

Form **H-100**
(9-7-2010)

U.S. DEPARTMENT OF COMMERCE
Economic and Statistics Administration
U.S. CENSUS BUREAU
ACTING AS COLLECTING AGENT FOR
NEW YORK CITY

NEW YORK CITY HOUSING AND VACANCY
SURVEY QUESTIONNAIRE
2011

NOTICE – Your answers will be held in strict confidence and will be seen only by persons sworn to uphold the confidentiality of Census Bureau information.

A. NAME

CODE

B. DATE OF INTERVIEW

2011

C. RECORD OF VISITS
(Additional spaces on page 28)

Date	Time	Remarks
	a.m. p.m.	
	a.m. p.m.	
	a.m. p.m.	
	a.m. p.m.	

Fill items D through J by observing the condition of the building containing the sample unit as you approach it and walk inside. – Mark (X) all that apply in D through G.

D. EXTERNAL WALLS

001

1

☐

Missing bricks, siding, or other outside wall material

002

2

☐

Sloping or bulging outside walls

003

3

☐

Major cracks in outside walls

004

4

☐

Loose or hanging cornice, roofing, or other material

005

5

☐

None of these problems with walls

006

6

☐

Unable to observe walls

E. WINDOWS

007

1

☐

Broken or missing windows

008

2

☐

Rotted/loose window frames/sashes

009

3

☐

Boarded-up windows

010

4

☐

None of these problems with windows

011

5

☐

Unable to observe windows

F. STAIRWAYS (exterior and interior)

012

1

☐

Loose, broken, or missing stair railings

013

2

☐

Loose, broken, or missing steps

014

3

☐

None of these problems with stairways

015

4

☐

No interior steps or stairways

016

5

☐

No exterior steps or stairways

035

6

☐

Unable to observe stairways

G. FLOORS

017

1

☐

Sagging or sloping floors

018

2

☐

Slanted or shifted doorsills or door frames

019

3

☐

Deep wear in floors causing depressions

020

4

☐

Holes or missing flooring

021

5

☐

None of these problems with floors

022

6

☐

Unable to observe floors

H. CONDITION

023

1

☐

Dilapidated – Go to I

☐

Not dilapidated –

If not dilapidated

2

☐

Sound

3

☐

Deteriorating

I. Are there any buildings with broken or boarded-up windows on this street? – Include sample unit building

024

1

☐

Yes

2

☐

No

J. WHEELCHAIR ACCESSIBILITY

1. Street entry and inner lobby entry (width 32")

036

1

☐

Accessible

3

☐

Unable to observe building entrance

2

☐

Inaccessible

2. Elevator (door width 36", cab depth 51")

037

1

☐

Accessible

3

☐

Unable to observe elevator

2

☐

Inaccessible

4

☐

No elevator

3. Residential unit entrance (width 32")

038

1

☐

Accessible

3

☐

Unable to observe residential unit entrance

2

☐

Inaccessible

K. OCCUPANCY STATUS

025

1

☐

Occupied

2

☐

Vacant

L. RESPONDENT

Name

Occupied unit – Go to M

Vacant unit – Mark (X) one

030

1

☐

Superintendent

2

☐

Rental office/agent

3

☐

Real estate agent/broker

4

☐

Owner

5

☐

Other – Specify

SKIP to question 58 on page 23

Ask–

M. How many people live or stay here?

Include anyone without a usual home elsewhere.

032

– SKIP to question 1 on page 2.

Always mark (X) one box. If an interview is not taken, explain why in the "Notes" area on page 27.

N. SAMPLE UNIT

033

01

☐

Questionnaire complete

Questionnaire not complete

02

☐

Refused

03

☐

No one home

04

☐

Temporarily absent – 1 month or longer

05

☐

Other – Explain in "Notes" area on page 27

06

☐

Demolished

07

☐

Condemned

08

☐

Nonresidential

09

☐

Merged with another unit – Give address below

10

☐

Unit damaged by fire

11

☐

Building boarded up

12

☐

List procedure applied

13

☐

No such address (house number/street)

14

☐

Other – Explain in "Notes" area on page 27

Complete after an occupied unit interview.

O. FORM TYPE

034

1

☐

One form only

2

☐

First of two forms

OFFICE USE ONLY

026

TS

027

A

028

B

U S C E N S U S B U R E A U

Place a check mark (✓) in ☐ beside the respondent.

1. HOUSEHOLD ROSTER

a. What are the names of all persons living or staying here? Start with the ADULT who owns or rents this apartment (house). (Enter that name on line 1 below.)

- Include anyone staying here with no other home
- Include anyone who usually lives here but is temporarily away traveling or at school
- Include lodgers, boarders, babies, etc.

b. Is . . . male or female?

c. How old is . . . ? (Enter whole years ONLY.)

01 ☐ **PERSON 1 – Reference Person** (owner/renter)

a. Last name

First name	b. Sex 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	c. Age _ _ _ _ _ _
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02 ☐ **PERSON 2**

a. Last name

First name	b. Sex 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	c. Age _ _ _ _ _ _
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03 ☐ **PERSON 3**

a. Last name

First name	b. Sex 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	c. Age _ _ _ _ _ _
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04 ☐ **PERSON 4**

a. Last name

First name	b. Sex 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	c. Age _ _ _ _ _ _
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05 ☐ **PERSON 5**

a. Last name

First name	b. Sex 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	c. Age _ _ _ _ _ _
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06 ☐ **PERSON 6**

a. Last name

First name	b. Sex 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	c. Age _ _ _ _ _ _
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07 ☐ **PERSON 7**

a. Last name

First name	b. Sex 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	c. Age _ _ _ _ _ _
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Use continuation form for additional persons.

Section I – OCCUPIED UNITS				
d. How is . . . related to . . . (reference person) (person on Line 1)? Show Flashcard I and enter the appropriate code in the box below.	e. Is . . . of Spanish or Hispanic origin? (If Yes, read the categories and mark the appropriate box, otherwise mark "No.")	f. What is . . .'s race? Select one or more categories from the flashcard. Show Flashcard II and mark (X) all that apply, OR box 12 <u>only</u> and print race.	These next two questions may seem like ones I asked before, but I must ask them to double check.	
			(Don't ask for persons under 15) g. Does . . . have a spouse or unmarried partner in the household?	h. Does . . . have a parent in the household?
<div>R</div> <div>Reference person</div>	<div><div>1</div><input type="checkbox"/> No</div> <div><div>2</div><input type="checkbox"/> Puerto Rican</div> <div><div>3</div><input type="checkbox"/> Dominican</div> <div><div>4</div><input type="checkbox"/> Cuban</div> <div><div>5</div><input type="checkbox"/> South/Central American</div> <div><div>6</div><input type="checkbox"/> Mexican-American, Mexican, Chicano</div> <div><div>7</div><input type="checkbox"/> Other Spanish/Hispanic</div>			

Section I – OCCUPIED UNITS – Continued							
2a. Is there anyone now living in this apartment (house) that came here within the past five years from a homeless situation such as a shelter, transitional center or hotel?		050 1 <input type="checkbox"/> Yes – GO to 2b 2 <input type="checkbox"/> No – SKIP to 3					
b. Who are they? (Fill in the persons who answered "yes" to 2a above) Refer to the roster, page 2, and enter the person number(s) starting in box 055.		055	056	057	058	059	060
		1	1	1	1	1	1
		2	2	2	2	2	2
		061	062	063	064	065	066
		1	1	1	1	1	1
		2	2	2	2	2	2
c. Was . . . in the homeless situation mainly because he/she could not afford his/her own apartment (house) or mainly for other reasons?		Affordability – Circle "1" next to person number in 2b. Other reason – Circle "2" next to person number in 2b.					
The following questions (3 through 11c) refer to the reference person (the person listed on line 1).							
3. Where was the most recent place . . . (reference person) lived for six months or more before moving into this apartment (house)? (Show Flashcard III to respondent and have him/her select an answer. Then mark (X) the appropriate box.) NOTE – If the respondent indicates that the reference person has always lived in the SAME unit that he/she currently lives in, don't mark (X) box 01 unless you are certain. Many people may feel as though they have lived in a unit forever, but it's rare. The reference person had to live there since birth. Be sure to probe.		<div>IN NEW YORK CITY, <u>SAME BUILDING</u></div> <div>051 01 <input type="checkbox"/> Always lived in this unit 02 <input type="checkbox"/> Another unit in the same building</div> <div>IN NEW YORK CITY, <u>OTHER BUILDING</u></div> <div>03 <input type="checkbox"/> Bronx 04 <input type="checkbox"/> Brooklyn 05 <input type="checkbox"/> Manhattan 06 <input type="checkbox"/> Queens 07 <input type="checkbox"/> Staten Island</div> <div>Which sub-borough did . . . (reference person) live in? Refer to the maps in your job aid.</div> <div>068 <input type="text"/> <input type="text"/> Sub-borough</div> <div>00 <input type="checkbox"/> Don't know</div> <div>OUTSIDE OF NEW YORK CITY</div> <div>08 <input type="checkbox"/> NY, NJ, Connecticut 09 <input type="checkbox"/> Other State 10 <input type="checkbox"/> Puerto Rico 11 <input type="checkbox"/> Dominican Republic 12 <input type="checkbox"/> Caribbean (other than Puerto Rico or Dominican Republic) 13 <input type="checkbox"/> Mexico 14 <input type="checkbox"/> Central America, South America 15 <input type="checkbox"/> Canada 16 <input type="checkbox"/> Europe 17 <input type="checkbox"/> Russia/Successor States to Soviet Union (Ukraine, Georgia, etc.) 18 <input type="checkbox"/> China, Hong Kong, Taiwan 19 <input type="checkbox"/> Korea 20 <input type="checkbox"/> India 21 <input type="checkbox"/> Pakistan, Bangladesh 22 <input type="checkbox"/> Philippines 23 <input type="checkbox"/> Southeast Asia (Burma, Cambodia, Laos, Malaysia, Singapore, Thailand, Vietnam) 24 <input type="checkbox"/> Other Asia 25 <input type="checkbox"/> Africa 26 <input type="checkbox"/> All other countries – Specify <input type="text"/></div>					
4a. In what year did . . . (reference person) move into this apartment (house)?		Year <div>052 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> If 1971 – Ask 4b If any other year – SKIP to 5</div>					
b. Ask only if reference person moved here in 1971 Did . . . (reference person) move here on or after July 1, 1971?		053 1 <input type="checkbox"/> Yes, on or after July 1 in 1971 2 <input type="checkbox"/> No, before July 1 in 1971					
5. Are you the first occupant(s) of this apartment (house) since its construction, gut rehabilitation, or creation through conversion or sub-division?		054 1 <input type="checkbox"/> Yes, first occupants 2 <input type="checkbox"/> No, previously occupied 3 <input type="checkbox"/> Don't know					
CHECK ITEM A		REFER TO QUESTION 4a ABOVE <input type="checkbox"/> Moved here 2008 or later – GO to question 6 on page 4 <input type="checkbox"/> Moved here 2007 or earlier – SKIP to question 7 on page 5					

Section I – OCCUPIED UNITS – Continued

<div><div>6. What is the main reason . . . (reference person) moved from his/her previous residence?</div><div>Mark (X) ONLY one box.</div></div>	<div><div>110</div><div>EMPLOYMENT</div><div><div>01</div><div><input type="checkbox"/> Job transfer/new job</div></div><div><div>02</div><div><input type="checkbox"/> Retirement</div></div><div><div>03</div><div><input type="checkbox"/> Looking for work</div></div><div><div>04</div><div><input type="checkbox"/> Commuting reasons</div></div><div><div>05</div><div><input type="checkbox"/> To attend school</div></div><div><div>06</div><div><input type="checkbox"/> Other financial/employment reason</div></div></div> <div><div>FAMILY</div><div><div>07</div><div><input type="checkbox"/> Needed larger house or apartment</div></div><div><div>08</div><div><input type="checkbox"/> Widowed</div></div><div><div>09</div><div><input type="checkbox"/> Separated/divorced</div></div><div><div>10</div><div><input type="checkbox"/> Newly married</div></div><div><div>11</div><div><input type="checkbox"/> Moved to be with or closer to relatives</div></div><div><div>12</div><div><input type="checkbox"/> Family decreased (except widowed/separated/divorced)</div></div><div><div>13</div><div><input type="checkbox"/> Wanted to establish separate household</div></div><div><div>14</div><div><input type="checkbox"/> Other family reason</div></div></div> <div><div>NEIGHBORHOOD</div><div><div>15</div><div><input type="checkbox"/> Neighborhood overcrowded</div></div><div><div>16</div><div><input type="checkbox"/> Change in racial or ethnic composition of neighborhood</div></div><div><div>17</div><div><input type="checkbox"/> Wanted this neighborhood/better neighborhood services</div></div><div><div>18</div><div><input type="checkbox"/> Crime or safety concerns</div></div><div><div>19</div><div><input type="checkbox"/> Other neighborhood reason</div></div></div> <div><div>HOUSING</div><div><div>20</div><div><input type="checkbox"/> Wanted to own residence</div></div><div><div>21</div><div><input type="checkbox"/> Wanted to rent residence</div></div><div><div>22</div><div><input type="checkbox"/> Wanted less expensive residence/difficulty paying rent or mortgage</div></div><div><div>23</div><div><input type="checkbox"/> Wanted better quality residence</div></div><div><div>24</div><div><input type="checkbox"/> Evicted</div></div><div><div>25</div><div><input type="checkbox"/> Poor building condition/services</div></div><div><div>26</div><div><input type="checkbox"/> Harassment by landlord</div></div><div><div>27</div><div><input type="checkbox"/> Needed housing accessible for persons with mobility impairments</div></div><div><div>28</div><div><input type="checkbox"/> Other housing reason</div></div></div> <div><div>OTHER</div><div><div>29</div><div><input type="checkbox"/> Displaced by urban renewal, highway construction, or other public activity</div></div><div><div>30</div><div><input type="checkbox"/> Displaced by private action (other than eviction)</div></div><div><div>31</div><div><input type="checkbox"/> Schools</div></div><div><div>32</div><div><input type="checkbox"/> Natural disaster/fire</div></div><div><div>33</div><div><input type="checkbox"/> Any other – Specify ↴</div></div></div> <div></div>
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Notes

Section I - OCCUPIED UNITS - Continued			
7. Place of birth <i>SHOW Flashcard III to respondent.</i> Where was _____→	a. ... <i>(reference person)</i> born?	b. ...'s <i>(reference person's)</i> father born?	c. ...'s <i>(reference person's)</i> mother born?
07. New York City (responses 01-07 on card)	111 07 <input type="checkbox"/>	112 07 <input type="checkbox"/>	113 07 <input type="checkbox"/>
09. U.S., Outside New York City (response 08 or 09 on card)	09 <input type="checkbox"/>	09 <input type="checkbox"/>	09 <input type="checkbox"/>
10. Puerto Rico	10 <input type="checkbox"/>	10 <input type="checkbox"/>	10 <input type="checkbox"/>
11. Dominican Republic	11 <input type="checkbox"/>	11 <input type="checkbox"/>	11 <input type="checkbox"/>
12. Caribbean (other than Puerto Rico or Dominican Republic)	12 <input type="checkbox"/>	12 <input type="checkbox"/>	12 <input type="checkbox"/>
13. Mexico	13 <input type="checkbox"/>	13 <input type="checkbox"/>	13 <input type="checkbox"/>
14. Central America, South America	14 <input type="checkbox"/>	14 <input type="checkbox"/>	14 <input type="checkbox"/>
15. Canada	15 <input type="checkbox"/>	15 <input type="checkbox"/>	15 <input type="checkbox"/>
16. Europe	16 <input type="checkbox"/>	16 <input type="checkbox"/>	16 <input type="checkbox"/>
17. Russia/Successor States to Soviet Union (Ukraine, Georgia, etc.)	17 <input type="checkbox"/>	17 <input type="checkbox"/>	17 <input type="checkbox"/>
18. China, Hong Kong, Taiwan	18 <input type="checkbox"/>	18 <input type="checkbox"/>	18 <input type="checkbox"/>
19. Korea	19 <input type="checkbox"/>	19 <input type="checkbox"/>	19 <input type="checkbox"/>
20. India	20 <input type="checkbox"/>	20 <input type="checkbox"/>	20 <input type="checkbox"/>
21. Pakistan, Bangladesh	21 <input type="checkbox"/>	21 <input type="checkbox"/>	21 <input type="checkbox"/>
22. Philippines	22 <input type="checkbox"/>	22 <input type="checkbox"/>	22 <input type="checkbox"/>
23. Southeast Asia (Burma, Cambodia, Laos, Malaysia, Singapore, Thailand, Vietnam)	23 <input type="checkbox"/>	23 <input type="checkbox"/>	23 <input type="checkbox"/>
24. Other Asia	24 <input type="checkbox"/>	24 <input type="checkbox"/>	24 <input type="checkbox"/>
25. Africa	25 <input type="checkbox"/>	25 <input type="checkbox"/>	25 <input type="checkbox"/>
26. All other countries	26 <input type="checkbox"/>	26 <input type="checkbox"/>	26 <input type="checkbox"/>
<i>Mark (X) box 07 above for categories 01-07 on Flashcard III. Mark (X) box 09 for categories 08 and 09. Categories 10-26 match exactly as shown on Flashcard III</i>			
8. Is this apartment (house) part of a condominium or cooperative building or development? <i>A condominium is a building or development with individually owned apartments or houses having commonly owned areas and grounds. A cooperative or "co-op" is a building or development that is owned by its shareholders.</i>	114 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Yes, a condominium 3 <input type="checkbox"/> Yes, a cooperative 4 <input type="checkbox"/> Don't know		
9a. Is this apartment (house) owned or being bought by ... (reference person) or someone else in this household?	115 1 <input type="checkbox"/> Yes, owned or being bought – <i>SKIP to 11a</i> 0 <input type="checkbox"/> No – <i>GO to 9b</i>		
b. Does ... (reference person) or someone else in this household own cooperative shares for this apartment (house)?	129 1 <input type="checkbox"/> Yes – <i>SKIP to 11a</i> 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } <i>GO to 9c</i>		
c. Does ... (reference person) pay cash rent for this apartment (house) or does he/she occupy it rent free?	116 2 <input type="checkbox"/> Pay cash rent – <i>GO to Check Item B</i> 3 <input type="checkbox"/> Occupy rent free – <i>SKIP to 20</i>		
CHECK ITEM B	<i>REFER TO QUESTION 8 ABOVE</i> <div><input type="checkbox"/> Condominium (box 2 marked) <input type="checkbox"/> Cooperative (box 3 marked) <input type="checkbox"/> All other renter occupied (box 1 or 4 marked) – <i>SKIP to 20</i></div> <div><input type="checkbox"/> } <i>GO to 10a</i></div>		
10a. Did ... (reference person) live here and pay cash rent at the time this building became a condominium or cooperative?	117 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know		
b. When this apartment (house) became a condominium or cooperative was it done through a non-eviction plan? <i>Under a non-eviction plan, tenants can NOT be evicted for NOT buying their unit.</i>	118 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } <i>SKIP to 20</i>		

Section I – OCCUPIED UNITS – Continued

11a. In what year did . . . (reference person) acquire this apartment (house)?

119

Year

b. Before . . . (reference person) acquired this apartment (house) was it owned and occupied by another household, rented by . . . (reference person), rented by another household, or never previously occupied?

120

1 ☐ Owned and occupied by another household

2 ☐ Rented by reference person

3 ☐ Rented by another household

4 ☐ Never previously occupied

5 ☐ Don't know

c. Before . . . (reference person) acquired this apartment (house) was it part of a condominium or cooperative building or development?

121

1 ☐ Yes

2 ☐ No

3 ☐ Don't know

CHECK ITEM C

REFER TO QUESTION 11a ABOVE

☐ Acquired 2006 or later – GO to 12a

☐ Acquired 2005 or earlier – SKIP to 13

12a. What was the purchase price for this apartment (house)?

122

\$

.

00

123

0 ☐ Don't know

b. What was the down payment for this apartment (house)?

124

\$

.

00

125

0 ☐ Don't know

13. What is the value of this apartment (house), that is, in your opinion, how much would it currently sell for if it were on the market?

126

\$

.

00

14. Is there a mortgage, home equity loan, or similar loan on this apartment (house) or is this apartment (house) owned free and clear?

127

1 ☐ Mortgage, home equity, or similar loan

2 ☐ Owned free and clear – SKIP to Check Item D

15a. What are the current monthly mortgage or loan payments on this apartment (house)? Include payments on first, second, home equity loan, and any other mortgages.

128

\$

.

00

Per month

b. When did the most recent mortgage or loan on this apartment (house) originate?

133

Month

134

Year

c. What is the current interest rate on the most recent mortgage or loan on this apartment (house)?

135

.

%

CHECK ITEM D

REFER TO QUESTION 8 ON PAGE 5

☐ Condominium (box 2 marked)

☐ Cooperative (box 3 marked)

☐ All other owner occupied (box 1 or 4 marked) – SKIP to 18a

16. What are the monthly condominium or co-op maintenance fees for this apartment (house)? Exclude payments for any mortgages (loans) on this unit.

130

\$

.

00

CHECK ITEM E

REFER TO QUESTION 1c ON PAGE 2 FOR EACH PERSON

☐ With any household member age 62 or over – GO to 17

☐ No household member age 62 or over – SKIP to 18a

17. Is any household member receiving a Senior Citizen Carrying Charge Increase Exemption as part of the SCRIE program? (Senior Citizen Rent Increase Exemption)

140

1 ☐ Yes

2 ☐ No

3 ☐ Don't know

18a. Is the fire and liability insurance premium for this apartment (house) paid separately? (Separately means not included in the mortgage or loan payment or the condominium or co-op maintenance fee.)

141

1 ☐ Yes –GO to 18b

2 ☐ No, included in mortgage or loan payment – SKIP to 18c

3 ☐ No insurance – SKIP to 19a

b. What was the cost of fire and liability insurance for 2010?

142

\$

.

00

c. Does the fire and liability insurance for this apartment (house) also cover personal possessions?

143

1 ☐ Yes

2 ☐ No

3 ☐ Don't know

Section I – OCCUPIED UNITS – Continued	
19a. Are the real estate taxes for this apartment (house) paid separately? <i>(Separately means not included in the mortgage or loan payment or the condominium or co-op maintenance fee.)</i>	<div>144</div> <div><div><div>1 <input type="checkbox"/> Yes – GO to 19b</div><div>2 <input type="checkbox"/> No, included in mortgage or loan payment</div><div>3 <input type="checkbox"/> No, included in condominium or maintenance fee</div></div><div>} SKIP to 20</div></div>
b. What were the real estate taxes for 2010?	<div>145</div> <div>\$ <div></div> . <div>00</div></div>
NOTE – Questions 20–22a, 23a and 23b pertain to the building. Be certain to mark (X) the same box in each question for all forms within the same building.	
20. How many units are in this building? <i>If the respondent doesn't know, canvass the building and count the units.</i>	<div>146</div> <div><div>01 <input type="checkbox"/> 1 unit without business</div><div>02 <input type="checkbox"/> 1 unit with business</div><div>03 <input type="checkbox"/> 2 units without business</div><div>04 <input type="checkbox"/> 2 units with business</div><div>05 <input type="checkbox"/> 3 units</div><div>06 <input type="checkbox"/> 4 units</div><div>07 <input type="checkbox"/> 5 units</div><div>08 <input type="checkbox"/> 6 to 9 units</div><div>09 <input type="checkbox"/> 10 to 12 units</div><div>10 <input type="checkbox"/> 13 to 19 units</div><div>11 <input type="checkbox"/> 20 to 49 units</div><div>12 <input type="checkbox"/> 50 to 99 units</div><div>13 <input type="checkbox"/> 100 to 199 units</div><div>14 <input type="checkbox"/> 200 or more units</div></div>
<i>If owner occupied, mark "Yes" without asking.</i> 21. Does the owner of this building live in this building?	<div>147</div> <div><div>1 <input type="checkbox"/> Yes</div><div>2 <input type="checkbox"/> No</div><div>3 <input type="checkbox"/> Don't know</div></div>
22a. How many stories are in this building? <i>Count the basement if there are people living in it.</i>	<div>148</div> <div><div>01 <input type="checkbox"/> One – SKIP to 23c</div><div>02 <input type="checkbox"/> Two</div><div>03 <input type="checkbox"/> Three</div><div>04 <input type="checkbox"/> Four</div><div>05 <input type="checkbox"/> Five</div><div>06 <input type="checkbox"/> 6 to 10</div><div>07 <input type="checkbox"/> 11 to 20</div><div>08 <input type="checkbox"/> 21 to 40</div><div>09 <input type="checkbox"/> 41 or more</div></div>
b. On what floor is this unit? <i>Enter the 2-digit floor number or mark (X) box "0" if basement unit. Enter the lowest floor number if on more than one floor.</i>	<div>172</div> <div><div>0 <input type="checkbox"/> Basement</div><div><div><div></div><div></div></div> Floor</div></div>
23a. Is there a passenger elevator in this building?	<div>149</div> <div><div>1 <input type="checkbox"/> Yes</div><div>2 <input type="checkbox"/> No – SKIP to 23c</div></div>
b. Is it possible to go from the sidewalk to a passenger elevator without going up or down any steps or stairs?	<div>173</div> <div><div>1 <input type="checkbox"/> Yes</div><div>2 <input type="checkbox"/> No</div><div>3 <input type="checkbox"/> Don't know</div></div>
c. Is it possible to go from the sidewalk to this unit without going up or down any steps or stairs?	<div>171</div> <div><div>1 <input type="checkbox"/> Yes</div><div>2 <input type="checkbox"/> No</div><div>3 <input type="checkbox"/> Don't know</div></div>
24a. How many rooms are in this apartment (house)? Do not count bathrooms, porches, balconies, halls, foyers, or half-rooms.	<div>150</div> <div><div>1 <input type="checkbox"/> One – SKIP to 25a</div><div>2 <input type="checkbox"/> Two</div><div>3 <input type="checkbox"/> Three</div><div>4 <input type="checkbox"/> Four</div><div>5 <input type="checkbox"/> Five</div><div>6 <input type="checkbox"/> Six</div><div>7 <input type="checkbox"/> Seven</div><div>8 <input type="checkbox"/> Eight or more</div></div>
b. Of these rooms, how many are bedrooms?	<div>151</div> <div><div>01 <input type="checkbox"/> None</div><div>02 <input type="checkbox"/> One</div><div>03 <input type="checkbox"/> Two</div><div>04 <input type="checkbox"/> Three</div><div>05 <input type="checkbox"/> Four</div><div>06 <input type="checkbox"/> Five</div><div>07 <input type="checkbox"/> Six</div><div>08 <input type="checkbox"/> Seven</div><div>09 <input type="checkbox"/> Eight or more</div></div>

Section I - OCCUPIED UNITS - Continued	
25a. Does this apartment (house) have complete plumbing facilities; that is, hot and cold piped water, a flush toilet, and a bathtub or shower?	152 0 <input type="checkbox"/> Yes, has complete plumbing facilities – GO to 25b 1 <input type="checkbox"/> No, has some but not all facilities in this apartment (house) – SKIP to 25c 2 <input type="checkbox"/> No plumbing facilities in this apartment (house) – SKIP to 26a
b. Are these facilities for the exclusive use of this household or are they also for use by another household?	153 3 <input type="checkbox"/> For the exclusive use of this household 4 <input type="checkbox"/> Also for use by another household
c. Was there any time in the last three months when all the toilets in this apartment (house) were not working for six consecutive hours?	154 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> No toilet in this apartment (house)
26a. Does this apartment (house) have complete kitchen facilities? Complete kitchen facilities include a sink with piped water, a range or cookstove, and a refrigerator.	155 0 <input type="checkbox"/> Yes has complete kitchen facilities – GO to 26b 1 <input type="checkbox"/> No, has some but not all facilities in this apartment (house) – SKIP to 26c 2 <input type="checkbox"/> No kitchen facilities in this apartment (house), but facilities available in building 3 <input type="checkbox"/> No kitchen facilities in this building } SKIP to 27
b. Are these facilities for the exclusive use of this household or are they also for use by another household?	156 4 <input type="checkbox"/> For the exclusive use of this household 5 <input type="checkbox"/> Also for use by another household
c. Are all the kitchen facilities in your apartment (house) functioning?	157 1 <input type="checkbox"/> Yes, all are functioning 2 <input type="checkbox"/> No, one or more is not working at all
27. How is this apartment (house) heated – by fuel oil, utility gas, electricity, or with some other fuel?	158 1 <input type="checkbox"/> Fuel oil 2 <input type="checkbox"/> Utility gas 3 <input type="checkbox"/> Electricity 4 <input type="checkbox"/> Other fuel (including CON ED steam) 5 <input type="checkbox"/> Don't know
28. I have some questions about utility costs. a. (1) Do you pay for your own electricity?	159 1 <input type="checkbox"/> Yes – GO to 28a(2) 2 <input type="checkbox"/> Yes, but combined with gas – Ask for separate estimates; if not possible SKIP to 28c 3 <input type="checkbox"/> No, included in rent, condominium or other fee – SKIP to 28b(1)
(2) What is the average MONTHLY cost?	160 \$ _____ . 00
b. (1) Do you pay for your own gas?	161 1 <input type="checkbox"/> Yes – GO to 28b(2) 2 <input type="checkbox"/> No, included in rent, condominium or other fee 3 <input type="checkbox"/> No, gas not used } SKIP to 28d(1)
(2) What is the average MONTHLY cost?	162 \$ _____ . 00
IMPORTANT – SKIP 28c unless the respondent cannot provide separate estimates for electricity and gas, and pays a combined bill. If separate estimates are available, fill 28a(2) and 28b(2), leave 28c blank, and SKIP to 28d(1).	
c. What is your combined average electricity and gas payment each month?	163 \$ _____ . 00 } Fill this ONLY when separate estimates cannot be given.
d. (1) Do you pay your own water and sewer charges?	164 1 <input type="checkbox"/> Yes – GO to 28d(2) 2 <input type="checkbox"/> No, included in rent, condominium or other fee or no charge – SKIP to 28e(1)
(2) What is the total YEARLY cost?	165 \$ _____ . 00
e. (1) Do you pay for your own oil, coal, kerosene, wood, steam, etc.?	166 1 <input type="checkbox"/> Yes – GO to 28e(2) 2 <input type="checkbox"/> No, included in rent, condominium or other fee 3 <input type="checkbox"/> No, these fuels not used } SKIP to 29a
(2) What is the total YEARLY cost?	167 \$ _____ . 00

Section I - OCCUPIED UNITS - Continued	
29a. In 2010, did this household receive any payments from the Home Energy Assistance Program (HEAP) or any other federal, state, or city program to help pay for some home heating costs?	<div><div>174</div><div><div>1</div><div><input type="checkbox"/> Yes – GO to 29b</div></div><div><div>2</div><div><input type="checkbox"/> No – SKIP to Check Item F</div></div></div>
b. Altogether, how much energy assistance was received in 2010?	<div><div>175</div><div>\$ <div></div> . <div>00</div> Annual Amount</div></div>
<div><div>CHECK ITEM F</div><div><div>REFER TO QUESTION 9 ON PAGE 5</div><div><div><input type="checkbox"/> Owner occupied (question 9a, box 1 marked)</div><div><input type="checkbox"/> Owns co-op shares (question 9b, box 1 marked)</div><div><input type="checkbox"/> Occupy rent free (question 9c, box 3 marked)</div><div><input type="checkbox"/> Pay cash rent (question 9c, box 2 marked) – GO to 30a</div></div><div><div>}</div><div>SKIP to 32a on page 11</div></div></div></div>	
30a. What is the MONTHLY rent? <i>(If rent is paid other than monthly, refer to the manual on how to convert it.)</i>	<div><div>182</div><div>\$ <div></div> . <div>00</div> Per month</div></div>
b. What is the length of the lease on this apartment (house) – – that is, the total time from when the lease began until it will expire?	<div><div>181</div><div><div>1</div><div><input type="checkbox"/> Less than 1 year</div></div><div><div>2</div><div><input type="checkbox"/> 1 year</div></div><div><div>3</div><div><input type="checkbox"/> More than 1 but less than 2 years</div></div><div><div>4</div><div><input type="checkbox"/> 2 years</div></div><div><div>5</div><div><input type="checkbox"/> More than 2 years</div></div><div><div>6</div><div><input type="checkbox"/> No lease</div></div><div><div>7</div><div><input type="checkbox"/> Don't know</div></div></div>
<div>Notes</div>	

Section I – OCCUPIED UNITS – Continued		
31a. Is any part of the monthly rent for this apartment (house) paid by any of the following government programs, either to a member of this household or directly to the landlord?		
(1) Federal Section 8 certificate or voucher program	541	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
(2) Senior Citizen Rent Increase Exemption (SCRIE)	184	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
(3) Advantage (Work Advantage, Child Advantage or Fixed Advantage)	199	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
(4) Public assistance shelter allowance ..	542	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
(5) Housing Stability Plus (HSP)	176	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
(6) Employment Incentive Housing Program (EIHP)	198	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
(7) Long Term Stayers Program (LTSP)	177	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
(8) Jiggetts	197	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
(9) Family Eviction Prevention Supplement (FEPS)	178	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
(10) Another Federal housing subsidy program	543	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
(11) Another state or city housing subsidy program	544	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
b. Of the (amount from question 30a) rent you reported, how much is paid out of pocket by this household? (Out of pocket means the money your household pay for rent over and above any shelter allowance or other government housing subsidy.)	547	\$ _____ 00 0 <input type="checkbox"/> None

Notes

Section I – OCCUPIED UNITS – Continued	
32a. Now, I would like to ask you some questions about the condition of this housing unit. At any time during this winter was there a breakdown in your heating equipment; that is, was it completely unusable for 6 consecutive hours or longer?	185 0 <input type="checkbox"/> Yes – <i>GO to 32b</i> 1 <input type="checkbox"/> No – <i>SKIP to 33</i>
b. How many times did that happen?	186 2 <input type="checkbox"/> One 3 <input type="checkbox"/> Two 4 <input type="checkbox"/> Three 5 <input type="checkbox"/> Four or more times
33. During this winter when your regular heating system was working, did you, at any time, have to use additional sources of heat because your regular system did not provide enough heat? Additional sources may be the kitchen stove, a fireplace, or a portable heater.	187 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
34a. At any time in the last 90 days have you seen any mice or rats or signs of mice or rats in this building?	188 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b. During the past month, about how many cockroaches did you see in this apartment (house) on a typical day?	571 1 <input type="checkbox"/> None 2 <input type="checkbox"/> 1 to 5 3 <input type="checkbox"/> 6 to 19 4 <input type="checkbox"/> 20 or more 5 <input type="checkbox"/> Don't know/Not sure
c. Is this building serviced by an exterminator regularly, only when needed, irregularly, or not at all?	189 1 <input type="checkbox"/> Regularly 2 <input type="checkbox"/> Only when needed 3 <input type="checkbox"/> Irregularly 4 <input type="checkbox"/> Not at all 5 <input type="checkbox"/> Don't know
35. Does this apartment (house) have open cracks or holes in the interior walls or ceiling? Do not include hairline cracks.	190 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
36. Does this apartment (house) have holes in the floors?	191 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
37a. Is there any broken plaster or peeling paint on the ceiling or inside walls?	192 0 <input type="checkbox"/> Yes – <i>GO to 37b</i> 1 <input type="checkbox"/> No – <i>SKIP to 38</i>
b. Is the area of broken plaster or peeling paint larger than 8½ inches by 11 inches? <i>Show unfolded flashcard.</i>	193 2 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
38. Has water leaked into your apartment (house) in the last 12 months, excluding leaks resulting from your own plumbing fixtures backing up or overflowing?	194 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
We are also interested in the condition of your neighborhood. 39. How would you rate the physical condition of the residential structures in this NEIGHBORHOOD – would you say they are on the whole excellent, good, fair, or poor?	196 1 <input type="checkbox"/> Excellent 2 <input type="checkbox"/> Good 3 <input type="checkbox"/> Fair 4 <input type="checkbox"/> Poor
Now in order to better understand the housing situation in the city, we need to learn something about the income, employment, and education level of each household member.	
Notes	
INTERVIEWER: Continue with questions for each person on page 12.	

Section I – OCCUPIED UNITS – Continued				
CHECK ITEM G	40a. Did . . . work at any time last week?	b. How many hours did . . . work last week at all jobs? (Subtract time off; add overtime or extra hours worked)	41. Was . . . TEMPORARILY absent or on layoff from a job last week?	42. Has . . . been doing anything to find work during the last four weeks?
Ask questions 40a–50b of ALL household members age 15 and above. Refer to question 1c on page 2 for each person's age.				
601 1 <input type="checkbox"/> 15 years or older – Ask questions 40a–50b 2 <input type="checkbox"/> Under 15 – SKIP to Check Item H on page 19	201 1 <input type="checkbox"/> Yes – Full or part-time (includes helping without pay in family business) 2 <input type="checkbox"/> No – Did not work (or did only own housework, school work, or volunteer work) – SKIP to 41	211 <div><div></div>Hours – SKIP to 45a</div>	221 1 <input type="checkbox"/> Yes, on layoff 2 <input type="checkbox"/> Yes, on vacation, temporary illness, labor dispute, etc. – SKIP to 45a 3 <input type="checkbox"/> No	231 1 <input type="checkbox"/> Yes – SKIP to 44 2 <input type="checkbox"/> No
602 1 <input type="checkbox"/> 15 years or older – Ask questions 40a–50b 2 <input type="checkbox"/> Under 15 – SKIP to Check Item H on page 19	202 1 <input type="checkbox"/> Yes – Full or part-time (includes helping without pay in family business) 2 <input type="checkbox"/> No – Did not work (or did only own housework, school work, or volunteer work) – SKIP to 41	212 <div><div></div>Hours – SKIP to 45a</div>	222 1 <input type="checkbox"/> Yes, on layoff 2 <input type="checkbox"/> Yes, on vacation, temporary illness, labor dispute, etc. – SKIP to 45a 3 <input type="checkbox"/> No	232 1 <input type="checkbox"/> Yes – SKIP to 44 2 <input type="checkbox"/> No
603 1 <input type="checkbox"/> 15 years or older – Ask questions 40a–50b 2 <input type="checkbox"/> Under 15 – SKIP to Check Item H on page 19	203 1 <input type="checkbox"/> Yes – Full or part-time (includes helping without pay in family business) 2 <input type="checkbox"/> No – Did not work (or did only own housework, school work, or volunteer work) – SKIP to 41	213 <div><div></div>Hours – SKIP to 45a</div>	223 1 <input type="checkbox"/> Yes, on layoff 2 <input type="checkbox"/> Yes, on vacation, temporary illness, labor dispute, etc. – SKIP to 45a 3 <input type="checkbox"/> No	233 1 <input type="checkbox"/> Yes – SKIP to 44 2 <input type="checkbox"/> No
604 1 <input type="checkbox"/> 15 years or older – Ask questions 40a–50b 2 <input type="checkbox"/> Under 15 – SKIP to Check Item H on page 19	204 1 <input type="checkbox"/> Yes – Full or part-time (includes helping without pay in family business) 2 <input type="checkbox"/> No – Did not work (or did only own housework, school work, or volunteer work) – SKIP to 41	214 <div><div></div>Hours – SKIP to 45a</div>	224 1 <input type="checkbox"/> Yes, on layoff 2 <input type="checkbox"/> Yes, on vacation, temporary illness, labor dispute, etc. – SKIP to 45a 3 <input type="checkbox"/> No	234 1 <input type="checkbox"/> Yes – SKIP to 44 2 <input type="checkbox"/> No
605 1 <input type="checkbox"/> 15 years or older – Ask questions 40a–50b 2 <input type="checkbox"/> Under 15 – SKIP to Check Item H on page 19	205 1 <input type="checkbox"/> Yes – Full or part-time (includes helping without pay in family business) 2 <input type="checkbox"/> No – Did not work (or did only own housework, school work, or volunteer work) – SKIP to 41	215 <div><div></div>Hours – SKIP to 45a</div>	225 1 <input type="checkbox"/> Yes, on layoff 2 <input type="checkbox"/> Yes, on vacation, temporary illness, labor dispute, etc. – SKIP to 45a 3 <input type="checkbox"/> No	235 1 <input type="checkbox"/> Yes – SKIP to 44 2 <input type="checkbox"/> No
606 1 <input type="checkbox"/> 15 years or older – Ask questions 40a–50b 2 <input type="checkbox"/> Under 15 – SKIP to Check Item H on page 19	206 1 <input type="checkbox"/> Yes – Full or part-time (includes helping without pay in family business) 2 <input type="checkbox"/> No – Did not work (or did only own housework, school work, or volunteer work) – SKIP to 41	216 <div><div></div>Hours – SKIP to 45a</div>	226 1 <input type="checkbox"/> Yes, on layoff 2 <input type="checkbox"/> Yes, on vacation, temporary illness, labor dispute, etc. – SKIP to 45a 3 <input type="checkbox"/> No	236 1 <input type="checkbox"/> Yes – SKIP to 44 2 <input type="checkbox"/> No
607 1 <input type="checkbox"/> 15 years or older – Ask questions 40a–50b 2 <input type="checkbox"/> Under 15 – SKIP to Check Item H on page 19	207 1 <input type="checkbox"/> Yes – Full or part-time (includes helping without pay in family business) 2 <input type="checkbox"/> No – Did not work (or did only own housework, school work, or volunteer work) – SKIP to 41	217 <div><div></div>Hours – SKIP to 45a</div>	227 1 <input type="checkbox"/> Yes, on layoff 2 <input type="checkbox"/> Yes, on vacation, temporary illness, labor dispute, etc. – SKIP to 45a 3 <input type="checkbox"/> No	237 1 <input type="checkbox"/> Yes – SKIP to 44 2 <input type="checkbox"/> No

Section I – OCCUPIED UNITS – Continued				
43. What is the main reason . . . is not looking for work?	44. When did . . . last work at his/her job or business?	The following questions ask about the job worked last week. <i>If . . . had more than one job, describe the one . . . worked the most hours. If . . . didn't work, refer to the most recent job since 2006.</i>		
		45a. For whom did . . . work? <i>Print the name of the company, employer, business, or branch of armed services if on active duty.</i>	b. What kind of business or industry is this? <i>For example: hospital, newspaper publishing, garment manufacturing, stock brokerage.</i>	c. Is this mainly manufacturing, wholesale trade, retail trade, or something else?
Show Flashcard IV and enter the code. ↗ 631	241 1 <input type="checkbox"/> 2011 2 <input type="checkbox"/> 2010 3 <input type="checkbox"/> 2006–2009 4 <input type="checkbox"/> 2005 or earlier 5 <input type="checkbox"/> Never worked } GO to 45a } SKIP to 49b		Describe the main activity at location where employed. ↗	251 1 <input type="checkbox"/> Manufacturing 2 <input type="checkbox"/> Wholesale trade 3 <input type="checkbox"/> Retail trade 4 <input type="checkbox"/> Other (service, construction, government, etc.)
Show Flashcard IV and enter the code. ↗ 632	242 1 <input type="checkbox"/> 2011 2 <input type="checkbox"/> 2010 3 <input type="checkbox"/> 2006–2009 4 <input type="checkbox"/> 2005 or earlier 5 <input type="checkbox"/> Never worked } GO to 45a } SKIP to 49b		Describe the main activity at location where employed. ↗	252 1 <input type="checkbox"/> Manufacturing 2 <input type="checkbox"/> Wholesale trade 3 <input type="checkbox"/> Retail trade 4 <input type="checkbox"/> Other (service, construction, government, etc.)
Show Flashcard IV and enter the code. ↗ 633	243 1 <input type="checkbox"/> 2011 2 <input type="checkbox"/> 2010 3 <input type="checkbox"/> 2006–2009 4 <input type="checkbox"/> 2005 or earlier 5 <input type="checkbox"/> Never worked } GO to 45a } SKIP to 49b		Describe the main activity at location where employed. ↗	253 1 <input type="checkbox"/> Manufacturing 2 <input type="checkbox"/> Wholesale trade 3 <input type="checkbox"/> Retail trade 4 <input type="checkbox"/> Other (service, construction, government, etc.)
Show Flashcard IV and enter the code. ↗ 634	244 1 <input type="checkbox"/> 2011 2 <input type="checkbox"/> 2010 3 <input type="checkbox"/> 2006–2009 4 <input type="checkbox"/> 2005 or earlier 5 <input type="checkbox"/> Never worked } GO to 45a } SKIP to 49b		Describe the main activity at location where employed. ↗	254 1 <input type="checkbox"/> Manufacturing 2 <input type="checkbox"/> Wholesale trade 3 <input type="checkbox"/> Retail trade 4 <input type="checkbox"/> Other (service, construction, government, etc.)
Show Flashcard IV and enter the code. ↗ 635	245 1 <input type="checkbox"/> 2011 2 <input type="checkbox"/> 2010 3 <input type="checkbox"/> 2006–2009 4 <input type="checkbox"/> 2005 or earlier 5 <input type="checkbox"/> Never worked } GO to 45a } SKIP to 49b		Describe the main activity at location where employed. ↗	255 1 <input type="checkbox"/> Manufacturing 2 <input type="checkbox"/> Wholesale trade 3 <input type="checkbox"/> Retail trade 4 <input type="checkbox"/> Other (service, construction, government, etc.)
Show Flashcard IV and enter the code. ↗ 636	246 1 <input type="checkbox"/> 2011 2 <input type="checkbox"/> 2010 3 <input type="checkbox"/> 2006–2009 4 <input type="checkbox"/> 2005 or earlier 5 <input type="checkbox"/> Never worked } GO to 45a } SKIP to 49b		Describe the main activity at location where employed. ↗	256 1 <input type="checkbox"/> Manufacturing 2 <input type="checkbox"/> Wholesale trade 3 <input type="checkbox"/> Retail trade 4 <input type="checkbox"/> Other (service, construction, government, etc.)
Show Flashcard IV and enter the code. ↗ 637	247 1 <input type="checkbox"/> 2011 2 <input type="checkbox"/> 2010 3 <input type="checkbox"/> 2006–2009 4 <input type="checkbox"/> 2005 or earlier 5 <input type="checkbox"/> Never worked } GO to 45a } SKIP to 49b		Describe the main activity at location where employed. ↗	257 1 <input type="checkbox"/> Manufacturing 2 <input type="checkbox"/> Wholesale trade 3 <input type="checkbox"/> Retail trade 4 <input type="checkbox"/> Other (service, construction, government, etc.)

Section I – OCCUPIED UNITS – Continued		
46a. What kind of work was . . . doing, that is what’s his/her occupation? <i>For example: registered nurse, personnel manager, seamstress, stockbroker.</i>	b. What are . . .’s usual activities at this job? <i>For example: patient care, directing hiring policies, stitching pants, selling stock.</i>	47. What type of business or organization does . . . work at? <i>Read all categories unless the answer is apparent from the information given in question 45, then mark (X) the appropriate box.</i>
261 	271 	281 1 <input type="checkbox"/> Private FOR PROFIT company, business, or individual for wages, salary, or commission 2 <input type="checkbox"/> Private NOT-FOR-PROFIT, tax-exempt, or charitable organization 3 <input type="checkbox"/> Government – Federal 4 <input type="checkbox"/> Government – State or local (city, borough, etc.) 5 <input type="checkbox"/> Self-employed in own incorporated or unincorporated business or professional practice 6 <input type="checkbox"/> Working without pay in family business
262 	272 	282 1 <input type="checkbox"/> Private FOR PROFIT company, business, or individual for wages, salary, or commission 2 <input type="checkbox"/> Private NOT-FOR-PROFIT, tax-exempt, or charitable organization 3 <input type="checkbox"/> Government – Federal 4 <input type="checkbox"/> Government – State or local (city, borough, etc.) 5 <input type="checkbox"/> Self-employed in own incorporated or unincorporated business or professional practice 6 <input type="checkbox"/> Working without pay in family business
263 	273 	283 1 <input type="checkbox"/> Private FOR PROFIT company, business, or individual for wages, salary, or commission 2 <input type="checkbox"/> Private NOT-FOR-PROFIT, tax-exempt, or charitable organization 3 <input type="checkbox"/> Government – Federal 4 <input type="checkbox"/> Government – State or local (city, borough, etc.) 5 <input type="checkbox"/> Self-employed in own incorporated or unincorporated business or professional practice 6 <input type="checkbox"/> Working without pay in family business
264 	274 	284 1 <input type="checkbox"/> Private FOR PROFIT company, business, or individual for wages, salary, or commission 2 <input type="checkbox"/> Private NOT-FOR-PROFIT, tax-exempt, or charitable organization 3 <input type="checkbox"/> Government – Federal 4 <input type="checkbox"/> Government – State or local (city, borough, etc.) 5 <input type="checkbox"/> Self-employed in own incorporated or unincorporated business or professional practice 6 <input type="checkbox"/> Working without pay in family business
265 	275 	285 1 <input type="checkbox"/> Private FOR PROFIT company, business, or individual for wages, salary, or commission 2 <input type="checkbox"/> Private NOT-FOR-PROFIT, tax-exempt, or charitable organization 3 <input type="checkbox"/> Government – Federal 4 <input type="checkbox"/> Government – State or local (city, borough, etc.) 5 <input type="checkbox"/> Self-employed in own incorporated or unincorporated business or professional practice 6 <input type="checkbox"/> Working without pay in family business
266 	276 	286 1 <input type="checkbox"/> Private FOR PROFIT company, business, or individual for wages, salary, or commission 2 <input type="checkbox"/> Private NOT-FOR-PROFIT, tax-exempt, or charitable organization 3 <input type="checkbox"/> Government – Federal 4 <input type="checkbox"/> Government – State or local (city, borough, etc.) 5 <input type="checkbox"/> Self-employed in own incorporated or unincorporated business or professional practice 6 <input type="checkbox"/> Working without pay in family business
267 	277 	287 1 <input type="checkbox"/> Private FOR PROFIT company, business, or individual for wages, salary, or commission 2 <input type="checkbox"/> Private NOT-FOR-PROFIT, tax-exempt, or charitable organization 3 <input type="checkbox"/> Government – Federal 4 <input type="checkbox"/> Government – State or local (city, borough, etc.) 5 <input type="checkbox"/> Self-employed in own incorporated or unincorporated business or professional practice 6 <input type="checkbox"/> Working without pay in family business

Section I – OCCUPIED UNITS – Continued	
48a. How many weeks did . . . work in 2010? <i>Count paid vacation, paid sick leave, and military service.</i>	b. How many hours did . . . usually work each week in 2010?
291 <div><div></div>Weeks or <input type="checkbox"/> None –SKIP to 49b</div>	301 <div><div></div>Hours</div>
292 <div><div></div>Weeks or <input type="checkbox"/> None –SKIP to 49b</div>	302 <div><div></div>Hours</div>
293 <div><div></div>Weeks or <input type="checkbox"/> None –SKIP to 49b</div>	303 <div><div></div>Hours</div>
294 <div><div></div>Weeks or <input type="checkbox"/> None –SKIP to 49b</div>	304 <div><div></div>Hours</div>
295 <div><div></div>Weeks or <input type="checkbox"/> None –SKIP to 49b</div>	305 <div><div></div>Hours</div>
296 <div><div></div>Weeks or <input type="checkbox"/> None –SKIP to 49b</div>	306 <div><div></div>Hours</div>
297 <div><div></div>Weeks or <input type="checkbox"/> None –SKIP to 49b</div>	307 <div><div></div>Hours</div>

Section I – OCCUPIED UNITS – Continued		
The following questions are about income received during 2010? If an exact amount is not known, accept a best estimate. If there was a net loss in b or c, mark the "Loss" box and enter the dollar amount of the loss.		
49a. Did . . . earn income from wages, salary, commissions, bonuses, or tips?	b. Did . . . earn any income from (his/her) own farm or nonfarm business, proprietorship, or partnership?	c. Did . . . receive any interest, dividends, net rental or royalty income, or income from estates and trusts? Include even small amounts credited to an account.
<div><input type="checkbox"/> Yes – How much from all jobs? Report the amount before deductions for taxes, bonds, dues or other items ↗</div> <div>311 \$ 00</div> <div>Annual amount – Dollars</div> <div>312 1 <input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes – How much? Report net income after business expenses ↗</div> <div>331 \$ 00</div> <div>Annual amount – Dollars</div> <div>332 1 <input type="checkbox"/> No</div> <div>2 <input type="checkbox"/> Loss</div>	<div><input type="checkbox"/> Yes – How much? ↗</div> <div>351 \$ 00</div> <div>Annual amount – Dollars</div> <div>352 1 <input type="checkbox"/> No</div> <div>2 <input type="checkbox"/> Loss</div>
<div><input type="checkbox"/> Yes – How much from all jobs? Report the amount before deductions for taxes, bonds, dues or other items ↗</div> <div>313 \$ 00</div> <div>Annual amount – Dollars</div> <div>314 1 <input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes – How much? Report net income after business expenses ↗</div> <div>333 \$ 00</div> <div>Annual amount – Dollars</div> <div>334 1 <input type="checkbox"/> No</div> <div>2 <input type="checkbox"/> Loss</div>	<div><input type="checkbox"/> Yes – How much? ↗</div> <div>353 \$ 00</div> <div>Annual amount – Dollars</div> <div>354 1 <input type="checkbox"/> No</div> <div>2 <input type="checkbox"/> Loss</div>
<div><input type="checkbox"/> Yes – How much from all jobs? Report the amount before deductions for taxes, bonds, dues or other items ↗</div> <div>315 \$ 00</div> <div>Annual amount – Dollars</div> <div>316 1 <input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes – How much? Report net income after business expenses ↗</div> <div>335 \$ 00</div> <div>Annual amount – Dollars</div> <div>336 1 <input type="checkbox"/> No</div> <div>2 <input type="checkbox"/> Loss</div>	<div><input type="checkbox"/> Yes – How much? ↗</div> <div>355 \$ 00</div> <div>Annual amount – Dollars</div> <div>356 1 <input type="checkbox"/> No</div> <div>2 <input type="checkbox"/> Loss</div>
<div><input type="checkbox"/> Yes – How much from all jobs? Report the amount before deductions for taxes, bonds, dues or other items ↗</div> <div>317 \$ 00</div> <div>Annual amount – Dollars</div> <div>318 1 <input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes – How much? Report net income after business expenses ↗</div> <div>337 \$ 00</div> <div>Annual amount – Dollars</div> <div>338 1 <input type="checkbox"/> No</div> <div>2 <input type="checkbox"/> Loss</div>	<div><input type="checkbox"/> Yes – How much? ↗</div> <div>357 \$ 00</div> <div>Annual amount – Dollars</div> <div>358 1 <input type="checkbox"/> No</div> <div>2 <input type="checkbox"/> Loss</div>
<div><input type="checkbox"/> Yes – How much from all jobs? Report the amount before deductions for taxes, bonds, dues or other items ↗</div> <div>319 \$ 00</div> <div>Annual amount – Dollars</div> <div>320 1 <input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes – How much? Report net income after business expenses ↗</div> <div>339 \$ 00</div> <div>Annual amount – Dollars</div> <div>340 1 <input type="checkbox"/> No</div> <div>2 <input type="checkbox"/> Loss</div>	<div><input type="checkbox"/> Yes – How much? ↗</div> <div>359 \$ 00</div> <div>Annual amount – Dollars</div> <div>360 1 <input type="checkbox"/> No</div> <div>2 <input type="checkbox"/> Loss</div>
<div><input type="checkbox"/> Yes – How much from all jobs? Report the amount before deductions for taxes, bonds, dues or other items ↗</div> <div>321 \$ 00</div> <div>Annual amount – Dollars</div> <div>322 1 <input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes – How much? Report net income after business expenses ↗</div> <div>341 \$ 00</div> <div>Annual amount – Dollars</div> <div>342 1 <input type="checkbox"/> No</div> <div>2 <input type="checkbox"/> Loss</div>	<div><input type="checkbox"/> Yes – How much? ↗</div> <div>361 \$ 00</div> <div>Annual amount – Dollars</div> <div>362 1 <input type="checkbox"/> No</div> <div>2 <input type="checkbox"/> Loss</div>
<div><input type="checkbox"/> Yes – How much from all jobs? Report the amount before deductions for taxes, bonds, dues or other items ↗</div> <div>323 \$ 00</div> <div>Annual amount – Dollars</div> <div>324 1 <input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes – How much? Report net income after business expenses ↗</div> <div>343 \$ 00</div> <div>Annual amount – Dollars</div> <div>344 1 <input type="checkbox"/> No</div> <div>2 <input type="checkbox"/> Loss</div>	<div><input type="checkbox"/> Yes – How much? ↗</div> <div>363 \$ 00</div> <div>Annual amount – Dollars</div> <div>364 1 <input type="checkbox"/> No</div> <div>2 <input type="checkbox"/> Loss</div>

Section I – OCCUPIED UNITS – Continued		
49d. Did . . . receive any Social Security or Railroad Retirement payments? Include payments as a retired worker, dependent, or disabled worker.	e. Did . . . receive any income from government programs for Supplemental Security Income (SSI), Family Assistance/Temporary Assistance for Needy Families (TANF), Safety Net, or any other public assistance or public welfare payments, including shelter allowance?	f. Did . . . receive any income from retirement, survivor, or disability pensions? Include payments from companies, unions, Federal, State, or local governments and the U.S. military. Do NOT include Social Security.
<div><input type="checkbox"/> Yes – How much? ↗</div> <div><div>371</div><div>\$</div><div><div></div><div>00</div></div><div>Annual amount – Dollars</div></div> <div><div>372</div><div>1</div><div><input type="checkbox"/> No</div></div>	<div><input type="checkbox"/> Yes – How much? ↗</div> <div><div>391</div><div>\$</div><div><div></div><div>00</div></div><div>Annual amount – Dollars</div></div> <div><div>392</div><div>1</div><div><input type="checkbox"/> No</div></div>	<div><input type="checkbox"/> Yes – How much? ↗</div> <div><div>411</div><div>\$</div><div><div></div><div>00</div></div><div>Annual amount – Dollars</div></div> <div><div>412</div><div>1</div><div><input type="checkbox"/> No</div></div>
<div><input type="checkbox"/> Yes – How much? ↗</div> <div><div>373</div><div>\$</div><div><div></div><div>00</div></div><div>Annual amount – Dollars</div></div> <div><div>374</div><div>1</div><div><input type="checkbox"/> No</div></div>	<div><input type="checkbox"/> Yes – How much? ↗</div> <div><div>393</div><div>\$</div><div><div></div><div>00</div></div><div>Annual amount – Dollars</div></div> <div><div>394</div><div>1</div><div><input type="checkbox"/> No</div></div>	<div><input type="checkbox"/> Yes – How much? ↗</div> <div><div>413</div><div>\$</div><div><div></div><div>00</div></div><div>Annual amount – Dollars</div></div> <div><div>414</div><div>1</div><div><input type="checkbox"/> No</div></div>
<div><input type="checkbox"/> Yes – How much? ↗</div> <div><div>375</div><div>\$</div><div><div></div><div>00</div></div><div>Annual amount – Dollars</div></div> <div><div>376</div><div>1</div><div><input type="checkbox"/> No</div></div>	<div><input type="checkbox"/> Yes – How much? ↗</div> <div><div>395</div><div>\$</div><div><div></div><div>00</div></div><div>Annual amount – Dollars</div></div> <div><div>396</div><div>1</div><div><input type="checkbox"/> No</div></div>	<div><input type="checkbox"/> Yes – How much? ↗</div> <div><div>415</div><div>\$</div><div><div></div><div>00</div></div><div>Annual amount – Dollars</div></div> <div><div>416</div><div>1</div><div><input type="checkbox"/> No</div></div>
<div><input type="checkbox"/> Yes – How much? ↗</div> <div><div>377</div><div>\$</div><div><div></div><div>00</div></div><div>Annual amount – Dollars</div></div> <div><div>378</div><div>1</div><div><input type="checkbox"/> No</div></div>	<div><input type="checkbox"/> Yes – How much? ↗</div> <div><div>397</div><div>\$</div><div><div></div><div>00</div></div><div>Annual amount – Dollars</div></div> <div><div>398</div><div>1</div><div><input type="checkbox"/> No</div></div>	<div><input type="checkbox"/> Yes – How much? ↗</div> <div><div>417</div><div>\$</div><div><div></div><div>00</div></div><div>Annual amount – Dollars</div></div> <div><div>418</div><div>1</div><div><input type="checkbox"/> No</div></div>
<div><input type="checkbox"/> Yes – How much? ↗</div> <div><div>379</div><div>\$</div><div><div></div><div>00</div></div><div>Annual amount – Dollars</div></div> <div><div>380</div><div>1</div><div><input type="checkbox"/> No</div></div>	<div><input type="checkbox"/> Yes – How much? ↗</div> <div><div>399</div><div>\$</div><div><div></div><div>00</div></div><div>Annual amount – Dollars</div></div> <div><div>400</div><div>1</div><div><input type="checkbox"/> No</div></div>	<div><input type="checkbox"/> Yes – How much? ↗</div> <div><div>419</div><div>\$</div><div><div></div><div>00</div></div><div>Annual amount – Dollars</div></div> <div><div>420</div><div>1</div><div><input type="checkbox"/> No</div></div>
<div><input type="checkbox"/> Yes – How much? ↗</div> <div><div>381</div><div>\$</div><div><div></div><div>00</div></div><div>Annual amount – Dollars</div></div> <div><div>382</div><div>1</div><div><input type="checkbox"/> No</div></div>	<div><input type="checkbox"/> Yes – How much? ↗</div> <div><div>401</div><div>\$</div><div><div></div><div>00</div></div><div>Annual amount – Dollars</div></div> <div><div>402</div><div>1</div><div><input type="checkbox"/> No</div></div>	<div><input type="checkbox"/> Yes – How much? ↗</div> <div><div>421</div><div>\$</div><div><div></div><div>00</div></div><div>Annual amount – Dollars</div></div> <div><div>422</div><div>1</div><div><input type="checkbox"/> No</div></div>
<div><input type="checkbox"/> Yes – How much? ↗</div> <div><div>383</div><div>\$</div><div><div></div><div>00</div></div><div>Annual amount – Dollars</div></div> <div><div>384</div><div>1</div><div><input type="checkbox"/> No</div></div>	<div><input type="checkbox"/> Yes – How much? ↗</div> <div><div>403</div><div>\$</div><div><div></div><div>00</div></div><div>Annual amount – Dollars</div></div> <div><div>404</div><div>1</div><div><input type="checkbox"/> No</div></div>	<div><input type="checkbox"/> Yes – How much? ↗</div> <div><div>423</div><div>\$</div><div><div></div><div>00</div></div><div>Annual amount – Dollars</div></div> <div><div>424</div><div>1</div><div><input type="checkbox"/> No</div></div>

Section I – OCCUPIED UNITS – Continued	
49g. Did . . . receive any income from Veterans’ (VA) payments, unemployment compensation, child support, alimony, or any other regular source of income? Do NOT include lump-sum payments such as money from an inheritance or the sale of a home.	50a. Are you/ls . . . currently enrolled, either part-time or full time in any of these? <i>(Read categories and mark all that apply)</i>
<div><input type="checkbox"/> Yes – How much? </div> <div><div>431</div><div>\$ <div></div>00</div><div>Annual amount – Dollars</div></div> <div><div>432</div><div>1 <input type="checkbox"/> No</div></div>	<div><div>663</div><div>1 <input type="checkbox"/> GED program</div><div>2 <input type="checkbox"/> High school</div><div>3 <input type="checkbox"/> College</div><div>4 <input type="checkbox"/> Graduate or professional degree program</div><div>5 <input type="checkbox"/> Occupational, vocational, or apprenticeship program</div><div>6 <input type="checkbox"/> Literacy or ESL program</div><div>7 <input type="checkbox"/> No, not enrolled</div></div>
<div><input type="checkbox"/> Yes – How much? </div> <div><div>433</div><div>\$ <div></div>00</div><div>Annual amount – Dollars</div></div> <div><div>434</div><div>1 <input type="checkbox"/> No</div></div>	<div><div>664</div><div>1 <input type="checkbox"/> GED program</div><div>2 <input type="checkbox"/> High school</div><div>3 <input type="checkbox"/> College</div><div>4 <input type="checkbox"/> Graduate or professional degree program</div><div>5 <input type="checkbox"/> Occupational, vocational, or apprenticeship program</div><div>6 <input type="checkbox"/> Literacy or ESL program</div><div>7 <input type="checkbox"/> No, not enrolled</div></div>
<div><input type="checkbox"/> Yes – How much? </div> <div><div>435</div><div>\$ <div></div>00</div><div>Annual amount – Dollars</div></div> <div><div>436</div><div>1 <input type="checkbox"/> No</div></div>	<div><div>665</div><div>1 <input type="checkbox"/> GED program</div><div>2 <input type="checkbox"/> High school</div><div>3 <input type="checkbox"/> College</div><div>4 <input type="checkbox"/> Graduate or professional degree program</div><div>5 <input type="checkbox"/> Occupational, vocational, or apprenticeship program</div><div>6 <input type="checkbox"/> Literacy or ESL program</div><div>7 <input type="checkbox"/> No, not enrolled</div></div>
<div><input type="checkbox"/> Yes – How much? </div> <div><div>437</div><div>\$ <div></div>00</div><div>Annual amount – Dollars</div></div> <div><div>438</div><div>1 <input type="checkbox"/> No</div></div>	<div><div>666</div><div>1 <input type="checkbox"/> GED program</div><div>2 <input type="checkbox"/> High school</div><div>3 <input type="checkbox"/> College</div><div>4 <input type="checkbox"/> Graduate or professional degree program</div><div>5 <input type="checkbox"/> Occupational, vocational, or apprenticeship program</div><div>6 <input type="checkbox"/> Literacy or ESL program</div><div>7 <input type="checkbox"/> No, not enrolled</div></div>
<div><input type="checkbox"/> Yes – How much? </div> <div><div>439</div><div>\$ <div></div>00</div><div>Annual amount – Dollars</div></div> <div><div>440</div><div>1 <input type="checkbox"/> No</div></div>	<div><div>667</div><div>1 <input type="checkbox"/> GED program</div><div>2 <input type="checkbox"/> High school</div><div>3 <input type="checkbox"/> College</div><div>4 <input type="checkbox"/> Graduate or professional degree program</div><div>5 <input type="checkbox"/> Occupational, vocational, or apprenticeship program</div><div>6 <input type="checkbox"/> Literacy or ESL program</div><div>7 <input type="checkbox"/> No, not enrolled</div></div>
<div><input type="checkbox"/> Yes – How much? </div> <div><div>441</div><div>\$ <div></div>00</div><div>Annual amount – Dollars</div></div> <div><div>442</div><div>1 <input type="checkbox"/> No</div></div>	<div><div>668</div><div>1 <input type="checkbox"/> GED program</div><div>2 <input type="checkbox"/> High school</div><div>3 <input type="checkbox"/> College</div><div>4 <input type="checkbox"/> Graduate or professional degree program</div><div>5 <input type="checkbox"/> Occupational, vocational, or apprenticeship program</div><div>6 <input type="checkbox"/> Literacy or ESL program</div><div>7 <input type="checkbox"/> No, not enrolled</div></div>
<div><input type="checkbox"/> Yes – How much? </div> <div><div>443</div><div>\$ <div></div>00</div><div>Annual amount – Dollars</div></div> <div><div>444</div><div>1 <input type="checkbox"/> No</div></div>	<div><div>669</div><div>1 <input type="checkbox"/> GED program</div><div>2 <input type="checkbox"/> High school</div><div>3 <input type="checkbox"/> College</div><div>4 <input type="checkbox"/> Graduate or professional degree program</div><div>5 <input type="checkbox"/> Occupational, vocational, or apprenticeship program</div><div>6 <input type="checkbox"/> Literacy or ESL program</div><div>7 <input type="checkbox"/> No, not enrolled</div></div>

Section I – OCCUPIED UNITS – Continued		
50b. How much school have you/has . . . completed?		CHECK ITEM H
		Is this the last person listed?
471	<div><div><div>01 <input type="checkbox"/> No school completed</div><div>02 <input type="checkbox"/> Up to 6th grade</div><div>03 <input type="checkbox"/> 7th or 8th grade</div><div>04 <input type="checkbox"/> 9th, 10th, 11th, or 12th grade but no H.S. diploma</div><div>05 <input type="checkbox"/> H.S. diploma</div></div><div><div>06 <input type="checkbox"/> Some college but no degree</div><div>07 <input type="checkbox"/> Associate degree</div><div>08 <input type="checkbox"/> College graduate</div><div>09 <input type="checkbox"/> Some graduate/professional training</div><div>10 <input type="checkbox"/> Graduate/professional degree</div></div></div>	<div><div><input type="checkbox"/> Yes – GO to 51</div><div><input type="checkbox"/> No – Return to Check Item G on page 12 for the next person</div></div>
472	<div><div><div>01 <input type="checkbox"/> No school completed</div><div>02 <input type="checkbox"/> Up to 6th grade</div><div>03 <input type="checkbox"/> 7th or 8th grade</div><div>04 <input type="checkbox"/> 9th, 10th, 11th, or 12th grade but no H.S. diploma</div><div>05 <input type="checkbox"/> H.S. diploma</div></div><div><div>06 <input type="checkbox"/> Some college but no degree</div><div>07 <input type="checkbox"/> Associate degree</div><div>08 <input type="checkbox"/> College graduate</div><div>09 <input type="checkbox"/> Some graduate/professional training</div><div>10 <input type="checkbox"/> Graduate/professional degree</div></div></div>	<div><div><input type="checkbox"/> Yes – GO to 51</div><div><input type="checkbox"/> No – Return to Check Item G on page 12 for the next person</div></div>
473	<div><div><div>01 <input type="checkbox"/> No school completed</div><div>02 <input type="checkbox"/> Up to 6th grade</div><div>03 <input type="checkbox"/> 7th or 8th grade</div><div>04 <input type="checkbox"/> 9th, 10th, 11th, or 12th grade but no H.S. diploma</div><div>05 <input type="checkbox"/> H.S. diploma</div></div><div><div>06 <input type="checkbox"/> Some college but no degree</div><div>07 <input type="checkbox"/> Associate degree</div><div>08 <input type="checkbox"/> College graduate</div><div>09 <input type="checkbox"/> Some graduate/professional training</div><div>10 <input type="checkbox"/> Graduate/professional degree</div></div></div>	<div><div><input type="checkbox"/> Yes – GO to 51</div><div><input type="checkbox"/> No – Return to Check Item G on page 12 for the next person</div></div>
474	<div><div><div>01 <input type="checkbox"/> No school completed</div><div>02 <input type="checkbox"/> Up to 6th grade</div><div>03 <input type="checkbox"/> 7th or 8th grade</div><div>04 <input type="checkbox"/> 9th, 10th, 11th, or 12th grade but no H.S. diploma</div><div>05 <input type="checkbox"/> H.S. diploma</div></div><div><div>06 <input type="checkbox"/> Some college but no degree</div><div>07 <input type="checkbox"/> Associate degree</div><div>08 <input type="checkbox"/> College graduate</div><div>09 <input type="checkbox"/> Some graduate/professional training</div><div>10 <input type="checkbox"/> Graduate/professional degree</div></div></div>	<div><div><input type="checkbox"/> Yes – GO to 51</div><div><input type="checkbox"/> No – Return to Check Item G on page 12 for the next person</div></div>
475	<div><div><div>01 <input type="checkbox"/> No school completed</div><div>02 <input type="checkbox"/> Up to 6th grade</div><div>03 <input type="checkbox"/> 7th or 8th grade</div><div>04 <input type="checkbox"/> 9th, 10th, 11th, or 12th grade but no H.S. diploma</div><div>05 <input type="checkbox"/> H.S. diploma</div></div><div><div>06 <input type="checkbox"/> Some college but no degree</div><div>07 <input type="checkbox"/> Associate degree</div><div>08 <input type="checkbox"/> College graduate</div><div>09 <input type="checkbox"/> Some graduate/professional training</div><div>10 <input type="checkbox"/> Graduate/professional degree</div></div></div>	<div><div><input type="checkbox"/> Yes – GO to 51</div><div><input type="checkbox"/> No – Return to Check Item G on page 12 for the next person</div></div>
476	<div><div><div>01 <input type="checkbox"/> No school completed</div><div>02 <input type="checkbox"/> Up to 6th grade</div><div>03 <input type="checkbox"/> 7th or 8th grade</div><div>04 <input type="checkbox"/> 9th, 10th, 11th, or 12th grade but no H.S. diploma</div><div>05 <input type="checkbox"/> H.S. diploma</div></div><div><div>06 <input type="checkbox"/> Some college but no degree</div><div>07 <input type="checkbox"/> Associate degree</div><div>08 <input type="checkbox"/> College graduate</div><div>09 <input type="checkbox"/> Some graduate/professional training</div><div>10 <input type="checkbox"/> Graduate/professional degree</div></div></div>	<div><div><input type="checkbox"/> Yes – GO to 51</div><div><input type="checkbox"/> No – Return to Check Item G on page 12 for the next person</div></div>
477	<div><div><div>01 <input type="checkbox"/> No school completed</div><div>02 <input type="checkbox"/> Up to 6th grade</div><div>03 <input type="checkbox"/> 7th or 8th grade</div><div>04 <input type="checkbox"/> 9th, 10th, 11th, or 12th grade but no H.S. diploma</div><div>05 <input type="checkbox"/> H.S. diploma</div></div><div><div>06 <input type="checkbox"/> Some college but no degree</div><div>07 <input type="checkbox"/> Associate degree</div><div>08 <input type="checkbox"/> College graduate</div><div>09 <input type="checkbox"/> Some graduate/professional training</div><div>10 <input type="checkbox"/> Graduate/professional degree</div></div></div>	<div><div><input type="checkbox"/> Yes – GO to 51</div><div><input type="checkbox"/> No – Return to Check Item G on page 12 for the next person</div></div>

Section I – OCCUPIED UNITS – Continued			
51. Does anyone in this household (including children under age 15) receive public assistance or welfare payments from any of the following?			
a. Temporary Assistance for Needy Families (TANF), or Family Assistance	548	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
b. Safety Net Assistance	549	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
c. Supplemental Security Income (SSI), including aid to the blind or disabled	550	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
d. Other – Specify <u>✓</u>	551	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
52a. Is there a land-line telephone in this apartment (house)? Do not count cellular phones, or any phone line that is used only for a computer or fax machine.		575 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	
b. How many adults (age 18 and over) in this household have a cell phone for personal use? <i>If an individual shares a cell phone, count the adult if he or she has it for at least one-third of the time.</i>		570 <div><div></div><div></div></div> Persons 00 <input type="checkbox"/> None	
53a. Would you say that, in general, your health is excellent, very good, good, fair, or poor?		574 1 <input type="checkbox"/> Excellent 2 <input type="checkbox"/> Very good 3 <input type="checkbox"/> Good 4 <input type="checkbox"/> Fair 5 <input type="checkbox"/> Poor 6 <input type="checkbox"/> Don't know	
b. Did you postpone any of the following types of health care for financial reasons during the past year? (Read items 1 – 5 below and mark Yes or No for each.)			
(1) Dental	647	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
(2) Preventive care/check-up	648	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
(3) Mental Health	649	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
(4) Treatment or diagnosis of illness or health condition	650	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
(5) Prescription Drugs	651	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
<div>CHECK ITEM I</div> REFER TO ROSTER ON PAGE 2 FOR ANY PERSON AGED 65 OR OVER. <input type="checkbox"/> No person age 65 or over – SKIP to Check Item J <input type="checkbox"/> At least one person age 65 or over – GO to 53c			
IN HOUSEHOLDS WITH AT LEAST 1 ADULT AGED 65+:			
53c. In the bathroom that is used the most by the person(s) age 65 or over, are grab bars located near the toilet or in the shower or bathtub?		537 1 <input type="checkbox"/> Yes – near the toilet only 2 <input type="checkbox"/> Yes – in shower or tub only 3 <input type="checkbox"/> Yes – in both shower or tub and near toilet 4 <input type="checkbox"/> No 5 <input type="checkbox"/> Don't know	
d. In the past 3 months has a member of your household who is 65 years of age or older fallen in the home? (A fall is when a person accidentally drops to the floor or ground, or to any other lower level.)		538 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	
<div>CHECK ITEM J</div> REFER TO QUESTION 7a ON PAGE 5 FOR THE REFERENCE PERSON <input type="checkbox"/> Born in New York City (box 07 marked) – SKIP to Check Item K on page 21 <input type="checkbox"/> Born in U.S. outside New York City (box 09 or 10 marked) – SKIP to 55 on page 21 <input type="checkbox"/> Born outside U.S. (box 11–26 marked) – GO to 54a			

Section I - OCCUPIED UNITS - Continued	
54a. Did . . . (reference person) move to the United States as an immigrant?	560 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b. In what year did . . . (reference person) move to the United States?	561 <div></div>
55. In what year did . . . (reference person) move to New York City? (most recent move if more than one)	562 <div></div>
CHECK ITEM K	REFER TO QUESTION 9 ON PAGE 5
<div><input type="checkbox"/> Owner occupied (question 9a, box 1 marked)</div> <div><input type="checkbox"/> Owns co-op shares (question 9b, box 1 marked)</div> <div><input type="checkbox"/> Occupy rent free (question 9c, box 3 marked)</div> <div><input type="checkbox"/> Pay cash rent (question 9c, box 2 marked)</div> <div>} GO to Question 56</div> <div>} SKIP to Closing Statement on page 22</div>	
56. In the last year (2010), how much was spent by this household on any of the following types of routine maintenance or repairs to this apartment (house)?	
a. Interior or exterior painting	680 \$ <div></div> . <div>00</div> <div>0000000 <input type="checkbox"/> None</div>
b. Repairs to the plumbing (such as fixing leaks and unclogging pipes and drains)	681 \$ <div></div> . <div>00</div> <div>0000000 <input type="checkbox"/> None</div>
c. Repairs to the roof, cornice, or chimney	682 \$ <div></div> . <div>00</div> <div>0000000 <input type="checkbox"/> None</div>
d. Repairs or maintenance to the heating or air conditioning equipment	683 \$ <div></div> . <div>00</div> <div>0000000 <input type="checkbox"/> None</div>
e. Repairs to interior or exterior stairways (such as steps, railings, and banisters)	684 \$ <div></div> . <div>00</div> <div>0000000 <input type="checkbox"/> None</div>
f. Repairs to interior walls, floors, or carpeting	685 \$ <div></div> . <div>00</div> <div>0000000 <input type="checkbox"/> None</div>
g. Repairs or maintenance to sidewalks, driveways, decks, patios or fences	686 \$ <div></div> . <div>00</div> <div>0000000 <input type="checkbox"/> None</div>
h. Cost for extermination services or pest control	687 \$ <div></div> . <div>00</div> <div>0000000 <input type="checkbox"/> None</div>
i. Cost for lawn service and snow removal	688 \$ <div></div> . <div>00</div> <div>0000000 <input type="checkbox"/> None</div>
j. Other routine maintenance or repairs (such as costs for repairs to washing machines, dryers, refrigerators, stoves, and security equipment)	689 \$ <div></div> . <div>00</div> <div>0000000 <input type="checkbox"/> None</div>
Notes	

Section I – OCCUPIED UNITS – Continued	
57. In the last 3 years (2008–2010), how much was spent by this household on capital improvements to this apartment (house)? <i>Capital improvements are additions to the property that increase the value or upgrade the facilities.</i>	
a. New or upgraded heating or air conditioning system or equipment	<div>690</div> <div>\$</div> <div></div> <div>.</div> <div>00</div> <div>0000000</div> <div><input type="checkbox"/> None</div>
b. New or upgraded bathroom facilities	<div>691</div> <div>\$</div> <div></div> <div>.</div> <div>00</div> <div>0000000</div> <div><input type="checkbox"/> None</div>
c. New or upgraded kitchen facilities	<div>692</div> <div>\$</div> <div></div> <div>.</div> <div>00</div> <div>0000000</div> <div><input type="checkbox"/> None</div>
d. New or upgraded laundry facilities	<div>693</div> <div>\$</div> <div></div> <div>.</div> <div>00</div> <div>0000000</div> <div><input type="checkbox"/> None</div>
e. New roof, siding or stucco	<div>694</div> <div>\$</div> <div></div> <div>.</div> <div>00</div> <div>0000000</div> <div><input type="checkbox"/> None</div>
f. Upgraded electrical system <i>(such as rewiring the apartment (house))</i>	<div>695</div> <div>\$</div> <div></div> <div>.</div> <div>00</div> <div>0000000</div> <div><input type="checkbox"/> None</div>
g. New or upgraded security system	<div>696</div> <div>\$</div> <div></div> <div>.</div> <div>00</div> <div>0000000</div> <div><input type="checkbox"/> None</div>
h. New or upgraded windows or doors	<div>697</div> <div>\$</div> <div></div> <div>.</div> <div>00</div> <div>0000000</div> <div><input type="checkbox"/> None</div>
i. Removal of environmental hazards <i>(such as lead paint, asbestos, radon, mold, etc.)</i>	<div>698</div> <div>\$</div> <div></div> <div>.</div> <div>00</div> <div>0000000</div> <div><input type="checkbox"/> None</div>
j. Other capital improvements <i>(such as new stairs, new carpeting, accessibility improvements, or energy saving devices, etc.)</i>	<div>699</div> <div>\$</div> <div></div> <div>.</div> <div>00</div> <div>0000000</div> <div><input type="checkbox"/> None</div>
<div>CLOSING STATEMENT</div> <div>Thank you for answering the survey questions. Before I turn it in, I'll review this form to make certain I didn't skip anything. If I did, it would be easier to call you back rather than return here. Would you please give me your phone number in case I need to follow-up?</div> <div><div>Area code</div><div>029</div><div>Number</div><div></div><div>–</div><div></div></div>	
END INTERVIEW. Fill items N and O on the front cover.	
Notes	

Section II – VACANT UNITS	
58. If this apartment (house) is occupied, will it be the first occupancy since its construction, gut rehabilitation, or creation through conversion?	<div>518</div> <div><div><input type="checkbox"/> 1 Yes, first occupancy</div><div><input type="checkbox"/> 2 No, previously occupied</div><div><input type="checkbox"/> 3 Don't know</div></div>
NOTE – Questions 59–61a, 62a and 62b pertain to the building. Be certain to mark (X) the same box for each form in the same building.	
59. How many units are in this building? <i>If the respondent doesn't know, canvass the building and count the units.</i>	<div>519</div> <div><div><input type="checkbox"/> 01 1 unit without business</div><div><input type="checkbox"/> 02 1 unit with business</div><div><input type="checkbox"/> 03 2 units without business</div><div><input type="checkbox"/> 04 2 units with business</div><div><input type="checkbox"/> 05 3 units</div><div><input type="checkbox"/> 06 4 units</div><div><input type="checkbox"/> 07 5 units</div><div><input type="checkbox"/> 08 6 to 9 units</div><div><input type="checkbox"/> 09 10 to 12 units</div><div><input type="checkbox"/> 10 13 to 19 units</div><div><input type="checkbox"/> 11 20 to 49 units</div><div><input type="checkbox"/> 12 50 to 99 units</div><div><input type="checkbox"/> 13 100 to 199 units</div><div><input type="checkbox"/> 14 200 or more units</div></div>
60. Does the owner of this building live in this building?	<div>520</div> <div><div><input type="checkbox"/> 1 Yes</div><div><input type="checkbox"/> 2 No</div><div><input type="checkbox"/> 3 Don't know</div></div>
61a. How many stories are in this building? <i>Count the basement if there are people living in it.</i>	<div>521</div> <div><div><input type="checkbox"/> 01 One – SKIP to 62c</div><div><input type="checkbox"/> 02 Two</div><div><input type="checkbox"/> 03 Three</div><div><input type="checkbox"/> 04 Four</div><div><input type="checkbox"/> 05 Five</div><div><input type="checkbox"/> 06 6 to 10</div><div><input type="checkbox"/> 07 11 to 20</div><div><input type="checkbox"/> 08 21 to 40</div><div><input type="checkbox"/> 09 41 or more</div></div>
b. On what floor number is this unit? <i>Enter the 2-digit floor number or mark (X) box "0" if basement unit. Enter the lowest floor number if on more than one floor.</i>	<div>554</div> <div><div><input type="checkbox"/> 0 Basement</div><div><div><div></div><div></div></div>Floor</div></div>
62a. Is there a passenger elevator in this building?	<div>522</div> <div><div><input type="checkbox"/> 1 Yes</div><div><input type="checkbox"/> 2 No – SKIP to 62c</div></div>
b. Is it possible to go from the sidewalk to a passenger elevator without going up or down any steps or stairs?	<div>553</div> <div><div><input type="checkbox"/> 1 Yes</div><div><input type="checkbox"/> 2 No</div><div><input type="checkbox"/> 3 Don't know</div></div>
c. Is it possible to go from the sidewalk to this unit without going up or down any steps or stairs?	<div>555</div> <div><div><input type="checkbox"/> 1 Yes</div><div><input type="checkbox"/> 2 No</div><div><input type="checkbox"/> 3 Don't know</div></div>
63a. How many rooms are in this apartment (house)? Do not count bathrooms, porches, balconies, halls, foyers, or half-rooms.	<div>523</div> <div><div><input type="checkbox"/> 1 One – SKIP to 64a</div><div><input type="checkbox"/> 2 Two</div><div><input type="checkbox"/> 3 Three</div><div><input type="checkbox"/> 4 Four</div><div><input type="checkbox"/> 5 Five</div><div><input type="checkbox"/> 6 Six</div><div><input type="checkbox"/> 7 Seven</div><div><input type="checkbox"/> 8 Eight or more</div></div>
b. Of these rooms, how many are bedrooms?	<div>524</div> <div><div><input type="checkbox"/> 01 None</div><div><input type="checkbox"/> 02 One</div><div><input type="checkbox"/> 03 Two</div><div><input type="checkbox"/> 04 Three</div><div><input type="checkbox"/> 05 Four</div><div><input type="checkbox"/> 06 Five</div><div><input type="checkbox"/> 07 Six</div><div><input type="checkbox"/> 08 Seven</div><div><input type="checkbox"/> 09 Eight or more</div></div>
Notes	

Section II – VACANT UNITS – Continued	
64a. Does this apartment (house) have complete plumbing facilities; that is, hot and cold piped water, a flush toilet, and a bathtub or shower?	<div>525</div> <div><div><div><input type="checkbox"/> Yes, has complete plumbing facilities – <i>GO to 64b</i></div><div><input type="checkbox"/> No, has some but not all facilities in this apartment (house)</div><div><input type="checkbox"/> No plumbing facilities in this apartment (house)</div></div><div>SKIP to 65a</div></div>
b. Are these facilities for the exclusive use of the intended occupants of this apartment (house) or are they also intended for use by the occupants of another apartment (house)?	<div>526</div> <div><div><input type="checkbox"/> For the exclusive use of the intended occupants of this apartment (house)</div><div><input type="checkbox"/> Also intended for use by the occupants of another apartment (house)</div></div>
65a. Does this apartment (house) have complete kitchen facilities? Complete kitchen facilities include a sink with piped water, a range or cookstove, and a refrigerator.	<div>527</div> <div><div><div><input type="checkbox"/> Yes, has complete kitchen facilities – <i>GO to 65b</i></div><div><input type="checkbox"/> No, has some but not all facilities in this apartment (house)</div><div><input type="checkbox"/> No kitchen facilities in this apartment (house), but facilities available in building</div><div><input type="checkbox"/> No kitchen facilities in this building</div></div><div>SKIP to 66</div></div>
b. Are these facilities for the exclusive use of the intended occupants of this apartment (house) or are they also intended for use by the occupants of another apartment (house)?	<div>528</div> <div><div><input type="checkbox"/> For the exclusive use of the intended occupants of this apartment (house)</div><div><input type="checkbox"/> Also intended for use by the occupants of another apartment (house)</div></div>
66. How is this apartment (house) heated – by fuel oil, utility gas, electricity, or with some other fuel?	<div>529</div> <div><div><input type="checkbox"/> Fuel oil</div><div><input type="checkbox"/> Utility gas</div><div><input type="checkbox"/> Electricity</div><div><input type="checkbox"/> Other fuel (including COND steam)</div><div><input type="checkbox"/> Don't know</div></div>
67. Is this apartment (house) part of a condominium or cooperative building or development? <i>A condominium is a building or development with individually owned apartments or houses having commonly owned areas and grounds. A cooperative or co-op is a building or development that is owned by its shareholders.</i>	<div>530</div> <div><div><input type="checkbox"/> No</div><div><input type="checkbox"/> Yes, a condominium</div><div><input type="checkbox"/> Yes, a cooperative</div><div><input type="checkbox"/> Don't know</div></div>
68. How long has this apartment (house) been vacant?	<div>531</div> <div><div><input type="checkbox"/> Less than 1 month</div><div><input type="checkbox"/> 1 up to 2 months</div><div><input type="checkbox"/> 2 up to 3 months</div><div><input type="checkbox"/> 3 up to 6 months</div><div><input type="checkbox"/> 6 up to 12 months</div><div><input type="checkbox"/> 1 year or more</div></div>
69a. Before this apartment (house) became vacant was it owner or renter occupied?	<div>532</div> <div><div><input type="checkbox"/> Owner occupied</div><div><input type="checkbox"/> Renter occupied</div><div><input type="checkbox"/> Never previously occupied</div><div><input type="checkbox"/> Don't know</div></div>
b. Before this apartment (house) became vacant was it part of a condominium or cooperative building or development?	<div>533</div> <div><div><input type="checkbox"/> No</div><div><input type="checkbox"/> Yes, a condominium</div><div><input type="checkbox"/> Yes, a cooperative</div><div><input type="checkbox"/> Don't know</div></div>
Notes	

Section II – VACANT UNITS – Continued	
70. Is this apartment (house) –	<div>534</div> <div><div><div><div>1</div><div><input type="checkbox"/> Available for rent? – SKIP to 72</div></div><div><div>2</div><div><input type="checkbox"/> Available for sale only? – SKIP to closing statement below.</div></div><div><div>3</div><div><input type="checkbox"/> Not available for rent or sale? – GO to 71</div></div></div></div>
71. What are the reasons that this apartment (house) is not available for sale or rent? <i>List all reasons mentioned, and then be sure to mark (X) ONLY one box for the primary reason.</i> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	<div><div>535</div><div><div><div><div>01</div><div><input type="checkbox"/> Rented, not yet occupied</div></div><div><div>02</div><div><input type="checkbox"/> Sold, not yet occupied</div></div><div><div>03</div><div><input type="checkbox"/> Unit or building is undergoing renovation</div></div><div><div>04</div><div><input type="checkbox"/> Unit or building is awaiting renovation</div></div><div><div>05</div><div><input type="checkbox"/> Being converted to nonresidential purposes</div></div><div><div>06</div><div><input type="checkbox"/> There is a legal dispute involving the unit</div></div><div><div>07</div><div><input type="checkbox"/> Being converted or awaiting conversion to condominium or cooperative</div></div><div><div>08</div><div><input type="checkbox"/> Held for occasional, seasonal, or recreational use</div></div><div><div>09</div><div><input type="checkbox"/> The owner cannot rent or sell at this time due to personal problems (e.g. age or illness)</div></div><div><div>10</div><div><input type="checkbox"/> Being held pending sale of building</div></div><div><div>11</div><div><input type="checkbox"/> Being held for planned demolition</div></div><div><div>12</div><div><input type="checkbox"/> Held for other reasons – Specify ↗</div></div></div></div><div><div></div></div></div> <div>SKIP to closing statement below.</div>
72. What is the MONTHLY asking rent? <i>(If rent is paid other than monthly, refer to the manual on how to convert it.)</i> <i>INTERVIEWER: If the respondent indicates that the monthly rent for the vacant unit is based upon the income of the tenant – ask for a rent range such as \$700–\$800. Then enter the midpoint of the range; in this case \$750.</i>	<div><div>536</div><div><div>\$</div><div></div><div>.</div><div><div>00</div></div><div>Per month</div></div></div>
<div>CLOSING STATEMENT</div> <div><div>Thank you for answering the survey questions. Before I turn it in, I'll review this form to make certain I didn't skip anything. If I did, it would be easier to call you back rather than return here. Would you please give me your phone number in case I need to follow-up?</div><div><div><div>Area code</div><div><div><div></div><div></div><div></div></div></div><div><div>Number</div><div><div><div></div><div></div><div></div></div><div>–</div><div><div></div><div></div><div></div><div></div><div></div></div></div></div><div><div>029</div></div></div></div></div>	
END INTERVIEW. Fill item N on the front cover.	
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NOTES

C. RECORD OF VISITS <i>(Continued from page 1)</i>		
Date	Time	Remarks
	a.m. p.m.	
	a.m. p.m.	
	a.m. p.m.	
	a.m. p.m.	
	a.m. p.m.	
	a.m. p.m.	
	a.m. p.m.	
	a.m. p.m.	
CREW LEADER/ASSISTANT		
	a.m. p.m.	
	a.m. p.m.	
	a.m. p.m.	