Appendix D. Questionnaire

United States
Census 2000

U.S. Department of Commerce
Bureau of the Census

This is the official form for all the people at this address. It is quick and easy, and your answers are protected by law. Complete the Census and help your community get what it needs — today and in the future!

Start Here

Please use a black or blue pen.

1 **How many people were living or staying in this house, apartment, or mobile home on April 1, 2000?**

Number of people

INCLUDE in this number:

- foster children, roomers, or housemates
- people staying here on April 1, 2000 who have no other permanent place to stay
- people living here most of the time while working, even if they have another place to live

DO NOT INCLUDE in this number:

- college students living away while attending college
- people in a correctional facility, nursing home, or mental hospital on April 1, 2000
- Armed Forces personnel living somewhere else
- people who live or stay at another place most of the time

➔ **Please turn the page and print the names of all the people living or staying here on April 1, 2000.**

If you need help completing this form, *call 1–800–471–9424 between 8:00 a.m. and 9:00 p.m., 7 days a week. The telephone call is free.*

TDD – *Telephone display device for the hearing impaired. Call 1–800–582–8330 between 8:00 a.m. and 9:00 p.m., 7 days a week. The telephone call is free.*

¿NECESITA AYUDA? *Si usted necesita ayuda para completar este cuestionario llame al 1–800–471–8642 entre las 8:00 a.m. y las 9:00 p.m., 7 días a la semana. La llamada telefónica es gratis.*

The Census Bureau estimates that, for the average household, this form will take about 38 minutes to complete, including the time for reviewing the instructions and answers. Comments about the estimate should be directed to the Associate Director for Finance and Administration, Attn: Paperwork Reduction Project 0607-0856, Room 3104, Federal Building 3, Bureau of the Census, Washington, DC 20233.

Respondents are not required to respond to any information collection unless it displays a valid approval number from the Office of Management and Budget.

OMB No. 0607-0856: Approval Expires 12/31/2000

Form **D-2**

List of Persons

Please be sure you answered question 1 on the front page before continuing.

2 **Please print the names of all the people who you indicated in question 1 were living or staying here on April 1, 2000.**

Example — Last Name

JOHNSON

First Name MI

ROBIN J

Start with the person, or one of the people living here who owns, is buying, or rents this house, apartment, or mobile home. If there is no such person, start with any adult living or staying here.

Person 1 — Last Name

First Name MI

Person 2 — Last Name

First Name MI

Person 3 — Last Name

First Name MI

Person 4 — Last Name

First Name MI

Person 5 — Last Name

First Name MI

Person 6 — Last Name

First Name MI

Person 7 — Last Name

First Name MI

Person 8 — Last Name

First Name MI

Person 9 — Last Name

First Name MI

Person 10 — Last Name

First Name MI

Person 11 — Last Name

First Name MI

Person 12 — Last Name

First Name MI

Next, answer questions about Person 1.

FOR OFFICE USE ONLY

A. JIC1	B. JIC2	C. JIC3	D. JIC4

Form D-2

2

Person 1



Your answers are important! Every person in the Census counts.

1 What is this person's name? *Print the name of Person 1 from page 2.*

Last Name

First Name MI

2 What is this person's telephone number? *We may contact this person if we don't understand an answer.*

Area Code + Number

– –

3 What is this person's sex? *Mark (X) ONE box.*

- ☐ Male
- ☐ Female

4 What is this person's age and what is this person's date of birth?

Age on April 1, 2000

Print numbers in boxes.

Month Day Year of birth

➜ **NOTE: Please answer BOTH Questions 5 and 6.**

5 Is this person Spanish/Hispanic/Latino? *Mark (X) the* ***"No"*** *box if* ***not*** *Spanish/Hispanic/Latino.*

- ☐ **No**, not Spanish/Hispanic/Latino
- ☐ Yes, Mexican, Mexican Am., Chicano
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, other Spanish/Hispanic/Latino — *Print group.*

6 What is this person's race? ***Mark (X) one or more races*** *to indicate what this person considers himself/herself to be.*

- ☐ White
- ☐ Black, African Am., or Negro
- ☐ American Indian or Alaska Native — *Print name of enrolled or principal tribe.*
- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Other Asian — *Print race.*
- ☐ Native Hawaiian
- ☐ Guamanian or Chamorro
- ☐ Samoan
- ☐ Other Pacific Islander — *Print race.*
- ☐ Some other race — *Print race.*

7 What is this person's marital status?

- ☐ Now married
- ☐ Widowed
- ☐ Divorced
- ☐ Separated
- ☐ Never married

8 a. At any time since February 1, 2000, has this person attended regular school or college? *Include only nursery school or preschool, kindergarten, elementary school, and schooling which leads to a high school diploma or a college degree.*

- ☐ No, has not attended since February 1 → *Skip to 9*
- ☐ Yes, public school, public college
- ☐ Yes, private school, private college

2043

Form D-2

3

U.S. Census Bureau, Census 2000

Person 1 (continued)

8 **b. What grade or level was this person attending?** *Mark (X) ONE box.*

- ☐ Nursery school, preschool
- ☐ Kindergarten
- ☐ Grade 1 to grade 4
- ☐ Grade 5 to grade 8
- ☐ Grade 9 to grade 12
- ☐ College undergraduate years (freshman to senior)
- ☐ Graduate or professional school *(for example: medical, dental, or law school)*

9 **What is the highest degree or level of school this person has COMPLETED?** *Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received.*

- ☐ No schooling completed
- ☐ Nursery school to 4th grade
- ☐ 5th grade or 6th grade
- ☐ 7th grade or 8th grade
- ☐ 9th grade
- ☐ 10th grade
- ☐ 11th grade
- ☐ 12th grade, **NO DIPLOMA**
- ☐ **HIGH SCHOOL GRADUATE —** high school DIPLOMA or the equivalent *(for example: GED)*
- ☐ Some college credit, but less than 1 year
- ☐ 1 or more years of college, no degree
- ☐ Associate degree *(for example: AA, AS)*
- ☐ Bachelor's degree *(for example: BA, AB, BS)*
- ☐ Master's degree *(for example: MA, MS, MEng, MEd, MSW, MBA)*
- ☐ Professional degree *(for example: MD, DDS, DVM, LLB, JD)*
- ☐ Doctorate degree *(for example: PhD, EdD)*

10 **What is this person's ancestry or ethnic origin?**

(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)

11 **a. Does this person speak a language other than English at home?**

- ☐ Yes
- ☐ No → *Skip to 12*

b. What is this language?

(For example: Korean, Italian, Spanish, Vietnamese)

c. How well does this person speak English?

- ☐ Very well
- ☐ Well
- ☐ Not well
- ☐ Not at all

12 **Where was this person born?**

- ☐ In the United States — *Print name of state.*
- ☐ Outside the United States — *Print name of foreign country, or Puerto Rico, Guam, etc.*

13 **Is this person a CITIZEN of the United States?**

- ☐ Yes, born in the United States → *Skip to 15a*
- ☐ Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas
- ☐ Yes, born abroad of American parent or parents
- ☐ Yes, a U.S. citizen by naturalization
- ☐ No, not a citizen of the United States

14 **When did this person come to live in the United States?** *Print numbers in boxes.*

Year

15 **a. Did this person live in this house or apartment 5 years ago (on April 1, 1995)?**

- ☐ Person is under 5 years old → *Skip to 33*
- ☐ Yes, this house → *Skip to 16*
- ☐ No, outside the United States — *Print name of foreign country, or Puerto Rico, Guam, etc., below; then skip to 16.*
- ☐ No, different house in the United States

Person 1 (continued)

15 **b. Where did this person live 5 years ago?**

Name of city, town, or post office

Did this person live inside the limits of the city or town?

- ☐ Yes
- ☐ No, outside the city/town limits

Name of county

Name of state

ZIP Code

16 **Does this person have any of the following long-lasting conditions:**

	Yes	No
a. Blindness, deafness, or a severe vision or hearing impairment?	☐	☐
b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?	☐	☐

17 **Because of a physical, mental, or emotional condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities:**

	Yes	No
a. Learning, remembering, or concentrating?	☐	☐
b. Dressing, bathing, or getting around inside the home?	☐	☐
c. (Answer if this person is 16 YEARS OLD OR OVER.) Going outside the home alone to shop or visit a doctor's office?	☐	☐
d. (Answer if this person is 16 YEARS OLD OR OVER.) Working at a job or business?	☐	☐

18 **Was this person under 15 years of age on April 1, 2000?**

- ☐ Yes → *Skip to 33*
- ☐ No

19 **a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?**

- ☐ Yes
- ☐ No → *Skip to 20a*

b. Is this grandparent currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment?

- ☐ Yes
- ☐ No → *Skip to 20a*

c. How long has this grandparent been responsible for the(se) grandchild(ren)? *If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.*

- ☐ Less than 6 months
- ☐ 6 to 11 months
- ☐ 1 or 2 years
- ☐ 3 or 4 years
- ☐ 5 years or more

20 **a. Has this person ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard?** *Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.*

- ☐ Yes, now on active duty
- ☐ Yes, on active duty in past, but not now
- ☐ No, training for Reserves or National Guard only → *Skip to 21*
- ☐ No, never served in the military → *Skip to 21*

b. When did this person serve on active duty in the U.S. Armed Forces? *Mark* ☒ *a box for EACH period in which this person served.*

- ☐ April 1995 or later
- ☐ August 1990 to March 1995 (including Persian Gulf War)
- ☐ September 1980 to July 1990
- ☐ May 1975 to August 1980
- ☐ Vietnam era (August 1964—April 1975)
- ☐ February 1955 to July 1964
- ☐ Korean conflict (June 1950—January 1955)
- ☐ World War II (September 1940—July 1947)
- ☐ Some other time

c. In total, how many years of active-duty military service has this person had?

- ☐ Less than 2 years
- ☐ 2 years or more

Person 1 (continued)

21 **LAST WEEK, did this person do ANY work for either pay or profit?** *Mark (X) the "Yes" box even if the person worked only 1 hour, or helped without pay in a family business or farm for 15 hours or more, or was on active duty in the Armed Forces.*

- ☐ Yes
- ☐ No → *Skip to 25a*

22 **At what location did this person work LAST WEEK?** *If this person worked at more than one location, print where he or she worked most last week.*

a. Address (Number and street name)

(If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.)

b. Name of city, town, or post office

c. Is the work location inside the limits of that city or town?

- ☐ Yes
- ☐ No, outside the city/town limits

d. Name of county

e. Name of U.S. state or foreign country

f. ZIP Code

23 **a. How did this person usually get to work LAST WEEK?** *If this person usually used more than one method of transportation during the trip, mark (X) the box of the one used for most of the distance.*

- ☐ Car, truck, or van
- ☐ Bus or trolley bus
- ☐ Streetcar or trolley car
- ☐ Subway or elevated
- ☐ Railroad
- ☐ Ferryboat
- ☐ Taxicab
- ☐ Motorcycle
- ☐ Bicycle
- ☐ Walked
- ☐ Worked at home → *Skip to 27*
- ☐ Other method

➜ **If "Car, truck, or van" is marked in 23a, go to 23b. Otherwise, skip to 24a.**

23 **b. How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?**

- ☐ Drove alone
- ☐ 2 people
- ☐ 3 people
- ☐ 4 people
- ☐ 5 or 6 people
- ☐ 7 or more people

24 **a. What time did this person usually leave home to go to work LAST WEEK?**

| : | ☐ a.m. ☐ p.m.

b. How many minutes did it usually take this person to get from home to work LAST WEEK?

Minutes

➜ **Answer questions 25–26 for persons who did not work for pay or profit last week. Others skip to 27.**

25 **a. LAST WEEK, was this person on layoff from a job?**

- ☐ Yes → *Skip to 25c*
- ☐ No

b. LAST WEEK, was this person TEMPORARILY absent from a job or business?

- ☐ Yes, on vacation, temporary illness, labor dispute, etc. → *Skip to 26*
- ☐ No → *Skip to 25d*

c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work?

- ☐ Yes → *Skip to 25e*
- ☐ No

d. Has this person been looking for work during the last 4 weeks?

- ☐ Yes
- ☐ No → *Skip to 26*

e. LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?

- ☐ Yes, could have gone to work
- ☐ No, because of own temporary illness
- ☐ No, because of all other reasons *(in school, etc.)*

26 **When did this person last work, even for a few days?**

- ☐ 1995 to 2000
- ☐ 1994 or earlier, or never worked → *Skip to 31*

Person 1 (continued)

27 **Industry or Employer —** *Describe clearly this person's chief job activity or business last week. If this person had more than one job, describe the one at which this person worked the most hours. If this person had no job or business last week, give the information for his/her last job or business since 1995.*

a. For whom did this person work? *If now on active duty in the Armed Forces, mark (X) this box →* ☐ *and print the branch of the Armed Forces.*

Name of company, business, or other employer

b. What kind of business or industry was this? *Describe the activity at location where employed. (For example: hospital, newspaper publishing, mail order house, auto repair shop, bank)*

c. Is this mainly — *Mark (X) ONE box.*

- ☐ Manufacturing?
- ☐ Wholesale trade?
- ☐ Retail trade?
- ☐ Other *(agriculture, construction, service, government, etc.)*?

28 **Occupation**

a. What kind of work was this person doing? *(For example: registered nurse, personnel manager, supervisor of order department, auto mechanic, accountant)*

b. What were this person's most important activities or duties? *(For example: patient care, directing hiring policies, supervising order clerks, repairing automobiles, reconciling financial records)*

29 **Was this person —** *Mark (X) ONE box.*

- ☐ Employee of a PRIVATE-FOR-PROFIT company or business or of an individual, for wages, salary, or commissions
- ☐ Employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization
- ☐ Local GOVERNMENT employee *(city, county, etc.)*
- ☐ State GOVERNMENT employee
- ☐ Federal GOVERNMENT employee
- ☐ SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm
- ☐ SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm
- ☐ Working WITHOUT PAY in family business or farm

30 **a. LAST YEAR, 1999, did this person work at a job or business at any time?**

- ☐ Yes
- ☐ No → *Skip to 31*

b. How many weeks did this person work in 1999? *Count paid vacation, paid sick leave, and military service.*

Weeks

c. During the weeks WORKED in 1999, how many hours did this person usually work each WEEK?

Usual hours worked each WEEK

31 **INCOME IN 1999 —** *Mark (X) the "Yes" box for each income source received during 1999 and enter the total amount received during 1999 to a maximum of $999,999. Mark (X) the "No" box if the income source was not received. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.*

For income received jointly, report, if possible, the appropriate share for each person; otherwise, report the whole amount for only one person and mark (X) the "No" box for the other person. If exact amount is not known, please give best estimate.

a. Wages, salary, commissions, bonuses, or tips from all jobs — *Report amount before deductions for taxes, bonds, dues, or other items.*

☐ Yes Annual amount — *Dollars*

$, .00

☐ No

b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships — *Report NET income after business expenses.*

☐ Yes Annual amount — *Dollars*

$, .00 ☐ Loss

☐ No

Person 1 (continued)

31 **c. Interest, dividends, net rental income, royalty income, or income from estates and trusts —** *Report even small amounts credited to an account.*

☐ Yes Annual amount — *Dollars*

$ | | | , | | | .00 ☐ Loss

☐ No

d. Social Security or Railroad Retirement

☐ Yes Annual amount — *Dollars*

$ | | , | | | .00

☐ No

e. Supplemental Security Income (SSI)

☐ Yes Annual amount — *Dollars*

$ | | , | | | .00

☐ No

f. Any public assistance or welfare payments from the state or local welfare office

☐ Yes Annual amount — *Dollars*

$ | | , | | | .00

☐ No

g. Retirement, survivor, or disability pensions — *Do NOT include Social Security.*

☐ Yes Annual amount — *Dollars*

$ | | | , | | | .00

☐ No

h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony — *Do NOT include lump-sum payments such as money from an inheritance or sale of a home.*

☐ Yes Annual amount — *Dollars*

$ | | | , | | | .00

☐ No

32 **What was this person's total income in 1999?** *Add entries in questions 31a—31h; subtract any losses. If net income was a loss, enter the amount and mark* (X) *the "Loss" box next to the dollar amount.*

Annual amount — *Dollars*

☐ None OR $ | | | , | | | .00 ☐ Loss

➜ **Now, please answer questions 33—53 about your household.**

33 **Is this house, apartment, or mobile home —**

- ☐ Owned by you or someone in this household with a mortgage or loan?
- ☐ Owned by you or someone in this household free and clear (without a mortgage or loan)?
- ☐ Rented for cash rent?
- ☐ Occupied without payment of cash rent?

34 **Which best describes this building?** *Include all apartments, flats, etc., even if vacant.*

- ☐ A mobile home
- ☐ A one-family house detached from any other house
- ☐ A one-family house attached to one or more houses
- ☐ A building with 2 apartments
- ☐ A building with 3 or 4 apartments
- ☐ A building with 5 to 9 apartments
- ☐ A building with 10 to 19 apartments
- ☐ A building with 20 to 49 apartments
- ☐ A building with 50 or more apartments
- ☐ Boat, RV, van, etc.

35 **About when was this building first built?**

- ☐ 1999 or 2000
- ☐ 1995 to 1998
- ☐ 1990 to 1994
- ☐ 1980 to 1989
- ☐ 1970 to 1979
- ☐ 1960 to 1969
- ☐ 1950 to 1959
- ☐ 1940 to 1949
- ☐ 1939 or earlier

36 **When did this person move into this house, apartment, or mobile home?**

- ☐ 1999 or 2000
- ☐ 1995 to 1998
- ☐ 1990 to 1994
- ☐ 1980 to 1989
- ☐ 1970 to 1979
- ☐ 1969 or earlier

37 **How many rooms do you have in this house, apartment, or mobile home?** *Do NOT count bathrooms, porches, balconies, foyers, halls, or half-rooms.*

- ☐ 1 room
- ☐ 2 rooms
- ☐ 3 rooms
- ☐ 4 rooms
- ☐ 5 rooms
- ☐ 6 rooms
- ☐ 7 rooms
- ☐ 8 rooms
- ☐ 9 or more rooms

38 **How many bedrooms do you have; that is, how many bedrooms would you list if this house, apartment, or mobile home were on the market for sale or rent?**

- ☐ No bedroom
- ☐ 1 bedroom
- ☐ 2 bedrooms
- ☐ 3 bedrooms
- ☐ 4 bedrooms
- ☐ 5 or more bedrooms

39 **Do you have COMPLETE plumbing facilities in this house, apartment, or mobile home; that is, 1) hot and cold piped water, 2) a flush toilet, and 3) a bathtub or shower?**

- ☐ Yes, have all three facilities
- ☐ No

40 **Do you have COMPLETE kitchen facilities in this house, apartment, or mobile home; that is, 1) a sink with piped water, 2) a range or stove, and 3) a refrigerator?**

- ☐ Yes, have all three facilities
- ☐ No

41 **Is there telephone service available in this house, apartment, or mobile home from which you can both make and receive calls?**

- ☐ Yes
- ☐ No

42 **Which FUEL is used MOST for heating this house, apartment, or mobile home?**

- ☐ Gas: from underground pipes serving the neighborhood
- ☐ Gas: bottled, tank, or LP
- ☐ Electricity
- ☐ Fuel oil, kerosene, etc.
- ☐ Coal or coke
- ☐ Wood
- ☐ Solar energy
- ☐ Other fuel
- ☐ No fuel used

43 **How many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use by members of your household?**

- ☐ None
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6 or more

44 **Answer ONLY if this is a ONE-FAMILY HOUSE OR MOBILE HOME — All others skip to 45.**

a. Is there a business (such as a store or barber shop) or a medical office on this property?

- ☐ Yes
- ☐ No

b. How many acres is this house or mobile home on?

- ☐ Less than 1 acre → *Skip to 45*
- ☐ 1 to 9.9 acres
- ☐ 10 or more acres

c. In 1999, what were the actual sales of all agricultural products from this property?

- ☐ None
- ☐ $1 to $999
- ☐ $1,000 to $2,499
- ☐ $2,500 to $4,999
- ☐ $5,000 to $9,999
- ☐ $10,000 or more

45 **What are the annual costs of utilities and fuels for this house, apartment, or mobile home?** *If you have lived here less than 1 year, estimate the annual cost.*

a. Electricity

Annual cost — *Dollars*

$, .00

OR

- ☐ Included in rent or in condominium fee
- ☐ No charge or electricity not used

b. Gas

Annual cost — *Dollars*

$, .00

OR

- ☐ Included in rent or in condominium fee
- ☐ No charge or gas not used

c. Water and sewer

Annual cost — *Dollars*

$, .00

OR

- ☐ Included in rent or in condominium fee
- ☐ No charge

d. Oil, coal, kerosene, wood, etc.

Annual cost — *Dollars*

$, .00

OR

- ☐ Included in rent or in condominium fee
- ☐ No charge or these fuels not used

Person 1 (continued)

46 **Answer ONLY if you PAY RENT for this house, apartment, or mobile home — All others skip to 47.**

a. What is the monthly rent?

Monthly amount — *Dollars*

$ | | , | | | .00

b. Does the monthly rent include any meals?

- ☐ Yes
- ☐ No

47 **Answer questions 47a—53 if you or someone in this household owns or is buying this house, apartment, or mobile home; otherwise, skip to questions for Person 2.**

a. Do you have a mortgage, deed of trust, contract to purchase, or similar debt on THIS property?

- ☐ Yes, mortgage, deed of trust, or similar debt
- ☐ Yes, contract to purchase
- ☐ No → *Skip to 48a*

b. How much is your regular monthly mortgage payment on THIS property? *Include payment only on first mortgage or contract to purchase.*

Monthly amount — *Dollars*

$ | | , | | | .00

OR

- ☐ No regular payment required → *Skip to 48a*

c. Does your regular monthly mortgage payment include payments for real estate taxes on THIS property?

- ☐ Yes, taxes included in mortgage payment
- ☐ No, taxes paid separately or taxes not required

d. Does your regular monthly mortgage payment include payments for fire, hazard, or flood insurance on THIS property?

- ☐ Yes, insurance included in mortgage payment
- ☐ No, insurance paid separately or no insurance

48 **a. Do you have a second mortgage or a home equity loan on THIS property?** *Mark ☒ all boxes that apply.*

- ☐ Yes, a second mortgage
- ☐ Yes, a home equity loan
- ☐ No → *Skip to 49*

b. How much is your regular monthly payment on all second or junior mortgages and all home equity loans on THIS property?

Monthly amount — *Dollars*

$ | | , | | | .00

OR

- ☐ No regular payment required

49 **What were the real estate taxes on THIS property last year?**

Yearly amount — *Dollars*

$ | | , | | | .00

OR

- ☐ None

50 **What was the annual payment for fire, hazard, and flood insurance on THIS property?**

Annual amount — *Dollars*

$ | | , | | | .00

OR

- ☐ None

51 **What is the value of this property; that is, how much do you think this house and lot, apartment, or mobile home and lot would sell for if it were for sale?**

- ☐ Less than $10,000
- ☐ $10,000 to $14,999
- ☐ $15,000 to $19,999
- ☐ $20,000 to $24,999
- ☐ $25,000 to $29,999
- ☐ $30,000 to $34,999
- ☐ $35,000 to $39,999
- ☐ $40,000 to $49,999
- ☐ $50,000 to $59,999
- ☐ $60,000 to $69,999
- ☐ $70,000 to $79,999
- ☐ $80,000 to $89,999
- ☐ $90,000 to $99,999
- ☐ $100,000 to $124,999
- ☐ $125,000 to $149,999
- ☐ $150,000 to $174,999
- ☐ $175,000 to $199,999
- ☐ $200,000 to $249,999
- ☐ $250,000 to $299,999
- ☐ $300,000 to $399,999
- ☐ $400,000 to $499,999
- ☐ $500,000 to $749,999
- ☐ $750,000 to $999,999
- ☐ $1,000,000 or more

52 **Answer ONLY if this is a CONDOMINIUM —**

What is the monthly condominium fee?

Monthly amount — *Dollars*

$ | | , | | | .00

53 **Answer ONLY if this is a MOBILE HOME —**

a. Do you have an installment loan or contract on THIS mobile home?

- ☐ Yes
- ☐ No

b. What was the total cost for installment loan payments, personal property taxes, site rent, registration fees, and license fees on THIS mobile home and its site last year? *Exclude real estate taxes.*

Yearly amount — *Dollars*

$ | | , | | | .00

➔ **Are there more people living here? If yes, continue with Person 2.**

Person 2



Census information helps your community get financial assistance for roads, hospitals, schools and more.

1 What is this person's name? *Print the name of Person 2 from page 2.*

Last Name

First Name MI

2 How is this person related to Person 1? *Mark (X) ONE box.*

- ☐ Husband/wife
- ☐ Natural-born son/daughter
- ☐ Adopted son/daughter
- ☐ Stepson/stepdaughter
- ☐ Brother/sister
- ☐ Father/mother
- ☐ Grandchild
- ☐ Parent-in-law
- ☐ Son-in-law/daughter-in-law
- ☐ Other relative — *Print exact relationship.*

If NOT RELATED to Person 1:

- ☐ Roomer, boarder
- ☐ Housemate, roommate
- ☐ Unmarried partner
- ☐ Foster child
- ☐ Other nonrelative

3 What is this person's sex? *Mark (X) ONE box.*

- ☐ Male
- ☐ Female

4 What is this person's age and what is this person's date of birth?

Age on April 1, 2000

Print numbers in boxes.

Month Day Year of birth

NOTE: Please answer BOTH Questions 5 and 6.

5 Is this person Spanish/Hispanic/Latino? *Mark (X) the* ***"No"*** *box if* ***not*** Spanish/Hispanic/Latino.

- ☐ **No**, not Spanish/Hispanic/Latino
- ☐ Yes, Mexican, Mexican Am., Chicano
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, other Spanish/Hispanic/Latino — *Print group.*

6 What is this person's race? ***Mark (X) one or more races*** *to indicate what this person considers himself/herself to be.*

- ☐ White
- ☐ Black, African Am., or Negro
- ☐ American Indian or Alaska Native — *Print name of enrolled or principal tribe.*

- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Other Asian — *Print race.*
- ☐ Native Hawaiian
- ☐ Guamanian or Chamorro
- ☐ Samoan
- ☐ Other Pacific Islander — *Print race.*

- ☐ Some other race — *Print race.*

7 What is this person's marital status?

- ☐ Now married
- ☐ Widowed
- ☐ Divorced
- ☐ Separated
- ☐ Never married

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U.S. Census Bureau, Census 2000

Person 2 (continued)

8 **a. At any time since February 1, 2000, has this person attended regular school or college?** *Include only nursery school or preschool, kindergarten, elementary school, and schooling which leads to a high school diploma or a college degree.*

- ☐ No, has not attended since February 1 → *Skip to 9*
- ☐ Yes, public school, public college
- ☐ Yes, private school, private college

b. What grade or level was this person attending? *Mark (X) ONE box.*

- ☐ Nursery school, preschool
- ☐ Kindergarten
- ☐ Grade 1 to grade 4
- ☐ Grade 5 to grade 8
- ☐ Grade 9 to grade 12
- ☐ College undergraduate years (freshman to senior)
- ☐ Graduate or professional school *(for example: medical, dental, or law school)*

9 **What is the highest degree or level of school this person has COMPLETED?** *Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received.*

- ☐ No schooling completed
- ☐ Nursery school to 4th grade
- ☐ 5th grade or 6th grade
- ☐ 7th grade or 8th grade
- ☐ 9th grade
- ☐ 10th grade
- ☐ 11th grade
- ☐ 12th grade, **NO DIPLOMA**
- ☐ **HIGH SCHOOL GRADUATE —** high school DIPLOMA or the equivalent *(for example: GED)*
- ☐ Some college credit, but less than 1 year
- ☐ 1 or more years of college, no degree
- ☐ Associate degree *(for example: AA, AS)*
- ☐ Bachelor's degree *(for example: BA, AB, BS)*
- ☐ Master's degree *(for example: MA, MS, MEng, MEd, MSW, MBA)*
- ☐ Professional degree *(for example: MD, DDS, DVM, LLB, JD)*
- ☐ Doctorate degree *(for example: PhD, EdD)*

10 **What is this person's ancestry or ethnic origin?**

(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)

11 **a. Does this person speak a language other than English at home?**

- ☐ Yes
- ☐ No → *Skip to 12*

b. What is this language?

(For example: Korean, Italian, Spanish, Vietnamese)

c. How well does this person speak English?

- ☐ Very well
- ☐ Well
- ☐ Not well
- ☐ Not at all

12 **Where was this person born?**

- ☐ In the United States — *Print name of state.*
- ☐ Outside the United States — *Print name of foreign country, or Puerto Rico, Guam, etc.*

13 **Is this person a CITIZEN of the United States?**

- ☐ Yes, born in the United States → *Skip to 15a*
- ☐ Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas
- ☐ Yes, born abroad of American parent or parents
- ☐ Yes, a U.S. citizen by naturalization
- ☐ No, not a citizen of the United States

14 **When did this person come to live in the United States?** *Print numbers in boxes.*

Year

15 **a. Did this person live in this house or apartment 5 years ago (on April 1, 1995)?**

- ☐ Person is under 5 years old → *Skip to 33*
- ☐ Yes, this house → *Skip to 16*
- ☐ No, outside the United States — *Print name of foreign country, or Puerto Rico, Guam, etc., below; then skip to 16.*
- ☐ No, different house in the United States

Person 2 (continued)

15 **b. Where did this person live 5 years ago?**

Name of city, town, or post office

Did this person live inside the limits of the city or town?

- ☐ Yes
- ☐ No, outside the city/town limits

Name of county

Name of state

ZIP Code

16 **Does this person have any of the following long-lasting conditions:**

	Yes	No
a. Blindness, deafness, or a severe vision or hearing impairment?	☐	☐
b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?	☐	☐

17 **Because of a physical, mental, or emotional condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities:**

	Yes	No
a. Learning, remembering, or concentrating?	☐	☐
b. Dressing, bathing, or getting around inside the home?	☐	☐
c. (Answer if this person is 16 YEARS OLD OR OVER.) Going outside the home alone to shop or visit a doctor's office?	☐	☐
d. (Answer if this person is 16 YEARS OLD OR OVER.) Working at a job or business?	☐	☐

18 **Was this person under 15 years of age on April 1, 2000?**

- ☐ Yes → *Skip to 33*
- ☐ No

19 **a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?**

- ☐ Yes
- ☐ No → *Skip to 20a*

b. Is this grandparent currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment?

- ☐ Yes
- ☐ No → *Skip to 20a*

c. How long has this grandparent been responsible for the(se) grandchild(ren)? *If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.*

- ☐ Less than 6 months
- ☐ 6 to 11 months
- ☐ 1 or 2 years
- ☐ 3 or 4 years
- ☐ 5 years or more

20 **a. Has this person ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard?** *Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.*

- ☐ Yes, now on active duty
- ☐ Yes, on active duty in past, but not now
- ☐ No, training for Reserves or National Guard only → *Skip to 21*
- ☐ No, never served in the military → *Skip to 21*

b. When did this person serve on active duty in the U.S. Armed Forces? *Mark* ☒ *a box for EACH period in which this person served.*

- ☐ April 1995 or later
- ☐ August 1990 to March 1995 (including Persian Gulf War)
- ☐ September 1980 to July 1990
- ☐ May 1975 to August 1980
- ☐ Vietnam era (August 1964—April 1975)
- ☐ February 1955 to July 1964
- ☐ Korean conflict (June 1950—January 1955)
- ☐ World War II (September 1940—July 1947)
- ☐ Some other time

c. In total, how many years of active-duty military service has this person had?

- ☐ Less than 2 years
- ☐ 2 years or more

Person 2 (continued)

21 **LAST WEEK, did this person do ANY work for either pay or profit?** *Mark (X) the "Yes" box even if the person worked only 1 hour, or helped without pay in a family business or farm for 15 hours or more, or was on active duty in the Armed Forces.*

- ☐ Yes
- ☐ No → *Skip to 25a*

22 **At what location did this person work LAST WEEK?** *If this person worked at more than one location, print where he or she worked most last week.*

a. Address (Number and street name)

(If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.)

b. Name of city, town, or post office

c. Is the work location inside the limits of that city or town?

- ☐ Yes
- ☐ No, outside the city/town limits

d. Name of county

e. Name of U.S. state or foreign country

f. ZIP Code

23 **a. How did this person usually get to work LAST WEEK?** *If this person usually used more than one method of transportation during the trip, mark (X) the box of the one used for most of the distance.*

- ☐ Car, truck, or van
- ☐ Bus or trolley bus
- ☐ Streetcar or trolley car
- ☐ Subway or elevated
- ☐ Railroad
- ☐ Ferryboat
- ☐ Taxicab
- ☐ Motorcycle
- ☐ Bicycle
- ☐ Walked
- ☐ Worked at home → *Skip to 27*
- ☐ Other method

➜ **If "Car, truck, or van" is marked in 23a, go to 23b. Otherwise, skip to 24a.**

23 **b. How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?**

- ☐ Drove alone
- ☐ 2 people
- ☐ 3 people
- ☐ 4 people
- ☐ 5 or 6 people
- ☐ 7 or more people

24 **a. What time did this person usually leave home to go to work LAST WEEK?**

| : | ☐ a.m. ☐ p.m.

b. How many minutes did it usually take this person to get from home to work LAST WEEK?

Minutes

➜ **Answer questions 25–26 for persons who did not work for pay or profit last week. Others skip to 27.**

25 **a. LAST WEEK, was this person on layoff from a job?**

- ☐ Yes → *Skip to 25c*
- ☐ No

b. LAST WEEK, was this person TEMPORARILY absent from a job or business?

- ☐ Yes, on vacation, temporary illness, labor dispute, etc. → *Skip to 26*
- ☐ No → *Skip to 25d*

c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work?

- ☐ Yes → *Skip to 25e*
- ☐ No

d. Has this person been looking for work during the last 4 weeks?

- ☐ Yes
- ☐ No → *Skip to 26*

e. LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?

- ☐ Yes, could have gone to work
- ☐ No, because of own temporary illness
- ☐ No, because of all other reasons *(in school, etc.)*

26 **When did this person last work, even for a few days?**

- ☐ 1995 to 2000
- ☐ 1994 or earlier, or never worked → *Skip to 31*

Person 2 (continued)

27 **Industry or Employer —** *Describe clearly this person's chief job activity or business last week. If this person had more than one job, describe the one at which this person worked the most hours. If this person had no job or business last week, give the information for his/her last job or business since 1995.*

a. For whom did this person work? *If now on active duty in the Armed Forces, mark (X) this box →* ☐ *and print the branch of the Armed Forces.*

Name of company, business, or other employer

b. What kind of business or industry was this? *Describe the activity at location where employed. (For example: hospital, newspaper publishing, mail order house, auto repair shop, bank)*

c. Is this mainly — *Mark (X) ONE box.*

- ☐ Manufacturing?
- ☐ Wholesale trade?
- ☐ Retail trade?
- ☐ Other *(agriculture, construction, service, government, etc.)*?

28 **Occupation**

a. What kind of work was this person doing? *(For example: registered nurse, personnel manager, supervisor of order department, auto mechanic, accountant)*

b. What were this person's most important activities or duties? *(For example: patient care, directing hiring policies, supervising order clerks, repairing automobiles, reconciling financial records)*

29 **Was this person —** *Mark (X) ONE box.*

- ☐ Employee of a PRIVATE-FOR-PROFIT company or business or of an individual, for wages, salary, or commissions
- ☐ Employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization
- ☐ Local GOVERNMENT employee *(city, county, etc.)*
- ☐ State GOVERNMENT employee
- ☐ Federal GOVERNMENT employee
- ☐ SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm
- ☐ SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm
- ☐ Working WITHOUT PAY in family business or farm

30 **a. LAST YEAR, 1999, did this person work at a job or business at any time?**

- ☐ Yes
- ☐ No → *Skip to 31*

b. How many weeks did this person work in 1999? *Count paid vacation, paid sick leave, and military service.*

Weeks

c. During the weeks WORKED in 1999, how many hours did this person usually work each WEEK?

Usual hours worked each WEEK

31 **INCOME IN 1999 —** *Mark (X) the "Yes" box for each income source received during 1999 and enter the total amount received during 1999 to a maximum of $999,999. Mark (X) the "No" box if the income source was not received. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.*

For income received jointly, report, if possible, the appropriate share for each person; otherwise, report the whole amount for only one person and mark (X) the "No" box for the other person. If exact amount is not known, please give best estimate.

a. Wages, salary, commissions, bonuses, or tips from all jobs — *Report amount before deductions for taxes, bonds, dues, or other items.*

☐ Yes Annual amount — *Dollars*

$, .00

☐ No

b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships — *Report NET income after business expenses.*

☐ Yes Annual amount — *Dollars*

$, .00 ☐ Loss

☐ No

Person 2 (continued)

31 **c. Interest, dividends, net rental income, royalty income, or income from estates and trusts —** *Report even small amounts credited to an account.*

☐ Yes Annual amount — *Dollars*

$ | | | , | | | .00 ☐ Loss

☐ No

d. Social Security or Railroad Retirement

☐ Yes Annual amount — *Dollars*

$ | | , | | | .00

☐ No

e. Supplemental Security Income (SSI)

☐ Yes Annual amount — *Dollars*

$ | | , | | | .00

☐ No

f. Any public assistance or welfare payments from the state or local welfare office

☐ Yes Annual amount — *Dollars*

$ | | , | | | .00

☐ No

g. Retirement, survivor, or disability pensions — *Do NOT include Social Security.*

☐ Yes Annual amount — *Dollars*

$ | | | , | | | .00

☐ No

h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony — *Do NOT include lump-sum payments such as money from an inheritance or sale of a home.*

☐ Yes Annual amount — *Dollars*

$ | | | , | | | .00

☐ No

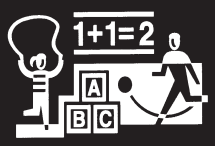
32 **What was this person's total income in 1999?** *Add entries in questions 31a—31h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.*

Annual amount — *Dollars*

☐ None OR $ | | | , | | | .00 ☐ Loss

33 **Are there more people living here? If yes, continue with Person 3.**

Person 3



Information about children helps your community plan for child care, education, and recreation.

1 **What is this person's name?** *Print the name of Person 3 from page 2.*

Last Name

| | | | | | | | | | | | | | | |

First Name MI

| | | | | | | | | | | | | |

2 **How is this person related to Person 1?** *Mark (X) ONE box.*

☐ Husband/wife
☐ Natural-born son/daughter
☐ Adopted son/daughter
☐ Stepson/stepdaughter
☐ Brother/sister
☐ Father/mother
☐ Grandchild
☐ Parent-in-law
☐ Son-in-law/daughter-in-law
☐ Other relative — *Print exact relationship.*

| | | | | | | | | | | |

If NOT RELATED to Person 1:

☐ Roomer, boarder
☐ Housemate, roommate
☐ Unmarried partner
☐ Foster child
☐ Other nonrelative

3 **What is this person's sex?** *Mark (X) ONE box.*

☐ Male
☐ Female

4 **What is this person's age and what is this person's date of birth?**

Age on April 1, 2000

| | |

Print numbers in boxes.

Month | Day | Year of birth

| | | | | | |

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