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Appendixes



HOUSING CONDITIONS

Structure Description: 1 Single-Detached 2 Duplex 3 Row 4 Flat 5 Apartment 6 Rooming House 7 Mixed Com./Inus. 8 Other

Sample Number

Total Housing Units Number Occupied Number of Floors

Interior Condition of Common Areas:

(Type 4, 5, 6, 7 only)

RATE BEFORE
STARTING INTERVIEW

	Not Applicable	Excellent	Good	Minor Repairs Required	Can be Repaired	Requires Replacement
Ceilings	0	1	2	3	4	5
Walls	0	1	2	3	4	5
Floors	0	1	2	3	4	5
Stairways/Elev	0	1	2	3	4	5
Lighting	0	1	2	3	4	5
Windows	0	1	2	3	4	5

General Housekeeping 1 Excellent 2 Good 3 Fair 4 Bad 5 Very Bad

Interior Condition of Housing Unit:

RATE AFTER
COMPLETING INTERVIEW

Ceilings	0	1	2	3	4	5
Walls	0	1	2	3	4	5
Floors	0	1	2	3	4	5
Stairways	0	1	2	3	4	5
Lighting	0	1	2	3	4	5
Windows	0	1	2	3	4	5

General Housekeeping 1 Excellent 2 Good 3 Fair 4 Bad 5 Very Bad

START INTERVIEW

Housing Unit Characteristics: I would first like to ask you some questions about your home. How many persons live in this household?

How many rooms other than bathrooms do you have?

How many bathrooms do you have?

How many cars are owned by members of this household?

How many are used for sleeping? (IF NEEDED) Do you share a bath? With how many families?

NEIGHBORHOOD

Sample Number

2

I would now like to ask some questions about this neighborhood.

How many families do you know by name in this neighborhood?

How many of these families' homes have you been in during the past month?

Do you have any relatives (other than those living with you) in the neighborhood?

1 Yes 2 No

(If Yes) How many times does your family do things with these relatives?

0 Never 1 A Few Times A Year 2 Once A Month 3 A Few Times A Month 4 Once A Week 5 Every Day

What do you like most about this neighborhood?

What do you like least about this neighborhood?

What do you think could be done to make your neighborhood better?

Would you tell me what you think about the things listed on this card? (Card A) Which of these things are important to you?

	Good	Fair	Poor	Important	
				Yes	No
Schools	1	2	3	1	2
Playgrounds	1	2	3	1	2
Neighborhood Appearance	1	2	3	1	2
Trash Collection	1	2	3	1	2
Street Lighting	1	2	3	1	2
Street Upkeep	1	2	3	1	2
Police Protection	1	2	3	1	2

	Good	Fair	Poor	Important	
				Yes	No
Traffic	1	2	3	1	2
Bus Service	1	2	3	1	2
Shopping Facilities	1	2	3	1	2
Employment Services	1	2	3	1	2
Welfare Programs	1	2	3	1	2
Health Services	1	2	3	1	2
Family Counseling	1	2	3	1	2
Recreational Facilities	1	2	3	1	2

Have there been any problems in this neighborhood during the past month? (If Yes) What were they? What was done? Yes No

TYPES OF PROBLEMS:

- 1. Vandalism
- 2. Crime, Person
- 3. Fire
- 4. Nuisance, Curfew
- 5. Problem with Authorities
- 6. Crime, Property
- 7. Family Conflict
- 8. Personal Problem

ACTIONS:

- 1. Nothing
- 2. Action by Person
- 3. Action by Neighbors
- 4. Action by Private Organization
- 5. Action by Public Organization

Type	Action
1 2 3 4 5 6 7 8	1 2 3 4 5
1 2 3 4 5 6 7 8	1 2 3 4 5
1 2 3 4 5 6 7 8	1 2 3 4 5

You have said that there are some problems in the neighborhood. Who would you go to to get something done? _____

Is there a neighborhood group to work on such problems? Yes No Don't Know

(If Yes) Is this group getting anything done? Yes No Don't Know

Are you a member? Yes No Don't Know

Is anyone in this family now a member of an organization? (If Yes) Who? What type of organization? Has _____ been an officer in this organization at any time during the past two years? Any other organizations? _____

TYPE OF ORGANIZATIONS:

- 1. Labor
- 2. Fraternal
- 3. Church
- 4. Neighborhood Improvement
- 5. Civic Improvement
- 6. School
- 7. Youth (Boy Scouts, etc.)
- 8. Other _____ specify

Who	Type of Organization								Officer						
	H	S	O	1	2	3	4	5	6	7	8	9	0	1	2
1 2 3	1	2	3	1	2	3	4	5	6	7	8	9	0	1	2
1 2 3	1	2	3	1	2	3	4	5	6	7	8	9	0	1	2
1 2 3	1	2	3	1	2	3	4	5	6	7	8	9	0	1	2

Does your family use any of the parks in the city? Yes No

(If Yes) How many times per month would you say your family uses a park?

Have any public buildings been made available to your neighborhood for meetings, adult education or other neighborhood events? Yes No Don't Know

To what religion does your family belong? Protestant Jewish Catholic Mixed None Other

How often does your family attend church? Every Week Frequently Seldom Never

Is your church located in the neighborhood? Yes No

HOUSEHOLD COMPOSITION

How would you tell me who lives in this household. Start with the head of the house and give me the age, sex and relationship to the

widowed, divorced, separated or never married?

For each person 16 and over:

Is ___ employed, unemployed, student, housewife or retired? (If Employed) Where does ___ work? What does ___ do? How many (If Employed less than 35 hours per week) Does ___ want additional (If Unemployed) How many weeks has ___ been unemployed? Why? (If Student) Where does ___ go to school? Does ___ have a summer

Person Number	Age	Sex M T	Head Spouse Child Relative Unrelated	(OBSERVE) Race W N O	Years School	Employed Unemployed Student Housewife Only Retired	If Employed	
							If Student	Occupation
							Place of Work or School	
0 1		1 2	1 2 3 4 5	1 2 3		1 2 3 4 5		
0 2		1 2	1 2 3 4 5	1 2 3		1 2 3 4 5		
0 3		1 2	1 2 3 4 5	1 2 3		1 2 3 4 5		
0 4		1 2	1 2 3 4 5	1 2 3		1 2 3 4 5		
0 5		1 2	1 2 3 4 5	1 2 3		1 2 3 4 5		
0 6		1 2	1 2 3 4 5	1 2 3		1 2 3 4 5		
0 7		1 2	1 2 3 4 5	1 2 3		1 2 3 4 5		

If more than 7, use continuation sheet

Sample Number **5**

1 Yes 2 No

HEALTH

Health

I would like to now ask you some questions about the general health of your family.

Do any of the members of your family have a major health problem?

(If Yes) What type of problem is it? Who has it? Is it being treated? Who is providing treatment? Is it adequate?

TYPE		TREATMENT		H S C O Y N					Treatment		Y	N					
1	Own Doctor	1	Own Doctor	1	2	3	4	1	2	1	2	3	4	5	6	1	2
1	Physician	2	Clinic or OPD	1	2	3	4	1	2	1	2	3	4	5	6	1	2
1	Lab-physicist	3	Hospital	1	2	3	4	1	2	1	2	3	4	5	6	1	2
1	Nurse	4	Insurance	1	2	3	4	1	2	1	2	3	4	5	6	1	2
1	Singer	5	Self Treatment	1	2	3	4	1	2	1	2	3	4	5	6	1	2
1	Artist	6	Other	1	2	3	4	1	2	1	2	3	4	5	6	1	2
1	Clergy																
1	Dispenser																
1	Barber																
1	Other																

1 Yes 2 No

Do any of the members of your family have a physical disability?

(If Yes) What type of disability is it? Who has it? Does it hurt their job or schooling? Have they had special training? Who provided training?

TYPE OF DISABILITY		H S C O		Impair Job or School		Special Training		Who Provides							
1	Visual	1	2	3	4	1	2	1	2	1	2	3	4	5	6
1	Speech	1	2	3	4	1	2	1	2	1	2	3	4	5	6
1	Hearing	1	2	3	4	1	2	1	2	1	2	3	4	5	6
1	Paralysis	1	2	3	4	1	2	1	2	1	2	3	4	5	6
1	Misplacing Limbs or Deformities	1	2	3	4	1	2	1	2	1	2	3	4	5	6

Has anyone in your family been in the hospital during the last year?

1 Yes 2 No

How many days?

1 Less than 5 2 6-10 3 11-20 4 21-40 5 over 41

How many members of your family have been to a doctor during the past year?

To a dentist?

(If parents work and children are under age 16) What do you do with the children while at work?

What do you think of this arrangement?

1 Good 2 Not Good

(If not good) What would be a better arrangement?

If you had a problem you could not handle, what would you do?

SOCIAL SERVICE ATTITUDES

Needs

Now would you tell me what you think are your family's most important needs?

1. _____

2. _____

3. _____

Sample Number

6

Here is a card (Card C) with a list of programs which might meet needs of your family or neighborhood. Would you tell me which ones you think are important?

- LIST OF PROGRAMS**
- 11 Pre-School, including Head Start
 - 12 Helping children to read
 - 13 Child and scholarship aid
 - 14 Adult education, reading and writing
 - 15 Counseling on educational matters
 - 21 Job information and referral
 - 22 Job testing and guidance
 - 24 Learning to get ready for work
 - 26 Job placement
 - 31 Health education for mothers
 - 32 Family planning
 - 33 Medical treatment
 - 34 Dental treatment
 - 35 Treatment for mental problem
 - 41 Services for homemakers and consumers
 - 42 Nursery or day care for children
 - 43 Recreation
 - 44 Food program
 - 45 Help, financial advice
 - 46 Help, legal advice
 - 47 Help, marital problems
 - 48 Help, parent-child problem
 - 49 Help, child abuse
 - 50 Help, relocation and moving
 - 51 Help, fixing up neighborhood
 - 52 Neighborhood Planning Council
 - 53 Leadership training and development
 - 54 Education programs for renters
 - 55 Enforcement of housing codes

Number of important programs
Which do you think are the three most important?

Impact

There are many agencies and programs in the city.

Have you heard of these?

- Model City Agency
- Office of Economic Opportunity
- Neighborhood Advisory Council
- Human Development Corporation
- Community Action Program

Yes	No	Not Sure
1	2	3
1	2	3
1	2	3
1	2	3
1	2	3

You have probably heard of the war on poverty, are any members of this household or anyone you know involved in a poverty program here in St. Louis?

1	Yes	2	No
---	-----	---	----

(If Yes) What program are they in? Who is the program? Do they work in a program or are they being helped?

(If working in a program) Are they paid or volunteer workers?

How helpful do you think the program is?

PROGRAM

- 00 General, unspecified and unknown
- 10 Educational, unspecified and unknown
- 11 Bennett School
- 12 Kinloch School
- 13 Kinloch Cooperative, Univ. of Mo.
- 14 Head Start
- 15 Literacy Improvement Program
- 16 Board Board
- 17 College application opportunity aid
- 20 Employment, unspecified and unknown
- 21 NYC Neighborhood Youth Corps (8 supp.)
- 22 DJT - On-the-job training
- 23 Training low income persons for industry
- 24 Health services
- 25 Small business development centers
- 26 Job Corps - Screening
- 27 CMP - Comprehensive Manpower Program - General
- 28 Gateway Centers
- 29 Diagnostic Centers
- 30 Extended evaluation
- 31 Welfare office
- 32 WOL - Welfare and work shop training
- 33 Pre-Apprenticeship Training Program
- 34 CEP - Concentrated Employment Program
- 36 Health - unspecified and unknown
- 37 Family planning
- 40 Neighborhood and Social - unspecified and unknown
- 41 Civil legal aid
- 42 Health services
- 43 Neighborhood action program
- 60 Administration - HOC

(If No)

Program	Head	Spouse	Family Member	Non Family	Client	Paid Worker	Volunteer Worker	Very	Much	Some	None	Don't Know
	1	2	3	4	1	2	3	1	2	3	4	5
	1	2	3	4	1	2	3	1	2	3	4	5
	1	2	3	4	1	2	3	1	2	3	4	5
	1	2	3	4	1	2	3	1	2	3	4	5
	1	2	3	4	1	2	3	1	2	3	4	5

INCOME

Sample Number

7

Starting with the head of the household, I would like to obtain some information on the amount and type of income received by each member of the household last year.

- A. How much did _____ earn during the past year in wages, salary, commission, bonuses or tips? (before all deductions)
- B. How much did _____ earn from self-employment, partnership or professional practice?
- C. During the past year did _____ receive any payments from Social Security (old age assistance, survivor's benefits, or disability insurance) or Railroad retirement from the U.S. government? How much?
- D. During the past year, how much did _____ receive from: interest on savings accounts; interest and dividends on stocks and investment; rental income, annuities or trust funds?
- E. During the past year, how much did _____ receive from public assistance or welfare (aid to families with dependent children, aid to the blind, disabled, or elderly)?
- F. During the past year, how much did _____ receive from pensions or retirement programs from government or private employers?
- G. During the past year, how much did _____ receive from: unemployment insurance; Veteran's payments; Workmen's compensation or regular payments from persons not living in the household?

Fill in a line for each person who has income from at least one source.

H S O	A	B	C	D	E	F	G
1 2 3	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
1 2 3	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
1 2 3	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
1 2 3	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
1 2 3	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

(If respondent can't or won't answer above income questions)

In order to help classify the different families in this study, we need to know the annual family income. Would you look at this card (Card B) and tell me which letter comes closest to your family's total income?

A	B	C	D	E	F	G	H	I	J	K	L	M	Refuse
01	02	03	04	05	06	07	08	09	10	11	12	13	99

CARD A

Schools
Playgrounds
Neighborhood Appearance
Trash Collection
Street Lighting
Street Upkeep
Police Protection
Traffic
Bus Service
Shopping Facilities
Employment Services
Programs to Help Poor
Health Services

CARD B

	<u>Annual</u>	<u>Monthly</u>	<u>Weekly</u>
A	Less than \$1000	Less than \$85	Less than \$20
B	1,000- 2,000	85- 165	20- 40
C	2,000- 3,000	165- 250	40- 60
D	3,000- 4,000	250- 330	60- 75
E	4,000- 5,000	330- 420	75- 95
F	5,000- 6,000	420- 500	95- 115
G	6,000- 7,000	500- 580	115- 135
H	7,000- 8,000	580- 670	135- 155
I	8,000- 10,000	670- 830	155- 190
J	10,000- 12,000	830- 1000	190- 230
K	12,000- 15,000	1000- 1250	230- 290
L	15,000- 20,000	1250- 1650	290- 380
M	over \$20,000	over \$1650	over \$380

CARD C

LIST OF PROGRAMS

11 Preschool, including Headstart	41 Services for homemakers & consumers
12 Helping children to learn more	42 Nursery or daycare for children
13 College interest & scholarship aid	43 Recreation
14 Adult education: reading, writing	44 Food program
15 Counselling on educational matters	45 Help: Financial advice
21 Job information and referral	46 Help: Legal advice
22 Job testing & guidance	47 Help: Marital problem
23 Training to get ready for work	48 Help: Parent-child problem
24 Job training	49 Help: Fixing up home
31 Health education for mothers	50 Help: Relocation and moving
32 Family planning	51 Help: Fixing up neighborhood
33 Medical treatment	52 Neighborhood planning council
34 Dental treatment	53 Leadership training & development
35 Treatment for mental problem	54 Education programs for renters
	55 Enforcement of housing codes

CARD D

PROGRAM TITLES OR TYPES

** 00 <u>GENERAL</u> - <u>Unspecified & Unknown</u>	27 CMP - Comprehensive Manpower Program - Gen.
** 10 <u>EDUCATIONAL</u> - <u>Unsp & Unk</u>	28 Gateway Centers
11 Banneker School	29 Diagnostic Centers
12 Kinlock School	30 Extended Evaluation
13 Kinlock Cooperative - U. of Missouri	31 Vestibule & Workshop Training
14 Head Start	32 WOU - Work Opportunities Unlimited
15 VIP - Voluntary Improvement Program	33 Pre-Apprenticeship Training Program
16 Upward Bound	34 CEP - Concentrated Employment Program
17 College Application Opportunity Aid	
** 20 <u>EMPLOYMENT</u> - <u>Unsp & Unk</u>	** 36 <u>HEALTH</u> - <u>Unsp & Unk</u>
21 NYC - Neighborhood Youth Corps (& Supp)	37 Family Planning
22 OJT - On the Job Training	** 40 <u>NEIGHBORHOOD AND SOCIAL</u> - <u>Unsp & Unk</u>
23 Training Low Income Persons for Industry	41 Civil Legal Aid
24 Foster Grandparents	42 Homemaker Services
25 Small Business Development Centers	43 Neighborhood Action Program
26 Job Corps - Screening	
	** 90 Administration: HDC