U.S. DEPARTMENT OF COMMERCE
SOCIAL AND ECONOMIC STATISTICS ADMINISTRATION
BUREAU OF THE CENSUS
ACTING AS COLLECTING AGENCY FOR
U.S. DEPARTMENT OF LABOR
BUREAU OF LABOR STATISTICS

HOUSEHOLD CHARACTERISTICS QUESTIONNAIRE

1972-1973 DIARY SURVEY

NOTICE — All information which would permit identification of the individual will be held in strict confidence, will be used only by persons engaged in and for the purposes of the survey, and will not be disclosed or released to others for any purposes.

10. Interviewer's name

11a. RECORD OF CALLS

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
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11b. DIARY DATES

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<tr>
<th>WEEK 1</th>
<th>WEEK 2</th>
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12. SUPERVISOR'S USE

a. Recheck
b. Observation

13. FINAL INTERVIEW STATUS

- Enter the appropriate code (1-17) for both placement and pick-up for each week.
- If code 1, also enter the month and day.

NOTES
### Part A - Household Characteristics

#### 1. Are these living quarters -
- [ ] Owned or being bought by someone in this unit (except cooperative or condominium)
- [ ] Rented for cash rent
- [ ] Occupied without payment of cash rent
- [ ] A cooperative or condominium owned or being bought by someone in this unit

#### 2. Are these living quarters used partly for business or rented to others?
- [ ] Yes
- [ ] No

#### 3. What percentage of the expenses is counted as a business expense?
- [ ] No - Skip to Item 5
- [ ] Part business
- [ ] Rented to others
- [ ] Both business and rented to others

#### 4. When did you move to this address?
- [ ] Yes
- [ ] No

#### 5. Living Quarters - Ask if not apparent by observation
- a. Do you have complete kitchen facilities?
- b. Do you have direct access from the outside or through a common hall?

#### 6. Housing unit
- [ ] House, apt., flat
- [ ] HU in Special Place
- [ ] Trailer site
- [ ] HU not specified above - Describe

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### Household Record

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<th>No.</th>
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- **Name:**
- **Last name first**: What is the name of the head of this household?
- **Relationship to the head of the household**: What is the relationship of the persons living in this household?
- **Date of Birth**
- **Age**
- **Marital Status**
- **Race**
- **A.F. Member**
- **Line Number**
- **For all additions and deletions to this cu**: In the appropriate column enter the date the change occurred for each person added or deleted in item 17.

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### ASK AT WEEK 1 PLACEMENT

15a. Have listed... (read names from Item 6). Have I missed -
- [ ] Any babies or small children?
- [ ] Any lodgers, boarders, or persons in your employ who live here?
- [ ] Anyone who usually lives here but is temporarily absent at present - traveling, at school, or in a hospital?
- [ ] Anyone else staying here?

If "Yes" in Item 6, fill Items 9-14 for this person.

- [ ] YES
- [ ] NO

### ASK AT WEEK 2 PLACEMENT

15b. Have listed... (read names from Item 6). Are all of these persons still living or staying here?

If "No" - Which persons have left the household?

- [ ] YES
- [ ] NO

#### 15c. Is anyone else living or staying here now, including newborn babies?

- [ ] YES
- [ ] NO

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### ASK AT WEEK 3 AND WEEK 2 PICK-UP

15d. Were any household members away overnight for one day or more last week (during the diary reference period) -

- [ ] YES
- [ ] NO

15e. How many persons are staying over for one day or more this week (during the diary reference period) -

- [ ] YES
- [ ] NO
### 16a. Interviewer Check Item for Assigning CU No.

- Enter "Y" in item 6 on the lines for head of household, wife, never married children, and any other person listed who is considered part of their family.
- For all others, enter "Y" for each item listed in 16b-d.
- For separate CUs, assign separate CUs to each of the second CUs in the household.

**Note:** If 6 or less CUs are present, use the questionnaire for CU No. 1. Enter in item 6 of the additional questionnaire(s) the names of all persons in the CU, then CUs item 17. If more than 6 CUs stop the interview and call the area office for instructions.

### 13 029 A

**Part B - Consumer Unit Characteristics**

#### Ask at Week 1 Placement

- **1a.** About how often do you (CU) shop at the grocery store?
  - [ ] Week
  - [ ] Month
  - Times per

- **1b.** During the past 3 months, what has been the usual amount of your purchases at the grocery store?
  - [ ] Work
  - [ ] Month
  - $ per

- **1c.** About how much of this amount was for food and nonalcoholic beverages?
  - $ per

- **1d.** About how much of this amount was for tobacco?
  - $ per

- **1e.** About how much of this amount was for alcoholic beverages?
  - $ per

- **2a.** Do you (CU) own an automobile, truck, or other vehicle? Do not include any vehicle which is used entirely for business purposes.
  - [ ] Yes
  - [ ] No - SKIP to 3

- **2b.** How many?
  - Number

- **2c.** Is this (these) vehicle(s) used partially for business?
  - [ ] Yes
  - [ ] No - SKIP to 3

- **2d.** If more than one vehicle in 2b, how many?
  - Number

- **2e.** If partially for business, what percent of your total vehicle expense is counted as a business expense?
  - Percent

#### Ask at End of Part A on the First CE-105 Prepared for the Household

- **If more than one CU, prepare the household, ask:**
  - Yes
  - No - SKIP to Part B

- **b.** Does one person usually make the purchases?
  - Yes
  - No

**Note:** If YES, ask the person who usually makes the purchases to record the expenses for the shared items.

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**Form CE-105 (1-17-53)**
### Part C - INCOME - Ask at Week 2 Pickup

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<th>Line No.</th>
<th>14 019</th>
<th>14 027</th>
<th>14 035</th>
<th>14 043</th>
<th>14 050</th>
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- **Ask items 1-4 for each person 14 years old or over in this CO**

1. **How many weeks during the past 12 months did ... work, either full-time or part-time, not counting work around the house?**

2. **In the job which ... received the most earnings during the past 12 months, for whom did he work?**

3. **What kind of business or industry was it?**

4. **What kind of work did he do?**

5. **Was ...**
   - 1 - An employee of a PRIVATE company, business, or individual working for wages or salary?
   - 2 - A Government employee? (Federal, State, Local)
   - 3 - Self-employed in own business, professional practice, or farm?
   - 4 - Working WITHOUT PAY in family business or farm?

- If "Did not work" during the past 12 months and over 50 years old, ask:
  - **Is ... retired?**

4. **During the past 12 months, how much did ... earn in -**
   - a. Wages or salary before deductions? (Include commissions, tips, Armed Forces pay and allowances.)
   - b. NET income from own business or professional practice?
   - c. NET income from own farm?

### Part D - DIARY CHECK - Ask at Week 2 Pickup

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<th>Line No.</th>
<th>15 016</th>
<th>15 024</th>
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- **Ask item 5 for the entire CU**

5. **During the past 12 months did any members of this CU receive any money from -**
   - a. Social Security or Railroad Retirement checks from the U.S. Government?
   - b. Estates, trusts, or dividends?
   - c. Interest on savings accounts or bonds?
   - d. Net rental income?
   - e. Welfare payments or other public assistance (aid to families with dependent children, old age assistance, or aid to the blind or totally disabled)?
   - f. Unemployment compensation?
   - g. Worker's compensation?
   - h. Government employee pensions?
   - i. Veteran's payments?
   - j. Private pensions or annuities?
   - k. Attorney?
   - l. Regular contributions from persons not living in this household?
   - m. Anything else?

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**INTERVIEWER**
- Review the completed diary for the items listed in col. a. If expenditures of $1.00 or more are reported, mark the box in col. b.
- After reviewing the entire diary, ask the questions in col. b for each box that is NOT marked in col. a.
- If all boxes are marked, complete Part A, items 15a and 15b, then continue with Part C.

We have found that certain types of expenses are often forgotten. I would like to ask a few questions concerning these items.

1. **Does anyone in the family eat out - lunches, dinners, snacks, etc., even occasionally?**
   - a. Yes
   - b. No
   - c. Not marked
2. **Did anyone in the family eat out at all during the past week?**
   - a. Yes
   - b. No
   - c. Not marked
3. **How much was spent for meals eaten out during this past week?**
   - a. $0.00
4. **Tobacco**
   - a. Yes
   - b. No
   - c. Not marked
5. **Alcoholic beverages for HOME USE**
   - a. Yes
   - b. No
   - c. Not marked
6. **Alcoholic drinks purchased at a bar, cafe, etc.**
   - a. Yes
   - b. No
   - c. Not marked
7. **How much was spent during this past week?**
   - a. $0.00

**Continue with Part A, items 15a and 15b and Part C.**