

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 under PERSON 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 ☐ Male

2 ☐ Female

c. Age

02 ☐ **PERSON 2**

a. Last name

First name

b. Sex

1 ☐ Male

2 ☐ Female

c. Age

03 ☐ **PERSON 3**

a. Last name

First name

b. Sex

1 ☐ Male

2 ☐ Female

c. Age

04 ☐ **PERSON 4**

a. Last name

First name

b. Sex

1 ☐ Male

2 ☐ Female

c. Age

05 ☐ **PERSON 5**

a. Last name

First name

b. Sex

1 ☐ Male

2 ☐ Female

c. Age

06 ☐ **PERSON 6**

a. Last name

First name

b. Sex

1 ☐ Male

2 ☐ Female

c. Age

07 ☐ **PERSON 7**

a. Last name

First name

b. Sex

1 ☐ Male

2 ☐ Female

c. Age

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 (X) the appropriate box; otherwise mark (X) "No.") | f. What is . . .'s race? Select one or more categories from the flashcard. Show Flashcard II and mark (X) all that apply, OR mark (X) 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><div><input type="checkbox"/> No</div></div> <div><div>2</div><div><input type="checkbox"/> Puerto Rican</div></div> <div><div>3</div><div><input type="checkbox"/> Dominican</div></div> <div><div>4</div><div><input type="checkbox"/> Cuban</div></div> <div><div>5</div><div><input type="checkbox"/> South/Central American</div></div> <div><div>6</div><div><input type="checkbox"/> Mexican-American, Mexican, Chicano</div></div> <div><div>7</div><div><input type="checkbox"/> Other Spanish/Hispanic</div></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

☐ Yes – GO to 2b

2

☐ No – SKIP to 3

b. Who are they? (Fill in for 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

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061

062

063

064

065

066

The following questions (3 through 11c) refer to the reference person (the person listed under PERSON 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.

051

IN NEW YORK CITY, SAME BUILDING

01

☐ Always lived in this unit

02

☐ Another unit in the same building

IN NEW YORK CITY, OTHER BUILDING

03

☐ Bronx

04

☐ Brooklyn

05

☐ Manhattan

06

☐ Queens

07

☐ Staten Island

OUTSIDE OF NEW YORK CITY

08

☐ New York, New Jersey, Connecticut

09

☐ Other State

10

☐ Puerto Rico

11

☐ Dominican Republic

12

☐ Caribbean (other than Puerto Rico or Dominican Republic)

13

☐ Mexico

14

☐ Central America, South America

15

☐ Canada

16

☐ Armenia, Azerbaijan, Belarus, Estonia, Georgia, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Moldova, Russia, Tajikistan, Turkmenistan, Ukraine, or Uzbekistan

17

☐ Other European countries

18

☐ China, Hong Kong, Taiwan

19

☐ Korea

20

☐ India

21

☐ Pakistan, Bangladesh

22

☐ Philippines

23

☐ Southeast Asia (Cambodia, Laos, Malaysia, Myanmar (Burma), Singapore, Thailand, Vietnam)

24

☐ Other Asia

25

☐ Africa

26

☐ All other countries – Specify

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| | |
|--|---|
| Section I – OCCUPIED UNITS – Continued | |
| 4a. In what year did . . . (reference person) move into this apartment (house)? | Year <div>052</div> <div><div></div><div></div><div></div><div></div></div> If 1971 – GO to 4b If any other year – SKIP to 5 |
| b. Ask only if reference person moved here in 1971. Did . . . (reference person) move here on or after July 1 in 1971? | <div>053</div> <div>1 <input type="checkbox"/> Yes, on or after July 1 in 1971</div> <div>2 <input type="checkbox"/> No, before July 1 in 1971</div> |
| 5. Are you the first occupant(s) of this apartment (house) since its construction, gut rehabilitation, or creation through conversion or sub-division? | <div>054</div> <div>1 <input type="checkbox"/> Yes, first occupants</div> <div>2 <input type="checkbox"/> No, previously occupied</div> <div>3 <input type="checkbox"/> Don't know</div> |
| CHECK ITEM A | REFER TO QUESTION 4a ABOVE <div><input type="checkbox"/> Moved here 2014 or later – GO to question 6</div> <div><input type="checkbox"/> Moved here 2013 or earlier – SKIP to question 7 on page 5</div> |
| 6. What is the main reason . . . (reference person) moved from his/her previous residence? Mark (X) ONLY one box. | <div>110</div> <div>EMPLOYMENT</div> <div>01 <input type="checkbox"/> Job transfer/new job</div> <div>02 <input type="checkbox"/> Retirement</div> <div>03 <input type="checkbox"/> Looking for work</div> <div>04 <input type="checkbox"/> Commuting reasons</div> <div>05 <input type="checkbox"/> To attend school</div> <div>06 <input type="checkbox"/> Other financial/employment reason</div> <div>FAMILY</div> <div>07 <input type="checkbox"/> Needed larger house or apartment</div> <div>08 <input type="checkbox"/> Widowed</div> <div>09 <input type="checkbox"/> Separated/divorced</div> <div>10 <input type="checkbox"/> Newly married</div> <div>11 <input type="checkbox"/> Moved to be with or closer to relatives</div> <div>12 <input type="checkbox"/> Family size decreased (except widowed/separated/divorced)</div> <div>13 <input type="checkbox"/> Wanted to establish separate household</div> <div>14 <input type="checkbox"/> Other family reason</div> <div>NEIGHBORHOOD</div> <div>15 <input type="checkbox"/> Neighborhood overcrowded</div> <div>16 <input type="checkbox"/> Change in racial or ethnic composition of neighborhood</div> <div>17 <input type="checkbox"/> Wanted this neighborhood/better neighborhood services</div> <div>18 <input type="checkbox"/> Crime or safety concerns</div> <div>19 <input type="checkbox"/> Other neighborhood reason</div> <div>HOUSING</div> <div>20 <input type="checkbox"/> Wanted to own residence</div> <div>21 <input type="checkbox"/> Wanted to rent residence</div> <div>22 <input type="checkbox"/> Wanted less expensive residence/difficulty paying rent or mortgage</div> <div>23 <input type="checkbox"/> Wanted better quality residence</div> <div>24 <input type="checkbox"/> Evicted</div> <div>25 <input type="checkbox"/> Poor building condition/services</div> <div>26 <input type="checkbox"/> Harassment by landlord</div> <div>27 <input type="checkbox"/> Needed housing accessible for persons with mobility impairments</div> <div>28 <input type="checkbox"/> Other housing reason</div> <div>OTHER</div> <div>29 <input type="checkbox"/> Displaced by urban renewal, highway construction, or other public activity</div> <div>30 <input type="checkbox"/> Displaced by private action (other than eviction)</div> <div>31 <input type="checkbox"/> Schools</div> <div>32 <input type="checkbox"/> Natural disaster/fire</div> <div>33 <input type="checkbox"/> Any other – Specify <div></div></div> |

| Section I – OCCUPIED UNITS – Continued | | | |
|---|--|---|---|
| 7. Place of birth <i>Show Flashcard IV to respondent.</i> Where was _____→ | a. ... (reference person) born? | b. ...’s (reference person’s) father born? | c. ...’s (reference person’s) mother born? |
| 07. New York City (responses 03-07 on Flashcard IV) | 111 07 <input type="checkbox"/> | 112 07 <input type="checkbox"/> | 113 07 <input type="checkbox"/> |
| 09. U.S., Outside New York City (responses 08 or 09 on Flashcard IV) | 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. Armenia, Azerbaijan, Belarus, Estonia, Georgia, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Moldova, Russia, Tajikistan, Turkmenistan, Ukraine, or Uzbekistan | 16 <input type="checkbox"/> | 16 <input type="checkbox"/> | 16 <input type="checkbox"/> |
| 17. Other European countries | 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 (Cambodia, Laos, Malaysia, Myanmar (Burma), 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 – <i>Specify</i> | 26 <input type="checkbox"/> – <i>Specify</i> ↘ _____ | 26 <input type="checkbox"/> – <i>Specify</i> ↘ _____ | 26 <input type="checkbox"/> – <i>Specify</i> ↘ _____ |
| <i>Mark (X) box 07 above for categories 03-07 on Flashcard IV. Mark (X) box 09 for categories 08 and 09 on Flashcard IV.</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 | REFER TO QUESTION 8 ABOVE <input type="checkbox"/> Condominium (box 2 marked) } <i>GO to 10a</i> <input type="checkbox"/> Cooperative (box 3 marked) } <input type="checkbox"/> All other renter occupied (box 1 or 4 marked) – <i>SKIP to 20</i> | | |
| 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)? | Year <div>119</div> <div></div> <div></div> <div></div> <div></div> |
| 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? | <div>120</div> <div><div>1</div><input type="checkbox"/> Owned and occupied by another household</div> <div><div>2</div><input type="checkbox"/> Rented by reference person</div> <div><div>3</div><input type="checkbox"/> Rented by another household</div> <div><div>4</div><input type="checkbox"/> Never previously occupied</div> <div><div>5</div><input type="checkbox"/> Don't know</div> |
| c. Before . . . (reference person) acquired this apartment (house) was it part of a condominium or cooperative building or development? | <div>121</div> <div><div>1</div><input type="checkbox"/> Yes</div> <div><div>2</div><input type="checkbox"/> No</div> <div><div>3</div><input type="checkbox"/> Don't know</div> |
| CHECK ITEM C | REFER TO QUESTION 11a ABOVE <div><input type="checkbox"/> Acquired 2012 or later – GO to 12a</div> <div><input type="checkbox"/> Acquired 2011 or earlier – SKIP to 13</div> |
| 12a. What was the purchase price for this apartment (house)? | <div>122</div> \$ <div></div> <div>00</div> <div>123</div> <div>0</div> <input type="checkbox"/> Don't know |
| b. What was the down payment for this apartment (house)? | <div>124</div> \$ <div></div> <div>00</div> <div>125</div> <div>0</div> <input type="checkbox"/> 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? | <div>126</div> \$ <div></div> <div>00</div> |
| 14. Is there a mortgage, home equity loan, or similar loan on this apartment (house) or is this apartment (house) owned free and clear? | <div>127</div> <div><div>1</div><input type="checkbox"/> Mortgage, home equity, or similar loan</div> <div><div>2</div><input type="checkbox"/> Owned free and clear – SKIP to Check Item D</div> |
| 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. | <div>128</div> \$ <div></div> <div>00</div> Per month |
| b. When did the most recent mortgage or loan on this apartment (house) originate? | Month Year <div>133</div> <div></div> <div></div> <div>134</div> <div></div> <div></div> <div></div> <div></div> |
| c. What is the current interest rate on the most recent mortgage or loan on this apartment (house)? | <div>135</div> <div></div> <div></div> . <div></div> <div></div> % |
| CHECK ITEM D | REFER TO QUESTION 8 ON PAGE 5 <div><div><div><input type="checkbox"/> Condominium (box 2 marked)</div><div><input type="checkbox"/> Cooperative (box 3 marked)</div><div><input type="checkbox"/> All other owner occupied (box 1 or 4 marked) – SKIP to 18a</div></div><div>} GO to 16</div></div> |
| 16. What are the monthly condominium or co-op maintenance fees for this apartment (house)? Exclude payments for any mortgages (loans) on this unit. | <div>130</div> \$ <div></div> <div>00</div> Per month |
| CHECK ITEM E | REFER TO QUESTION 1c ON PAGE 2 FOR EACH PERSON <div><input type="checkbox"/> With any household member age 62 or over – GO to 17</div> <div><input type="checkbox"/> No household member age 62 or over – SKIP to 18a</div> |
| 17. Is any household member receiving a Senior Citizen Carrying Charge Increase Exemption as part of the SCRIE program? (Senior Citizen Rent Increase Exemption) | <div>140</div> <div><div>1</div><input type="checkbox"/> Yes</div> <div><div>2</div><input type="checkbox"/> No</div> <div><div>3</div><input type="checkbox"/> Don't know</div> |
| 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.) | <div>141</div> <div><div>1</div><input type="checkbox"/> Yes – GO to 18b</div> <div><div>2</div><input type="checkbox"/> No, included in mortgage or loan payment</div> <div><div>3</div><input type="checkbox"/> No insurance</div> |

} SKIP to 19a

| **b. What was the cost of fire and liability insurance for 2016?** | 142 \$ 00 Annual amount |

| | |
|--|---|
| 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</div><div><input type="checkbox"/></div><div>Yes – GO to 19b</div></div><div>2</div><div><input type="checkbox"/></div><div>No, included in mortgage or loan payment</div></div> <div>3</div> <div><input type="checkbox"/></div> <div>No, included in condominium or maintenance fee</div> |

SKIP to 20

| 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 – <i>GO to 25b</i> 1 <input type="checkbox"/> No, has some but not all facilities in this apartment (house) – <i>SKIP to 25c</i> 2 <input type="checkbox"/> No plumbing facilities in this apartment (house) – <i>SKIP to 26a</i> |
| 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 – <i>GO to 26b</i> 1 <input type="checkbox"/> No, has some but not all facilities in this apartment (house) – <i>SKIP to 26c</i> 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 } <i>SKIP to 27</i> |
| 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? <i>(Sink, range/cookstove, and refrigerator)</i> | 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 – <i>GO to 28a(2)</i> 2 <input type="checkbox"/> Yes, but combined with gas – <i>Ask for separate estimates; if not possible SKIP to 28c</i> 3 <input type="checkbox"/> No, included in rent, condominium or other fee – <i>SKIP to 28b(1)</i> |
| (2) What is the average MONTHLY cost? | 160 \$ _____ . 00 Per month |
| b. (1) Do you pay for your own gas? | 161 1 <input type="checkbox"/> Yes – <i>GO to 28b(2)</i> 2 <input type="checkbox"/> No, included in rent, condominium or other fee 3 <input type="checkbox"/> No, gas not used } <i>SKIP to 28d(1)</i> |
| (2) What is the average MONTHLY cost? | 162 \$ _____ . 00 Per month |
| IMPORTANT – <i>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).</i> | |
| c. What is your combined average electricity and gas payment each month? | 163 \$ _____ . 00 } <i>Fill this ONLY when separate estimates cannot be given.</i> |
| d. (1) Do you pay your own water and sewer charges? | 164 1 <input type="checkbox"/> Yes – <i>GO to 28d(2)</i> 2 <input type="checkbox"/> No, included in rent, condominium or other fee or no charge – <i>SKIP to 28e(1)</i> |
| (2) What is the total YEARLY cost? | 165 \$ _____ . 00 Annual amount |
| e. (1) Do you pay for your own oil, coal, kerosene, wood, steam, etc.? | 166 1 <input type="checkbox"/> Yes – <i>GO to 28e(2)</i> 2 <input type="checkbox"/> No, included in rent, condominium or other fee 3 <input type="checkbox"/> No, these fuels not used } <i>SKIP to Check Item F</i> |
| (2) What is the total YEARLY cost? | 167 \$ _____ . 00 Annual amount |

| Section I – OCCUPIED UNITS – Continued | |
|--|---|
| CHECK ITEM F | REFER TO QUESTION 9 ON PAGE 5 |
| | <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 29</div></div> <div>}</div> <div>SKIP to 32a</div> |
| 29. 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>181</div> <div><div>1 <input type="checkbox"/> Less than 1 year</div><div>2 <input type="checkbox"/> 1 year</div><div>3 <input type="checkbox"/> More than 1 but less than 2 years</div><div>4 <input type="checkbox"/> 2 years</div><div>5 <input type="checkbox"/> More than 2 years</div><div>6 <input type="checkbox"/> No lease</div><div>7 <input type="checkbox"/> Don't know</div></div> |
| 30. What is the MONTHLY rent? <i>(If rent is paid other than monthly, refer to the manual on how to convert it.)</i> | <div>182</div> <div>\$ <div></div> . <div>00</div> Per month</div> |
| 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 | <div>541</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> |
| (2) Senior Citizen Rent Increase Exemption (SCRIE) | <div>184</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> |
| (3) Public assistance shelter allowance | <div>542</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> |
| (4) Another Federal housing subsidy program | <div>543</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> |
| (5) Another state or city housing subsidy program | <div>544</div> <div><div>1 <input type="checkbox"/> Yes – Specify <div></div></div><div>2 <input type="checkbox"/> No</div><div>3 <input type="checkbox"/> Don't know</div></div> |
| b. Of the <i>(amount from question 30 above)</i> rent you reported, how much is paid out of pocket by this household? <i>(Out of pocket means the money your household pays for rent over and above any shelter allowance or other government housing subsidy.)</i> | <div>547</div> <div>\$ <div></div> . <div>00</div> Per month</div> <div><div>0 <input type="checkbox"/> None</div><div><i>(If amount reported in Q31b is not equal to Q30, verify that at least one form of subsidy in Q31a is marked "Yes"; if amount reported in Q31b is equal to Q30 but any subsidy is marked "Yes", verify that someone in household receives a rental subsidy.)</i></div></div> |

| Section I – OCCUPIED UNITS – Continued | |
|---|---|
| 32a. Now, I would like to ask some questions about the condition of this apartment (house). 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? | <div>185 0 <input type="checkbox"/> Yes – GO to 32b 1 <input type="checkbox"/> No – SKIP to 33</div> |
| b. How many times did that happen? | <div>186 2 <input type="checkbox"/> One 3 <input type="checkbox"/> Two 4 <input type="checkbox"/> Three 5 <input type="checkbox"/> Four or more times</div> |
| 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. | <div>187 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</div> |
| 34. Does your apartment (house) have functioning air conditioning? Would you say central air conditioning, one or more window air conditioners, or no air conditioning? <i>NOTE: Central air takes priority over window units.</i> | <div>197 1 <input type="checkbox"/> Yes, central air conditioning 2 <input type="checkbox"/> Yes, one or more window air conditioners 3 <input type="checkbox"/> No 4 <input type="checkbox"/> Don't know/Not sure</div> |
| 35a. At any time in the last 90 days have you seen any mice or rats, or signs of mice or rats in this building? | <div>188 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</div> |
| b. During the past month, about how many cockroaches did you see in this apartment (house) on a typical day? | <div>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</div> |
| c. Is this building serviced by an exterminator regularly, only when needed, irregularly, or not at all? | <div>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</div> |
| 36a. Does this apartment (house) have open cracks or holes in the interior walls or ceiling? Do not include hairline cracks. | <div>190 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</div> |
| b. Does this apartment (house) have holes in the floors? | <div>191 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</div> |
| 37a. Is there any broken plaster or peeling paint on the ceiling or inside walls? | <div>192 0 <input type="checkbox"/> Yes – GO to 37b 1 <input type="checkbox"/> No – SKIP to 38</div> |
| b. Is the area of broken plaster or peeling paint larger than 8½ inches by 11 inches? <i>Show a copy of the Survey Letter to demonstrate the 8½ x 11 size.</i> | <div>193 2 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No</div> |
| 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? | <div>194 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</div> |
| 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? | <div>196 1 <input type="checkbox"/> Excellent 2 <input type="checkbox"/> Good 3 <input type="checkbox"/> Fair 4 <input type="checkbox"/> Poor</div> |
| 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. | |
| INTERVIEWER: Continue with questions for each person on page 12. | |

Section I – OCCUPIED UNITS – Continued

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–51b 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–51b 2 <input type="checkbox"/> Under 15 – SKIP to Check Item H on page 20 | 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–51b 2 <input type="checkbox"/> Under 15 – SKIP to Check Item H on page 20 | 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–51b 2 <input type="checkbox"/> Under 15 – SKIP to Check Item H on page 20 | 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–51b 2 <input type="checkbox"/> Under 15 – SKIP to Check Item H on page 20 | 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–51b 2 <input type="checkbox"/> Under 15 – SKIP to Check Item H on page 20 | 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–51b 2 <input type="checkbox"/> Under 15 – SKIP to Check Item H on page 20 | 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–51b 2 <input type="checkbox"/> Under 15 – SKIP to Check Item H on page 20 | 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 2012.</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: health care, retail, financial, construction.</i> | c. Is this mainly manufacturing, wholesale trade, retail trade, or something else? |
| <div>Show Flashcard V and enter the code. ↗</div> <div>631<div></div></div> | <div>241</div> <div><div><div>1<input type="checkbox"/> 2017</div><div>2<input type="checkbox"/> 2016</div><div>3<input type="checkbox"/> 2012–2015</div><div>4<input type="checkbox"/> 2011 or earlier</div><div>5<input type="checkbox"/> Never worked</div></div><div><div>GO to 45a</div><div>SKIP to 49b</div></div></div> | | <div>Describe the main activity at location where employed. ↗</div> | <div>251</div> <div><div>1<input type="checkbox"/> Manufacturing</div><div>2<input type="checkbox"/> Wholesale trade</div><div>3<input type="checkbox"/> Retail trade</div><div>4<input type="checkbox"/> Other (service, construction, government, etc.)</div></div> |
| <div>Show Flashcard V and enter the code. ↗</div> <div>632<div></div></div> | <div>242</div> <div><div><div>1<input type="checkbox"/> 2017</div><div>2<input type="checkbox"/> 2016</div><div>3<input type="checkbox"/> 2012–2015</div><div>4<input type="checkbox"/> 2011 or earlier</div><div>5<input type="checkbox"/> Never worked</div></div><div><div>GO to 45a</div><div>SKIP to 49b</div></div></div> | | <div>Describe the main activity at location where employed. ↗</div> | <div>252</div> <div><div>1<input type="checkbox"/> Manufacturing</div><div>2<input type="checkbox"/> Wholesale trade</div><div>3<input type="checkbox"/> Retail trade</div><div>4<input type="checkbox"/> Other (service, construction, government, etc.)</div></div> |
| <div>Show Flashcard V and enter the code. ↗</div> <div>633<div></div></div> | <div>243</div> <div><div><div>1<input type="checkbox"/> 2017</div><div>2<input type="checkbox"/> 2016</div><div>3<input type="checkbox"/> 2012–2015</div><div>4<input type="checkbox"/> 2011 or earlier</div><div>5<input type="checkbox"/> Never worked</div></div><div><div>GO to 45a</div><div>SKIP to 49b</div></div></div> | | <div>Describe the main activity at location where employed. ↗</div> | <div>253</div> <div><div>1<input type="checkbox"/> Manufacturing</div><div>2<input type="checkbox"/> Wholesale trade</div><div>3<input type="checkbox"/> Retail trade</div><div>4<input type="checkbox"/> Other (service, construction, government, etc.)</div></div> |
| <div>Show Flashcard V and enter the code. ↗</div> <div>634<div></div></div> | <div>244</div> <div><div><div>1<input type="checkbox"/> 2017</div><div>2<input type="checkbox"/> 2016</div><div>3<input type="checkbox"/> 2012–2015</div><div>4<input type="checkbox"/> 2011 or earlier</div><div>5<input type="checkbox"/> Never worked</div></div><div><div>GO to 45a</div><div>SKIP to 49b</div></div></div> | | <div>Describe the main activity at location where employed. ↗</div> | <div>254</div> <div><div>1<input type="checkbox"/> Manufacturing</div><div>2<input type="checkbox"/> Wholesale trade</div><div>3<input type="checkbox"/> Retail trade</div><div>4<input type="checkbox"/> Other (service, construction, government, etc.)</div></div> |
| <div>Show Flashcard V and enter the code. ↗</div> <div>635<div></div></div> | <div>245</div> <div><div><div>1<input type="checkbox"/> 2017</div><div>2<input type="checkbox"/> 2016</div><div>3<input type="checkbox"/> 2012–2015</div><div>4<input type="checkbox"/> 2011 or earlier</div><div>5<input type="checkbox"/> Never worked</div></div><div><div>GO to 45a</div><div>SKIP to 49b</div></div></div> | | <div>Describe the main activity at location where employed. ↗</div> | <div>255</div> <div><div>1<input type="checkbox"/> Manufacturing</div><div>2<input type="checkbox"/> Wholesale trade</div><div>3<input type="checkbox"/> Retail trade</div><div>4<input type="checkbox"/> Other (service, construction, government, etc.)</div></div> |
| <div>Show Flashcard V and enter the code. ↗</div> <div>636<div></div></div> | <div>246</div> <div><div><div>1<input type="checkbox"/> 2017</div><div>2<input type="checkbox"/> 2016</div><div>3<input type="checkbox"/> 2012–2015</div><div>4<input type="checkbox"/> 2011 or earlier</div><div>5<input type="checkbox"/> Never worked</div></div><div><div>GO to 45a</div><div>SKIP to 49b</div></div></div> | | <div>Describe the main activity at location where employed. ↗</div> | <div>256</div> <div><div>1<input type="checkbox"/> Manufacturing</div><div>2<input type="checkbox"/> Wholesale trade</div><div>3<input type="checkbox"/> Retail trade</div><div>4<input type="checkbox"/> Other (service, construction, government, etc.)</div></div> |
| <div>Show Flashcard V and enter the code. ↗</div> <div>637<div></div></div> | <div>247</div> <div><div><div>1<input type="checkbox"/> 2017</div><div>2<input type="checkbox"/> 2016</div><div>3<input type="checkbox"/> 2012–2015</div><div>4<input type="checkbox"/> 2011 or earlier</div><div>5<input type="checkbox"/> Never worked</div></div><div><div>GO to 45a</div><div>SKIP to 49b</div></div></div> | | <div>Describe the main activity at location where employed. ↗</div> | <div>257</div> <div><div>1<input type="checkbox"/> Manufacturing</div><div>2<input type="checkbox"/> Wholesale trade</div><div>3<input type="checkbox"/> Retail trade</div><div>4<input type="checkbox"/> Other (service, construction, government, etc.)</div></div> |

| Section I – OCCUPIED UNITS – Continued | | |
|---|---|---|
| 46a. What kind of work was . . . doing; that is, what’s his/her occupation? <i>For example: registered nurse, retail salesperson, accountant, electrician.</i> | b. What are . . .’s usual activities at this job? <i>For example: patient care, selling clothing, filing taxes, wiring lighting.</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 2016? <i>Count paid vacation, paid sick leave, and military service.</i> | b. How many hours did . . . usually work each week in 2016? |
| 291 <div><div></div>Weeks or 00 <input type="checkbox"/> None – <i>SKIP to 49b</i></div> | 301 <div><div></div>Hours</div> |
| 292 <div><div></div>Weeks or 00 <input type="checkbox"/> None – <i>SKIP to 49b</i></div> | 302 <div><div></div>Hours</div> |
| 293 <div><div></div>Weeks or 00 <input type="checkbox"/> None – <i>SKIP to 49b</i></div> | 303 <div><div></div>Hours</div> |
| 294 <div><div></div>Weeks or 00 <input type="checkbox"/> None – <i>SKIP to 49b</i></div> | 304 <div><div></div>Hours</div> |
| 295 <div><div></div>Weeks or 00 <input type="checkbox"/> None – <i>SKIP to 49b</i></div> | 305 <div><div></div>Hours</div> |
| 296 <div><div></div>Weeks or 00 <input type="checkbox"/> None – <i>SKIP to 49b</i></div> | 306 <div><div></div>Hours</div> |
| 297 <div><div></div>Weeks or 00 <input type="checkbox"/> None – <i>SKIP to 49b</i></div> | 307 <div><div></div>Hours</div> |

| Section I – OCCUPIED UNITS – Continued | | |
|--|---|---|
| The following questions are about income received during 2016. 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. | 49e. 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? |
| <div><input type="checkbox"/> Yes – How much? ↗</div> <div><div>371</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>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>373</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>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>375</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>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>377</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>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>379</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>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>381</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>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>383</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>00</div></div><div>Annual amount – Dollars</div></div> <div><div>404</div><div>1</div><div><input type="checkbox"/> No</div></div> |

| Section I – OCCUPIED UNITS – Continued | |
|--|--|
| 49f. 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. | 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. |
| <div><input type="checkbox"/> Yes – How much? ↗</div> <div><div>411</div><div>\$ _____ . 00</div><div>Annual amount – Dollars</div></div> <div><div>412</div><div>1 <input type="checkbox"/> No</div></div> | <div><input type="checkbox"/> Yes – How much? ↗</div> <div><div>431</div><div>\$ _____ . 00</div><div>Annual amount – Dollars</div></div> <div><div>432</div><div>1 <input type="checkbox"/> No</div></div> |
| <div><input type="checkbox"/> Yes – How much? ↗</div> <div><div>413</div><div>\$ _____ . 00</div><div>Annual amount – Dollars</div></div> <div><div>414</div><div>1 <input type="checkbox"/> No</div></div> | <div><input type="checkbox"/> Yes – How much? ↗</div> <div><div>433</div><div>\$ _____ . 00</div><div>Annual amount – Dollars</div></div> <div><div>434</div><div>1 <input type="checkbox"/> No</div></div> |
| <div><input type="checkbox"/> Yes – How much? ↗</div> <div><div>415</div><div>\$ _____ . 00</div><div>Annual amount – Dollars</div></div> <div><div>416</div><div>1 <input type="checkbox"/> No</div></div> | <div><input type="checkbox"/> Yes – How much? ↗</div> <div><div>435</div><div>\$ _____ . 00</div><div>Annual amount – Dollars</div></div> <div><div>436</div><div>1 <input type="checkbox"/> No</div></div> |
| <div><input type="checkbox"/> Yes – How much? ↗</div> <div><div>417</div><div>\$ _____ . 00</div><div>Annual amount – Dollars</div></div> <div><div>418</div><div>1 <input type="checkbox"/> No</div></div> | <div><input type="checkbox"/> Yes – How much? ↗</div> <div><div>437</div><div>\$ _____ . 00</div><div>Annual amount – Dollars</div></div> <div><div>438</div><div>1 <input type="checkbox"/> No</div></div> |
| <div><input type="checkbox"/> Yes – How much? ↗</div> <div><div>419</div><div>\$ _____ . 00</div><div>Annual amount – Dollars</div></div> <div><div>420</div><div>1 <input type="checkbox"/> No</div></div> | <div><input type="checkbox"/> Yes – How much? ↗</div> <div><div>439</div><div>\$ _____ . 00</div><div>Annual amount – Dollars</div></div> <div><div>440</div><div>1 <input type="checkbox"/> No</div></div> |
| <div><input type="checkbox"/> Yes – How much? ↗</div> <div><div>421</div><div>\$ _____ . 00</div><div>Annual amount – Dollars</div></div> <div><div>422</div><div>1 <input type="checkbox"/> No</div></div> | <div><input type="checkbox"/> Yes – How much? ↗</div> <div><div>441</div><div>\$ _____ . 00</div><div>Annual amount – Dollars</div></div> <div><div>442</div><div>1 <input type="checkbox"/> No</div></div> |
| <div><input type="checkbox"/> Yes – How much? ↗</div> <div><div>423</div><div>\$ _____ . 00</div><div>Annual amount – Dollars</div></div> <div><div>424</div><div>1 <input type="checkbox"/> No</div></div> | <div><input type="checkbox"/> Yes – How much? ↗</div> <div><div>443</div><div>\$ _____ . 00</div><div>Annual amount – Dollars</div></div> <div><div>444</div><div>1 <input type="checkbox"/> No</div></div> |

| Section I – OCCUPIED UNITS – Continued | | |
|--|---|--|
| 50a. Are you/Is . . . currently enrolled, either part-time or full time, in any of these? <i>(Read categories and mark (X) all that apply)</i> | | 50b. How much school have you/has . . . completed? <i>(Show Flashcard VI to respondent and have him/her select an answer. Then mark (X) the appropriate box below.)</i> |
| 663 | 1 <input type="checkbox"/> GED program 2 <input type="checkbox"/> High school 3 <input type="checkbox"/> College 4 <input type="checkbox"/> Graduate or professional degree program 5 <input type="checkbox"/> Occupational, vocational, or apprenticeship program 6 <input type="checkbox"/> Literacy or ESL program 7 <input type="checkbox"/> No, not enrolled | 471 <div><div>01 <input type="checkbox"/> No school completed 02 <input type="checkbox"/> Up to 6th grade 03 <input type="checkbox"/> 7th or 8th grade 04 <input type="checkbox"/> 9th, 10th, 11th, or 12th grade, but no H.S. diploma 05 <input type="checkbox"/> H.S. diploma</div><div>06 <input type="checkbox"/> Some college, but no degree 07 <input type="checkbox"/> Associate degree 08 <input type="checkbox"/> College graduate 09 <input type="checkbox"/> Some graduate/professional training 10 <input type="checkbox"/> Graduate/professional degree</div></div> |
| 664 | 1 <input type="checkbox"/> GED program 2 <input type="checkbox"/> High school 3 <input type="checkbox"/> College 4 <input type="checkbox"/> Graduate or professional degree program 5 <input type="checkbox"/> Occupational, vocational, or apprenticeship program 6 <input type="checkbox"/> Literacy or ESL program 7 <input type="checkbox"/> No, not enrolled | 472 <div><div>01 <input type="checkbox"/> No school completed 02 <input type="checkbox"/> Up to 6th grade 03 <input type="checkbox"/> 7th or 8th grade 04 <input type="checkbox"/> 9th, 10th, 11th, or 12th grade, but no H.S. diploma 05 <input type="checkbox"/> H.S. diploma</div><div>06 <input type="checkbox"/> Some college, but no degree 07 <input type="checkbox"/> Associate degree 08 <input type="checkbox"/> College graduate 09 <input type="checkbox"/> Some graduate/professional training 10 <input type="checkbox"/> Graduate/professional degree</div></div> |
| 665 | 1 <input type="checkbox"/> GED program 2 <input type="checkbox"/> High school 3 <input type="checkbox"/> College 4 <input type="checkbox"/> Graduate or professional degree program 5 <input type="checkbox"/> Occupational, vocational, or apprenticeship program 6 <input type="checkbox"/> Literacy or ESL program 7 <input type="checkbox"/> No, not enrolled | 473 <div><div>01 <input type="checkbox"/> No school completed 02 <input type="checkbox"/> Up to 6th grade 03 <input type="checkbox"/> 7th or 8th grade 04 <input type="checkbox"/> 9th, 10th, 11th, or 12th grade, but no H.S. diploma 05 <input type="checkbox"/> H.S. diploma</div><div>06 <input type="checkbox"/> Some college, but no degree 07 <input type="checkbox"/> Associate degree 08 <input type="checkbox"/> College graduate 09 <input type="checkbox"/> Some graduate/professional training 10 <input type="checkbox"/> Graduate/professional degree</div></div> |
| 666 | 1 <input type="checkbox"/> GED program 2 <input type="checkbox"/> High school 3 <input type="checkbox"/> College 4 <input type="checkbox"/> Graduate or professional degree program 5 <input type="checkbox"/> Occupational, vocational, or apprenticeship program 6 <input type="checkbox"/> Literacy or ESL program 7 <input type="checkbox"/> No, not enrolled | 474 <div><div>01 <input type="checkbox"/> No school completed 02 <input type="checkbox"/> Up to 6th grade 03 <input type="checkbox"/> 7th or 8th grade 04 <input type="checkbox"/> 9th, 10th, 11th, or 12th grade, but no H.S. diploma 05 <input type="checkbox"/> H.S. diploma</div><div>06 <input type="checkbox"/> Some college, but no degree 07 <input type="checkbox"/> Associate degree 08 <input type="checkbox"/> College graduate 09 <input type="checkbox"/> Some graduate/professional training 10 <input type="checkbox"/> Graduate/professional degree</div></div> |
| 667 | 1 <input type="checkbox"/> GED program 2 <input type="checkbox"/> High school 3 <input type="checkbox"/> College 4 <input type="checkbox"/> Graduate or professional degree program 5 <input type="checkbox"/> Occupational, vocational, or apprenticeship program 6 <input type="checkbox"/> Literacy or ESL program 7 <input type="checkbox"/> No, not enrolled | 475 <div><div>01 <input type="checkbox"/> No school completed 02 <input type="checkbox"/> Up to 6th grade 03 <input type="checkbox"/> 7th or 8th grade 04 <input type="checkbox"/> 9th, 10th, 11th, or 12th grade, but no H.S. diploma 05 <input type="checkbox"/> H.S. diploma</div><div>06 <input type="checkbox"/> Some college, but no degree 07 <input type="checkbox"/> Associate degree 08 <input type="checkbox"/> College graduate 09 <input type="checkbox"/> Some graduate/professional training 10 <input type="checkbox"/> Graduate/professional degree</div></div> |
| 668 | 1 <input type="checkbox"/> GED program 2 <input type="checkbox"/> High school 3 <input type="checkbox"/> College 4 <input type="checkbox"/> Graduate or professional degree program 5 <input type="checkbox"/> Occupational, vocational, or apprenticeship program 6 <input type="checkbox"/> Literacy or ESL program 7 <input type="checkbox"/> No, not enrolled | 476 <div><div>01 <input type="checkbox"/> No school completed 02 <input type="checkbox"/> Up to 6th grade 03 <input type="checkbox"/> 7th or 8th grade 04 <input type="checkbox"/> 9th, 10th, 11th, or 12th grade, but no H.S. diploma 05 <input type="checkbox"/> H.S. diploma</div><div>06 <input type="checkbox"/> Some college, but no degree 07 <input type="checkbox"/> Associate degree 08 <input type="checkbox"/> College graduate 09 <input type="checkbox"/> Some graduate/professional training 10 <input type="checkbox"/> Graduate/professional degree</div></div> |
| 669 | 1 <input type="checkbox"/> GED program 2 <input type="checkbox"/> High school 3 <input type="checkbox"/> College 4 <input type="checkbox"/> Graduate or professional degree program 5 <input type="checkbox"/> Occupational, vocational, or apprenticeship program 6 <input type="checkbox"/> Literacy or ESL program 7 <input type="checkbox"/> No, not enrolled | 477 <div><div>01 <input type="checkbox"/> No school completed 02 <input type="checkbox"/> Up to 6th grade 03 <input type="checkbox"/> 7th or 8th grade 04 <input type="checkbox"/> 9th, 10th, 11th, or 12th grade, but no H.S. diploma 05 <input type="checkbox"/> H.S. diploma</div><div>06 <input type="checkbox"/> Some college, but no degree 07 <input type="checkbox"/> Associate degree 08 <input type="checkbox"/> College graduate 09 <input type="checkbox"/> Some graduate/professional training 10 <input type="checkbox"/> Graduate/professional degree</div></div> |

| Section I – OCCUPIED UNITS – Continued | |
|---|---|
| <div><div>51a. In what year did . . . move into this apartment (house)?</div><div>(Do not ask of reference person)</div><div>If 1971, ask –</div><div>b. Did . . . move here on or after July 1 in 1971?</div><div>(Do not ask of reference person)</div></div> | <div>CHECK ITEM H</div> <div>Is this the last person listed?</div> |
| <div><div>R</div><div>Reference person</div></div> | <div><div><input type="checkbox"/> Yes – GO to 52</div><div><input type="checkbox"/> No – Return to Check Item G on page 12 for the next person</div></div> |
| <div><div>680</div><div>51a.</div><div>Year<div></div><div></div><div></div><div></div></div><div>If 1971 – GO to 51b</div><div>If any other year – SKIP to Check Item H</div><div>-----</div><div>695</div><div>51b. Did . . . move here on or after July 1 in 1971?</div><div>1 <input type="checkbox"/> Yes, on or after July 1 in 1971</div><div>2 <input type="checkbox"/> No, before July 1 in 1971</div></div> | <div><div><input type="checkbox"/> Yes – GO to 52</div><div><input type="checkbox"/> No – Return to Check Item G on page 12 for the next person</div></div> |
| <div><div>681</div><div>51a.</div><div>Year<div></div><div></div><div></div><div></div></div><div>If 1971 – GO to 51b</div><div>If any other year – SKIP to Check Item H</div><div>-----</div><div>696</div><div>51b. Did . . . move here on or after July 1 in 1971?</div><div>1 <input type="checkbox"/> Yes, on or after July 1 in 1971</div><div>2 <input type="checkbox"/> No, before July 1 in 1971</div></div> | <div><div><input type="checkbox"/> Yes – GO to 52</div><div><input type="checkbox"/> No – Return to Check Item G on page 12 for the next person</div></div> |
| <div><div>682</div><div>51a.</div><div>Year<div></div><div></div><div></div><div></div></div><div>If 1971 – GO to 51b</div><div>If any other year – SKIP to Check Item H</div><div>-----</div><div>697</div><div>51b. Did . . . move here on or after July 1 in 1971?</div><div>1 <input type="checkbox"/> Yes, on or after July 1 in 1971</div><div>2 <input type="checkbox"/> No, before July 1 in 1971</div></div> | <div><div><input type="checkbox"/> Yes – GO to 52</div><div><input type="checkbox"/> No – Return to Check Item G on page 12 for the next person</div></div> |
| <div><div>683</div><div>51a.</div><div>Year<div></div><div></div><div></div><div></div></div><div>If 1971 – GO to 51b</div><div>If any other year – SKIP to Check Item H</div><div>-----</div><div>698</div><div>51b. Did . . . move here on or after July 1 in 1971?</div><div>1 <input type="checkbox"/> Yes, on or after July 1 in 1971</div><div>2 <input type="checkbox"/> No, before July 1 in 1971</div></div> | <div><div><input type="checkbox"/> Yes – GO to 52</div><div><input type="checkbox"/> No – Return to Check Item G on page 12 for the next person</div></div> |
| <div><div>684</div><div>51a.</div><div>Year<div></div><div></div><div></div><div></div></div><div>If 1971 – GO to 51b</div><div>If any other year – SKIP to Check Item H</div><div>-----</div><div>699</div><div>51b. Did . . . move here on or after July 1 in 1971?</div><div>1 <input type="checkbox"/> Yes, on or after July 1 in 1971</div><div>2 <input type="checkbox"/> No, before July 1 in 1971</div></div> | <div><div><input type="checkbox"/> Yes – GO to 52</div><div><input type="checkbox"/> No – Return to Check Item G on page 12 for the next person</div></div> |
| <div><div>685</div><div>51a.</div><div>Year<div></div><div></div><div></div><div></div></div><div>If 1971 – GO to 51b</div><div>If any other year – SKIP to Check Item H</div><div>-----</div><div>990</div><div>51b. Did . . . move here on or after July 1 in 1971?</div><div>1 <input type="checkbox"/> Yes, on or after July 1 in 1971</div><div>2 <input type="checkbox"/> No, before July 1 in 1971</div></div> | <div><div><input type="checkbox"/> Yes – GO to 52</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 | | | | | |
|---|------------|---|--|--|--|
| 52. Does anyone in this household (including children under age 15) receive public assistance or welfare payments from any of the following? | | <i>(If any household member 15 or older has reported income on item 49e, one or more of the answers to item 52 should be “Yes”.)</i> | | | |
| 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. Supplemental Nutrition Assistance Program (SNAP) | 175 | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know | | |
| e. Women, Infants and Children (WIC) | 199 | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know | | |
| f. Other – Specify <input checked="" type="checkbox"/> | 551 | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know | | |
| 53a. Is there a landline 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 <table><tr><td></td><td></td></tr></table> Persons 00 <input type="checkbox"/> None | | | |
| | | | | | |
| 54a. 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. Do you or anyone in your household have any medical devices in your home that are important to health and that require electrical power to operate? | | 198 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know | | | |
| c. In the last 12 months, did you postpone any of the following types of health care for financial reasons? <i>(Read items 1–5 and mark (X) Yes or No for each.)</i> | | | | | |
| (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 | | |
| 55. In the last 12 months, were any of the following services interrupted because you did not have enough money at the time? <i>(Read items 1–5 and mark (X) Yes or No for each.)</i> | | | | | |
| (1) One or more utility | 131 | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | | |
| (2) Landline telephone | 132 | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | | |
| (3) Cell phone | 136 | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | | |
| (4) Cable/Internet | 137 | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | | |
| (5) Other | 138 | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | | |

| | | | | | | | | | | | | | | | | | | |
|--|---|--|--|--|--|--|---|--|---|--|--|--|--|--|---|--|------------------|--|
| Section I – OCCUPIED UNITS – Continued | | | | | | | | | | | | | | | | | | |
| <div>56. Please tell me how strongly you agree or disagree with the following statements. (Answer choices: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree) (Please read all answer choices to the respondent for each statement and mark (X) the appropriate box.)</div> <div><div>a. My apartment (house) is affordable to me.</div><div>168<div><div>1</div><div>2</div><div>3</div><div>4</div><div>5</div></div><div><div><input type="checkbox"/> Strongly agree</div><div><input type="checkbox"/> Agree</div><div><input type="checkbox"/> Neither agree nor disagree</div><div><input type="checkbox"/> Disagree</div><div><input type="checkbox"/> Strongly disagree</div></div></div></div> <tr><td><div>b. My apartment (house) is too expensive given its condition.</div><div>169<div><div>1</div><div>2</div><div>3</div><div>4</div><div>5</div></div><div><div><input type="checkbox"/> Strongly agree</div><div><input type="checkbox"/> Agree</div><div><input type="checkbox"/> Neither agree nor disagree</div><div><input type="checkbox"/> Disagree</div><div><input type="checkbox"/> Strongly disagree</div></div></div></td><td></td></tr> <tr><td><div>c. My apartment (house) is too expensive given its location.</div><div>183<div><div>1</div><div>2</div><div>3</div><div>4</div><div>5</div></div><div><div><input type="checkbox"/> Strongly agree</div><div><input type="checkbox"/> Agree</div><div><input type="checkbox"/> Neither agree nor disagree</div><div><input type="checkbox"/> Disagree</div><div><input type="checkbox"/> Strongly disagree</div></div></div></td><td></td></tr> <tr><td><div>CHECK ITEM I</div><div>REFER TO QUESTION 7a ON PAGE 5 FOR THE REFERENCE PERSON</div><div><div><input type="checkbox"/> Born in New York City (box 07 marked) – SKIP to Closing Statement</div><div><input type="checkbox"/> Born in U.S. outside New York City (box 09 or 10 marked) – SKIP to 58</div><div><input type="checkbox"/> Born outside U.S. (box 11–26 marked) – GO to 57a</div></div></td><td></td></tr> <tr><td><div>57a. Did . . . (reference person) move to the United States as an immigrant?</div><div>560<div><div>1</div><div>2</div></div><div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div></div></div></td><td></td></tr> <tr><td><div>b. In what year did . . . (reference person) move to the United States?</div><div>561<div><div></div><div></div><div></div><div></div><div></div></div></div></td><td></td></tr> <tr><td><div>58. In what year did . . . (reference person) move to New York City? (most recent move if more than one)</div><div>562<div><div></div><div></div><div></div><div></div><div></div></div></div></td><td></td></tr> <tr><td colspan="2"><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>029</div><div><div>Area code</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></div></td></tr> <tr><td colspan="2">END INTERVIEW. Fill items N and O on the front cover.</td></tr> <tr><td colspan="2"><div>Notes</div></td></tr> | <div>b. My apartment (house) is too expensive given its condition.</div> <div>169<div><div>1</div><div>2</div><div>3</div><div>4</div><div>5</div></div><div><div><input type="checkbox"/> Strongly agree</div><div><input type="checkbox"/> Agree</div><div><input type="checkbox"/> Neither agree nor disagree</div><div><input type="checkbox"/> Disagree</div><div><input type="checkbox"/> Strongly disagree</div></div></div> | | <div>c. My apartment (house) is too expensive given its location.</div> <div>183<div><div>1</div><div>2</div><div>3</div><div>4</div><div>5</div></div><div><div><input type="checkbox"/> Strongly agree</div><div><input type="checkbox"/> Agree</div><div><input type="checkbox"/> Neither agree nor disagree</div><div><input type="checkbox"/> Disagree</div><div><input type="checkbox"/> Strongly disagree</div></div></div> | | <div>CHECK ITEM I</div> <div>REFER TO QUESTION 7a ON PAGE 5 FOR THE REFERENCE PERSON</div> <div><div><input type="checkbox"/> Born in New York City (box 07 marked) – SKIP to Closing Statement</div><div><input type="checkbox"/> Born in U.S. outside New York City (box 09 or 10 marked) – SKIP to 58</div><div><input type="checkbox"/> Born outside U.S. (box 11–26 marked) – GO to 57a</div></div> | | <div>57a. Did . . . (reference person) move to the United States as an immigrant?</div> <div>560<div><div>1</div><div>2</div></div><div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div></div></div> | | <div>b. In what year did . . . (reference person) move to the United States?</div> <div>561<div><div></div><div></div><div></div><div></div><div></div></div></div> | | <div>58. In what year did . . . (reference person) move to New York City? (most recent move if more than one)</div> <div>562<div><div></div><div></div><div></div><div></div><div></div></div></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>029</div><div><div>Area code</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></div> | | END INTERVIEW. Fill items N and O on the front cover. | | <div>Notes</div> | |
| <div>b. My apartment (house) is too expensive given its condition.</div> <div>169<div><div>1</div><div>2</div><div>3</div><div>4</div><div>5</div></div><div><div><input type="checkbox"/> Strongly agree</div><div><input type="checkbox"/> Agree</div><div><input type="checkbox"/> Neither agree nor disagree</div><div><input type="checkbox"/> Disagree</div><div><input type="checkbox"/> Strongly disagree</div></div></div> | | | | | | | | | | | | | | | | | | |
| <div>c. My apartment (house) is too expensive given its location.</div> <div>183<div><div>1</div><div>2</div><div>3</div><div>4</div><div>5</div></div><div><div><input type="checkbox"/> Strongly agree</div><div><input type="checkbox"/> Agree</div><div><input type="checkbox"/> Neither agree nor disagree</div><div><input type="checkbox"/> Disagree</div><div><input type="checkbox"/> Strongly disagree</div></div></div> | | | | | | | | | | | | | | | | | | |
| <div>CHECK ITEM I</div> <div>REFER TO QUESTION 7a ON PAGE 5 FOR THE REFERENCE PERSON</div> <div><div><input type="checkbox"/> Born in New York City (box 07 marked) – SKIP to Closing Statement</div><div><input type="checkbox"/> Born in U.S. outside New York City (box 09 or 10 marked) – SKIP to 58</div><div><input type="checkbox"/> Born outside U.S. (box 11–26 marked) – GO to 57a</div></div> | | | | | | | | | | | | | | | | | | |
| <div>57a. Did . . . (reference person) move to the United States as an immigrant?</div> <div>560<div><div>1</div><div>2</div></div><div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div></div></div> | | | | | | | | | | | | | | | | | | |
| <div>b. In what year did . . . (reference person) move to the United States?</div> <div>561<div><div></div><div></div><div></div><div></div><div></div></div></div> | | | | | | | | | | | | | | | | | | |
| <div>58. In what year did . . . (reference person) move to New York City? (most recent move if more than one)</div> <div>562<div><div></div><div></div><div></div><div></div><div></div></div></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>029</div><div><div>Area code</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></div> | | | | | | | | | | | | | | | | | | |
| END INTERVIEW. Fill items N and O on the front cover. | | | | | | | | | | | | | | | | | | |
| <div>Notes</div> | | | | | | | | | | | | | | | | | | |

| Section II – VACANT UNITS | |
|---|--|
| 59. If this apartment (house) is occupied, will it be the first occupancy since its construction, gut rehabilitation, or creation through conversion or sub-division? | <div>518</div> <div><div>1</div><input type="checkbox"/> Yes, first occupancy</div> <div><div>2</div><input type="checkbox"/> No, previously occupied</div> <div><div>3</div><input type="checkbox"/> Don't know</div> |
| NOTE – Questions 60–62a, 63a and 63b pertain to the building. Be certain to mark (X) the same box for each form in the same building. | |
| 60. 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>01</div><input type="checkbox"/> 1 unit without business</div> <div><div>02</div><input type="checkbox"/> 1 unit with business</div> <div><div>03</div><input type="checkbox"/> 2 units without business</div> <div><div>04</div><input type="checkbox"/> 2 units with business</div> <div><div>05</div><input type="checkbox"/> 3 units</div> <div><div>06</div><input type="checkbox"/> 4 units</div> <div><div>07</div><input type="checkbox"/> 5 units</div> <div><div>08</div><input type="checkbox"/> 6 to 9 units</div> <div><div>09</div><input type="checkbox"/> 10 to 12 units</div> <div><div>10</div><input type="checkbox"/> 13 to 19 units</div> <div><div>11</div><input type="checkbox"/> 20 to 49 units</div> <div><div>12</div><input type="checkbox"/> 50 to 99 units</div> <div><div>13</div><input type="checkbox"/> 100 to 199 units</div> <div><div>14</div><input type="checkbox"/> 200 or more units</div> |
| 61. Does the owner of this building live in this building? | <div>520</div> <div><div>1</div><input type="checkbox"/> Yes</div> <div><div>2</div><input type="checkbox"/> No</div> <div><div>3</div><input type="checkbox"/> Don't know</div> |
| 62a. How many stories are in this building? <i>Count the basement if there are people living in it.</i> | <div>521</div> <div><div>01</div><input type="checkbox"/> One – SKIP to 63c</div> <div><div>02</div><input type="checkbox"/> Two</div> <div><div>03</div><input type="checkbox"/> Three</div> <div><div>04</div><input type="checkbox"/> Four</div> <div><div>05</div><input type="checkbox"/> Five</div> <div><div>06</div><input type="checkbox"/> 6 to 10</div> <div><div>07</div><input type="checkbox"/> 11 to 20</div> <div><div>08</div><input type="checkbox"/> 21 to 40</div> <div><div>09</div><input type="checkbox"/> 41 or more</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><div>0</div><input type="checkbox"/> Basement</div> <div><div>554</div><div><div></div><div></div></div>Floor</div> |
| 63a. Is there a passenger elevator in this building? | <div>522</div> <div><div>1</div><input type="checkbox"/> Yes</div> <div><div>2</div><input type="checkbox"/> No – SKIP to 63c</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>1</div><input type="checkbox"/> Yes</div> <div><div>2</div><input type="checkbox"/> No</div> <div><div>3</div><input type="checkbox"/> Don't know</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>1</div><input type="checkbox"/> Yes</div> <div><div>2</div><input type="checkbox"/> No</div> <div><div>3</div><input type="checkbox"/> Don't know</div> |
| 64a. How many rooms are in this apartment (house)? Do not count bathrooms, porches, balconies, halls, foyers, or half-rooms. | <div>523</div> <div><div>1</div><input type="checkbox"/> One – SKIP to 65a</div> <div><div>2</div><input type="checkbox"/> Two</div> <div><div>3</div><input type="checkbox"/> Three</div> <div><div>4</div><input type="checkbox"/> Four</div> <div><div>5</div><input type="checkbox"/> Five</div> <div><div>6</div><input type="checkbox"/> Six</div> <div><div>7</div><input type="checkbox"/> Seven</div> <div><div>8</div><input type="checkbox"/> Eight or more</div> |
| b. Of these rooms, how many are bedrooms? | <div>524</div> <div><div>01</div><input type="checkbox"/> None</div> <div><div>02</div><input type="checkbox"/> One</div> <div><div>03</div><input type="checkbox"/> Two</div> <div><div>04</div><input type="checkbox"/> Three</div> <div><div>05</div><input type="checkbox"/> Four</div> <div><div>06</div><input type="checkbox"/> Five</div> <div><div>07</div><input type="checkbox"/> Six</div> <div><div>08</div><input type="checkbox"/> Seven</div> <div><div>09</div><input type="checkbox"/> Eight or more</div> |

| Section II – VACANT UNITS – Continued | |
|--|---|
| 65a. 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 65b</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 66a</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> |
| 66a. 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 66b</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 67</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> |
| 67. 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 CON ED steam)</div><div><input type="checkbox"/> Don't know</div></div> |
| 68. 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> |
| 69. 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> |
| 70a. 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 | |
| 71. Is this apartment (house) – | <div>534</div> <div><div><div>1</div><div><input type="checkbox"/></div><div>Available for rent? – SKIP to 73</div></div><div><div>2</div><div><input type="checkbox"/></div><div>Available for sale only? – SKIP to Closing Statement below.</div></div><div><div>3</div><div><input type="checkbox"/></div><div>Not available for rent or sale? – GO to 72</div></div></div> |
| 72. 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>01</div><div><input type="checkbox"/></div><div>Rented, not yet occupied</div></div><div><div>02</div><div><input type="checkbox"/></div><div>Sold, not yet occupied</div></div><div><div>03</div><div><input type="checkbox"/></div><div>Unit or building is undergoing renovation</div></div><div><div>04</div><div><input type="checkbox"/></div><div>Unit or building is awaiting renovation</div></div><div><div>05</div><div><input type="checkbox"/></div><div>Being converted to nonresidential purposes</div></div><div><div>06</div><div><input type="checkbox"/></div><div>There is a legal dispute involving the unit</div></div><div><div>07</div><div><input type="checkbox"/></div><div>Being converted or awaiting conversion to condominium or cooperative</div></div><div><div>08</div><div><input type="checkbox"/></div><div>Held for occasional, seasonal, or recreational use</div></div><div><div>09</div><div><input type="checkbox"/></div><div>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"/></div><div>Being held pending sale of building</div></div><div><div>11</div><div><input type="checkbox"/></div><div>Being held for planned demolition</div></div><div><div>12</div><div><input type="checkbox"/></div><div>Held for other reasons – Specify ↴</div></div></div></div> <div><div>SKIP to Closing Statement below.</div></div> |
| 73. 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>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>029</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><div></div></div></div></div></div> | |
| END INTERVIEW. Fill item N on the front cover. | |
| Notes | |

Control number

Contact History Data

| | | |
|---|--|--|
| CTATEMPT | <input type="checkbox"/> (1) Personal Visit <input type="checkbox"/> (2) Telephone (outgoing) <input type="checkbox"/> (3) Telephone (incoming) | |
| TIMEOFCT | 2 (Not in CHI instrument at time of contact) | |
| FR_DATE | / /2017 (MM/DD/YYYY) | |
| FR_TIME | : AM PM (HH:MM AM/PM) | |
| CASECONTACT (Select only one) | <input type="checkbox"/> (1) Contact With Sample Unit Member [GOTO CTTYPER] <input type="checkbox"/> (2) Contact with Non-Sample Unit Member [GOTO NCTPER] <input type="checkbox"/> (3) Noncontact [GOTO NCTPER] | |
| Contact with Sample Unit Member | | |
| CTTYPE (Select only one) | <input type="checkbox"/> (1) Completed case [GOTO RSPNDENT] <input type="checkbox"/> (2) Partial interview – follow-up required [GOTO NONINTER] <input type="checkbox"/> (3) Unable to conduct interview [GOTO NONINTER] | |
| Partial Interview or Unable to Conduct Interview | | |
| NONINTER (Mark all that apply) | | |
| <div><input type="checkbox"/> (1) Eligible person not available [GOTO RSPNDENT] <input type="checkbox"/> (2) Inconvenient time [GOTO RSPNDENT] <input type="checkbox"/> (3) Respondent is reluctant [GOTO RSPNDENT] <input type="checkbox"/> (4) Language problem – specify [GOTO cLANGUAGE] <input type="checkbox"/> (5) Health problem [GOTO RSPNDENT] <input type="checkbox"/> (99) Other – specify</div> | | |
| CTOTHER (Other – specify) | | |
| <div></div> | | |
| cLANGUAGE (Mark all that apply) | <div><input type="checkbox"/> (1) Specify language or dialect [GOTO LANGLIST] <input type="checkbox"/> (2) No household member able to translate [GOTO LANGLIST] <input type="checkbox"/> (3) Contact RO about language problem [GOTO LANGLIST] <input type="checkbox"/> (4) Unable to find translator [GOTO LANGLIST] <input type="checkbox"/> (5) No time left to find translator [GOTO LANGLIST]</div> | |
| LANGLIST (Select only one) | <div><div><input type="checkbox"/> (11) Spanish <input type="checkbox"/> (12) Arabic <input type="checkbox"/> (13) Chinese <input type="checkbox"/> (14) French <input type="checkbox"/> (15) German <input type="checkbox"/> (16) Greek <input type="checkbox"/> (17) Italian <input type="checkbox"/> (18) Japanese <input type="checkbox"/> (19) Korean <input type="checkbox"/> (20) Polish</div><div><input type="checkbox"/> (21) Portuguese <input type="checkbox"/> (22) Russian <input type="checkbox"/> (23) Tagalog <input type="checkbox"/> (24) Urdu <input type="checkbox"/> (25) Vietnamese <input type="checkbox"/> (97) Other problem – hard of hearing <input type="checkbox"/> (98) Unknown language <input type="checkbox"/> (99) Other language – specify</div></div> | |
| SPECLANG (Other – specify) | | |
| <div></div> | | |
| [GOTO RSPNDENT] | | |
| RSPNDENT | CONCERNS/BEHAVIOR/RELUCTANCE (Mark all that apply) | |
| <div><div><input type="checkbox"/> (1) Not interested <input type="checkbox"/> (2) Too busy <input type="checkbox"/> (3) Interview takes too much time <input type="checkbox"/> (4) Scheduling difficulties <input type="checkbox"/> (5) Survey is voluntary <input type="checkbox"/> (6) Privacy concerns <input type="checkbox"/> (7) Local/State/Federal government concerns <input type="checkbox"/> (8) Asks questions about the survey <input type="checkbox"/> (9) Hang-up/slams door on FR</div><div><input type="checkbox"/> (10) Hostile or threatens FR <input type="checkbox"/> (11) Family issues (death, illness, block participation in survey) <input type="checkbox"/> (12) Gave that information last time <input type="checkbox"/> (13) Asked too many personal questions last time <input type="checkbox"/> (14) Too many interviews <input type="checkbox"/> (15) Intends to quit survey <input type="checkbox"/> (98) No concerns <input type="checkbox"/> (99) Other – specify</div></div> | | |
| RSPNDOTH (Other – specify) | | |
| <div></div> | | |
| STRATEGIES | CONTACT STRATEGIES ATTEMPTED (Mark all that apply) | |
| <div><div><input type="checkbox"/> (1) Advance letter given <input type="checkbox"/> (2) Scheduled appointment <input type="checkbox"/> (3) Left note/appointment card <input type="checkbox"/> (4) Left promotional packet/informational brochure <input type="checkbox"/> (5) Called household <input type="checkbox"/> (6) Left message on answering machine</div><div><input type="checkbox"/> (7) Waited for respondent <input type="checkbox"/> (8) Checked with neighbors <input type="checkbox"/> (9) Contacted other family members <input type="checkbox"/> (10) Contacted property manager / doorman <input type="checkbox"/> (98) No strategies <input type="checkbox"/> (99) Other – specify</div></div> | | |
| STRATOTH (Other – specify) | | |
| <div></div> | | |

Control number

Contact History Data

CTATEMPT

☐ (1) Personal Visit

☐ (2) Telephone (outgoing)

☐ (3) Telephone (incoming)

TIMEOFCT

2 (Not in CHI instrument at time of contact)

FR_DATE

/ /2017 (MM/DD/YYYY)

FR_TIME

: AM PM (HH:MM AM/PM)

CASECONTACT

(Select only one)

☐ (1) Contact With Sample Unit Member [GOTO CTTYPER]

☐ (2) Contact with Non-Sample Unit Member [GOTO NCTPER]

☐ (3) Noncontact [GOTO NCTPER]

Contact with Sample Unit Member

CTTYPE

(Select only one)

☐ (1) Completed case [GOTO RSPNDENT]

☐ (2) Partial interview – follow-up required [GOTO NONINTER]

☐ (3) Unable to conduct interview [GOTO NONINTER]

Partial Interview or Unable to Conduct Interview

NONINTER

(Mark all that apply)

☐ (1) Eligible person not available [GOTO RSPNDENT]

☐ (2) Inconvenient time [GOTO RSPNDENT]

☐ (3) Respondent is reluctant [GOTO RSPNDENT]

☐ (4) Language problem – specify [GOTO cLANGUAGE]

☐ (5) Health problem [GOTO RSPNDENT]

☐ (99) Other – specify

CTOTHER

(Other – specify)

cLANGUAGE

(Mark all that apply)

☐ (1) Specify language or dialect [GOTO LANGLIST]

☐ (2) No household member able to translate [GOTO LANGLIST]

☐ (3) Contact RO about language problem [GOTO LANGLIST]

☐ (4) Unable to find translator [GOTO LANGLIST]

☐ (5) No time left to find translator [GOTO LANGLIST]

LANGLIST

(Select only one)

☐ (11) Spanish

☐ (12) Arabic

☐ (13) Chinese

☐ (14) French

☐ (15) German

☐ (16) Greek

☐ (17) Italian

☐ (18) Japanese

☐ (19) Korean

☐ (20) Polish

☐ (21) Portuguese

☐ (22) Russian

☐ (23) Tagalog

☐ (24) Urdu

☐ (25) Vietnamese

☐ (97) Other problem – hard of hearing

☐ (98) Unknown language

☐ (99) Other language – specify

SPECLANG

(Other – specify)

[GOTO RSPNDENT]

Contact with Non-Sample Unit Member/Noncontact

NCTPER

(Mark all that apply)

☐ (1) No one home/No eligible person home

☐ (2) No one home – previous note/letter taken

☐ (3) Household does not answer door – evidence someone is home

☐ (4) Observed household from vehicle

☐ (5) Unable to reach/locked gate/buzzer entry

☐ (6) Address does not exist/unable to locate

☐ (7) On vacation, away from home / at second home

☐ (8) Spoke with neighbor

☐ (9) Building management/doorman contact

☐ (10) Completed case (Type B/C or Vacant interview)

☐ (99) Other – specify

NCTPEROT

(Other – specify)

[GOTO STRATEGYS]

RSPNDENT

CONCERNS/BEHAVIOR/RELUCTANCE

(Mark all that apply)

☐ (1) Not interested

☐ (2) Too busy

☐ (3) Interview takes too much time

☐ (4) Scheduling difficulties

☐ (5) Survey is voluntary

☐ (6) Privacy concerns

☐ (7) Local/State/Federal government concerns

☐ (8) Asks questions about the survey

☐ (9) Hang-up/slams door on FR

☐ (10) Hostile or threatens FR

☐ (11) Family issues (death, illness, block participation in survey)

☐ (12) Gave that information last time

☐ (13) Asked too many personal questions last time

☐ (14) Too many interviews

☐ (15) Intends to quit survey

☐ (98) No concerns

☐ (99) Other – specify

RSPNDOTH

(Other – specify)

STRATEGYS

CONTACT STRATEGIES ATTEMPTED

(Mark all that apply)

☐ (1) Advance letter given

☐ (2) Scheduled appointment

☐ (3) Left note/appointment card

☐ (4) Left promotional packet/informational brochure

☐ (5) Called household

☐ (6) Left message on answering machine

☐ (7) Waited for respondent

☐ (8) Checked with neighbors

☐ (9) Contacted other family members

☐ (10) Contacted property manager / doorman

☐ (98) No strategies

☐ (99) Other – specify

STRATOTH

(Other – specify)

FORM H-100 (7-13-2016)

Page 27

Control number

Contact History Data

CTATEMPT

☐ (1) Personal Visit

☐ (2) Telephone (outgoing)

☐ (3) Telephone (incoming)

TIMEOFCT

2 (Not in CHI instrument at time of contact)

FR_DATE

/ /2017 (MM/DD/YYYY)

FR_TIME

: AM PM (HH:MM AM/PM)

CASECONTACT

(Select only one)

☐ (1) Contact With Sample Unit Member [GOTO CTTYPER]

☐ (2) Contact with Non-Sample Unit Member [GOTO NCTPER]

☐ (3) Noncontact [GOTO NCTPER]

Contact with Sample Unit Member

CTTYPE

(Select only one)

☐ (1) Completed case [GOTO RSPNDENT]

☐ (2) Partial interview – follow-up required [GOTO NONINTER]

☐ (3) Unable to conduct interview [GOTO NONINTER]

Partial Interview or Unable to Conduct Interview

NONINTER

(Mark all that apply)

☐ (1) Eligible person not available [GOTO RSPNDENT]

☐ (2) Inconvenient time [GOTO RSPNDENT]

☐ (3) Respondent is reluctant [GOTO RSPNDENT]

☐ (4) Language problem – specify [GOTO cLANGUAGE]

☐ (5) Health problem [GOTO RSPNDENT]

☐ (99) Other – specify

CTOTHER

(Other – specify)

cLANGUAGE

(Mark all that apply)

☐ (1) Specify language or dialect [GOTO LANGLIST]

☐ (2) No household member able to translate [GOTO LANGLIST]

☐ (3) Contact RO about language problem [GOTO LANGLIST]

☐ (4) Unable to find translator [GOTO LANGLIST]

☐ (5) No time left to find translator [GOTO LANGLIST]

LANGLIST

(Select only one)

☐ (11) Spanish

☐ (12) Arabic

☐ (13) Chinese

☐ (14) French

☐ (15) German

☐ (16) Greek

☐ (17) Italian

☐ (18) Japanese

☐ (19) Korean

☐ (20) Polish

☐ (21) Portuguese

☐ (22) Russian

☐ (23) Tagalog

☐ (24) Urdu

☐ (25) Vietnamese

☐ (97) Other problem – hard of hearing

☐ (98) Unknown language

☐ (99) Other language – specify

SPECLANG

(Other – specify)

[GOTO RSPNDENT]

Contact with Non-Sample Unit Member/Noncontact

NCTPER

(Mark all that apply)

☐ (1) No one home/No eligible person home

☐ (2) No one home – previous note/letter taken

☐ (3) Household does not answer door – evidence someone is home

☐ (4) Observed household from vehicle

☐ (5) Unable to reach/locked gate/buzzer entry

☐ (6) Address does not exist/unable to locate

☐ (7) On vacation, away from home / at second home

☐ (8) Spoke with neighbor

☐ (9) Building management/doorman contact

☐ (10) Completed case (Type B/C or Vacant interview)

☐ (99) Other – specify

NCTPEROT

(Other – specify)

[GOTO STRATEGYS]

RSPNDENT

CONCERNS/BEHAVIOR/RELUCTANCE

(Mark all that apply)

☐ (1) Not interested

☐ (2) Too busy

☐ (3) Interview takes too much time

☐ (4) Scheduling difficulties

☐ (5) Survey is voluntary

☐ (6) Privacy concerns

☐ (7) Local/State/Federal government concerns

☐ (8) Asks questions about the survey

☐ (9) Hang-up/slams door on FR

☐ (10) Hostile or threatens FR

☐ (11) Family issues (death, illness, block participation in survey)

☐ (12) Gave that information last time

☐ (13) Asked too many personal questions last time

☐ (14) Too many interviews

☐ (15) Intends to quit survey

☐ (98) No concerns

☐ (99) Other – specify

RSPNDOTH

(Other – specify)

STRATEGYS

CONTACT STRATEGIES ATTEMPTED

(Mark all that apply)

☐ (1) Advance letter given

☐ (2) Scheduled appointment

☐ (3) Left note/appointment card

☐ (4) Left promotional packet/informational brochure

☐ (5) Called household

☐ (6) Left message on answering machine

☐ (7) Waited for respondent

☐ (8) Checked with neighbors

☐ (9) Contacted other family members

☐ (10) Contacted property manager / doorman

☐ (98) No strategies

☐ (99) Other – specify

STRATOTH

(Other – specify)

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FORM H-100 (7-13-2016)

Control number

Contact History Data

| | | |
|--|--|--|
| CTATEMPT | <input type="checkbox"/> (1) Personal Visit <input type="checkbox"/> (2) Telephone (outgoing) <input type="checkbox"/> (3) Telephone (incoming) | |
| TIMEOFCT | 2 (Not in CHI instrument at time of contact) | |
| FR_DATE | / /2017 (MM/DD/YYYY) | |
| FR_TIME | : AM PM (HH:MM AM/PM) | |
| CASECONTACT (Select only one) | <input type="checkbox"/> (1) Contact With Sample Unit Member [GOTO CTTYPER] <input type="checkbox"/> (2) Contact with Non-Sample Unit Member [GOTO NCTPER] <input type="checkbox"/> (3) Noncontact [GOTO NCTPER] | |
| Contact with Sample Unit Member | | Contact with Non-Sample Unit Member/Noncontact |
| CTTYPE (Select only one) | <input type="checkbox"/> (1) Completed case [GOTO RSPNDENT] <input type="checkbox"/> (2) Partial interview – follow-up required [GOTO NONINTER] <input type="checkbox"/> (3) Unable to conduct interview [GOTO NONINTER] | NCTPER (Mark all that apply) <div><input type="checkbox"/> (1) No one home/No eligible person home <input type="checkbox"/> (2) No one home – previous note/letter taken <input type="checkbox"/> (3) Household does not answer door – evidence someone is home <input type="checkbox"/> (4) Observed household from vehicle <input type="checkbox"/> (5) Unable to reach/locked gate/buzzer entry <input type="checkbox"/> (6) Address does not exist/unable to locate <input type="checkbox"/> (7) On vacation, away from home / at second home <input type="checkbox"/> (8) Spoke with neighbor <input type="checkbox"/> (9) Building management/doorman contact <input type="checkbox"/> (10) Completed case (Type B/C or Vacant interview) <input type="checkbox"/> (99) Other – specify</div> <div>NCTPEROT (Other – specify)<div></div></div> <div>[GOTO STRATEGYS]</div> |
| Partial Interview or Unable to Conduct Interview | | |
| NONINTER (Mark all that apply) <div><div><input type="checkbox"/> (1) Eligible person not available [GOTO RSPNDENT] <input type="checkbox"/> (2) Inconvenient time [GOTO RSPNDENT] <input type="checkbox"/> (3) Respondent is reluctant [GOTO RSPNDENT] <input type="checkbox"/> (4) Language problem – specify [GOTO cLANGUAGE] <input type="checkbox"/> (5) Health problem [GOTO RSPNDENT] <input type="checkbox"/> (99) Other – specify</div><div>CTOTHER (Other – specify)<div></div></div><div>cLANGUAGE (Mark all that apply)<div><input type="checkbox"/> (1) Specify language or dialect [GOTO LANGLIST] <input type="checkbox"/> (2) No household member able to translate [GOTO LANGLIST] <input type="checkbox"/> (3) Contact RO about language problem [GOTO LANGLIST] <input type="checkbox"/> (4) Unable to find translator [GOTO LANGLIST] <input type="checkbox"/> (5) No time left to find translator [GOTO LANGLIST]</div><div>LANGLIST (Select only one)<div><div><input type="checkbox"/> (11) Spanish <input type="checkbox"/> (12) Arabic <input type="checkbox"/> (13) Chinese <input type="checkbox"/> (14) French <input type="checkbox"/> (15) German <input type="checkbox"/> (16) Greek <input type="checkbox"/> (17) Italian <input type="checkbox"/> (18) Japanese <input type="checkbox"/> (19) Korean <input type="checkbox"/> (20) Polish</div><div><input type="checkbox"/> (21) Portuguese <input type="checkbox"/> (22) Russian <input type="checkbox"/> (23) Tagalog <input type="checkbox"/> (24) Urdu <input type="checkbox"/> (25) Vietnamese <input type="checkbox"/> (97) Other problem – hard of hearing <input type="checkbox"/> (98) Unknown language <input type="checkbox"/> (99) Other language – specify</div></div><div>SPECLANG (Other – specify)<div></div></div></div><div>[GOTO RSPNDENT]</div></div></div> | | |
| RSPNDENT | CONCERNS/BEHAVIOR/RELUCTANCE (Mark all that apply) <div><div><input type="checkbox"/> (1) Not interested <input type="checkbox"/> (2) Too busy <input type="checkbox"/> (3) Interview takes too much time <input type="checkbox"/> (4) Scheduling difficulties <input type="checkbox"/> (5) Survey is voluntary <input type="checkbox"/> (6) Privacy concerns <input type="checkbox"/> (7) Local/State/Federal government concerns <input type="checkbox"/> (8) Asks questions about the survey <input type="checkbox"/> (9) Hang-up/slams door on FR</div><div><input type="checkbox"/> (10) Hostile or threatens FR <input type="checkbox"/> (11) Family issues (death, illness, block participation in survey) <input type="checkbox"/> (12) Gave that information last time <input type="checkbox"/> (13) Asked too many personal questions last time <input type="checkbox"/> (14) Too many interviews <input type="checkbox"/> (15) Intends to quit survey <input type="checkbox"/> (98) No concerns <input type="checkbox"/> (99) Other – specify</div><div>[GOTO STRATEGYS]</div></div> <div>RSPNDOTH (Other – specify)<div></div></div> | |
| STRATEGYS | CONTACT STRATEGIES ATTEMPTED (Mark all that apply) <div><div><input type="checkbox"/> (1) Advance letter given <input type="checkbox"/> (2) Scheduled appointment <input type="checkbox"/> (3) Left note/appointment card <input type="checkbox"/> (4) Left promotional packet/informational brochure <input type="checkbox"/> (5) Called household <input type="checkbox"/> (6) Left message on answering machine</div><div><input type="checkbox"/> (7) Waited for respondent <input type="checkbox"/> (8) Checked with neighbors <input type="checkbox"/> (9) Contacted other family members <input type="checkbox"/> (10) Contacted property manager / doorman <input type="checkbox"/> (98) No strategies <input type="checkbox"/> (99) Other – specify</div><div>STRATOTH (Other – specify)<div></div></div></div> | |

Control number

Contact History Data

| | | |
|---|--|--|
| CTATEMPT | <input type="checkbox"/> (1) Personal Visit <input type="checkbox"/> (2) Telephone (outgoing) <input type="checkbox"/> (3) Telephone (incoming) | |
| TIMEOFCT | 2 (Not in CHI instrument at time of contact) | |
| FR_DATE | / /2017 (MM/DD/YYYY) | |
| FR_TIME | : AM PM (HH:MM AM/PM) | |
| CASECONTACT (Select only one) | <input type="checkbox"/> (1) Contact With Sample Unit Member [GOTO CTTYPE] <input type="checkbox"/> (2) Contact with Non-Sample Unit Member [GOTO NCTPER] <input type="checkbox"/> (3) Noncontact [GOTO NCTPER] | |
| Contact with Sample Unit Member | | |
| CTTYPE (Select only one) | <input type="checkbox"/> (1) Completed case [GOTO RSPNDENT] <input type="checkbox"/> (2) Partial interview – follow-up required [GOTO NONINTER] <input type="checkbox"/> (3) Unable to conduct interview [GOTO NONINTER] | |
| Partial Interview or Unable to Conduct Interview | | |
| NONINTER (Mark all that apply) | | |
| <div><input type="checkbox"/> (1) Eligible person not available [GOTO RSPNDENT] <input type="checkbox"/> (2) Inconvenient time [GOTO RSPNDENT] <input type="checkbox"/> (3) Respondent is reluctant [GOTO RSPNDENT] <input type="checkbox"/> (4) Language problem – specify [GOTO cLANGUAGE] <input type="checkbox"/> (5) Health problem [GOTO RSPNDENT] <input type="checkbox"/> (99) Other – specify</div> | | |
| CTOTHER (Other – specify) | | |
| <div></div> | | |
| cLANGUAGE (Mark all that apply) | <div><input type="checkbox"/> (1) Specify language or dialect [GOTO LANGLIST] <input type="checkbox"/> (2) No household member able to translate [GOTO LANGLIST] <input type="checkbox"/> (3) Contact RO about language problem [GOTO LANGLIST] <input type="checkbox"/> (4) Unable to find translator [GOTO LANGLIST] <input type="checkbox"/> (5) No time left to find translator [GOTO LANGLIST]</div> | |
| LANGLIST (Select only one) | <div><div><input type="checkbox"/> (11) Spanish <input type="checkbox"/> (12) Arabic <input type="checkbox"/> (13) Chinese <input type="checkbox"/> (14) French <input type="checkbox"/> (15) German <input type="checkbox"/> (16) Greek <input type="checkbox"/> (17) Italian <input type="checkbox"/> (18) Japanese <input type="checkbox"/> (19) Korean <input type="checkbox"/> (20) Polish</div><div><input type="checkbox"/> (21) Portuguese <input type="checkbox"/> (22) Russian <input type="checkbox"/> (23) Tagalog <input type="checkbox"/> (24) Urdu <input type="checkbox"/> (25) Vietnamese <input type="checkbox"/> (97) Other problem – hard of hearing <input type="checkbox"/> (98) Unknown language <input type="checkbox"/> (99) Other language – specify</div></div> | |
| SPECLANG (Other – specify) | | |
| <div></div> | | |
| [GOTO RSPNDENT] | | |
| RSPNDENT | CONCERNS/BEHAVIOR/RELUCTANCE (Mark all that apply) | |
| <div><div><input type="checkbox"/> (1) Not interested <input type="checkbox"/> (2) Too busy <input type="checkbox"/> (3) Interview takes too much time <input type="checkbox"/> (4) Scheduling difficulties <input type="checkbox"/> (5) Survey is voluntary <input type="checkbox"/> (6) Privacy concerns <input type="checkbox"/> (7) Local/State/Federal government concerns <input type="checkbox"/> (8) Asks questions about the survey <input type="checkbox"/> (9) Hang-up/slams door on FR</div><div><input type="checkbox"/> (10) Hostile or threatens FR <input type="checkbox"/> (11) Family issues (death, illness, block participation in survey) <input type="checkbox"/> (12) Gave that information last time <input type="checkbox"/> (13) Asked too many personal questions last time <input type="checkbox"/> (14) Too many interviews <input type="checkbox"/> (15) Intends to quit survey <input type="checkbox"/> (98) No concerns <input type="checkbox"/> (99) Other – specify</div></div> | | |
| RSPNDOTH (Other – specify) | | |
| <div></div> | | |
| STRATEGES | CONTACT STRATEGIES ATTEMPTED (Mark all that apply) | |
| <div><div><input type="checkbox"/> (1) Advance letter given <input type="checkbox"/> (2) Scheduled appointment <input type="checkbox"/> (3) Left note/appointment card <input type="checkbox"/> (4) Left promotional packet/informational brochure <input type="checkbox"/> (5) Called household <input type="checkbox"/> (6) Left message on answering machine</div><div><input type="checkbox"/> (7) Waited for respondent <input type="checkbox"/> (8) Checked with neighbors <input type="checkbox"/> (9) Contacted other family members <input type="checkbox"/> (10) Contacted property manager / doorman <input type="checkbox"/> (98) No strategies <input type="checkbox"/> (99) Other – specify</div></div> | | |
| STRATOTH (Other – specify) | | |
| <div></div> | | |

Control number

Contact History Data

CTATEMPT

☐ (1) Personal Visit

☐ (2) Telephone (outgoing)

☐ (3) Telephone (incoming)

TIMEOFCT

2 (Not in CHI instrument at time of contact)

FR_DATE

/ /2017 (MM/DD/YYYY)

FR_TIME

: AM PM (HH:MM AM/PM)

CASECONTACT

(Select only one)

☐ (1) Contact With Sample Unit Member [GOTO CTTYPE]

☐ (2) Contact with Non-Sample Unit Member [GOTO NCTPER]

☐ (3) Noncontact [GOTO NCTPER]

Contact with Sample Unit Member

CTTYPE

(Select only one)

☐ (1) Completed case [GOTO RSPNDENT]

☐ (2) Partial interview – follow-up required [GOTO NONINTER]

☐ (3) Unable to conduct interview [GOTO NONINTER]

Partial Interview or Unable to Conduct Interview

NONINTER

(Mark all that apply)

☐ (1) Eligible person not available [GOTO RSPNDENT]

☐ (2) Inconvenient time [GOTO RSPNDENT]

☐ (3) Respondent is reluctant [GOTO RSPNDENT]

☐ (4) Language problem – specify [GOTO cLANGUAGE]

☐ (5) Health problem [GOTO RSPNDENT]

☐ (99) Other – specify

CTOTHER

(Other – specify)

cLANGUAGE

(Mark all that apply)

☐ (1) Specify language or dialect [GOTO LANGLIST]

☐ (2) No household member able to translate [GOTO LANGLIST]

☐ (3) Contact RO about language problem [GOTO LANGLIST]

☐ (4) Unable to find translator [GOTO LANGLIST]

☐ (5) No time left to find translator [GOTO LANGLIST]

LANGLIST

(Select only one)

☐ (11) Spanish

☐ (12) Arabic

☐ (13) Chinese

☐ (14) French

☐ (15) German

☐ (16) Greek

☐ (17) Italian

☐ (18) Japanese

☐ (19) Korean

☐ (20) Polish

☐ (21) Portuguese

☐ (22) Russian

☐ (23) Tagalog

☐ (24) Urdu

☐ (25) Vietnamese

☐ (97) Other problem – hard of hearing

☐ (98) Unknown language

☐ (99) Other language – specify

SPECLANG

(Other – specify)

[GOTO RSPNDENT]

Contact with Non-Sample Unit Member/Noncontact

NCTPER

(Mark all that apply)

☐ (1) No one home/No eligible person home

☐ (2) No one home – previous note/letter taken

☐ (3) Household does not answer door – evidence someone is home

☐ (4) Observed household from vehicle

☐ (5) Unable to reach/locked gate/buzzer entry

☐ (6) Address does not exist/unable to locate

☐ (7) On vacation, away from home / at second home

☐ (8) Spoke with neighbor

☐ (9) Building management/doorman contact

☐ (10) Completed case (Type B/C or Vacant interview)

☐ (99) Other – specify

NCTPEROT

(Other – specify)

[GOTO STRATEGYS]

RSPNDENT

CONCERNS/BEHAVIOR/RELUCTANCE

(Mark all that apply)

☐ (1) Not interested

☐ (2) Too busy

☐ (3) Interview takes too much time

☐ (4) Scheduling difficulties

☐ (5) Survey is voluntary

☐ (6) Privacy concerns

☐ (7) Local/State/Federal government concerns

☐ (8) Asks questions about the survey

☐ (9) Hang-up/slams door on FR

☐ (10) Hostile or threatens FR

☐ (11) Family issues (death, illness, block participation in survey)

☐ (12) Gave that information last time

☐ (13) Asked too many personal questions last time

☐ (14) Too many interviews

☐ (15) Intends to quit survey

☐ (98) No concerns

☐ (99) Other – specify

RSPNDOTH

(Other – specify)

STRATEGYS

CONTACT STRATEGIES ATTEMPTED

(Mark all that apply)

☐ (1) Advance letter given

☐ (2) Scheduled appointment

☐ (3) Left note/appointment card

☐ (4) Left promotional packet/informational brochure

☐ (5) Called household

☐ (6) Left message on answering machine

☐ (7) Waited for respondent

☐ (8) Checked with neighbors

☐ (9) Contacted other family members

☐ (10) Contacted property manager / doorman

☐ (98) No strategies

☐ (99) Other – specify

STRATOTH

(Other – specify)

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| C. RECORD OF VISITS (Continued from page 1) | | | |
|---|------|--------------|---------|
| 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. | |
| FIELD SUPERVISOR | | | |
| | | a.m. p.m. | |
| | | a.m. p.m. | |
| | | a.m. p.m. | |