item 22f*
 - 2 No - *Skip to item 23 and mark box 2*

f. How many apartments including your own are in this house?

1200 _____ Number - *If one, reask item 22e and correct entry. If more than one, go to item 23 and mark box 3.*

23. Check Item

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

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

24. Is the house built -

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

- 1220
- 1 **With a basement under all the building?**
 - 2 **With a basement under part of the building?**
 - 3 **With a crawl space?**
 - 4 **On a concrete slab?**
 - 5 **In some other way? - Specify** _____

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

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

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

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

REGULAR OCCUPIED - Continued

26a. How many of each of the following rooms does the (house/apartment) have?

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

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

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

- 1 Yes
2 No - Skip to item 26d

c. What are they?
(Complete all three parts)

_____ Number of family rooms, dens, recreation rooms and/or libraries
0 None

_____ Number of rooms that are business space with direct access to outside
0 None

_____ Number of other rooms, finished or unfinished
0 None

d. Check Item (See items 21b and 23.)

- 1 or 2 unit building
 - Mobile home not in park
 - 3 or more unit building or mobile home in park - Skip to item 27, page 4
- } Ask item 26e

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

- 1 Yes
2 No - Skip to item 27, page 4

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

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

<input type="text" value="1341"/>	1	9		
<input type="text" value="1342"/>	1	9		
<input type="text" value="1343"/>	1	9		
<input type="text" value="1344"/>	1	9		
<input type="text" value="1345"/>	1	9		

- 1 All mobile homes already listed

Notes

REGULAR OCCUPIED – Continued

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

1340 1 Yes
 2 No

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

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

1350 1 Yes
 2 No

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

1360 1 Yes – *Skip to item 30a*
 2 No – *Skip to item 31a*

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

1360 1 Yes, exclusive use
 2 No, shared

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

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

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

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

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

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

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

1400 1 Yes
 2 No

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

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

d. How many times in the last 3 months?

1420 _____ Number

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

1430 1 Yes,
 2 No – *Skip to item 32c*

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

1440 1 Roof
 * 2 Basement
 3 Walls or around closed windows or closed doors
 4 Other – *Specify* _____

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

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

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

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

REGULAR OCCUPIED - Continued

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

(For this household's use only)

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

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

- 1480 1 Electricity
 2 Gas
 3 Fuel oil
 4 Kerosene or other liquid fuel
 5 Coal or coke
 6 Wood
 7 Solar energy
 8 Other - Specify

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

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

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

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

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

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

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

b. Is the well drilled or dug?

- 1530 1 Drilled
 2 Dug

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

~ 6 11 ↓

- 1520 5 Yes - Skip to item 34e
 No - Ask item 34d

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

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

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

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

f. Where do you get your water for drinking?

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

REGULAR OCCUPIED - Continued

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

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

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

- 1550 1 Septic tank or cesspool - Ask item 35c
2 Chemical toilet
3 Outhouse or privy
4 Other - Specify _____
5 None

Skip to item 36a

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

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

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

(So that it was completely unusable)

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

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

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

- 1580 _____ Sewage breakdowns lasting 6 hours or more

0 None lasted 6 hours

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

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

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

b. Is it more than 5 years old?

(Age of newest if two or more)

- 1600 1 Yes
2 No

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

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

b. Is it more than 5 years old?

- 1620 1 Yes
2 No

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

(For this household's use only)

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

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

b. Does your (house/apartment) have -

(For this household's use only)

(1) an oven?

(Include microwaves. Exclude toaster-ovens.)

- 1640 1 Yes
2 No

(2) cooking burners?

(Exclude portable burners.)

- 1650 1 Yes
2 No

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

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

(Age of newest if two or more)

- 1660 1 Yes
2 No

d. What fuel is used MOST for cooking?

- 1670 1 Electricity
2 Gas
3 Kerosene or other liquid fuel
4 Coal or coke
5 Wood
6 Other - Specify _____

7 No fuel used

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

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

b. Is it more than 5 years old?

- 1700 1 Yes
2 No

REGULAR OCCUPIED - Continued

40a. Does your (house/apartment) have a washing machine (- - - /in the apartment)?	<div style="border: 1px solid black; display: inline-block; padding: 2px;">1710</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>Skip to item 41a</i>
b. Is it more than 5 years old?	<div style="border: 1px solid black; display: inline-block; padding: 2px;">1720</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
41a. Does your (house/apartment) have a clothes dryer (- - - /in the apartment)?	<div style="border: 1px solid black; display: inline-block; padding: 2px;">1730</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>Skip to item 42a</i>
b. Is it more than 5 years old?	<div style="border: 1px solid black; display: inline-block; padding: 2px;">1740</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
c. What kind of fuel does the dryer use?	<div style="border: 1px solid black; display: inline-block; padding: 2px;">1750</div> 1 <input type="checkbox"/> Electricity 2 <input type="checkbox"/> Gas 3 <input type="checkbox"/> Other – <i>Specify</i> <input style="width: 100px;" type="text"/>
42a. Does your (house/apartment) have central air conditioning?	<div style="border: 1px solid black; display: inline-block; padding: 2px;">1760</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>Skip to item 42c</i>
b. What kind of fuel does it use?	<div style="border: 1px solid black; display: inline-block; padding: 2px;">1770</div> 1 <input type="checkbox"/> Electricity 2 <input type="checkbox"/> Gas 3 <input type="checkbox"/> Other – <i>Specify</i> <input style="width: 100px;" type="text"/> <div style="float: right; font-size: 2em; margin-left: 10px;">}</div> <div style="float: right; margin-left: 10px;"><i>Skip to item 43a</i></div>
c. Do you use any room air conditioners?	<div style="border: 1px solid black; display: inline-block; padding: 2px;">1780</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>Skip to item 43a</i>
d. How many?	<div style="border: 1px solid black; display: inline-block; padding: 2px;">1790</div> _____ Number
43a. What fuel is used MOST for heating the (house/apartment)?	<div style="border: 1px solid black; display: inline-block; padding: 2px;">1800</div> 1 <input type="checkbox"/> Electricity 2 <input type="checkbox"/> Gas 3 <input type="checkbox"/> Fuel oil 4 <input type="checkbox"/> Kerosene or other liquid fuel 5 <input type="checkbox"/> Coal or coke 6 <input type="checkbox"/> Wood 7 <input type="checkbox"/> Solar energy 8 <input type="checkbox"/> Other – <i>Specify</i> <input style="width: 100px;" type="text"/> 9 <input type="checkbox"/> None – <i>Skip to item 44, page 8</i>
b. Besides . . . (Fuel marked in item 43a), what other fuel is used for heating the (house/apartment)? <i>(Mark (X) all that apply.)</i>	<div style="border: 1px solid black; display: inline-block; padding: 2px;">1810</div> 1 <input type="checkbox"/> Electricity 2 <input type="checkbox"/> Gas 3 <input type="checkbox"/> Fuel oil 4 <input type="checkbox"/> Kerosene or other liquid fuel 5 <input type="checkbox"/> Coal or coke 6 <input type="checkbox"/> Wood <div style="border: 1px solid black; display: inline-block; padding: 2px; margin-top: 5px;">1820</div> 7 <input type="checkbox"/> Solar energy 8 <input type="checkbox"/> Other – <i>Specify</i> <input style="width: 100px;" type="text"/> 9 <input type="checkbox"/> None

Notes

REGULAR OCCUPIED - Continued

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

- 1830 1 Yes
2 No

PLEASE LOOK AT THIS CARD.

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

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

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

- 1840 2 **Steam or hot water system with radiators OR other system using steam or hot water?**
3 **Electric heat pump?**
4 **Other built-in electric units permanently installed in wall, ceiling, or baseboards?**
5 **Floor, wall, or other built-in, hot-air heater without ducts?**
 Kerosene, gas, or oil room heater(s) – Skip to item 45d

Skip to item 46a

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

Skip to item 46a

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

MARK OR ASK –

b. Is the heating fuel for the furnace electricity?

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

c. Is that a heat pump?

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

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

- 1840 6 Yes
7 No

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

(Mark (X) all that apply.)

b. Anything else?

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

- 1850 1 A central warm-air furnace with air vents or ducts to the individual rooms.
* 2 Steam or hot-water system with radiators OR other system using steam or hot water
3 Electric heat pump
4 Other built-in electric units permanently installed in wall, ceiling, or baseboards
5 Floor, wall, or other built-in, hot-air heater without ducts
6 Kerosene, gas, or oil room heater(s), VENTED to the outside through a chimney, flue, or pipes
1860 7 UNVENTED kerosene, gas, or oil room heaters
* 8 Portable electric heater(s)
9 Stove(s)
1870 10 Fireplace(s) WITH inserts, that is, installed equipment designed to circulate more heat into the room
* 11 Fireplace(s) with NO inserts
12 Some other type of heating equipment – Specify

13 None – Go to item 47a, page 9

REGULAR OCCUPIED - Continued

47a. Last winter was there any time when the (house/apartment) was so cold for 24 hours or more that it caused anyone in your household discomfort? 1880 1 Yes - Ask item 47b
 2 No } Skip to item 48a
 3 Did not live here last winter

b. Was that because the heating equipment broke down? 1890 1 Yes
 2 No, didn't break down - Skip to item 47e

c. How many times did (it/they all) break down for 6 hours or more? 1900 _____ Number of breakdowns lasting 6 hours or more
 0 Never broken for 6 hours

d. Was it cold for any other reason? 1910 1 Yes
 2 No - Skip to item 48a

e. What was the reason? 1920 1 Utility interruption
 2 Inadequate heating capacity
 3 Inadequate insulation
 7 Other - Specify _____

48a. Does the (house/apartment) have a porch, deck, balcony, or patio? 1930 1 Yes
 2 No
*(Measuring at least four feet by four feet)
 (Exclude if already counted as a room.)*

b. Does the (house/apartment) have open cracks or holes in the inside walls or ceilings? 1940 1 Yes
 2 No
(Cracks thicker than a dime)

c. Does the (house/apartment) have holes in the floors? 1950 1 Yes
 2 No
(Big enough for someone to trip in)

d. Does the (house/apartment) have any area of peeling paint or broken plaster bigger than 8 inches by 11 inches? 1960 1 Yes
 2 No
(The size of a weekly news magazine or standard letter)

e. In the last 3 months have you seen any rats or signs of rats in the building? 1970 1 Yes
 2 No
(Exclude mice and other rodents.)

49. On a scale of 1 to 10, how would you rate the (house/apartment) as a place to live? 10 is best, 1 is worst. 1980 _____

50a. How would you rate the neighborhood on a scale of 1 to 10? 10 is best, 1 is worst. 1990 _____
(Mark "No neighborhood," if respondent volunteers this answer.)
 0 No neighborhood - Skip to item 51a, page 10

b. Is there anything about the neighborhood that bothers you? 2000 1 Yes
 2 No - Skip to item 51a, page 10

c. What?
(Write exact words and mark (X) all that apply.)

2010 1 No problem
 * 2 Crime
 3 Noise
 4 Traffic
 5 Litter or housing deterioration
 6 Poor city/county services

2020 7 Undesirable commercial, institutional, or industrial property
 * 8 People
 9 Other

REGULAR OCCUPIED - Continued

- 51a.** Check Item (Mark (X) first box that applies.) (See Control Card Item 25.)
- Respondent MOVED here after December 31, 1990 - Skip to item 52a
 - Other(s) but not respondent MOVED here after December 31, 1990 - Skip to item 59, page 11
 - All MOVED in before January 1, 1991 - Go to item 51b
-
- b.** Check Item (See Control Card Item 8b.)
- Owned - Skip to item 73a, page 16
 - Rented - Skip to item 64a, page 14
 - No cash rent - Skip to item 64c, page 14

- 52a. What are the reasons you moved from your last residence?**
(Mark (X) all that apply.)
- | | |
|--|---|
| <p>2030 * <input type="checkbox"/> 1 A private company or person wanted to use it for some purpose</p> <p><input type="checkbox"/> 2 Forced to leave by the government</p> <p><input type="checkbox"/> 3 Disaster loss (fire, flood, etc.)</p> <p><input type="checkbox"/> 4 New job or job transfer</p> <p><input type="checkbox"/> 5 To be closer to work/school/other</p> <p><input type="checkbox"/> 6 Other, financial/employment related</p> | <p>2040 * <input type="checkbox"/> 7 To establish own household</p> <p><input type="checkbox"/> 8 Needed larger house or apartment</p> <p><input type="checkbox"/> 9 Married, widowed, divorced, or separated</p> |
| <p>2050 * <input type="checkbox"/> 10 Other, family/personal related</p> <p><input type="checkbox"/> 11 Wanted better quality house (apartment)</p> <p><input type="checkbox"/> 12 Changed from owner to renter OR renter to owner</p> | <p>2060 * <input type="checkbox"/> 13 Wanted lower rent or less expensive house to maintain</p> <p><input type="checkbox"/> 14 Other housing related reasons</p> <p><input type="checkbox"/> 15 Other - Specify <u> </u></p> |
-
- MARK if only one box checked in item 52a
OR ASK if two or more boxes checked -
- b. What is the MAIN reason you moved?**
- 2070 _____ Number from item 52a
- 0 All reasons of equal importance

- 53.** Check Item (Mark (X) first box that applies.)
- Box 1 marked in item 52a - Ask item 54a
 - Box 2 marked in item 52a - Skip to item 54b
 - Boxes 1 and 2 blank in item 52a - Skip to item 54c

- 54a. Did you leave -**
- (1) Because the owner, or members of the owner's family were going to move into that residence?**
- 2080 1 Yes - Skip to item 55a, page 11
2 No
-
- (2) Because that unit was going to become a condominium or cooperative?**
- 2090 1 Yes - Skip to item 55a, page 11
2 No
-
- (3) Because that residence was closed for repairs?**
- 2100 1 Yes } Skip to item 55a, page 11
2 No }
-
- b. Did you leave -**
- (1) Because the government wanted to use the land or building for some other purpose?**
- 2110 1 Yes - Skip to item 55a, page 11
2 No
-
- (2) Because the residence was condemned by the government as unfit for occupancy?**
- 2120 1 Yes } Skip to item 55a, page 11
2 No }
-
- c. In addition to the reasons given, did you leave -**
- (1) Because a private company or person wanted to use it for some purpose?**
- 2130 1 Yes - Ask (2)
2 No - Skip to (5)
-
- (2) Was that because the owner or members of the owner's family were going to move into that residence?**
- 2140 1 Yes - Skip to item 55a, page 11
2 No - Ask (3)
-
- (3) Because it was going to be a condominium or cooperative?**
- 2150 1 Yes - Skip to item 55a, page 11
2 No - Ask (4)
-
- (4) Because it was closed for repairs?**
- 2160 1 Yes } Skip to item 55a, page 11
2 No }
-
- (5) Because the government forced you to leave?**
- 2170 1 Yes - Ask (6)
2 No - Skip to item 55a, page 11
-
- (6) Was that because the government wanted to use the land or building for some other purpose?**
- 2180 1 Yes - Skip to item 55a, page 11
2 No - Ask (7)
-
- (7) Because it was condemned by the government as unfit for occupancy?**
- 2190 1 Yes
2 No

REGULAR OCCUPIED - Continued

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

- 2200 1 Yes
2 No

b. Why did you choose this NEIGHBORHOOD?

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

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

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

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

- 2230 _____ Box number from item 55b
0 All reasons of equal importance

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

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

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

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

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

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

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

- 2270 _____ Box number from item 56b
0 All reasons of equal importance

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

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

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

- 2290 1 Better
2 Worse
3 About the same

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

- Only one person MOVED in after December 31, 1990 - *Skip to item 61a, page 12, enter line number in Group 1 column, and continue with item 61b.*
 Two or more persons MOVED in after December 31, 1990 - *Ask item 60a*

60a. Earlier you told me that . . . (Specify names of movers) moved into this (house/apartment) after December 31, 1990. Did (all of you/they) move here from the same previous residence?

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

b. INSTRUCTION (See Control Card item 26.)

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

REGULAR OCCUPIED - Continued

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

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

~ 6 14 ↓	GROUP 1			
	Line numbers			
2310				
2320				
2330				
2340				

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

(Enter 2-character State code from flashcard.)

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

~ 7 14 ↓

City or place

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

County

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

State

--	--

c. What was the ZIP Code?

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

 ZIP Code

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

2360

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

Enter zone number OR hand respondent zone map and ask -

e. This map is divided into zones. Which zone did (. . . (Specify names for line numbers in item 61a) /you) live in just before moving here?

(If necessary, obtain any information needed to locate on map, such as street address, nearest intersecting streets or proximity to a landmark.)

2370

--	--	--

 Zone code
 00 Off map

 _____ Zone alpha (if any)

f. Was that residence -

(Read all answer categories)

~ 6 14 ↓

2380

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

g. Was that home -

(Read all answer categories)

2390

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

h. Was that part of a condominium or cooperative?

2400

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

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

Yes
 No - Reask item 61h and correct entry

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

2410

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

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

2420

1 Yes - Skip to item 61m
 2 No

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

2430

1 Yes
 2 No

m. When (. . . (Specify names for line numbers in item 61a) /you) moved, did (your/their) housing costs increase, decrease, or stay about the same, including utilities and (mortgage/rent)?

(Compare their share, if not whole household.)

2440

1 Increased
 2 Stayed about same
 3 Decreased
 4 Don't know

n.

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

REGULAR OCCUPIED - Continued

~ 6 15 ↓ GROUP 2	~ 6 16 ↓ GROUP 3	~ 6 17 ↓ GROUP 4
Line numbers	Line numbers	Line numbers
2310	2310	2310
2320	2320	2320
2330	2330	2330
2340 0 <input type="checkbox"/> Outside of U.S. - Skip to item 61n	2340 0 <input type="checkbox"/> Outside of U.S. - Skip to item 61n	2340 0 <input type="checkbox"/> Outside of U.S. - Skip to item 61n
~ 7 15 ↓	~ 7 16 ↓	~ 7 17 ↓
City or place	City or place	City or place
County	County	County
State	State	State
ZIP Code	ZIP Code	ZIP Code
2360	2360	2360
1 <input type="checkbox"/> Yes	1 <input type="checkbox"/> Yes	1 <input type="checkbox"/> Yes
2 <input type="checkbox"/> No or not incorporated place	2 <input type="checkbox"/> No or not incorporated place	2 <input type="checkbox"/> No or not incorporated place
3 <input type="checkbox"/> Don't know	3 <input type="checkbox"/> Don't know	3 <input type="checkbox"/> Don't know
2370	2370	2370
Zone code	Zone code	Zone code
00 <input type="checkbox"/> Off map	00 <input type="checkbox"/> Off map	00 <input type="checkbox"/> Off map
Zone alpha (if any)	Zone alpha (if any)	Zone alpha (if any)
~ 6 15 ↓	~ 6 16 ↓	~ 6 17 ↓
2380	2380	2380
1 <input type="checkbox"/> A house	1 <input type="checkbox"/> A house	1 <input type="checkbox"/> A house
2 <input type="checkbox"/> An apartment	2 <input type="checkbox"/> An apartment	2 <input type="checkbox"/> An apartment
3 <input type="checkbox"/> A mobile home	3 <input type="checkbox"/> A mobile home	3 <input type="checkbox"/> A mobile home
4 <input type="checkbox"/> Or some other type of residence? - Skip to item 61n	4 <input type="checkbox"/> Or some other type of residence? - Skip to item 61n	4 <input type="checkbox"/> Or some other type of residence? - Skip to item 61n
2390	2390	2390
1 <input type="checkbox"/> Owned or being bought by someone in that household	1 <input type="checkbox"/> Owned or being bought by someone in that household	1 <input type="checkbox"/> Owned or being bought by someone in that household
2 <input type="checkbox"/> Rented for cash	2 <input type="checkbox"/> Rented for cash	2 <input type="checkbox"/> Rented for cash
3 <input type="checkbox"/> Or occupied without payment of cash rent?	3 <input type="checkbox"/> Or occupied without payment of cash rent?	3 <input type="checkbox"/> Or occupied without payment of cash rent?
2400	2400	2400
3 <input type="checkbox"/> No	3 <input type="checkbox"/> No	3 <input type="checkbox"/> No
2 <input type="checkbox"/> Yes, condominium	2 <input type="checkbox"/> Yes, condominium	2 <input type="checkbox"/> Yes, condominium
1 <input type="checkbox"/> Yes, cooperative	1 <input type="checkbox"/> Yes, cooperative	1 <input type="checkbox"/> Yes, cooperative
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No - Reask item 61h and correct entry	<input type="checkbox"/> No - Reask item 61h and correct entry	<input type="checkbox"/> No - Reask item 61h and correct entry
2410	2410	2410
_____ - If one, skip to item 61m; if more than one, ask item 61k	_____ - If one, skip to item 61m; if more than one, ask item 61k	_____ - If one, skip to item 61m; if more than one, ask item 61k
2420	2420	2420
1 <input type="checkbox"/> Yes - Skip to item 61m	1 <input type="checkbox"/> Yes - Skip to item 61m	1 <input type="checkbox"/> Yes - Skip to item 61m
2 <input type="checkbox"/> No	2 <input type="checkbox"/> No	2 <input type="checkbox"/> No
2430	2430	2430
1 <input type="checkbox"/> Yes	1 <input type="checkbox"/> Yes	1 <input type="checkbox"/> Yes
2 <input type="checkbox"/> No	2 <input type="checkbox"/> No	2 <input type="checkbox"/> No
2440	2440	2440
1 <input type="checkbox"/> Increased	1 <input type="checkbox"/> Increased	1 <input type="checkbox"/> Increased
2 <input type="checkbox"/> Stayed about same	2 <input type="checkbox"/> Stayed about same	2 <input type="checkbox"/> Stayed about same
3 <input type="checkbox"/> Decreased	3 <input type="checkbox"/> Decreased	3 <input type="checkbox"/> Decreased
4 <input type="checkbox"/> Don't know	4 <input type="checkbox"/> Don't know	4 <input type="checkbox"/> Don't know
Go to next group. If none, go to item 62, page 14.	Go to next group. If none, go to item 62, page 14.	Go to next group. If none, go to item 62, page 14.

REGULAR OCCUPIED - Continued

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

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

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

<p>65a. Is the building owned by a public housing authority?</p>		<p>2540 1 <input type="checkbox"/> Yes - Skip to item 65g, page 15 2 <input type="checkbox"/> No</p>
<p>b. Does the Federal government pay some of the cost of the unit?</p>		<p>2550 1 <input type="checkbox"/> Yes - Skip to item 65g, page 15 2 <input type="checkbox"/> No</p>
<p>c. Does the State or local government pay some of the cost of the unit?</p>		<p>2560 1 <input type="checkbox"/> Yes - Skip to item 65g, page 15 2 <input type="checkbox"/> No</p>
<p>d. Do (you/the people living here) have to report the household's income to someone every year so they can set the rent?</p>		<p>2570 1 <input type="checkbox"/> Yes - Skip to item 66, page 15 2 <input type="checkbox"/> No</p>

REGULAR OCCUPIED - Continued

65e. Does the local government limit the rent on the unit through rent control or rent stabilization?	2580 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
f. Is the rent adjusted because someone in the household works for or is related to the owner?	2590 1 <input type="checkbox"/> Yes } <i>Skip to item 66</i> 2 <input type="checkbox"/> No
(If "3" circled in Control Card item 8b, mark "None" without asking.)	2595 \$ _____ .00
g. Of the . . . (amount from 64b) rent you reported, how much is this household required to pay?	<input type="checkbox"/> Identical amount in items 64b and 65g - Verify amount in item 64b is TOTAL rent for the unit. 0 <input type="checkbox"/> None

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

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

Not a mobile home - *Ask item 67*

67. About when was the building originally built?	<input type="checkbox"/> 1980 or later <input checked="" type="checkbox"/>
2910	Month Year [] [] [] [] } <i>Skip to item 70</i>
2910	1 <input type="checkbox"/> 1979 2 <input type="checkbox"/> 75 - 78 3 <input type="checkbox"/> 70 - 74 4 <input type="checkbox"/> 60 - 69 5 <input type="checkbox"/> 50 - 59 6 <input type="checkbox"/> 40 - 49 7 <input type="checkbox"/> 30 - 39 8 <input type="checkbox"/> 20 - 29 9 <input type="checkbox"/> 1919 or earlier } <i>Skip to item 71, page 16</i>

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

69. What is the model year of the mobile home?	~ 6 11 v
2910	<input type="checkbox"/> 1980 or later <input checked="" type="checkbox"/> Year [] [] } <i>Skip to item 70</i>
2910	1 <input type="checkbox"/> 1979 2 <input type="checkbox"/> 75 - 78 3 <input type="checkbox"/> 70 - 74 4 <input type="checkbox"/> 60 - 69 5 <input type="checkbox"/> 50 - 59 6 <input type="checkbox"/> 40 - 49 7 <input type="checkbox"/> 1939 or earlier } <i>Skip to item 71, page 16</i>

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

Notes

REGULAR OCCUPIED - Continued

- 71. Check Item (See item 23, page 2.)**
 Two-or-more-unit building or two-or-more-unit mobile home - Skip to item 109a, page 40
 All others - Ask item 72a

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

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

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

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

MARK OR ASK -

b. Is it more than 10 acres?

2980 _____ Square feet
OR
 2990 _____ Feet by
 3000 _____ feet
OR
 3010 _____ Whole acres
 0 Don't know - Ask item 72b

3020 1 Yes } Skip to item 109a, page 40
 2 No }

73a

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

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

7000 1 Yes
 2 No - Skip to 2a

1b. What happened?
 (Mark (X) all that apply.)

7005 1 Earthquake
 2 Tornado, hurricane, etc.
 * 3 Landslide
 4 Lightning or fire
 5 Flood
 6 Other - Specify ↘

1c. What major repairs (were made/are being made)?

_____ } →

(Ask across if repair(s) entered)

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

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

7010 1 Yes - Ask 2b
 2 No - Skip to item 73a(3a), page 18

2b. What kind of rooms were created?
 (Mark (X) all that apply.)

7015 1 Bathroom →

7020 2 Bedroom →

7025 3 Kitchen →

7030 4 Recreation room →

7035 5 Other inside - Specify ↘

_____ →

(Ask across for each box marked)

REGULAR OCCUPIED - Continued

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

REGULAR OCCUPIED - Continued

73a

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

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

3b. What was added?

(Mark (X) all that apply.)

7135 1 Bathroom _____ →

7140 2 Kitchen _____ →

7145 3 Bedroom _____ →

7150 4 Other inside _____ →

(Ask across for each box marked)

3c. Check Item - (See item 23)

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

3d. Was anything (else) built onto the outside of your home, such as an attached garage, carport, deck, or porch?

Yes - **What was built?**

Was it added or replaced?

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

No - Skip to 4a

7155 Attached garage
* 1 Added } _____ →
2 Replaced }

7160 Porch
* 1 Added } _____ →
2 Replaced }

7165 Deck
* 1 Added } _____ →
2 Replaced }

7170 Carport
* 1 Added } _____ →
2 Replaced }

7175 Other outside
* 1 Added } _____ →
2 Replaced }

(Ask across for each box marked)

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

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

4b. Which rooms?

(Mark (X) all that apply.)

- 7185 1 Bathroom(s)
* 2 Kitchen

Notes

REGULAR OCCUPIED - Continued

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

Notes

REGULAR OCCUPIED - Continued

73a

(Ask if "Bathroom" marked in 4b)

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

(Mark (X) all that apply.)

- 7325 1 Move walls _____ →
- 7330 1 Add or replace cabinets _____ →
- 7335 1 Add or replace flooring _____ →
- 7340 1 Add or replace counter tops _____ →
- 7345 1 Add or replace toilet _____ →
- 7350 1 Add or replace tub/shower _____ →
- 7355 1 Add or replace sink _____ →
- 7360 1 Lighting fixtures _____ →
- 7365 1 Other electrical _____ →
- 7370 1 Paint, paper, wall tiles _____ →

(Ask across for each box marked)

(Ask if "Kitchen" marked in 4b)

4d. What was done to the KITCHEN?

(Mark (X) all that apply.)

- 7375 1 Move walls _____ →
- 7380 1 Add or replace cabinets _____ →
- 7385 1 Add or replace flooring _____ →
- 7390 1 Add or replace counter tops _____ →
- 7395 1 Add or replace other built-in appliances _____ →
- 7400 1 Add or replace sink _____ →
- 7405 1 Lighting fixtures _____ →
- 7410 1 Other electrical _____ →
- 7415 1 Paint, paper, wall tiles _____ →

(Ask across for each box marked)

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

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

5b. What rooms resulted?

(Mark (X) all that apply.)

- 7425 1 Bedrooms _____ →
- 7430 2 Other - Specify _____ →

(Ask across for each box marked)

REGULAR OCCUPIED - Continued

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

73a

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

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

Have you added or replaced —

<p>6a. a roof over your entire home?</p>	<p>7750 1 <input type="checkbox"/> Yes _____ 2 <input type="checkbox"/> No - Ask 6b1</p>
<p>6b1. siding?</p>	<p>7755 1 <input type="checkbox"/> Yes - Ask 6b2 2 <input type="checkbox"/> No - Skip to 6c1</p>
<p>6b2. Did you replace or cover existing siding, or install it where none was before? <i>(Mark (X) all that apply.)</i></p> <p><i>(Ask if "replaced or covered" marked in 6b2)</i></p>	<p>7760 1 <input type="checkbox"/> Installed/added _____ * 2 <input type="checkbox"/> Replaced/covered - Ask 6b3</p>
<p>6b3. Did you replace or cover ALL of the existing siding?</p>	<p>7765 1 <input type="checkbox"/> Yes } _____ 2 <input type="checkbox"/> No }</p>
<p>6c1. interior water pipes?</p>	<p>7770 1 <input type="checkbox"/> Yes - Ask 6c2 2 <input type="checkbox"/> No - Skip to 6d1</p>
<p>6c2. Did you add pipes, or replace existing ones? <i>(Mark (X) all that apply.)</i></p> <p><i>(Ask if "replaced" marked in 6c2)</i></p>	<p>7775 1 <input type="checkbox"/> Added _____ * 2 <input type="checkbox"/> Replaced - Ask 6c3</p>
<p>6c3. Did you replace ALL your home's interior water pipes?</p>	<p>7780 1 <input type="checkbox"/> Yes } _____ 2 <input type="checkbox"/> No }</p>
<p>6d1. electrical wiring?</p>	<p>7785 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to 6e1</p>
<p>6d2. Did you add wiring or replace existing wiring? <i>(Mark (X) all that apply.)</i></p> <p><i>(Ask if "replaced" marked)</i></p>	<p>7790 1 <input type="checkbox"/> Added _____ * 2 <input type="checkbox"/> Replaced - Ask 6d3</p>
<p>6d3. Did you COMPLETELY rewire your home?</p>	<p>7795 1 <input type="checkbox"/> Yes _____ 2 <input type="checkbox"/> No - Skip to 6e1</p>
<p>6e1. fuse boxes or breaker switches?</p>	<p>7800 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to 73a(6f1), page 24</p>
<p>6e2. Were these additions or replacements? <i>(Mark (X) all that apply.)</i></p>	<p>7805 1 <input type="checkbox"/> Additions } _____ * 2 <input type="checkbox"/> Replacements }</p>

Notes

REGULAR OCCUPIED - Continued

73b	73c	73d
<p>In what month and year was the . . . (Specify work reported) completed?</p>	<p><i>Ask only for work done in last 2 years.</i></p> <p>Did someone in your household do most of the work?</p>	<p><i>Ask only for work done in the last 2 years.</i></p> <p>How much did the entire . . . (Specify work reported) job cost, including your costs and any amount covered by insurance (- - - /not counting your time)? (Enter "1" for jobs whose cost was reported with other work.)</p>
<p>7810 Month Year <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">9</div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> </p>	<p>7815 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>7820 \$ _____ . 00</p>
<p>7825 Month Year <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">9</div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> </p>	<p>7830 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>7835 \$ _____ . 00</p>
<p>7840 Month Year <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">9</div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> </p>	<p>7845 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>7850 \$ _____ . 00</p>
<p>7855 Month Year <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">9</div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> </p>	<p>7860 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>7865 \$ _____ . 00</p>
<p>7870 Month Year <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">9</div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> </p>	<p>7875 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>7880 \$ _____ . 00</p>
<p>7885 Month Year <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">9</div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> </p>	<p>7890 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>7895 \$ _____ . 00</p>
<p>7900 Month Year <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">9</div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> </p>	<p>7905 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>7910 \$ _____ . 00</p>
<p>7915 Month Year <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">9</div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> </p>	<p>7920 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>7925 \$ _____ . 00</p>

Notes

REGULAR OCCUPIED - Continued

73a

In the past 2 years, have you added or replaced —

6f1. doors or windows?

- 7930 1 Yes
2 No - Skip to 6g1

6f2. Were these additions or replacements?

(Mark (X) all that apply.)

7935 1 Additions →

7940 2 Replacements →

(Ask across for each box marked)

6g1. plumbing fixtures, such as sinks or bathtubs?

- 7945 1 Yes
2 No - Skip to 6h1

6g2. Were these additions or replacements?

(Mark (X) all that apply.)

7950 1 Additions →

7955 2 Replacements →

(Ask across for each box marked)

6h1. insulation?

- 7960 1 Yes
2 No - Skip to item 73a(7a), page 26

6h2. Did you add insulation or replace existing insulation?

(Mark (X) all that apply.)

7965 1 Added →

7970 2 Replaced →

(Ask across for each box marked)

Notes

REGULAR OCCUPIED - Continued

73b	73c	73d
<p>In what month and year was the . . . (Specify work reported) completed?</p>	<p><i>Ask only for work done in last 2 years.</i></p> <p>Did someone in your household do most of the work?</p>	<p><i>Ask only for work done in the last 2 years.</i></p> <p>How much did the entire . . . (Specify work reported) job cost, including your costs and any amount covered by insurance (- - -/not counting your time)? (Enter "1" for jobs whose cost was reported with other work.)</p>
<p>Month Year</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>7975 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Month Year</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>7990 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>7980 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>7995 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>7985 \$ _____ . <input type="text"/> <input type="text"/></p> <p>8000 \$ _____ . <input type="text"/> <input type="text"/></p>
<p>Month Year</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>8005 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Month Year</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>8020 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>8010 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>8025 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>8015 \$ _____ . <input type="text"/> <input type="text"/></p> <p>8030 \$ _____ . <input type="text"/> <input type="text"/></p>
<p>Month Year</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>8035 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Month Year</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>8050 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>8040 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>8055 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>8045 \$ _____ . <input type="text"/> <input type="text"/></p> <p>8060 \$ _____ . <input type="text"/> <input type="text"/></p>

Notes

REGULAR OCCUPIED - Continued

73a

In the last 2 years, have you installed any —

7a. wall-to-wall carpeting?

- 8065 1 Yes
2 No - Skip to 8a

7b. Did you replace existing wall-to-wall carpeting or add it where none was before?

(Mark (X) all that apply.)

(Ask if "added" marked)

- 8070 1 Added
2 Replaced - Skip to 8a
*

7c. Was that added over bare sub-flooring, such as concrete or unfinished wood, or was that over a finished floor?

(Mark (X) all that apply.)

- 8080 1 Added over sub-flooring ->
8085 2 Added over finished floor ->
(Ask across for each box marked)

8a. flooring such as wood, tile, marble or vinyl?

- 8090 1 Yes
2 No - Skip to 9a

8b. Did that replace an existing, finished floor, or was that put down over bare sub-flooring, such as concrete or unfinished wood?

(Mark (X) all that apply.)

(Ask if "replaced" marked)

- 8095 1 Put down over sub-flooring
2 Replaced - Ask 8c
*

8c. Was the floor replaced with the same type of material, or something different?

(Mark (X) all that apply.)

- 8100 1 Same
2 Different } ->
*

9a. panelling or ceiling tiles?

- 8105 1 Yes
2 No - Skip to item 73a(10), page 28

9b. Did this replace existing materials, or was it put up where none was before?

(Mark (X) all that apply.)

- 8110 1 Put up new ->
8115 2 Replaced ->
(Ask across for each box marked)

Notes

REGULAR OCCUPIED - Continued

73b	73c	73d
In what month and year was the . . . (Specify work reported) completed?	Ask only for work done in last 2 years. Did someone in your household do most of the work?	Ask only for work done in the last 2 years. How much did the entire . . . (Specify work reported) job cost, including your costs and any amount covered by insurance (- - - /not counting your time)? (Enter "1" for jobs whose cost was reported with other work.)
8120 Month Year □□ 1 9 □□ 8135 Month Year □□ 1 9 □□	8125 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 8140 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	8130 \$ _____ . 00 8145 \$ _____ . 00
8150 Month Year □□ 1 9 □□	8155 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	8160 \$ _____ . 00
8165 Month Year □□ 1 9 □□	8170 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	8175 \$ _____ . 00
8180 Month Year □□ 1 9 □□ 8195 Month Year □□ 1 9 □□	8185 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 8200 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	8190 \$ _____ . 00 8205 \$ _____ . 00

Notes

REGULAR OCCUPIED - Continued

73a

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

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

In the last 2 years have you added or replaced —

<p>10a1. CENTRAL air conditioning?</p>	<p>8210 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>Skip to 10b1</i></p>
<p>10a2. Did this replace old room units, a CENTRAL air conditioner, or did you not have air conditioning?</p>	<p>8215 1 <input type="checkbox"/> Replaced old room units 2 <input type="checkbox"/> Replaced CENTRAL 3 <input type="checkbox"/> No previous air conditioner } →</p>
<p>10b1. built-in-heating equipment, such as a furnace, boiler, duct work, or radiators?</p>	<p>8220 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>Skip to 10c1</i></p>
<p>10b2. Did this replace old equipment?</p>	<p>8225 1 <input type="checkbox"/> Yes, replaced – <i>Ask to 10b3</i> 2 <input type="checkbox"/> No, added →</p>
<p><i>(Ask if "replaced" marked)</i></p> <p>10b3. What kind of equipment was installed?</p>	<p>8230 1 <input type="checkbox"/> Furnace, heat pump or boiler 2 <input type="checkbox"/> Any other equipment } →</p>
<p>10c1. septic tank?</p>	<p>8235 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>Skip to 10d1</i></p>
<p>10c2. Did this replace another septic tank, or was it added?</p>	<p>8240 1 <input type="checkbox"/> Yes, replaced 2 <input type="checkbox"/> No, added } →</p>
<p>10d1. a water heater?</p>	<p>8245 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>Skip to 10e1</i></p>
<p>10d2. Did this replace old equipment?</p>	<p>8250 1 <input type="checkbox"/> Yes, replaced 2 <input type="checkbox"/> No, added } →</p>
<p>10e1. a dishwasher?</p>	<p>8255 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>Skip to 10f1</i></p>
<p>10e2. Did this replace old equipment?</p>	<p>8260 1 <input type="checkbox"/> Yes, replaced 2 <input type="checkbox"/> No, added } →</p>
<p>10f1. a garbage disposal?</p>	<p>8265 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>Skip to 73a(11a), page 30</i></p>
<p>10f2. Did this replace old equipment?</p>	<p>8270 1 <input type="checkbox"/> Yes, replaced 2 <input type="checkbox"/> No, added } →</p>

Notes

REGULAR OCCUPIED - Continued

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

Notes

REGULAR OCCUPIED - Continued

73a

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

(Do not count painting or decorating)

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

8380 1 Yes
2 No - Skip to 11c

11b. What was the job?

Job 1

Job 2

Job 3

(Ask across for each job entered)

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

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

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

12a. driveways or walkways?

8385 1 Yes No
2 No - Ask 12b

12b. fencing or walls?

8390 1 Yes No
2 No - Ask 12c

12c. a patio, terrace, or a detached deck?

8395 1 Yes No
2 No - Ask 12d

12d. a swimming pool, tennis court, or other recreational structure?

8400 1 Yes No
2 No - Ask 12e

12e. a shed, detached garage, or other building?

8405 1 Yes No
2 No - Ask 13a

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

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

13b. What was the job?

Job 1

Job 2

Job 3

(Ask across for each job entered)

REGULAR OCCUPIED - Continued

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

REGULAR OCCUPIED - Continued

74. Check Item (See item 73a.)
 One or more jobs reported in item 73 - Ask item 75
 No jobs reported in item 73 - Skip to item 76

75. Did the household get a low interest loan or grant from a government program to help pay for making any of these repairs or alterations to your home? ~ 6 11 ↓
 2830 1 Yes
 2 No

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

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

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

79a. Excluding the dealer's lot, is this the first site on which this mobile home was placed?
 2900 1 Yes, first site
 2 No, moved from another site
 3 Don't know

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

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

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

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

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

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

REGULAR OCCUPIED - Continued

<p>82a. When did this household buy the (house/apartment)? <i>(If land and building bought at different times, building only)</i></p>	<p>2930 <input style="width:30px;" type="text" value="1"/> <input style="width:30px;" type="text" value="9"/> <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> Year - <i>Skip to item 82c</i></p> <p>2930 1 <input type="checkbox"/> Owner built it or had it built - <i>Skip to item 82c</i> 2 <input type="checkbox"/> Received as inheritance or gift</p>
<p>b. In what year did this household (inherit/receive) the home?</p>	<p>2940 <input style="width:30px;" type="text" value="1"/> <input style="width:30px;" type="text" value="9"/> <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> Year - <i>Skip to item 82e</i></p>
<p>c. What was the price? <i>(Exclude closing costs.)</i> <i>(For mobile homes, exclude value of the land.)</i></p>	<p>2950 \$ <input style="width:100px;" type="text"/> . <input style="width:30px;" type="text" value="00"/></p>
<p>d. Was the main source of the down payment the sale of a previous home, savings, or something else? <i>(If bought outright, enter main source of full payment.)</i></p>	<p>2960 1 <input type="checkbox"/> Sale of previous home if sold during 12 months prior to purchase of new home - <i>Skip to item 83a</i> 2 <input type="checkbox"/> Savings or cash on hand 3 <input type="checkbox"/> Sale of other investment 4 <input type="checkbox"/> Borrowing, other than a mortgage on this property 5 <input type="checkbox"/> Inheritance or gift 6 <input type="checkbox"/> Land where building was built used for financing 7 <input type="checkbox"/> Other - <i>Specify</i> <input checked="" type="checkbox"/> 8 <input type="checkbox"/> No down payment made</p>
<p>e. (Have any of the owners now living here/Have you) ever owned a home before?</p>	<p>2970 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>

<p>83a. Check Item <i>(See item 25a, page 2.)</i> <input type="checkbox"/> Condominium or cooperative - <i>Skip to item 87a, page 34</i> <input type="checkbox"/> Not a condominium or cooperative - <i>Go to item 83b</i></p>	
<p>b. Check Item <i>(See item 23, page 2.)</i> <input type="checkbox"/> One-unit building - <i>Ask item 84a</i> <input type="checkbox"/> One-unit mobile home - <i>Skip to item 88a, page 34</i> <input type="checkbox"/> Two-or-more-unit building or two-or-more-unit mobile home - <i>Skip to item 86e, page 34</i></p>	

<p>84a. How large is the (lot/site)? <i>(Include all connecting land that is owned or that is rented with the home.)</i> <i>(If over 1 acre, drop any fractions, don't round up. If under one acre, convert to approximate square feet.)</i></p> <p>One-eighth acre = 5500 sq. ft. Quarter acre = 11000 sq. ft. One-third acre = 14000 sq. ft. Half acre = 22000 sq. ft. Three-quarters acre = 33000 sq. ft. One acre = 44000 sq. ft.</p> <p>MARK OR ASK -</p>	<p>2980 <input style="width:100px;" type="text"/> Square feet</p> <p align="center">OR</p> <p>2990 <input style="width:30px;" type="text"/> Feet by 3000 <input style="width:30px;" type="text"/> feet</p> <p align="center">OR</p> <p>3010 <input style="width:30px;" type="text"/> Whole acres 0 <input type="checkbox"/> Don't know - <i>Ask item 84b</i></p>
<p>b. Is it more than 10 acres?</p>	<p>3020 1 <input type="checkbox"/> Yes - <i>Skip to item 86a, page 34</i> 2 <input type="checkbox"/> No</p>
<p>c. Is there a commercial establishment on the property?</p>	<p>3030 1 <input type="checkbox"/> Yes - <i>Skip to item 85a</i> 2 <input type="checkbox"/> No</p>
<p>d. Is there a medical or dental office on the property?</p>	<p>3040 1 <input type="checkbox"/> Yes - <i>Skip to item 85b</i> 2 <input type="checkbox"/> No</p>
<p>e. How much do you think the house and lot would sell for on today's market?</p>	<p>3100 \$ <input style="width:100px;" type="text"/> . <input style="width:30px;" type="text" value="00"/> <i>Skip to item 89a, page 34</i></p>

<p>85a. Is there a medical or dental office on the property?</p>	<p>3040 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>b. How much do you think the house, (business/medical office) and lot would sell for on today's market?</p>	<p>3080 \$ <input style="width:100px;" type="text"/> . <input style="width:30px;" type="text" value="00"/></p>
<p>c. What is the value of the residential portion of this property?</p>	<p>3100 \$ <input style="width:100px;" type="text"/> . <input style="width:30px;" type="text" value="00"/> <i>Skip to item 89a, page 34</i></p>

REGULAR OCCUPIED - Continued

86a. Is there a commercial establishment on the property? 3030 1 Yes
2 No

b. Is there a medical or dental office on the property? 3040 1 Yes
2 No

c. How much do you think the house and (Acreage from item 84a/all the land) would sell for on today's market? 3080 \$ _____ . 00

d. How much do you think the house and its (lot/yard) would sell for on today's market? 3100 \$ _____ . 00 *Skip to item 89a*

e. Is there a commercial establishment on the property? 3030 1 Yes
2 No

f. Is there a medical or dental office on the property? 3040 1 Yes
2 No

g. How much do you think the entire building and property would sell for on today's market? 3080 \$ _____ . 00

h. How much of that would apply to the apartment only? 3100 \$ _____ . 00 *Skip to item 89a*

87a. Is there a commercial establishment on the property? 3030 1 Yes
2 No

b. Is there a medical or dental office on the property? 3040 1 Yes
2 No

c. How much do you think the apartment would sell for on today's market? 3100 \$ _____ . 00 *Skip to item 89a*

88a. How large is the (lot/site)? 2980 _____ Square feet

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

OR

(If over 1 acre, drop any fractions, don't round up. If under one acre, convert to approximate square feet.) 2990 _____ Feet by

3000 _____ feet

OR

3010 _____ Whole acres

0 Don't know - Ask item 88b

MARK OR ASK - 3020 1 Yes
2 No

b. Is it more than 10 acres? 3020 1 Yes
2 No

c. Is there a commercial establishment on the property? 3030 1 Yes
2 No

d. Is there a medical or dental office on the property? 3040 1 Yes
2 No

e. How much do you think the mobile home would sell for on today's market? 3100 \$ _____ . 00
(Do not include the value of the land.)

f. Do you own the land? 3140 1 Yes
2 No - Skip to item 89a

g. How much do you think the land would sell for on today's market? 3150 \$ _____ . 00

89a. Is a garage or carport included with your home? ~ 6 11 ↓
2520 1 Yes - Skip to item 90, page 35
2 No

b. Is an offstreet parking space included? 2530 1 Yes
2 No

REGULAR OCCUPIED – Continued

90. Is the ownership of the (house/apartment) shared with anyone NOT living here? 3180 1 Yes
2 No

91. Does anyone not living here pay some of the mortgage or utility costs? 3190 1 Yes
2 No

The next questions are about mortgages or other loans, that are secured by the property. You may check your records if you wish.

92. Is there a mortgage, a Home Equity Loan, or other type of loan on this (house/apartment)? 3200 1 Yes
2 No – (If response to item 91 was "Yes" probe to see if there is a mortgage.)
Skip to item 98a, page 38

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

93. Did you get your mortgage through a State or local government program that provides lower cost mortgages? 3210 1 Yes
2 No

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

Respondent is an owner or owner's spouse – Ask item 95a

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

95a. How many mortgages are there now on the home/property? 3220 _____ Number of mortgages

b. (Are any of these/Is this) a home equity loan? 3225 1 Yes
2 No } Go to 96a, page 36

Notes

REGULAR OCCUPIED - Continued

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

REGULAR OCCUPIED - Continued

	FIRST (MORTGAGE/LOAN)	SECOND (MORTGAGE/LOAN)	
96n. Is the mortgage an FHA, a VA, a Farmer's Home Administration, or some other type?	~ 6 18 ↓	~ 6 19 ↓	
	3430 1 <input type="checkbox"/> FHA (Federal Housing Administration) } <i>Skip to item 96q</i> 2 <input type="checkbox"/> VA (Veterans' Administration) } 3 <input type="checkbox"/> Farmer's Home Administration - <i>Go to Item 96s</i> 4 <input type="checkbox"/> Some other type 5 <input type="checkbox"/> Don't know	3430 1 <input type="checkbox"/> FHA (Federal Housing Administration) } <i>Skip to item 96q</i> 2 <input type="checkbox"/> VA (Veterans' Administration) } 3 <input type="checkbox"/> Farmer's Home Administration - <i>Go to Item 96s</i> 4 <input type="checkbox"/> Some other type 5 <input type="checkbox"/> Don't know	
	o. Did you borrow the money from a bank or other organization, OR did you borrow it from an individual?	3440 1 <input type="checkbox"/> Bank or other organization - <i>Skip to item 96q</i> 2 <input type="checkbox"/> Individual	3440 1 <input type="checkbox"/> Bank or other organization - <i>Skip to item 96q</i> 2 <input type="checkbox"/> Individual
	p. Was that the former owner of the home?	3450 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	3450 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
	q. Are the payments on this loan the same during the whole length of the mortgage?	3460 1 <input type="checkbox"/> Yes - <i>Skip to item 96s</i> 2 <input type="checkbox"/> No	3460 1 <input type="checkbox"/> Yes - <i>Skip to item 96s</i> 2 <input type="checkbox"/> No
r. How do they change? <i>(Mark (X) all that apply.)</i>	3470 1 <input type="checkbox"/> Change in taxes or insurance, or due to decline in principle balance — * Do they change for any other reason? <input type="checkbox"/> Yes - <i>Mark box 2, 3, 4, 5 and/or 7</i> <input type="checkbox"/> No - <i>Go to item 96s</i> 2 <input type="checkbox"/> Change based on interest rates 3 <input type="checkbox"/> Rise at fixed schedule during part of loan 4 <input type="checkbox"/> Rise at fixed schedule during whole length of loan 5 <input type="checkbox"/> Last payment biggest 7 <input type="checkbox"/> Other - <i>Specify</i> ↘ _____ <i>(If box 5 marked above, ask) -</i> Of the total amount you borrowed, what percentage will have to be paid off in this last payment? ↘	3470 1 <input type="checkbox"/> Change in taxes or insurance, or due to decline in principle balance — * Do they change for any other reason? <input type="checkbox"/> Yes - <i>Mark box 2, 3, 4, 5 and/or 7</i> <input type="checkbox"/> No - <i>Go to item 96s</i> 2 <input type="checkbox"/> Change based on interest rates 3 <input type="checkbox"/> Rise at fixed schedule during part of loan 4 <input type="checkbox"/> Rise at fixed schedule during whole length of loan 5 <input type="checkbox"/> Last payment biggest 7 <input type="checkbox"/> Other - <i>Specify</i> ↘ _____ <i>(If box 5 marked above, ask) -</i> Of the total amount you borrowed, what percentage will have to be paid off in this last payment? ↘	
s. Check Item (See item 95a, page 35.)	3480 <input type="checkbox"/> One mortgage - <i>Skip to item 98a, page 38</i> <input type="checkbox"/> Two or more mortgages - <i>Go back to item 96a</i>	3480 <input type="checkbox"/> Only two mortgages - <i>Skip to item 98a, page 38</i> <input type="checkbox"/> Three or more mortgages - <i>Ask item 97a</i>	

97a. For the (third mortgage/other mortgages), how much did you borrow?	~ 6 11 ↓	
	3490 \$ _____ . 00	
b. What is your current monthly payment for the (third mortgage/other mortgages)?		
	3500 \$ _____ . 00	

Notes

REGULAR OCCUPIED - Continued

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

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

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

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

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

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

3520 \$ _____ . 00

(Exclude taxes past due from other years.)

(Subtract any rebates.)

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

3524 1 Yes
2 No - Skip to item 100a

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

3526 \$ _____ . 00

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

3570 1 Yes
2 No - Skip to item 109a, page 40

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

3580 _____ Times per year
12 Monthly

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

3590 \$ _____ . 00 - Skip to item 109a, page 40

101a. On the mobile home (- - - /and its lot) last year, what was the total cost of -

property and real estate taxes, registration fees, and license fees?

3520 \$ _____ . 00

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

(Exclude taxes past due from other years.)

(Subtract any rebates.)

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

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

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

3526 \$ _____ . 00

Notes

REGULAR OCCUPIED - Continued

102a. Check Item (See item 88f, page 34.)
 Land is owned - Skip to item 102f
 Land is NOT owned - Go to item 102b

b. Check Item (See item 92, page 35.)
 Yes, mortgage - Ask item 102c
 No mortgage - Skip to item 102d

c. Earlier you told me you do not own the land. Do you pay separate rent for the land? ~ 6 11 v
2511 1 Yes
 2 No - Skip to item 102f

d. How many times a year is the land rent due?
2512 _____ Times per year
 12 Monthly

e. What is the cost each . . . (Billing period)?
2513 \$ _____ . 00
 0 No cash rent
 9997 Included in mobile home park fee or association fee

f. (- - - /In addition to the land rent), do you pay any (- - - /additional) mobile home park fee?
3550 1 Yes
 2 No - Skip to item 102i

g. How many times a year is the fee due?
3555 _____ Times per year
 12 Monthly

h. What is the average cost each . . . (Billing period)?
3600 \$ _____ . 00

i. Are there (any/any other) required fees for utility hookups, mobile home association fees, and so forth? ~ 6 11 v
2517 1 Yes
 2 No - Skip to item 109a, page 40

j. How many times a year are the fees due?
2518 _____ Times per year
 12 Monthly

k. What is the average cost each . . . (Billing period) for those fees?
2519 \$ _____ . 00 - Skip to item 109a, page 40

103a. What were the real estate taxes last year for this home and its land?
(Include all connecting owned land. If multi-unit building, estimate share for sample unit. Include school taxes, special assessments, and any other real estate taxes.)
(Exclude taxes past due from other years.)
(Subtract any rebates.)
3520 \$ _____ . 00

b. Did you receive a real estate property tax rebate last year?
3524 1 Yes
 2 No - Skip to item 105a

c. What was the amount of the property tax rebate?
3526 \$ _____ . 00

104. WASHINGTON USE ONLY

105a. Is there a required homeowner's association fee?
3570 1 Yes
 2 No - Skip to item 106

b. How many times a year is the fee due?
3580 _____ Times per year
 12 Monthly

c. What is the average cost each . . . (Billing period)?
3590 \$ _____ . 00 - Skip to item 109a, page 40

106. In some parts of the country people own their homes but rent the land.
 Do you pay rent for the land?
3610 1 Yes
 2 No - Skip to item 109a, page 40

REGULAR OCCUPIED - Continued

107. Check Item (See item 92, page 35.)
 Yes, mortgage - Ask item 108a
 No mortgage - Skip to item 108b

108a. Is the land rent included with the mortgage payment? 3620 1 Yes - Skip to item 109a
 2 No

b. How many times a year is the land rent due? 3630 _____ Times per year
 12 Monthly

c. What does it cost each time? 3640 \$ _____ . 00

109a. Does this household have (homeowner's/household property) insurance? 3650 1 Yes
 2 No - Skip to item 110

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

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

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

a. (1) Do you have any records available showing your costs for electricity, SEPARATE FROM OTHER UTILITIES? 3650
 Yes - Ask item 110a(2)
 No - Skip to item 110a(4)
(Mark "No" if records available, but separate costs not shown.)

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

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

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

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

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

b. (1) Do you use gas? 3700 Yes
 1 No - Skip to item 110d, page 41

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

c. (1) Do you have any records available showing your costs for gas, SEPARATE FROM OTHER UTILITIES? 3700
 Yes - Ask item 110c(2)
 No - Skip to item 110c(4), page 41
(Mark "No" if records available, but separate costs not shown.)

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

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

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

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

REGULAR OCCUPIED - Continued

110c. (4) In the past 12 months what was the average MONTHLY cost for gas?

(1)

3690 \$ _____ . 00 **OR** →
 (Average MONTHLY cost)

OR -

3700 2 Included in rent, site rent, condominium, or other fee, etc
 3 Obtained free

(2)

Billed with -
 (Mark (X) all that apply.)

3710 *
 1 Electricity
 2 Fuel oil
 3 Other fuel
 4 Garbage and trash
 5 Water and sewage

(If "All electric home," mark the "Not used" box without asking.)

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

3730 \$ _____ . 00 **OR** →
 (ANNUAL cost)

OR -

3740 1 Not used
 2 Included in rent, site rent, condominium, or other fee, etc
 3 Obtained free

(2)

Billed with -
 (Mark (X) all that apply.)

3750 *
 1 Electricity
 2 Gas
 3 Other fuel
 4 Garbage and trash
 5 Water and sewage

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

3760 \$ _____ . 00 **OR** →
 (ANNUAL cost)

OR -

3770 1 Not used
 2 Included in rent, site rent, condominium, or other fee, etc
 3 Obtained free

(2)

Billed with -
 (Mark (X) all that apply.)

3780 *
 1 Electricity
 2 Gas
 3 Fuel oil
 4 Garbage and trash
 5 Water and sewage

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

3790 \$ _____ . 00 **OR** →
 (ANNUAL cost)

OR -

3800 1 Not used
 2 Included in rent, site rent, condominium, or other fee, etc
 3 Obtained free

(2)

Billed with -
 (Mark (X) all that apply.)

3810 *
 1 Electricity
 2 Gas
 3 Fuel oil
 4 Other fuel
 5 Water and sewage

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

3820 \$ _____ . 00 **OR** →
 (ANNUAL cost)

OR -

3830 2 Included in rent, site rent, condominium, or other fee, etc
 3 Obtained free

(2)

Billed with -
 (Mark (X) all that apply.)

3840 *
 1 Electricity
 2 Gas
 3 Fuel oil
 4 Other fuel
 5 Garbage and trash

Notes

REGULAR OCCUPIED - Continued

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

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

112. Check Item - (See Control Card item 13, 14, and 18.)
 Nonrelative household members age 14+ in household - Ask item 113
 All other - Skip to item 114.

113. The following questions are about who in the household shares housing costs.

Enter line number(s) of nonrelative household members age 14+ ~ 6 20 ↓ ~ 6 21 ↓ ~ 6 22 ↓ ~ 6 23 ↓

	~ 6 20 ↓	~ 6 21 ↓	~ 6 22 ↓	~ 6 23 ↓
a. Does . . . pay any rent or any other housing costs to stay here? <i>Housing costs include the rent or mortgage payments, utilities, maintenance or other housing related costs.)</i>	3880 Line number <input type="checkbox"/> <input type="checkbox"/>	3880 Line number <input type="checkbox"/> <input type="checkbox"/>	3880 Line number <input type="checkbox"/> <input type="checkbox"/>	3880 Line number <input type="checkbox"/> <input type="checkbox"/>
	3890 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to 113d	3890 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to 113d	3890 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to 113d	3890 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to 113d
b. What is . . . 's share?	3910 \$ _____ .00 Average per month	3910 \$ _____ .00 Average per month	3910 \$ _____ .00 Average per month	3910 \$ _____ .00 Average per month
	3915 OR _____ % of total cost per month	3915 OR _____ % of total cost per month	3915 OR _____ % of total cost per month	3915 OR _____ % of total cost per month
c. Does that include food?	3920 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	3920 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	3920 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	3920 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<i>Mark or ask</i>	3925	3925	3925	3925
d. Is . . . an employee of the household?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
e.	Go to next nonrelative; if none, go to item 114.	Go to next nonrelative; if none, go to item 114.	Go to next nonrelative; if none, go to item 114.	Go to next nonrelative; if none, go to item 114.

114. (Enter line number for reference person and all household members ages 14+ RELATED TO REFERENCE PERSON by blood, marriage, or adoption.) ~ 6 24 ↓

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

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

	Line number	Amount
3940	<input type="checkbox"/> <input type="checkbox"/>	3950 \$ _____ .00 <input type="checkbox"/> None
3960	<input type="checkbox"/> <input type="checkbox"/>	3970 \$ _____ .00 <input type="checkbox"/> None
3980	<input type="checkbox"/> <input type="checkbox"/>	3990 \$ _____ .00 <input type="checkbox"/> None
4000	<input type="checkbox"/> <input type="checkbox"/>	4010 \$ _____ .00 <input type="checkbox"/> None
4020	<input type="checkbox"/> <input type="checkbox"/>	4030 \$ _____ .00 <input type="checkbox"/> None
4040	<input type="checkbox"/> <input type="checkbox"/>	4050 \$ _____ .00 <input type="checkbox"/> None
4060	<input type="checkbox"/> <input type="checkbox"/>	4070 \$ _____ .00 <input type="checkbox"/> None
4080	<input type="checkbox"/> <input type="checkbox"/>	4090 \$ _____ .00 <input type="checkbox"/> None
4100	<input type="checkbox"/> <input type="checkbox"/>	4110 \$ _____ .00 <input type="checkbox"/> None
4120	<input type="checkbox"/> <input type="checkbox"/>	4130 \$ _____ .00 <input type="checkbox"/> None

REGULAR OCCUPIED - Continued

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

~ 6 11 ↓

(Specify names for line numbers in item 114) —

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

If all "No," skip to item 115c

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

4230 \$ _____ . 00

OR

Total income after deducting expenses and losses

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

4240 \$ _____ . 00

OR

Amount of total net loss

0 None or broke even

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

4242

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

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

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

4244

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

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

4246 \$ _____ . 00

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

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

Notes

REGULAR OCCUPIED - Continued

117a. Was (your/their) total income over \$25,000?

4250 1 Yes - *Skip to item 118a*
 2 No

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

4260 1 Yes
 2 No

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

(1) Savings?

4270 1 Yes 2 No

(2) Investments in a farm or business?

4280 1 Yes 2 No

(3) Other investments?

(Exclude THIS home.)

4290 1 Yes 2 No

If all "No," skip to item 118a

d. Is the total amount of savings and investments over \$25,000?

4300 1 Yes
 2 No

118a. Check Item (See Control Card item 8b.)

- Owned - Skip to item 123a, page 45
- Rented or no cash rent - Go to item 118b

b. Check Item (See item 23, page 2.)

- One-unit building or one-unit mobile home - Skip to item 119b
- Two-or-more-unit building or two-or-more-unit mobile home - Ask item 119a

119a. Does either the owner or a resident manager live in this (building/complex)?

(Exclude staff who do only maintenance.)

4400 1 Yes
 2 No

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

If don't know, ask —

Where do you send your rent?

~ 8 17 ↓

Name (Please print)

[Grid for Name]

Address (Number, Street)

[Grid for Address]

City

[Grid for City]

State

[Grid for State]

ZIP Code

[Grid for ZIP Code]

Title

- 1 Owner
- 2 Other

Location

- 1 Home
- 2 Office

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

Area code, number, extension

[Grid for Telephone Number]

- 1 Home
- 2 Business

d. INSTRUCTION - GO TO ITEM 123a, page 45

120-122. WASHINGTON USE ONLY

Notes

URE INTERVIEWS

MARK OR ASK —

~ 6 61 ↓

124. Are the living quarters in a —
(Read all answer categories.)

1120

- 1 **Mobile home**
- 2 **One-unit building, detached from any other building**
- 3 **One-unit building, attached to one or more buildings — Skip to item 126a**
- 4 **Building with two or more apartments? — Skip to item 125b**

125a. Are there any occupied or vacant apartments besides this one in the (building/mobile home)?

1130

- 1 **Yes — Fill Table X on Control Card then go to item 125b**
- 2 **No — Skip to item 127 and mark box 1 or 4**

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

1140

_____ Number — *Skip to item 127 and mark box 3 or 5*

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

1150

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

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

1160

_____ Number — *If one, reask item 126a and correct entry. If more than one, skip to item 127 and mark box 3.*

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

1170

- 1 Yes
- 2 No
- 3 Don't know } *Skip to item 126e*

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

1180

_____ Number — *If one, reask item 126c and correct entry. If more than one, skip to item 127 and mark box 3.*

e. Are there any occupied or vacant apartments besides this one in this house?

1190

- 1 **Yes — Fill Table X on Control Card then go to item 126f**
- 2 **No — Skip to item 127 and mark box 2**

f. How many apartments including this one are in this house?

1200

_____ Number — *If one, reask item 126e and correct entry. If more than one, skip to item 127 and mark box 3.*

127. Check Item

Final structure type classification based on entries in items 124 – 126

1210

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

128. Is the house built —

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

1220

- 1 **With a basement under all the building?**
- 2 **With a basement under part of the building?**
- 3 **With a crawl space?**
- 4 **On a concrete slab?**
- 5 **In some other way? — Specify** _____

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

1230

- 3 No
- 2 Yes, condominium } *Skip to item 130a, page 47*
- 1 Yes, cooperative

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

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

URE INTERVIEWS - Continued

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

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

(1) Bedrooms? _____ Number
 None

(2) How many full bathrooms with hot and cold piped water, AND a sink, AND a flush toilet, AND a bathtub or shower? _____ Number
 None

(3) How many half bathrooms?
(Toilet OR bathtub OR shower) _____ Number
 None

(4) Kitchens? _____ Number
 None

(5) Living rooms? _____ Number
 None

(6) Separate dining rooms? _____ Number
 None

b. Are there any other rooms?

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

Yes
 No - Skip to item 130d

c. What are they?

(Complete all 3 parts.)

_____ Number of family rooms, dens, recreation rooms and/or libraries
 None

_____ Number of rooms that are business space with direct access to outside
 None

_____ Number of other rooms, finished or unfinished
 None

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

- 1 or 2 unit building
 - Mobile home not in park
 - 3 or more unit building or mobile home in park - Skip to item 131, page 48
- } Ask item 130e

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

Yes
 No - Skip to item 131, page 48

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

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

All mobile homes already listed

URE INTERVIEWS - Continued

131. Does the (house/apartment) have a kitchen sink? ~ 6 6 1 ↓
(Exclude sink used on a regular basis by someone living outside the unit.)

1340 1 Yes
 2 No

132. Check Item (See item 130a, page 47.)

One or more full bathrooms – Skip to item 133c
 No full bathrooms – Ask item 133a

133a. Does the (house/apartment) have a bathtub or shower for the occupants' use only? 1350

1 Yes
 2 No

b. Does the (house/apartment) have a flush toilet for the occupants' use only? 1360

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

c. (Is the bathroom/Are the bathrooms) for the occupants' use only? 1360

1 Yes, exclusive use
 2 No, shared

134a. Is all the wiring in the finished areas of the (house/apartment) concealed either in walls or metal coverings? 1390
(Exclude appliance cords, extension cords, chandelier cords, telephone, antenna, or cable TV wires.)

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

b. Does every room have an electric outlet or wall plug that works? 1400

1 Yes
 2 No

135a. Does the (house/apartment) have hot and cold piped water? 1470
(Not used on a regular basis by someone outside the unit.)

1 Yes
 2 No – Skip to item 136a, page 49

b. What fuel is used MOST to heat the water? 1480

1 Electricity
 2 Gas
 3 Fuel oil
 4 Kerosene or other liquid fuel
 5 Coal or coke
 6 Wood
 7 Solar energy
 8 Other – Specify

c. Does most of the water for the home come from a water system, either public or private, an individual well, or some other source? 1510

1 Public or private water system – Skip to item 135e
 2 Individual well – Ask item 135d
 3 Spring } *Skip to item 135e*
 4 Cistern }
 5 Stream or lake }
 6 Commercial bottled water – Skip to item 136a, page 49
 7 Other – Specify } *Skip to item 135g*

d. Is the well drilled or dug? 1530

1 Drilled
 2 Dug

e. Does the . . . (source of water) serve 15 or more homes? ~ 6 1 1 ↓

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

f. How many homes does the . . . (source of water) serve? 1520

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

g. Is the water from this . . . (source of water) safe for drinking? 1535

1 Yes
 2 No

URE INTERVIEWS - Continued

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

- 1540 1 Yes – Skip to item 137a
2 No

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

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

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

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

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

(Exclude ice boxes.)

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

- 1590 1 Yes
2 No – Skip to item 138a

b. Is it more than 5 years old?

(Age of newest if two or more)

- 1600 1 Yes
2 No

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

- 1610 1 Yes
2 No – Skip to item 139a

b. Is it more than 5 years old?

- 1620 1 Yes
2 No

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

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

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

- 1630 1 Yes – Skip to item 139c
2 No

b. Does the (house/apartment) have –

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

- 1640 1 Yes
2 No

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

- 1650 1 Yes
2 No

If both are "No," skip to item 140a, page 50

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

(Age of newest if two or more)

- 1660 1 Yes
2 No

d. What fuel is used MOST for cooking?

- 1670 1 Electricity
2 Gas
3 Kerosene or other liquid fuel
4 Coal or coke
5 Wood
6 Other – Specify _____

- 7 No fuel used

Notes

URE INTERVIEWS - Continued

140a. Does the (house/apartment) have a dishwasher?	1690 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>Skip to item 141a</i>
b. Is it more than 5 years old?	1700 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
141a. Does the (house/apartment) have a washing machine (---/in the apartment)?	1710 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>Skip to item 142a</i>
b. Is it more than 5 years old?	1720 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
142a. Does the (house/apartment) have a clothes dryer (---/in the apartment)?	1730 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>Skip to item 143a</i>
b. Is it more than 5 years old?	1740 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
c. What kind of fuel does the dryer use?	1750 1 <input type="checkbox"/> Electricity 2 <input type="checkbox"/> Gas 3 <input type="checkbox"/> Other – <i>Specify</i> _____
143a. Does the (house/apartment) have central air conditioning?	1760 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>Skip to item 143c</i>
b. What kind of fuel does it use?	1770 1 <input type="checkbox"/> Electricity 2 <input type="checkbox"/> Gas 3 <input type="checkbox"/> Other – <i>Specify</i> _____ <div style="float: right; font-size: 2em;">} <i>Skip to item 144a</i></div>
c. Does the (house/apartment) have room air conditioners?	1780 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>Skip to item 144a</i>
d. How many?	1790 _____ Number
144a. What fuel is used MOST for heating the (house/apartment)?	1800 1 <input type="checkbox"/> Electricity – <i>Skip to item 145</i> 2 <input type="checkbox"/> Gas – <i>Ask 144b</i> 3 <input type="checkbox"/> Fuel oil 4 <input type="checkbox"/> Kerosene or other liquid fuel 5 <input type="checkbox"/> Coal or coke 6 <input type="checkbox"/> Wood 7 <input type="checkbox"/> Solar energy 8 <input type="checkbox"/> Other – <i>Specify</i> _____ <div style="float: right; font-size: 2em;">} <i>Skip to item 145</i></div>
b. Is it from underground pipes or bottled gas?	1805 1 <input type="checkbox"/> Underground pipes serving the neighborhood 2 <input type="checkbox"/> Bottled gas
145. Does the (house/apartment) have a usable fireplace?	1830 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

Notes

URE INTERVIEWS – Continued

146a. PLEASE LOOK AT THIS CARD.

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

A central warm-air furnace with air vents or ducts to the individual rooms? – Ask item 146b

1840

2 **Steam or hot-water system with radiators OR other system using steam or hot water?**

3 **Electric heat pump?**

4 **Other built-in electric units permanently installed in wall, ceiling, or baseboards?**

5 **Floor, wall, or other built-in, hot-air heater without ducts?**

} Skip to item 147a

Kerosene, gas, or oil room heater(s) – Skip to item 147d

8 **Portable electric heater(s)?**

9 **Stove(s)?**

10 **Fireplace(s) WITH inserts, that is, installed equipment designed to circulate more heat into the room?**

11 **Fireplace(s) with NO inserts?**

12 **Some other type of heating equipment?** – Specify

} Skip to item 147a

13 **None?** – Skip to item 148a

MARK OR ASK

b. Is the heating fuel for the furnace electricity?

1840

Yes, electricity

1 No – Skip to item 147a

c. Is that a heat pump?

1840

3 Yes

1 No

} Skip to item 147a

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

1840

6 Yes

7 No

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

(Mark (X) all that apply.)

b. Anything else?

Yes – Mark appropriate box(es), then go to item 148a

No – Go to item 148a

1850

1 A central warm-air furnace with air vents or ducts to the individual rooms

2 Steam or hot-water system with radiators OR other system using steam or hot water

3 Electric heat pump

4 Other built-in electric units permanently installed in wall, ceiling, or baseboards

5 Floor, wall, or other built-in, hot-air heater without ducts

6 Kerosene, gas or oil room heater(s), VENTED to the outside through a chimney, flue, or pipes

1860

7 UNVENTED kerosene, gas or oil room heater(s)

8 Portable electric heater(s)

9 Stove(s)

1870

10 Fireplace(s) WITH inserts, that is, installed equipment designed to circulate more heat into the room

11 Fireplace(s) with NO inserts

12 Some other type of heating equipment – Specify

13 None – Go to item 148a

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

(Measuring at least four feet by four feet)

(Exclude if already counted as a room.)

1930

1 Yes

2 No

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

(Cracks thicker than a dime)

1940

1 Yes

2 No

URE INTERVIEWS - Continued

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

(Big enough for someone to trip in)

- 1950 1 Yes
2 No

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

(The size of a weekly magazine or standard letter)

- 1960 1 Yes
2 No

149a. WASHINGTON USE ONLY

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

Notes

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

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

2470 _____ Months (If 1 to 24 months)

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

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

- 2480 1 Yes
2 No

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

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

b. Is an offstreet parking space included?

- 2530 1 Yes
2 No

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

- 3070 1 Yes
2 No

d. Check Item (See item 149b)

- Year around - *Ask item 152*
 All other - *Skip to item 156, page 54*

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

(Read all answer categories.)

~ 6 8 1 ↓

- 2460 1 **For rent only**
2 **For rent or for sale** } *Skip to item 153a, page 53*
3 **For sale only** - *Skip to item 156, page 54*
4 **Rented, but not yet occupied by the tenants** - *Go to item 153a, page 53*
5 **Sold, but not yet occupied by the owners** }
6 **Held for occasional use throughout the year?** } *Skip to item 156, page 54*
7 **Other - Specify** ↴

Notes

URE INTERVIEWS - Continued

<p>153a. How often is the rent on the (house/apartment) due?</p>	<p>2500 _____ Times per year 12 <input type="checkbox"/> Monthly</p>
<p>b. (1) How much is the rent? <i>(If parking priced separately, exclude it here and mark "No" to items 154a-b, page 54.)</i></p>	<p>2510 \$ _____ . 00 1 <input type="checkbox"/> Rent depends on the income of the occupants, such as public housing or some military housing</p>
<p>(2) Is the (house/apartment) for vacation or other short-term use?</p>	<p>~ 6 81 ↓ 2485 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>c. Check Item (See item 127, page 46.) <input type="checkbox"/> Mobile home either one-unit or two-or-more-units – Ask 153d <input type="checkbox"/> Not a mobile home – Skip to 155a, page 54</p>	
<p>d. Is there separate rent for the land?</p>	<p>2511 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Skip to item 153g</p>
<p>e. How many times a year is the (land/site) rent due?</p>	<p>2512 _____ Times per year 12 <input type="checkbox"/> Monthly</p>
<p>f. What is the cost each . . . (Billing period)?</p>	<p>2513 \$ _____ . 00 9997 <input type="checkbox"/> Included in mobile home park fee or association fee</p>
<p>g. (- - - /In addition to the rent), is there any (- - - /additional) mobile home park fee?</p>	<p>3550 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Skip to item 153j</p>
<p>h. How many times a year is the fee due?</p>	<p>3555 _____ Times per year 12 <input type="checkbox"/> Monthly</p>
<p>i. What is the cost each . . . (Billing period)?</p>	<p>3600 \$ _____ . 00 0 <input type="checkbox"/> Included in mobile home rent</p>
<p>j. Are there any (- - - /other) required fees for utility hookups, mobile home association fees, and so forth?</p>	<p>~ 6 81 ↓ 2517 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Skip to item 154a, page 54</p>
<p>k. How many times a year are the fees due?</p>	<p>2518 _____ Times per year 12 <input type="checkbox"/> Monthly</p>
<p>l. What is the average cost each . . . (Billing period) for those fees?</p>	<p>2519 \$ _____ . 00</p>

Notes

URE INTERVIEWS - Continued

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

2520

- 1 Yes - *Skip to item 155a*
 2 No

b. Is an offstreet parking space included?

2530

- 1 Yes
 2 No

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

2540

- 1 Yes - *Skip to item 156*
 2 No

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

2550

- 1 Yes - *Skip to item 156*
 2 No

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

2560

- 1 Yes - *Skip to item 156*
 2 No

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

2580

- 1 Yes
 2 No

156. Check Item (See item 127, page 46.)

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

157. About when was the building originally built?

~ 6 8 1 ↓

1980 or later ↗

Month	Year

- *Skip to item 161a, page 55*

2910

2910

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

} *Skip to item 161a, page 55*

158. WASHINGTON USE ONLY

159a. Excluding the dealer's lot, is this the first site on which this mobile home was placed?

2900

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

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

3540

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

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

4880

_____ Exact number - (If 2 to 20 mobile homes)

OR

- 21 21 or more

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

~ 6 8 1 ↓

1980 or later ↗

Year

2910

2910

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

URE INTERVIEWS - Continued

- 161a.** Check Item (See item 149b, page 52.)
- Year round - Go to item 161b
 - Not year round - Skip to item 187a, page 59

- b.** Check Item (See item 152, page 52.)
- Held for occasional use throughout the year - Skip to item 187a, page 59
 - Other - Skip to item 187a, page 59
 - For rent only; For rent or for sale; For sale only; Rented, but not yet occupied; Sold, but not yet occupied - Go to item 161c

- c.** Check Item (See item 127, page 46.)
- Two-or-more-unit building or two-or-more-unit mobile home - Skip to item 163
 - All others - Ask item 162a

162a. How large is the (lot/site)?

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

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

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

2980 _____ Square feet

OR

2990 _____ Feet by

3000 _____ feet

OR

3010 _____ Whole acres

o Don't know - Ask item 162b

MARK OR ASK -

b. Is it more than 10 acres?

3020 1 Yes
2 No

- 163.** Check Item (See item 152, page 52.)
- For rent only; For rent or for sale; or Rented, but not yet occupied - Skip to item 182, page 57
 - All others - Ask item 164a

164a. Is there a commercial establishment on the property?

3030 1 Yes
2 No

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

3040 1 Yes
2 No

- 165.** Check Item (See item 151c, page 52.)
- Unit is time-shared - Skip to item 170a
 - Unit not time-shared - Go to item 165b

- b.** Check Item (See item 152, page 52.)
- For sale only - Skip to item 167
 - Sold but not yet occupied - Skip to item 169

166. WASHINGTON USE ONLY

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

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

3100 \$ _____ . **00** - Skip to item 170a

168. WASHINGTON USE ONLY

169. What was the purchase price?

3100 \$ _____ . **00**

o Don't know

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

~ 6 8 1 ↓

2520 1 Yes - Skip to item 171a, page 56
2 No

b. Is an offstreet parking space included?

2530 1 Yes
2 No

URE INTERVIEWS - Continued

171a. Check Item (See item 127, page 46.)
 Mobile home either one-unit or two-or-more units - Skip to item 174
 Not a mobile home - Go to item 171b

b. Check Item (See item 129a, page 46.)
 Condominium or cooperative - Ask item 172
 All others - Skip to item 176, page 57

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

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

3520 \$ _____ . 00

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

3570 1 Yes
 2 No - Skip to item 182, page 57

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

3580 _____ Times per year
 12 Monthly

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

3590 \$ _____ . 00 - Skip to item 182, page 57

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

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

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

3520 \$ _____ . 00

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

~ 6 81 ↓

2506 1 Remain
 2 To be moved - Skip to item 180, page 57

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

2507 1 Yes - Skip to item 175f
 2 No

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

2511 1 Yes
 2 No - Skip to item 175f

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

2512 _____ Times per year
 12 Monthly

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

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

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

3550 1 Yes
 2 No - Skip to item 175i

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

3555 _____ Times per year
 12 Monthly

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

3600 \$ _____ . 00

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

~ 6 81 ↓

2517 1 Yes
 2 No - Skip to item 180, page 57

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

2518 _____ Times per year
 12 Monthly

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

2519 \$ _____ . 00 - Skip to item 180, page 57

URE INTERVIEWS - Continued

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

177. WASHINGTON USE ONLY

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

b. How many times a year is the fee due? 3580 _____ Times per year
12 Monthly

c. What is the average cost each . . . (Billing period)? 3590 \$ _____ . 00 - Skip to item 180

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

b. How many times a year is the land rent due? 3630 _____ Times per year
12 Monthly

c. What does it cost each time? 3640 \$ _____ . 00

180. Check Item (See item 129a, page 46.)
 Not a condominium - Ask item 181
 Condominium - Skip to item 182

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

(1) Garbage and trash collection?

(2) Water and sewage disposal? 4330 1 Yes
2 No } Skip to item 183a, page 58

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

(1) Electricity?

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

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

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

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

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

URE INTERVIEWS - Continued

183a. Check Item (See item 152, page 52.)

- For sale only, Sold but not yet occupied - Skip to item 187a, page 59
- For rent only, For rent or for sale, Rented but not yet occupied - Go to item 183b

b. Check Item (See item 127, page 46.)

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

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

(Exclude staff who do only maintenance.)

4400 1 Yes
2 No

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

If don't know, ask —

Where is the rent sent?

~ 8 87 ↓

Name (Please print)

[Grid for Name]

Address (Number, Street)

[Grid for Address]

City

[Grid for City]

State

[Grid for State]

ZIP Code

[Grid for ZIP Code]

Title

- 1 Owner
- 2 Other

Location

- 1 Home
- 2 Office

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

Area code, number, extension

[Grid for Telephone Number]

- 1 Home
- 2 Business

185-186. WASHINGTON USE ONLY

Notes

[Large area for handwritten notes]

URE INTERVIEWS – Continued

187a. Housing size is important for analysis of other information from this survey. How many square feet are there in the (house/apartment)?

~ 6 8 1 ↓

(Include basements and finished attics. Exclude unfinished attics, carports, and attached garages. Also exclude porches that are not protected from the elements/- - -.)

4600 _____ Square feet – *Skip to item 187f*

Don't know – *Ask item 187b*

(- - - /Exclude the mobile home hitch.)

b. How many (stories/floors) are there in the (house/apartment)?

(Include basements and finished attics/- - -.)

4610 _____ Number

(In apartments, floors refer only to the apartment itself.)

MARK OR ASK –

c. Is that (house/apartment) a split level?

4620 1 Yes
 2 No

d. What is the length and width of each floor of the (house/apartment)?

(Include basements and finished attics. Exclude unfinished attics, carports, and attached garages. Also exclude porches that are not protected from the elements/- - -.)

(- - - /Exclude the mobile home hitch.)

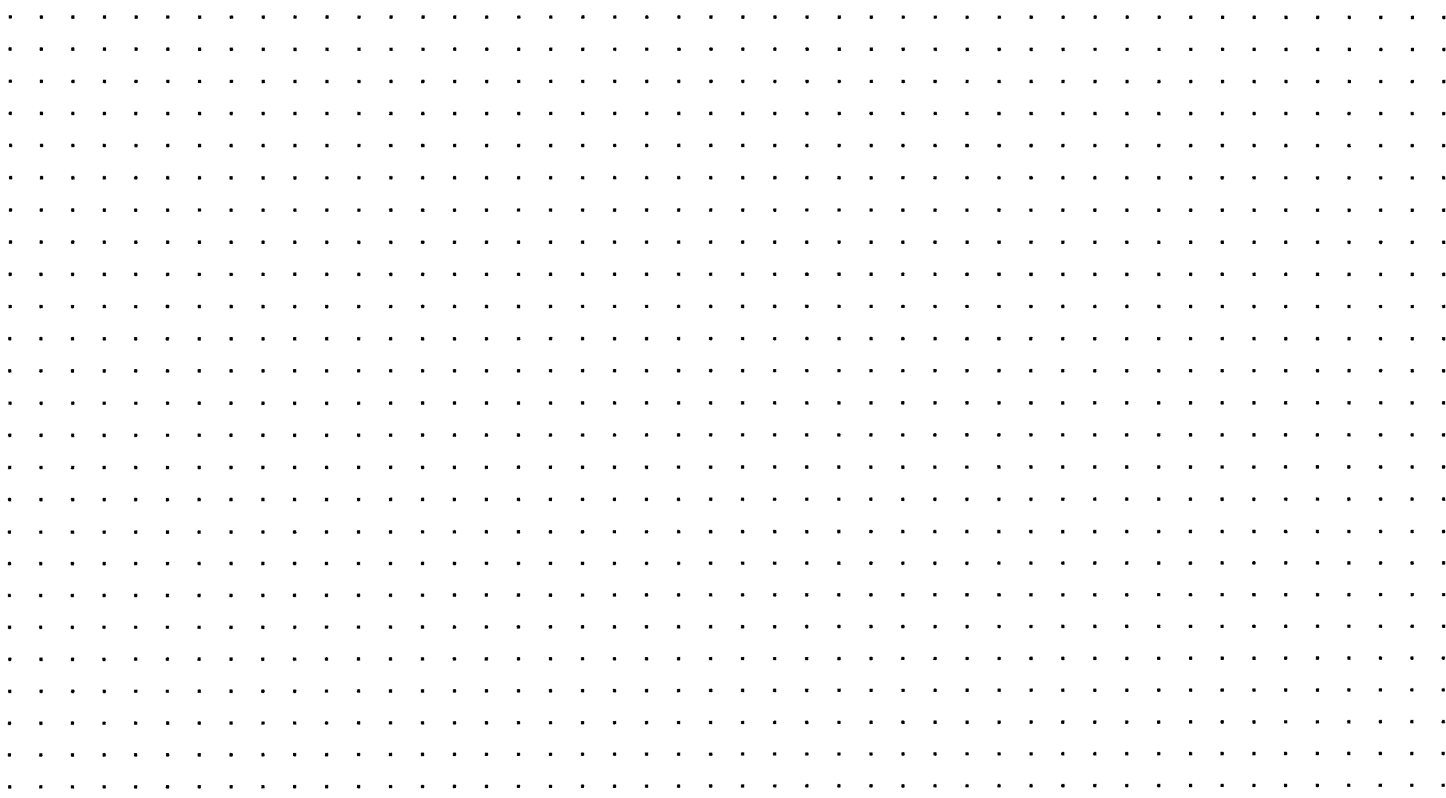
(Record dimensions of each room separately if respondent is unable to give dimensions for the total floor size.)

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

4640 Don't know – *Go to Control Card item 9a*

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

OFFICE USE ONLY **4640** _____ Square feet



f. INSTRUCTION – GO TO CONTROL CARD, ITEM 9a.

188. WASHINGTON USE ONLY

NEIGHBORHOOD QUALITY SUPPLEMENT

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

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

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

189b. Does the (Condition) bother you?

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

Does the neighborhood have —

(1) Street noise or heavy street traffic? ~ 6 41 v
5640 * 1 Yes
 2 No

3 Yes - Ask c →
 4 No

5 Yes
 6 No

(2) Neighborhood crime? 5660 * 1 Yes
 2 No

3 Yes - Ask c →
 4 No

5 Yes
 6 No

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

190a. Is there public transportation for this area?

5730 1 Yes
 2 No - Skip to item 191a

b. Is it satisfactory?

5740 1 Yes
 2 No
 3 Do not use

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

5750 1 Yes
 2 No

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

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

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

5770 1 Yes
 2 No

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

- No household member 16 years or age or less - Skip to item 195, page 61
- Household member 4 to 16 years of age - Ask item 193a
- Household members 3 years old or younger - Skip to item 193b

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

(Mark (X) all that apply.)

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

b. Is the public elementary school that children living at this address (attend/would attend) satisfactory?

(If more than one public elementary school, ask about the closest one to the sample unit.)

5790 1 Yes - Skip to item 193d
 2 No
 3 Don't know - Skip to item 193d

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

5800 1 Yes
 2 No

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

5810 1 Yes
 2 No

194. WASHINGTON USE ONLY

NONRELATIVE INCOME

195. Check item *(See Control Card items 13 and 18.)*

- Household contains people age 14+ NOT related to reference person – *Ask item 196a*
 All others – *Go to Control Card item 9a*

	~ 6 29 ↓	~ 6 30 ↓	~ 6 31 ↓	~ 6 32 ↓
<i>Enter line number(s)</i>	4660 Line number	4660 Line number	4660 Line number	4660 Line number
196a. I have a few questions that I would like to ask . . . , . . . , and . . . (Names of nonrelatives). Are they here now?	[][]	[][]	[][]	[][]
	4670 1 <input type="checkbox"/> Yes – Skip to item 196c 2 <input type="checkbox"/> No – Ask item 196b	4670 1 <input type="checkbox"/> Yes – Skip to item 196c 2 <input type="checkbox"/> No – Ask item 196b	4670 1 <input type="checkbox"/> Yes – Skip to item 196c 2 <input type="checkbox"/> No – Ask item 196b	4670 1 <input type="checkbox"/> Yes – Skip to item 196c 2 <input type="checkbox"/> No – Ask item 196b
b. As I mentioned earlier, we are concerned about housing costs compared to income. In case I'm not able to reach . . . at a later time, what is your estimate of . . .'s total income before deductions in the last 12 months?	4675 \$ _____ .00 0 <input type="checkbox"/> None <i>(Ask best time to reach nonrelative by telephone. Ask item 196c of nonrelatives who are here, and then go to item 196d)</i>	4675 \$ _____ .00 0 <input type="checkbox"/> None <i>(Ask best time to reach nonrelative by telephone. Ask item 196c of nonrelatives who are here, and then go to item 196d)</i>	4675 \$ _____ .00 0 <input type="checkbox"/> None <i>(Ask best time to reach nonrelative by telephone. Ask item 196c of nonrelatives who are here, and then go to item 196d)</i>	4675 \$ _____ .00 0 <input type="checkbox"/> None <i>(Ask best time to reach nonrelative by telephone. Ask item 196c of nonrelatives who are here, and then go to item 196d)</i>
	(Introduce yourself then say:)	4680 \$ _____ .00 0 <input type="checkbox"/> None <i>(Go to next nonrelative. If none, go to item 196d.)</i>	4680 \$ _____ .00 0 <input type="checkbox"/> None <i>(Go to next nonrelative. If none, go to item 196d.)</i>	4680 \$ _____ .00 0 <input type="checkbox"/> None <i>(Go to next nonrelative. If none, go to item 196d.)</i>
c. I have been asking . . . a few questions about this building. One of the main housing problems today is the cost of housing compared to income. What was your income before deductions in the past 12 months?	4680 \$ _____ .00 0 <input type="checkbox"/> None <i>(Go to next nonrelative. If none, go to item 196d.)</i>	4680 \$ _____ .00 0 <input type="checkbox"/> None <i>(Go to next nonrelative. If none, go to item 196d.)</i>	4680 \$ _____ .00 0 <input type="checkbox"/> None <i>(Go to next nonrelative. If none, go to item 196d.)</i>	4680 \$ _____ .00 0 <input type="checkbox"/> None <i>(Go to next nonrelative. If none, go to item 196d.)</i>

196d. Check Item *(See item 196c)*

- Item 196c blank for any nonrelative age 14+ – *Callback Required – Mark (X) item 10, page 1; then go to Control Card item 9a*
 All others – *Go to Control Card item 9a*

Notes

OBSERVATION ITEMS

197a. How many stories are in the building, including the basement?
(If split level, count greatest number of stories on top of each other.)

~ 6 09 v

4780

 _____ Stories in building (If 1 – 20)
OR
 21 21 or more

b. What is the condition of the light fixtures in the public halls?

4790

- 1 No public halls
- 2 All in working order
- 3 Some in working order
- 4 None in working order
- 5 No light fixtures
- 6 Fixtures turned off, unable to determine if working, not obviously broken

c. How many stories are there from main entrance of building to main entrance of sample unit?

4800

_____ Stories up or down to home
 0 Same floor

d. Is there a passenger elevator on this floor?

4810

- 1 No elevator
- 2 At least one working elevator
- 3 All elevators not working

e. Are there loose, broken, or missing steps on any common stairways inside this building or attached to this building?

4820

- 1 No common stairways – *Skip to item 197g*
- 2 Yes
- 3 No

f. Are all railings on the common stairways firmly attached?

4830

- 1 No stair railings
- 2 Yes
- 3 No

g. What is the external condition of the building that contains the sample unit, as visible from front of building or roadway?
(Mark (X) all that apply.)

4840

- 1 Sagging roof
- 2 Missing roofing material
- 3 Hole in roof
- 4 Could not see roof

}

 Roof

- 5 Missing bricks, siding, or other outside wall material
- 6 Sloping outside walls

}

 Walls

4850

- 7 Boarded up window(s)
- 8 Broken window(s)
- 9 Bars on window(s)

}

 Windows

4860

- 10 Foundation crumbling or has open crack or hole
- 11 Could not see foundation

}

 Foundation

OR

4870

- 12 Observed, but no listed conditions for roofs, walls, windows, or foundations

OR

- 13 Unable to observe

h. How would you classify the structure that contains the sample unit?

- One-unit building – detached
- One-unit building – attached
- Mobile home – one-unit
- Two-or-more-unit building
- Mobile home – two-or-more units

}

Skip to item 198a, page 63

i. How many living quarters are in the structure that contains the sample unit?
(Including the sample unit)

_____ Number of living quarters

Notes

OBSERVATION ITEMS - Continued

The items on this page concern the area within 300 feet from the front entrance of the building in which sample unit is located:

<p>198a. Which of these are within 300 feet of building containing the sample unit? (Exclude this building.) (Mark (X) all that apply.)</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">4890</td> <td style="padding: 2px;">1 <input type="checkbox"/> Single-family detached house(s)</td> </tr> <tr> <td style="text-align: center;">*</td> <td style="padding: 2px;">2 <input type="checkbox"/> Single-family, attached house(s) or low-rise (1 - 3 story) residential multi-unit building(s)</td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;">3 <input type="checkbox"/> Mid-rise (4 - 6 story) residential multi-unit building(s)</td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;">4 <input type="checkbox"/> High-rise (7 + story) residential multi-unit building(s)</td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;">5 <input type="checkbox"/> Mobile home(s) (Exclude campers.)</td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;">6 <input type="checkbox"/> Commercial, institutional, industrial building(s)</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">4900</td> <td style="padding: 2px;">7 <input type="checkbox"/> Residential parking lot(s)</td> </tr> <tr> <td style="text-align: center;">*</td> <td style="padding: 2px;">8 <input type="checkbox"/> Body of water</td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;">9 <input type="checkbox"/> Open space, park, woods, farm, or ranch</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">4910</td> <td style="padding: 2px;">10 <input type="checkbox"/> 4 + lane highway, railroad, or airport</td> </tr> <tr> <td style="text-align: center;">*</td> <td style="padding: 2px;">11 <input type="checkbox"/> Other - Specify </td> </tr> </table> <p style="text-align: center; margin: 10px 0;">OR</p> <p style="padding: 2px;">12 <input type="checkbox"/> Could not observe</p>	4890	1 <input type="checkbox"/> Single-family detached house(s)	*	2 <input type="checkbox"/> Single-family, attached house(s) or low-rise (1 - 3 story) residential multi-unit building(s)		3 <input type="checkbox"/> Mid-rise (4 - 6 story) residential multi-unit building(s)		4 <input type="checkbox"/> High-rise (7 + story) residential multi-unit building(s)		5 <input type="checkbox"/> Mobile home(s) (Exclude campers.)		6 <input type="checkbox"/> Commercial, institutional, industrial building(s)	4900	7 <input type="checkbox"/> Residential parking lot(s)	*	8 <input type="checkbox"/> Body of water		9 <input type="checkbox"/> Open space, park, woods, farm, or ranch	4910	10 <input type="checkbox"/> 4 + lane highway, railroad, or airport	*	11 <input type="checkbox"/> Other - Specify
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4910	10 <input type="checkbox"/> 4 + lane highway, railroad, or airport																						
*	11 <input type="checkbox"/> Other - Specify 																						
<p>b. What is the predominant age of residential buildings within 300 feet? (Exclude this building.)</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">4920</td> <td style="padding: 2px;">1 <input type="checkbox"/> Older than sample unit</td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;">2 <input type="checkbox"/> About the same</td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;">3 <input type="checkbox"/> Newer than sample unit</td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;">4 <input type="checkbox"/> Very mixed</td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;">5 <input type="checkbox"/> No other residential buildings</td> </tr> </table>	4920	1 <input type="checkbox"/> Older than sample unit		2 <input type="checkbox"/> About the same		3 <input type="checkbox"/> Newer than sample unit		4 <input type="checkbox"/> Very mixed		5 <input type="checkbox"/> No other residential buildings												
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	5 <input type="checkbox"/> No other residential buildings																						
<p>c. Are any buildings vandalized, or interior exposed to the elements? (Exclude this building.)</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">4930</td> <td style="padding: 2px;">1 <input type="checkbox"/> Yes, only one vandalized or exposed</td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;">2 <input type="checkbox"/> Yes, more than one</td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;">3 <input type="checkbox"/> None vandalized or exposed</td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;">4 <input type="checkbox"/> No other buildings within 300 feet - <i>Skip to item 198e</i></td> </tr> </table>	4930	1 <input type="checkbox"/> Yes, only one vandalized or exposed		2 <input type="checkbox"/> Yes, more than one		3 <input type="checkbox"/> None vandalized or exposed		4 <input type="checkbox"/> No other buildings within 300 feet - <i>Skip to item 198e</i>														
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	3 <input type="checkbox"/> None vandalized or exposed																						
	4 <input type="checkbox"/> No other buildings within 300 feet - <i>Skip to item 198e</i>																						
<p>d. Are there bars on windows of buildings in area? (Exclude this building.)</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">4940</td> <td style="padding: 2px;">1 <input type="checkbox"/> Yes, only one building with bars</td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;">2 <input type="checkbox"/> Yes, more than one</td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;">3 <input type="checkbox"/> No bars on windows</td> </tr> </table>	4940	1 <input type="checkbox"/> Yes, only one building with bars		2 <input type="checkbox"/> Yes, more than one		3 <input type="checkbox"/> No bars on windows																
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<p>e. What is the condition of the streets?</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">4950</td> <td style="padding: 2px;">1 <input type="checkbox"/> Major repairs needed</td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;">2 <input type="checkbox"/> Minor repairs needed</td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;">3 <input type="checkbox"/> No repairs needed</td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;">4 <input type="checkbox"/> No streets within 300 feet</td> </tr> </table>	4950	1 <input type="checkbox"/> Major repairs needed		2 <input type="checkbox"/> Minor repairs needed		3 <input type="checkbox"/> No repairs needed		4 <input type="checkbox"/> No streets within 300 feet														
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<p>f. Is there trash, litter, or junk in streets, roads, empty lots, or on any properties? (Include this building.)</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">4960</td> <td style="padding: 2px;">1 <input type="checkbox"/> Major accumulation</td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;">2 <input type="checkbox"/> Minor accumulation</td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;">3 <input type="checkbox"/> None</td> </tr> </table>	4960	1 <input type="checkbox"/> Major accumulation		2 <input type="checkbox"/> Minor accumulation		3 <input type="checkbox"/> None																
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	3 <input type="checkbox"/> None																						

INTERVIEW COMPLETED

<p>199. Suggestions/problems (InterComm or S*M*A*R*T* suggestion form filled) (Mark (X) all that apply.)</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">~ 4 20 ↓</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">4965</td> <td style="padding: 2px;">1 <input type="checkbox"/> Questionnaire/Control Card suggestions or problems specific to this interview - <i>Describe on appropriate form.</i></td> </tr> <tr> <td style="text-align: center;">*</td> <td style="padding: 2px;">2 <input type="checkbox"/> General questionnaire/Control Card suggestions or problems - <i>Describe on appropriate form.</i></td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;">3 <input type="checkbox"/> Procedural suggestions - <i>Describe on appropriate form.</i></td> </tr> </table>	~ 4 20 ↓		4965	1 <input type="checkbox"/> Questionnaire/Control Card suggestions or problems specific to this interview - <i>Describe on appropriate form.</i>	*	2 <input type="checkbox"/> General questionnaire/Control Card suggestions or problems - <i>Describe on appropriate form.</i>		3 <input type="checkbox"/> Procedural suggestions - <i>Describe on appropriate form.</i>																						
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	3 <input type="checkbox"/> Procedural suggestions - <i>Describe on appropriate form.</i>																														
<p>200. Item number or item ranges involved in suggestion/problem</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">4971</td> <td style="padding: 2px;"> <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="padding: 0 5px;">-</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> </td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">4973</td> <td style="padding: 2px;"> <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="padding: 0 5px;">-</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> </td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">4975</td> <td style="padding: 2px;"> <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="padding: 0 5px;">-</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> </td> </tr> </table>	4971	<table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="padding: 0 5px;">-</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>					-				4973	<table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="padding: 0 5px;">-</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>					-				4975	<table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="padding: 0 5px;">-</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>					-			
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