

Section 5 – TOPICAL MODULES

Part A – CONSUMER DURABLES

**CHECK
ITEM T1**

Is this the Reference Person's
questionnaire?

8000 1 Yes
2 No – SKIP to Check Item C1, page 63

IF PERSONAL VISIT, SHOW FLASHCARD AA

**1. Which of the following items do you
currently have in your home (OR
building) that are in working condition?**

a. Washing machine

8002 1 Yes
2 No
X1 DK

b. Clothes dryer

8006 1 Yes
2 No
X1 DK

c. Dish washer

8010 1 Yes
2 No
X1 DK

d. Refrigerator

8014 1 Yes
2 No
X1 DK

**e. Food freezer (separate
from refrigerator)**

8018 1 Yes
2 No
X1 DK

f. Color television

8022 1 Yes
2 No
X1 DK

**g. Gas or electric stove
(with or without oven)**

8026 1 Yes
2 No
X1 DK

h. Microwave oven

8030 1 Yes
2 No
X1 DK

**i. Videocassette
recorder (VCR)**

8034 1 Yes
2 No
X1 DK

**j. Air conditioner
(central or room)**

8038 1 Yes
2 No
X1 DK

k. Personal computer

8042 1 Yes
2 No
X1 DK

l. Telephone

8046 1 Yes
2 No
X1 DK

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part B – LIVING CONDITIONS

A. HOUSING

1. The next few questions are about your home. How many rooms are there in your home? Count the kitchen but do not count the bathrooms. 8100 Number of rooms

IF PERSONAL VISIT, SHOW FLASHCARD BB

2. Are any of the following conditions present in this home?

a. A leaking roof or ceiling 8102 1 Yes
2 No
X1 DK

b. A toilet, hot water heater, or other plumbing that doesn't work 8106 1 Yes
2 No
X1 DK

c. Broken windows 8110 1 Yes
2 No
X1 DK

d. Exposed electrical wires 8114 1 Yes
2 No
X1 DK

e. Rats, mice, roaches, or other insects 8118 1 Yes
2 No
X1 DK

f. Holes in the floor (large enough to trip in) 8122 1 Yes
2 No
X1 DK

g. Open cracks or holes in the walls or ceiling 8126 1 Yes
2 No
X1 DK

NOTES

Section 5 - TOPICAL MODULES (Continued)

Part B - LIVING CONDITIONS (Continued)

A. HOUSING (Continued)

IF PERSONAL VISIT, SHOW FLASHCARD CC

3. On a scale of 1 to 10, where 10 is best and 1 is worst, how would you rate -

a. The general state of repair of your home

8130
x1 DK

b. The amount of room or space your home has

8132
x1 DK

c. The furnishings in your home

8134
x1 DK

d. The warmth of your home in winter

8136
x1 DK

e. The coolness of your home in summer

8138
x1 DK

f. The amount of privacy your home offers

8140
x1 DK

g. The security or safety of your home

8142
x1 DK

h. The convenience of your home to stores and shopping

8144
x1 DK

i. Your relationship with neighbors

8146
x1 DK

4. Do you feel that the conditions in this house are undesirable enough that you would like to move?

8148 1 Yes
2 No
x1 DK

5. On a scale of 1 to 10, how would you rate this (house/apartment) as a place to live? 10 is best and 1 is worst.

8150 Rating
x1 DK

6. On a scale of 1 to 10, how would you rate this neighborhood? 10 is best and 1 is worst.

8152 Rating
x1 DK

NOTES

Section 5 - TOPICAL MODULES (Continued)

Part B - LIVING CONDITIONS (Continued)

B. CRIME

<p>7a. In the past month, have there been any times when you wanted to go somewhere but stayed at home instead because you thought it would be unsafe to leave home?</p>	<p align="center">8154</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>
<p>b. When you go out, do you ever carry anything to protect yourself?</p>	<p align="center">8156</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p align="center"><i>IF PERSONAL VISIT, SHOW FLASHCARD DD FOR QUESTIONS 8 AND 9</i></p>		
<p>8. Do you consider your neighborhood very safe from crime, fairly safe, fairly unsafe, or very unsafe?</p>	<p align="center">8158</p>	<p>1 <input type="checkbox"/> Very safe 2 <input type="checkbox"/> Fairly safe 3 <input type="checkbox"/> Fairly unsafe 4 <input type="checkbox"/> Very unsafe x1 <input type="checkbox"/> DK</p>
<p>9. How about your home? Do you consider it very safe from crime, fairly safe, fairly unsafe, or very unsafe?</p>	<p align="center">8160</p>	<p>1 <input type="checkbox"/> Very safe 2 <input type="checkbox"/> Fairly safe 3 <input type="checkbox"/> Fairly unsafe 4 <input type="checkbox"/> Very unsafe x1 <input type="checkbox"/> DK</p>
<p>10. We are interested in finding out if people do anything in particular to keep thieves or intruders out of their homes. Does your household have a dog for the purpose of keeping thieves and intruders out, or any special DEVICES such as electric timers for lights, or an alarm system?</p>	<p align="center">8162</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>

C. NEIGHBORHOOD CONDITIONS

<p align="center"><i>IF PERSONAL VISIT, SHOW FLASHCARD EE</i></p>		
<p>11. Do you think any of the following conditions are problems in this neighborhood?</p> <p>a. Street noise or heavy street traffic</p>	<p align="center">8170</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>
<p>b. Streets in need of repair</p>	<p align="center">8172</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>
<p>c. Crime</p>	<p align="center">8174</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>
<p>d. Trash, litter, or garbage in the streets and lots</p>	<p align="center">8176</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>
<p>e. Rundown or abandoned houses or buildings</p>	<p align="center">8178</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>
<p>f. Industries, businesses, or other non-residential activities</p>	<p align="center">8180</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>
<p>g. Odors, smoke, or gas fumes</p>	<p align="center">8182</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>
<p>12. Do you feel that neighborhood conditions are unsatisfactory enough that you would like to move?</p>	<p align="center">8184</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>

Section 5 – TOPICAL MODULES (Continued)

Part B – LIVING CONDITIONS (Continued)

D. COMMUNITY SERVICES

IF PERSONAL VISIT, SHOW FLASHCARD FF

13. On a scale of 1 to 10, where 10 is best and 1 is worst, how would you rate the following services or conditions in your neighborhood?

a. Hospitals, health clinics, and doctors

8186
x1 DK

b. Parks and recreational facilities

8188
x1 DK

c. Public transportation

8190
x1 DK

d. Police services

8192
x1 DK

e. Fire department services

8194
x1 DK

f. Neighborhood stores

8196
x1 DK

g. Quality of education in local schools

8198
x1 DK

h. Safety in local schools

8200
x1 DK

i. Education or training opportunities in the community

8202
x1 DK

14. Do you feel that the services in your area are unsatisfactory enough that you would like to move?

8204 1 Yes
2 No
x1 DK

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part C – BASIC NEEDS

A. ABILITY TO MEET EXPENSES

1. During the past 12 months, has there been a time when your household did not meet its essential expenses? By essential expenses, I mean things like the mortgage or rent payment, utility bills, or important medical care.

8300 1 Yes
 2 No
 x1 DK

FIELD REPRESENTATIVE ▶ When asking items 2a through 2g, if respondent answers "Yes," then ask questions 3 and 4 (if applicable) before moving to the next condition.

<i>IF PERSONAL VISIT, SHOW FLASHCARD GG</i>		
<p>2. In the past 12 months, has there been a time when your household – <i>Mark (X) all that apply.</i></p> <p>a. did not pay the full amount of the rent or mortgage?</p> <p>8302 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>b. was evicted from your home/apartment for not paying the rent or mortgage?</p> <p>8308 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>c. did not pay the full amount of the gas, oil, or electricity bills?</p> <p>8314 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>d. had service turned off by the gas or electric company, or oil company would not deliver oil?</p> <p>8320 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>e. had service disconnected by the telephone company because payments were not made?</p> <p>8326 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>f. had someone in your household who needed to see a doctor or go to the hospital but didn't go?</p> <p>8332 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>g. had someone who needed to see a dentist but didn't go?</p> <p>8338 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>3. Did any person or organization help?</p> <p>8304 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>8310 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>8316 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>8322 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>8328 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>8334 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>8340 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>4. (Please look at Flashcard HH.) Who helped?</p> <p>8306 <input type="checkbox"/> <input type="checkbox"/> x1 <input type="checkbox"/> DK</p> <p>8312 <input type="checkbox"/> <input type="checkbox"/> x1 <input type="checkbox"/> DK</p> <p>8318 <input type="checkbox"/> <input type="checkbox"/> x1 <input type="checkbox"/> DK</p> <p>8324 <input type="checkbox"/> <input type="checkbox"/> x1 <input type="checkbox"/> DK</p> <p>8330 <input type="checkbox"/> <input type="checkbox"/> x1 <input type="checkbox"/> DK</p> <p>8336 <input type="checkbox"/> <input type="checkbox"/> x1 <input type="checkbox"/> DK</p> <p>8342 <input type="checkbox"/> <input type="checkbox"/> x1 <input type="checkbox"/> DK</p>

B. HELP WHEN IN NEED

5. Please look at Flashcard II for these next three questions. If your household had a problem with which you needed help (for example, sickness or moving), how much help would you expect to get from family living nearby?

8344 1 All of the help I/we need
 2 Most of the help I/we need
 3 Very little of the help I/we need
 4 No help
 x1 DK
 x3 NA

6. If your household had a problem with which you needed help, how much help would you expect to get from friends?

8346 1 All of the help I/we need
 2 Most of the help I/we need
 3 Very little of the help I/we need
 4 No help
 x1 DK
 x3 NA

7. If your household had a problem with which you needed help, how much help would you expect to get from other people in the community besides family and friends, such as a social agency or a church?

8348 1 All of the help I/we need
 2 Most of the help I/we need
 3 Very little of the help I/we need
 4 No help
 x1 DK
 x3 NA

