

1. Regional Office code 0010	2. Control number PSU code: 0020 Segment number: 0030 Segment number suffix: 0040 Sample designation: 0050 Serial number: 0060 Serial number suffix: 0070 Check digit: 0075	3a. HH No. 0080	3b. CU No. 0090	4. Segment type 0100 1 <input type="checkbox"/> Unit 2 <input type="checkbox"/> Permit 3 <input type="checkbox"/> Area 4 <input type="checkbox"/> Group Quarters	5a. Interview No. 0110 1 <input type="checkbox"/> 0120 2 <input type="checkbox"/> 0130 3 <input type="checkbox"/> 0140 4 <input type="checkbox"/> 0150 5 <input type="checkbox"/>	5b. Status of unit 0160 0170 0180 0190 0200	5c. Letter sent <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	6a. Extra unit Original unit serial number: 0210 Original unit suffix number: 0220	6b. Sheet _____ Line No. _____	6c. Extra unit No. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+ <input type="checkbox"/>
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FORM **CE-300**
(11-1-95)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ACTING AS COLLECTING AGENT FOR
U.S. DEPARTMENT OF LABOR
BUREAU OF LABOR STATISTICS

CONTROL CARD

CONSUMER EXPENDITURE SURVEYS

QUARTERLY INTERVIEW SURVEY

NOTICE – Your report to the Census Bureau is **confidential** by law (title 13, U.S. Code). It may be seen only by sworn Census employees and may be used only for statistical purposes.

8a. Address (Sheet _____ Line _____) What is your (the) exact address? House No., Street, Apt. No., or other identification Place _____ State _____ ZIP Code _____	AREA SEGMENT ONLY		9. YEAR BUILT <input type="checkbox"/> Ask first visit <input type="checkbox"/> Do NOT ask When was the structure originally built? <input type="checkbox"/> Before 4-1-90 – Continue interview. <input type="checkbox"/> After 4-1-90 – Complete item 10c when required; end interview.	10. COVERAGE QUESTIONS <input type="checkbox"/> Ask items that are marked <input type="checkbox"/> Do NOT ask a. <input type="checkbox"/> Are there any occupied or vacant living quarters besides your own in this building? Y – N <i>Fill Table X</i> b. <input type="checkbox"/> Are there any occupied or vacant living quarters besides your own on this floor? Y – N <i>Fill Table X</i> c. <input type="checkbox"/> Is there any other building on this property for people to live in – either occupied or vacant? Y – N <i>Fill Table X</i>	Interview number 1 2 3 4 5	11a. Field Representative name O – R	11b. Field Representative code 0260 0270 0280 0290 0300
8b. Is this also your (the) mailing address? <input type="checkbox"/> Yes <input type="checkbox"/> No – Specify below Route No., P.O. Box, or other identification Place _____ State _____ ZIP Code _____	8c. Group Quarters name	8d. Type code 0250	8e. Sample number	14. CLASSIFICATION OF LIVING QUARTERS – Mark by observation.	14c. HOUSING unit 0070 1 <input type="checkbox"/> House, apartment, flat 2 <input type="checkbox"/> HU, in nontransient hotel, motel, etc. 3 <input type="checkbox"/> HU, permanent in transient hotel, motel, etc. 4 <input type="checkbox"/> HU, in rooming house 5 <input type="checkbox"/> Mobile home or trailer with NO permanent room added 6 <input type="checkbox"/> Mobile home or trailer with one or more permanent rooms added 7 <input type="checkbox"/> HU not specified above – Describe in "NOTES." 8 <input type="checkbox"/> Quarters not HU in rooming or boarding house 9 <input type="checkbox"/> Student quarters in college dormitory 10 <input type="checkbox"/> Group Quarters unit not specified above – Describe in "NOTES."	14d. Group Quarters unit	15. UNITS IN STRUCTURE <i>Ask if not apparent.</i> How many housing units, both occupied and vacant, are there in this structure? 0080 1 <input type="checkbox"/> Only Group Quarters units 6 <input type="checkbox"/> 3 – 4 2 <input type="checkbox"/> Mobile home or trailer 7 <input type="checkbox"/> 5 – 9 3 <input type="checkbox"/> One, detached 8 <input type="checkbox"/> 10 – 19 4 <input type="checkbox"/> One, attached 9 <input type="checkbox"/> 20 – 49 5 <input type="checkbox"/> 2 10 <input type="checkbox"/> 50 or more

12. OFFICE USE ONLY 0010	13. LAND USE – Follow instructions for box that is marked. 13a. 1 <input type="checkbox"/> Urban – Go to item 14 2 <input type="checkbox"/> RURAL 0020 – Regular units and Group Quarters units coded 92–N or 93–N in item 8d – Go to item 13b. – Group Quarters units not coded 92–N or 93–N in item 8d – Mark "No" in item 13b without asking, then go to item 14. 13b. During the past 12 months did sales of crops, livestock, and other farm products from this place amount to \$1,000 or more? 0030 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	14a. FIELD REPRESENTATIVE CHECK ITEM Unit is – 0040 1 <input type="checkbox"/> In a Group Quarters – Refer to Group Quarters Tables of manual and mark appropriate box in either item 14c or 14d. 2 <input type="checkbox"/> NOT in a Group Quarters 14b. Access 0050 1 <input type="checkbox"/> Direct – Go to item 14c 2 <input type="checkbox"/> Through another unit – Not a separate HU; combine with unit through which access is gained. Apply merged unit procedures if appropriate.	15. UNITS IN STRUCTURE <i>Ask if not apparent.</i> How many housing units, both occupied and vacant, are there in this structure? 0080 1 <input type="checkbox"/> Only Group Quarters units 6 <input type="checkbox"/> 3 – 4 2 <input type="checkbox"/> Mobile home or trailer 7 <input type="checkbox"/> 5 – 9 3 <input type="checkbox"/> One, detached 8 <input type="checkbox"/> 10 – 19 4 <input type="checkbox"/> One, attached 9 <input type="checkbox"/> 20 – 49 5 <input type="checkbox"/> 2 10 <input type="checkbox"/> 50 or more
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36. OFFICE USE ONLY 0090	37. DATE OF FINAL CONTACT Interview No. Month Day Year 1 0100 0110 0120 0130 2 0140 0150 0160 0170 3 0180 0190 0200 0210 4 0220 0230 0240 0250 5 0260 0270 0280 0290	38. FINAL INTERVIEW STATUS Code If codes 05, 11, or 19 – Specify	CODES FOR FINAL INTERVIEW STATUS 01 – INTERVIEW Type A 02 – No one home (unable to contact) Type B 06 – Vacant (for rent) 07 – Vacant (for sale) 08 – Vacant (other) Type C 12 – Demolished 13 – House or mobile home moved 14 – Converted to permanent nonresidential use 15 – Merged 16 – Condemned 17 – Located on military base (post) 18 – CU moved 19 – Other
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39. TYPE A NONINTERVIEW REQUIRED ENTRIES <i>Fill items 39a–39c for all Type A noninterviews, interview status codes 02–05.</i>	40. NEXT QUARTER APPOINTMENT – Fill after the interview is complete. <i>Enter line number of respondent for current interview. Mark "No appointment" box or enter appointment date and time.</i>	41. REPORTING AID 0450 1 <input type="checkbox"/> Home file	42. CONTROL CARD ITEMS TO BE FILLED FOR NONINTERVIEWS Type A – Items 5b, 9 (if applicable), 10 (if applicable), 11, 13–15, 30–33, and 37–39 Type B – Items 5b, 9 (if applicable), 10 (if applicable), 11, 14, 15, 30–33, 37, and 38 Type C – Items 5b, 9 (if applicable), 10 (if applicable), 11, 37, and 38
39a. Race code 0300 0330 0360 0390 0420	39b. Number of household members 0310 0340 0370 0400 0430	39c. Tenure code 0320 0350 0380 0410 0440	43. STATUS OF UNIT CODES FOR ITEM 5b 0 – Serial number not assigned to sample by Washington Serial number in sample for first time this quarter and – 1 – Assigned by Washington 2 – Assigned by Regional Office 3 – Not Type C noninterview in last quarter 4 – Type C noninterview in last quarter

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0460 9 5

NOTES

2 01 03 8 →		HOUSEHOLD RECORD – FILL ITEMS 17–22b FOR ALL PERSONS LIVING OR STAYING HERE.										FILL ITEMS 23g–29 ONLY FOR MEMBERS OF THIS CU									
PROCESSING USE ONLY	PERSON LINE NUMBER	16. STATUS <i>Enter code.</i> 1 – Deleted 2 – Reinstated	17. HOUSEHOLD ROSTER <i>(last name first)</i> What are the names of all persons living or staying here? Start with the name of the person or one of the persons who owns or rents this home. <i>List all persons who usually live here and all persons who are temporarily absent. Be sure to include infants under 1 year of age.</i>	18. RELATIONSHIP TO REFERENCE PERSON <i>Ask if not apparent.</i> What is . . . 's relationship to (reference person)? <i>Example: Reference person, husband, wife, son, daughter-in-law, partner, lodger, lodger's wife, etc.</i>	21. SEX <i>Ask if not apparent.</i> Is . . . male or female?	22a. AWAY AT COLLEGE <i>Ask if not apparent.</i> Are any of these persons living away at college? <i>If "YES" is marked below for a person, mark "NO" in 22b without asking.</i>	22b. HOUSEHOLD MEMBER Does . . . usually live here? <i>If "NO," probe for URE.</i>	23g. CONSUMER UNIT NUMBER <i>Read item 23f.</i>	24. BIRTH DATE/AGE What is . . . 's date of birth? <i>Verify age using information booklet.</i> Example: 01-20-1963 12-01-1924					25. RACE <i>Show information booklet page 2.</i> What is the race of each person in this CU? <i>Enter code from below.</i>	26. ORIGIN <i>Show information booklet page 3.</i> What is . . . 's ethnic origin or descent? <i>Enter code from below.</i>	27. MARITAL STATUS <i>Ask if not apparent.</i> Is . . . now – 1 – Married? 2 – Widowed? 3 – Divorced? OR 4 – Separated? OR 5 – Never married? <i>Enter code.</i>	EDUCATION – <i>Fill for all CU members 14 and over.</i>		28a. ATTAINMENT <i>Show information booklet page 3a.</i> What is the highest level of school . . . has completed or the highest degree . . . has received? <i>Enter code from below.</i>	28b. ATTENDING COLLEGE <i>Ask if code 39–46 in 28a.</i> Is . . . currently enrolled in a college or university either – 1 – Full-time? 2 – Part-time? OR 3 – Not at all? <i>Enter code.</i>	29. ARMED FORCES MEMBER <i>Ask if 16–65 years.</i> Is . . . now in the Armed Forces? <i>Enter code.</i> 1 – Yes 2 – No
									Month	Day	Year	Age	Age update				Update	Update			
0010	01				Male																
0020	02				Female																
0030	03																				
0040	04																				
0050	05																				
0060	06																				
0070	07																				
0080	08																				
0090	09																				
0100	10																				
0110	11																				
0120	12																				
0130	13																				
0140	14																				
0150	15																				
0160	16																				
0170	17																				
0180	18																				

20a. I have listed . . . (Read names from item 18.) Have I missed – – any babies or small children? <input type="checkbox"/> YES <input type="checkbox"/> NO – anyone who usually lives here but is away now – traveling, at school, or in a hospital? <input type="checkbox"/> YES <input type="checkbox"/> NO – any lodgers, boarders, or persons you employ who live here? <input type="checkbox"/> YES <input type="checkbox"/> NO – anyone else staying here? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If "YES," ask name and record in roster above (item 18). Go to item 21 above.</i>		23a. FIELD REPRESENTATIVE CHECK ITEM Unit is – <input type="checkbox"/> In a Group Quarters – Go to item 23d <input type="checkbox"/> NOT in a Group Quarters – Go to item 23b <i>Ask if not apparent.</i>		23d. FIELD REPRESENTATIVE CHECK ITEM FOR ASSIGNING CU NUMBERS Include anyone who is a household member at the time of interview. <input type="checkbox"/> 0010 1 <input type="checkbox"/> Household contains only the reference person or others related to the reference person by blood, marriage, adoption, or other legal arrangements. – Enter "1" in item 23g above for all household members. Go to item 23f. 2 <input type="checkbox"/> Household contains only one or more persons not related to the reference person by blood, marriage, adoption, or other legal arrangement. – Go to item 23e below.	
20b. I have listed . . . (Read names from item 18.) Are all of these persons still living or staying here? YES NO <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N		23b. Do all the persons in this household live OR eat together? <input type="checkbox"/> Yes <input type="checkbox"/> No – Neither live nor eat together – Fill Table X for the person or group of persons not living or eating with the reference person.		23c. Does any other household on the property live OR eat with this household? <input type="checkbox"/> Yes – Redefine the unit to include space occupied by all persons who live or eat together (apply merged unit procedures if appropriate). <input type="checkbox"/> No – Go to item 23d	
20c. If NO, ask: Who no longer lives here? For each person who has left the household, enter a code "1" in item 17.		20d. Is anyone else living or staying here, including newborn babies? If YES, ask name and record in roster above (item 18). Go to item 21 above.		20e. FIRST INTERVIEW YES NO <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N	
20f. 2nd–5th INTERVIEW YES NO <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N		20g. CODES FOR ITEMS 25, 26, AND 28 RACE 1 White 2 Black 3 American Indian, Eskimo, or Aleut 4 Asian or Pacific Islander 5 Other – Specify below Person line No. Specify race		ORIGIN 01 German 02 Italian 03 Irish 04 French 05 Polish 06 Russian 07 English 08 Scottish 10 Mexican American 11 Chicano 12 Mexican 14 Puerto Rican 15 Cuban 16 Central or South American 17 Other Spanish 20 Afro-American (Black or Negro) 26 Dutch 27 Swedish 28 Hungarian 30 Another group not listed 39 Don't know	
20h. EDUCATION 00 Never attended, preschool, kindergarten 01–11 1st grade through 11th grade 38 12th grade NO DIPLOMA 39 HIGH SCHOOL GRADUATE – high school DIPLOMA, or the equivalent (For example: GED) 40 Some college but no degree 41 Associate degree in college – Occupational/Vocational program 42 Associate degree in college – Academic program 43 Bachelor's degree (For example: BA, AB, BS) 44 Master's degree (For example: MA, MS, MEng, MSW, MBA) 45 Professional School Degree (For example: MD, DDS, DVM, LLB, JD) 46 Doctorate degree (For example: PhD, EdD)					

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23e. FINANCIAL RESPONSIBILITY <i>Ask first for reference person and all others related to reference person by blood, marriage, adoption, or other legal arrangement. Then ask for each other person or group of related persons.</i>	Line No.(s) 0010 0020 0030 0040 0050 0060	Line No.(s) 0010 0020 0030 0040 0050 0060	Line No.(s) 0010 0020 0030 0040 0050 0060	Line No.(s) 0010 0020 0030 0040 0050 0060	Line No.(s) 0010 0020 0030 0040 0050 0060
	(1) Do(es) . . . pay for all . . . housing expenses with . . . own money? 0070 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	(1) Do(es) . . . pay for all . . . housing expenses with . . . own money? 0070 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	(1) Do(es) . . . pay for all . . . housing expenses with . . . own money? 0070 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	(1) Do(es) . . . pay for all . . . housing expenses with . . . own money? 0070 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	(1) Do(es) . . . pay for all . . . housing expenses with . . . own money? 0070 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
	(2) Do(es) . . . pay for all . . . food expenses with . . . own money? 0080 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	(2) Do(es) . . . pay for all . . . food expenses with . . . own money? 0080 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	(2) Do(es) . . . pay for all . . . food expenses with . . . own money? 0080 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	(2) Do(es) . . . pay for all . . . food expenses with . . . own money? 0080 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	(2) Do(es) . . . pay for all . . . food expenses with . . . own money? 0080 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
	(3) Do(es) . . . pay for all . . . other living expenses such as clothing, transportation, etc., with . . . own money? 0090 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	(3) Do(es) . . . pay for all . . . other living expenses such as clothing, transportation, etc., with . . . own money? 0090 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	(3) Do(es) . . . pay for all . . . other living expenses such as clothing, transportation, etc., with . . . own money? 0090 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	(3) Do(es) . . . pay for all . . . other living expenses such as clothing, transportation, etc., with . . . own money? 0090 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	(3) Do(es) . . . pay for all . . . other living expenses such as clothing, transportation, etc., with . . . own money? 0090 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
	FIELD REPRESENTATIVE CHECK ITEM Are two or more "Yes" boxes marked in items 23e(1)–(3)? 0100 1 <input type="checkbox"/> Yes – Assign CU number 1 in item 23g 2 <input type="checkbox"/> No – Ask item 23e(4)	FIELD REPRESENTATIVE CHECK ITEM Are two or more "Yes" boxes marked in items 23e(1)–(3)? 0100 1 <input type="checkbox"/> Yes – Assign next available CU number in item 23g 2 <input type="checkbox"/> No – Ask item 23e(4)	FIELD REPRESENTATIVE CHECK ITEM Are two or more "Yes" boxes marked in items 23e(1)–(3)? 0100 1 <input type="checkbox"/> Yes – Assign next available CU number in item 23g 2 <input type="checkbox"/> No – Ask item 23e(4)	FIELD REPRESENTATIVE CHECK ITEM Are two or more "Yes" boxes marked in items 23e(1)–(3)? 0100 1 <input type="checkbox"/> Yes – Assign next available CU number in item 23g 2 <input type="checkbox"/> No – Ask item 23e(4)	FIELD REPRESENTATIVE CHECK ITEM Are two or more "Yes" boxes marked in items 23e(1)–(3)? 0100 1 <input type="checkbox"/> Yes – Assign next available CU number in item 23g 2 <input type="checkbox"/> No – Ask item 23e(4)
	(4) Does all or part of the money to pay for . . . (Specify expenses with "No" marked in items 23e(1)–(3).) come from someone in this household? 0110 1 <input type="checkbox"/> Yes – Ask item 23e(5) 2 <input type="checkbox"/> No – Assign CU number 1 in item 23g	(4) Does all or part of the money to pay for . . . (Specify expenses with "No" marked in items 23e(1)–(3).) come from someone in this household? 0110 1 <input type="checkbox"/> Yes – Ask item 23e(5) 2 <input type="checkbox"/> No – Assign next available CU number in item 23g	(4) Does all or part of the money to pay for . . . (Specify expenses with "No" marked in items 23e(1)–(3).) come from someone in this household? 0110 1 <input type="checkbox"/> Yes – Ask item 23e(5) 2 <input type="checkbox"/> No – Assign next available CU number in item 23g	(4) Does all or part of the money to pay for . . . (Specify expenses with "No" marked in items 23e(1)–(3).) come from someone in this household? 0110 1 <input type="checkbox"/> Yes – Ask item 23e(5) 2 <input type="checkbox"/> No – Assign next available CU number in item 23g	(4) Does all or part of the money to pay for . . . (Specify expenses with "No" marked in items 23e(1)–(3).) come from someone in this household? 0110 1 <input type="checkbox"/> Yes – Ask item 23e(5) 2 <input type="checkbox"/> No – Assign next available CU number in item 23g
(5) Who is (are) that (these) person(s)? Line No.(s) 0120 0130 0140 0150 0160 0170	Line No.(s) 0120 0130 0140 0150 0160 0170	Line No.(s) 0120 0130 0140 0150 0160 0170	Line No.(s) 0120 0130 0140 0150 0160 0170	Line No.(s) 0120 0130 0140 0150 0160 0170	

23f. FIELD REPRESENTATIVE INSTRUCTION – Consumer Unit
Read to respondent.

During this interview, I will use the words consumer unit or CU. A consumer unit is the (person/group of related persons) in this household who (is/are) independent of all other persons in this household for payment of their major expenses.

The person(s) I'm including in your CU (is/are) –
Read names of all persons listed in item 18 with the same CU marked in item 23g.

Go to item 24 above.

1 01 24 6 ↓

30. Is there a business or commercial establishment on the property?
0010 1 Yes 2 No

31. Is at least half or more of the structure(s) on this property used or intended for use as housing units?
0020 1 Yes 2 No

32a. Does the owner live on this property?
0030 1 Yes 2 No – Go to item 33

32b. Are there 5 or more units on the property?
0040 1 Yes 2 No – Go to item 34

32c. Does the owner live in the sample unit?
0050 1 Yes – Go to item 34 2 No

33a. What is the name, address, and telephone number of the owner or agent of this property?

Name _____

Address – Street name, house number and unit designation, if any _____

City _____

State _____ ZIP Code _____

Telephone number – Include area code. _____

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33b. Is the owner or agent's name, street address, city and State entered in item 33a?
0060 1 Yes 2 No

34a. What is your telephone number?

Area code _____ Number _____

0070 1 Telephone number entered above
2 No telephone – Go to item 35
3 Refused

34b. What is the best time to call or visit?

_____ a.m.
_____ p.m.

Refused

35. FIELD REPRESENTATIVE INSTRUCTION
Read to respondent – Reference period

FIRST QUARTER

35a. Most questions that I will be asking refer to a specific time period. During this interview, the time period, unless I state otherwise is for the past month, that is, from the 1st day of (last month) to today.

2nd–5th QUARTER

35b. Most questions that I will be asking refer to a specific time period. During this interview, the time period, unless I state otherwise is for the past three months, that is, from the 1st day of (the month three months previous to this month) to today.

NOTES

Table X — Determining if an Additional Living Quarters Qualifies as an EXTRA Unit

START HERE	AREA SEGMENTS		PERMIT SEGMENTS	UNIT SEGMENTS		SEPARATENESS		NUMBER OF EXTRA UNITS
	(1)	(2)	(3)	(4)	Single Unit (5)	Multi-Unit (6)	(7)	(8)
<p>Check the listing sheet. Is the address of the additional living quarter already listed?</p>	<p>Are the additional living quarters within the area segment boundaries?</p>	<p>Are the additional living quarters in a group quarters?</p>	<p>Are the additional living quarters within the same structure and within the same space (See Footnote 1) occupied by the original sample unit?</p>	<p>Are the additional living quarters within the basic address (house number and street name) of the original sample unit?</p>	<p>Are the additional living quarters within the same space (See Footnote 1) occupied by the original sample unit?</p> <p style="text-align: center;">and</p> <p>Are the additional living quarters the result of a split apartment?</p>	<p>Do the occupants or intended occupants of the additional living quarters live and eat separately from all other persons on the property?</p>	<p>Do the occupants or intended occupants of the additional living quarter have direct access from the outside or through a common hall?</p>	<p>Have you found more than 3 EXTRA units?</p>
<p><input type="checkbox"/> Yes – Stop Table X.</p> <p><input type="checkbox"/> No – Go to column (2), (4), (5) or (6) depending on segment type.</p>	<p><input type="checkbox"/> Yes – Go to column (3).</p> <p><input type="checkbox"/> No – Stop Table X; do not interview.</p>	<p><input type="checkbox"/> Yes – Stop Table X; do not interview.</p> <p><input type="checkbox"/> No – Go to column (7).</p>	<p><input type="checkbox"/> Yes – Go to column (7).</p> <p><input type="checkbox"/> No – Stop Table X; do not interview.</p>	<p><input type="checkbox"/> Yes – Go to column (7).</p> <p><input type="checkbox"/> No – Stop Table X; do not interview.</p>	<p><input type="checkbox"/> Yes to both questions – Go to column (7).</p> <p><input type="checkbox"/> No to either question – Stop Table X; do not interview.</p>	<p><input type="checkbox"/> Yes – Go to column (8).</p> <p><input type="checkbox"/> No – Not a separate unit. Stop Table X. Include additional living quarters with the original unit and continue interview.</p>	<p><input type="checkbox"/> Yes, an EXTRA unit – Go to column (9).</p> <p><input type="checkbox"/> No – Not a separate unit. Stop Table X. Include additional living quarters with the original unit and continue interview.</p>	<p><input type="checkbox"/> Yes – Call your RO for instructions on which units to interview. Then, enter the basic address and unit designation (if any) of the EXTRA units onto the listing sheet and fill out new Control Cards and questionnaires for these units. (See Footnote 2)</p> <p><input type="checkbox"/> No – Enter the basic address and unit designation (if any) of the EXTRA units onto the listing sheet and fill out new Control Cards and questionnaires for these units. (See Footnote 2)</p>

FOOTNOTES:
 1 – Occupation of the "same space" occurs if a housing unit has been split into two or more separate housing units.
 2 – If you determine that you have found an EXTRA unit at a single unit address in a UNIT segment (yes in column 5), you must prepares in INTER-COMM and fill out a BLANK listing sheet listing each unit at the address.

NOTES