OMB No. 0607-0809: Approval Expires 03/31/2013 FORM AHS-101AR (8-16-2010) U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration U.S. CENSUS BUREAU AGE RESTRICTED LIVING SCREENER QUESTIONNAIRE AMERICAN HOUSING SURVEY Control Nos.: CASEID: Hello. I am from the US Census Bureau. We are conducting a short survey to determine the characteristics of the unit(s) located at this address. We need this information in order to accurately categorize housing structures. I would like to speak with someone who knows where people live or stay at this address. Would that be you, or should I speak with someone else? This is a voluntary survey that should only take about six minutes. FACILITY INFORMATION Name: Address: Information you provide will be kept confidential and used for statistical purposes only. The Census Bureau cannot publish or release information that would identify any individual. Contact person: Contact phone number: UNIT INFORMATION Address: **FACILITY AND UNIT INFORMATION** ☐ Same as on label OR ⊋ 1. May I have your name please? 2. What is your job title? 3a. Is this (read facility name and address on the label)? Yes - Skip to 4 ☐ No 3b. Was this address ever (read facility name and address ☐ Yes - Make necessary corrections on the label □ No – End interview. Read thank you statement on the reverse side. 4. The following questions are about the BUILDING that contains (read unit address). How many living quarters/apartments/residences are there in that building? One ' □ 5–9 Go to 5 □ 2-4 □ 10–19 20-29 Skip to 7a □ 30–39 40-49 ☐ 50 or more 5. Is there more than one building in this complex? ☐ Yes □ No – End interview. Read thank you statement on the reverse side. Do any of the buildings have 5 or more units/apartments in them? Yes No - End interview. Read thank you statement on the reverse side. 7a. Does the BUILDING containing (read unit address) provide special services? By special services I mean residents live independently and are generally self-sufficient, but CAN get some help with at least some of the following: meals, transportation, or housekeeping within the unit ☐ No ☐ Yes – Skip to item 8 • managing finances, using the telephone, or shopping, and/or

personal care such as bathing, eating, moving about, dressing, or toilet use? ☐ Yes - Skip to item 8 ☐ No Yes - Skip to item 8 ☐ No b. What is its current use? Continue on the back.

8a. Was the BUILDING containing (read unit address) built before 1990?	Yes No – Skip to 9
8b. Was this BUILDING originally used as private residential housing?	☐ Yes, private – <b>End interview. Read thank you</b> statement below.
	□ No, something else – Specify ⊋
9. The next questions are about (read unit address) itself. Now I would like to ask about this particular unit. Is (read unit address) a unit for	☐ Yes – End interview. Read thank you statement below.
hospice, skilled nursing, dementía, or Alzheimers patients?	□ No
10a. Do the residents of this unit live separately from all the other occupants of the building?	☐ Yes ☐ No – End interview. Read thank you statement below.
Do the residents of this unit have direct access to their unit from the outside or through a common or public hall?	☐ Yes ☐ No – End interview. Read thank you statement below.
Are the residents of this unit free to move about the public areas of the building and to leave the facility anytime they wish?	☐ Yes – <b>Read thank you statement below.</b>
	□ No – Read thank you statement below.
THANK YOU STATEMENT	
Thank you for your time and help. The Census Bureau will use the information you provide to ensure that the data we collect are representative of US households and housing units.	
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