

HOUSING CHARACTERISTICS - HOQ

HOQ.010 I'd like to ask you a few questions about your home.

Is your home . . .

VERIFY OR ASK IF NOT OBVIOUS.

INCLUDE TOWNHOME AS 'HOUSE', EITHER DETACHED OR ATTACHED.

- a mobile home or trailer, 1 (HOQ.040)
- a one family house detached from any
other house, 2 (HOQ.040)
- a one family house attached to one or
more houses, 3 (HOQ.040)
- an apartment, or 4
- something else (SPECIFY)? (HOQ.040)
- REFUSED 7 (HOQ.040)
- DON'T KNOW 9 (HOQ.040)

HOQ.030 How many apartments are in this building? Would you say . . .

- 1, 1
- 2, 2
- 3 or 4, 3
- 5 to 9, 4
- 10 to 19, 5
- 20 to 49, or 6
- 50 or more? 7
- REFUSED 77
- DON'T KNOW 99

HOQ.040 When was this {mobile home/house/building} originally built?

READ CATEGORIES IF NECESSARY.

- 1990 TO PRESENT 1
- 1978 TO 1989, 2
- 1960 TO 1977, 3
- 1950 TO 1959, 4
- 1940 TO 1949, OR 5
- BEFORE 1940 6
- REFUSED 7
- DON'T KNOW 9

HOQ.050 How many rooms are in this home? Count the kitchen but not the bathroom.

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ENTER NUMBER OF ROOMS

REFUSED 77
DON'T KNOW 99

HOQ.060 How long {have you/has your family} lived at this address?

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ENTER NUMBER (OF MONTHS OR YEARS)

LESS THAN ONE MONTH 666
REFUSED 777
DON'T KNOW 999

ENTER UNIT

MONTHS 1
YEARS 2
REFUSED 7
DON'T KNOW 9

HOQ.065 Is this {mobile home/house/apartment} owned, being bought, rented, or occupied by some other arrangement by {you/you or someone else in your family}?

OWNED OR BEING BOUGHT 1
RENTED 2
OTHER ARRANGEMENT 3
REFUSED 7
DON'T KNOW 9

HOQ.070 What is the source of tap water in this home? Is it a private or public water company, a private or public well, or something else?

PRIVATE/PUBLIC WATER COMPANY ... 1
PRIVATE/PUBLIC WELL 2
SOMETHING ELSE 3
REFUSED 7
DON'T KNOW 9

HOQ.080 Are any of the water treatment devices listed on this card used in your home?

HAND CARD HOQ1

YES 1
NO 2 (BOX 1)
REFUSED 7 (BOX 1)
DON'T KNOW 9 (BOX 1)

HOQ.083 Which of these water treatment devices are now used in your home?

HAND CARD HOQ1
CODE ALL THAT APPLY

- BRITA OR OTHER PITCHER
- WATER FILTER 1
- CERAMIC OR CHARCOAL FILTER 2
- WATER SOFTENER 3
- AERATOR 4
- REVERSE OSMOSIS 5
- REFUSED 7
- DON'T KNOW 9

BOX 1

CHECK ITEM HOQ.085:
IF FAMILY INCLUDES CHILD WHO IS AN SP AND IS AGE 1-5,
CONTINUE.
OTHERWISE, GO TO END OF SECTION.

HOQ.140 During the **last 12 months**, were any areas **inside** your home painted, such as walls, trim or ceilings?

- YES 1
- NO 2 (HOQ.160)
- REFUSED 7 (HOQ.160)
- DON'T KNOW 9 (HOQ.160)

HOQ.150 When this painting was done did someone sand or scrape off any of the old paint?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 9

HOQ.160 Are there any rooms in your home where you can see paint that is peeling, flaking or chipping off the walls, ceilings, doors, or windows?

- YES 1
- NO 2 (HOQ.190)
- REFUSED 7 (HOQ.190)
- DON'T KNOW 9 (HOQ.190)

HOQ.170 In any of these rooms, can you see at least one total area of peeling, flaking or chipping paint that is **larger than one page of a regular newspaper**?

- YES 1
- NO 2 (HOQ.190)
- REFUSED 7 (HOQ.190)
- DON'T KNOW 9 (HOQ.190)

HOQ.180 How many rooms have this much peeling, flaking or chipping paint? [Areas that are larger than one page of regular newspaper.]

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ENTER NUMBER OF ROOMS

REFUSED 77
DON'T KNOW 99

HOQ.190 Can you see paint that is peeling, flaking or chipping on any **outside area** of your {house/building}?

YES 1
NO 2 (HOQ.220)
REFUSED 7 (HOQ.220)
DON'T KNOW 9 (HOQ.220)

HOQ.210 Can you see any total area of peeling, flaking or chipping paint on any outside area that is **larger than a regular door**?

YES 1
NO 2
REFUSED 7
DON'T KNOW 9

HOQ.220 The next questions are about work that has been done in your home in the **past 12 months**. In the **past 12 months**, have you or anyone else . . .

RESPONSES: YES = 1, NO = 2, REFUSED = 7, DON'T KNOW = 9.

- a. replaced a window in your home? _____
- b. replaced a kitchen cabinet? _____
- c. removed a wall in your home? _____