

Section A: PREINTERVIEW OBSERVATION

A-1. INTERVIEWER: CIRCLE TYPE OF BUILDING IN WHICH RESPONDENT LIVES

- a. SINGLE-FAMILY DETACHED 2
- b. SINGLE-FAMILY ATTACHED (TOWNHOUSE, DUPLEX,
OR ROWHOUSE) 3
- c. MOBILE HOME OR TRAILER 1 --> [A-3]
- d. HOUSE OR BUILDING WITH 2 TO 4 APARTMENT UNITS 4 --> [A-3]
- e. HOUSE OR BUILDING WITH 5 OR MORE APARTMENT
UNITS 5 --> [A-3]

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INTERVIEWER: MARK FOLDOUT PAGE UNDER A-1 'HOUSING STRUCTURE.'

IF SINGLE-FAMILY, RECORD

**A-2. INTERVIEWER: CIRCLE STYLE OF SINGLE-FAMILY HOME OR TOWNHOUSE
BASED ON GENERAL APPEARANCE FROM OUTSIDE.**

- a. ONE STORY 1
- b. TWO STORIES 2
- c. THREE STORIES 3
- d. SPLIT-LEVEL 4
- e. OTHER (SPECIFY): _____ 5

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**A-3. INTERVIEWER: CIRCLE ONE NUMBER BELOW TO SHOW THE KIND OF AREA THAT THIS
HOUSEHOLD IS IN.**

- a. CITY 1
- b. TOWN 2
- c. SUBURBS 3
- d. RURAL OR OPEN COUNTRY 4

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Section B: HOUSING TYPE

B-1. First, I have some questions about your household so I can better understand your answers to the home energy use questions that come later. Does any other family besides your own or a person unrelated to you share this home/apartment with you?

YES 1 21
 NO 0 --> [B-3]

IF "YES" ON B-1, ASK:

B-2. Does the additional family (or unrelated person):

a. Live and eat separately from other persons in the apartment or building?

YES 1 22
 NO 0 --> [B-3]

b. Have direct access from outside the building or through a common hall?

YES 1 --> [BOX 1] 23
 NO 0 --> [B-3]

BOX 1

INTERVIEWER: IF THE ANSWERS IN B-2 ARE BOTH "YES", THEN THIS ADDRESS HAS SEPARATE LIVING QUARTERS. FOLLOW THESE INSTRUCTIONS:

- WRITE THE ADDRESS FOR THE SEPARATE LIVING QUARTERS ON YOUR HOUSING UNIT ADDRESS LIST.
- SEE THE SAMPLING INSTRUCTIONS IN YOUR TRAINING MANUAL TO DETERMINE WHETHER AN ADDITIONAL INTERVIEW SHOULD BE COMPLETED.

CHECK ONE OF THESE AND PROCEED AS INSTRUCTED:

___ YES, AN ADDITIONAL INTERVIEW IS REQUIRED. READ TO RESPONDENT **"Please exclude the family members and the space of the separate living quarters from this interview."**

___ NO, AN ADDITIONAL INTERVIEW IS NOT REQUIRED. READ TO RESPONDENT **"Please include the family members and the space of the separate living quarters in this interview."**

B-3. Do you or members of your household own this home or do you rent?

- a. OWN/BUYING 1
- b. RENT 2
- c. OCCUPIED WITHOUT PAYMENT OF RENT 3

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INTERVIEWER: MARK FOLDOUT PAGE UNDER B-3 'TENURE'.

B-4. Is this home/apartment part of a condominium or cooperative?

- YES, CONDOMINIUM 1
- YES, COOPERATIVE 2
- NO 0

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INTERVIEWER: IF 'CONDOMINIUM,' MARK B-4 UNDER 'CONDOMINIUM' ON FOLDOUT PAGE.

IF 'RENT,' OR 'OCCUPIED WITHOUT PAYMENT OF RENT' ON B-3, ASK; OTHERWISE --> [B-7]:

B-5. Is this residence in a public housing project -- that is, is it owned by a housing authority?

- YES 1 --> [B-7]
- NO 0
- DON'T KNOW 6

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IF 'NO' OR 'DON'T KNOW' ON B-5, ASK:

B-6. Is your household paying lower rent because the federal, State, or local government is paying part of the cost?

- YES 1
- NO 0
- DON'T KNOW 6

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INTERVIEWER: MILITARY HOUSING DOES NOT QUALIFY AS PAYING LOWER RENT FOR QUESTION B-6.

B-7. Please turn to Exhibit B-7. Approximately, in what year was this (house/building) built?

BEFORE 1940	..... 01	1988	..... 09
1940-1949	..... 02	1989	..... 10
1950-1959	..... 03	1990	..... 11
1960-1969 04	1991 12
1970-1979 05	1992 13
1980-1984 06	1993 14
1985-1986 07	1994 15
1987 08		

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INTERVIEWER: IF BUILT IN 1988 OR LATER, MARK UNDER B-7 *BUILT 1988 OR LATER* ON FOLDOUT PAGE.

B-8. Did your household move into this home/apartment after December 1991?

YES 1	
NO 0	--> [B-10]

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IF *YES* ON B-8, ASK:

B-9. In what year and month did your household move in?

YEAR			
1992 1		
1993	..... 2		
1994	..... 3		
MONTH			
JANUARY	..... 01	JULY	..... 07
FEBRUARY	..... 02	AUGUST	..... 08
MARCH 03	SEPTEMBER 09
APRIL 04	OCTOBER 10
MAY 05	NOVEMBER 11
JUNE 06	DECEMBER 12

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INTERVIEWER: IF *1993 or 1994* MARK UNDER B-9 *YEAR MOVED IN* ON FOLDOUT PAGE.

B-10. How many of each of the following rooms does this home/apartment have? (ASK EACH ITEM AND RECORD NUMBER FOR EACH.)

INTERVIEWER: FOR ONE-ROOM EFFICIENCY OR STUDIO APARTMENT, RECORD '0' BEDROOMS* AND CORRECT NUMBER OF BATHROOMS.

a. Bedrooms? NUMBER: 34
 NONE 0

INTERVIEWER: FULL BATHROOM -- SINK WITH RUNNING WATER AND FLUSH TOILET AND BATHTUB OR SHOWER.
 HALF BATHROOM -- TOILET OR BATHTUB OR SHOWER.

b. Full bathrooms? NUMBER: 35
 NONE 0

c. Half bathrooms? NUMBER: 36
 NONE 0

d. All other rooms; do not count laundry room, foyers, or unfinished storage space. Only count porches if they are enclosed and used year-round. NUMBER: 37
 NONE 0

B-11. Please turn to Exhibit B-11. What is the major type of outside wall construction material for this home/apartment? IF TWO MATERIALS ARE USED, CIRCLE THE ONE USED MORE.

- a. BRICK 01
 - b. WOOD 02
 - c. SIDING (ALUMINUM, VINYL, OR STEEL) 03
 - d. STUCCO 04
 - e. COMPOSITION (ASBESTOS SHINGLE, ETC.) 05
 - f. STONE 06
 - g. CONCRETE OR CONCRETE BLOCK 07
 - h. GLASS 08
 - i. OTHER (SPECIFY): _____ 21
 - j. DON'T KNOW 96
- 38-39

B-12. Is natural gas from underground pipes available in this neighborhood?

YES	1
NO	0
DON'T KNOW	6

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