

1980 Questionnaire

A separate questionnaire (a 10" X 11" booklet), containing both population and housing items, was used for each household, and completed by a respondent.

Page 2

ALSO ANSWER THE HOUSING QUESTIONS ON PAGE 3

Here are the QUESTIONS	PERSON in column 1		PERSON in column 2		PERSON in column 3		PERSON in column 4		PERSON in column 5		PERSON in column 6					
	First name	Middle initial	Last name	Middle initial	Last name	Middle initial	Last name	Middle initial	Last name	Middle initial	Last name	Middle initial				
2. How is this person related to the person in column 1? <i>Fill one circle.</i> <i>If "Other relative" of person in column 1, give exact relationship, such as mother-in-law, niece, grandson, etc.</i>	START: In this column with the household member (or one of the members) in whose name the home is owned or rented. If there is no such person, start in this column with any adult household member.		If relative of person in column 1: <input type="checkbox"/> Husband/wife <input type="checkbox"/> Son/daughter <input type="checkbox"/> Brother/sister <input type="checkbox"/> Father/mother <input type="checkbox"/> Other relative		If relative of person in column 1: <input type="checkbox"/> Husband/wife <input type="checkbox"/> Son/daughter <input type="checkbox"/> Brother/sister <input type="checkbox"/> Father/mother <input type="checkbox"/> Other relative		If relative of person in column 1: <input type="checkbox"/> Husband/wife <input type="checkbox"/> Son/daughter <input type="checkbox"/> Brother/sister <input type="checkbox"/> Father/mother <input type="checkbox"/> Other relative		If relative of person in column 1: <input type="checkbox"/> Husband/wife <input type="checkbox"/> Son/daughter <input type="checkbox"/> Brother/sister <input type="checkbox"/> Father/mother <input type="checkbox"/> Other relative		If relative of person in column 1: <input type="checkbox"/> Husband/wife <input type="checkbox"/> Son/daughter <input type="checkbox"/> Brother/sister <input type="checkbox"/> Father/mother <input type="checkbox"/> Other relative		If relative of person in column 1: <input type="checkbox"/> Husband/wife <input type="checkbox"/> Son/daughter <input type="checkbox"/> Brother/sister <input type="checkbox"/> Father/mother <input type="checkbox"/> Other relative			
3. Sex <i>Fill one circle.</i>	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Male <input type="checkbox"/> Female													
4. Is this person — <i>Fill one circle.</i>	<input type="checkbox"/> White <input type="checkbox"/> Black or Negro <input type="checkbox"/> Japanese <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Indian (Amer.) <input type="checkbox"/> Other — Specify <small>Print title</small>		<input type="checkbox"/> White <input type="checkbox"/> Black or Negro <input type="checkbox"/> Japanese <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Indian (Amer.) <input type="checkbox"/> Other — Specify <small>Print title</small>		<input type="checkbox"/> White <input type="checkbox"/> Black or Negro <input type="checkbox"/> Japanese <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Indian (Amer.) <input type="checkbox"/> Other — Specify <small>Print title</small>		<input type="checkbox"/> White <input type="checkbox"/> Black or Negro <input type="checkbox"/> Japanese <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Indian (Amer.) <input type="checkbox"/> Other — Specify <small>Print title</small>		<input type="checkbox"/> White <input type="checkbox"/> Black or Negro <input type="checkbox"/> Japanese <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Indian (Amer.) <input type="checkbox"/> Other — Specify <small>Print title</small>		<input type="checkbox"/> White <input type="checkbox"/> Black or Negro <input type="checkbox"/> Japanese <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Indian (Amer.) <input type="checkbox"/> Other — Specify <small>Print title</small>		<input type="checkbox"/> White <input type="checkbox"/> Black or Negro <input type="checkbox"/> Japanese <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Indian (Amer.) <input type="checkbox"/> Other — Specify <small>Print title</small>		<input type="checkbox"/> White <input type="checkbox"/> Black or Negro <input type="checkbox"/> Japanese <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Indian (Amer.) <input type="checkbox"/> Other — Specify <small>Print title</small>	
5. Age, and month and year of birth <i>a. Print age at last birthday.</i> <i>b. Print month and fill one circle.</i> <i>c. Print year in the spaces, and fill one circle below each number.</i>	a. Age at last birthday 1 2 3 4 5 6 7 8 9 10 11 12 b. Month of birth 1 2 3 4 5 6 7 8 9 c. Year of birth 1 2 3 4 5 6 7 8 9 0		a. Age at last birthday 1 2 3 4 5 6 7 8 9 10 11 12 b. Month of birth 1 2 3 4 5 6 7 8 9 c. Year of birth 1 2 3 4 5 6 7 8 9 0		a. Age at last birthday 1 2 3 4 5 6 7 8 9 10 11 12 b. Month of birth 1 2 3 4 5 6 7 8 9 c. Year of birth 1 2 3 4 5 6 7 8 9 0		a. Age at last birthday 1 2 3 4 5 6 7 8 9 10 11 12 b. Month of birth 1 2 3 4 5 6 7 8 9 c. Year of birth 1 2 3 4 5 6 7 8 9 0		a. Age at last birthday 1 2 3 4 5 6 7 8 9 10 11 12 b. Month of birth 1 2 3 4 5 6 7 8 9 c. Year of birth 1 2 3 4 5 6 7 8 9 0		a. Age at last birthday 1 2 3 4 5 6 7 8 9 10 11 12 b. Month of birth 1 2 3 4 5 6 7 8 9 c. Year of birth 1 2 3 4 5 6 7 8 9 0		a. Age at last birthday 1 2 3 4 5 6 7 8 9 10 11 12 b. Month of birth 1 2 3 4 5 6 7 8 9 c. Year of birth 1 2 3 4 5 6 7 8 9 0		a. Age at last birthday 1 2 3 4 5 6 7 8 9 10 11 12 b. Month of birth 1 2 3 4 5 6 7 8 9 c. Year of birth 1 2 3 4 5 6 7 8 9 0	
6. Marital status <i>Fill one circle.</i>	<input type="checkbox"/> Now married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Never married		<input type="checkbox"/> Now married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Never married		<input type="checkbox"/> Now married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Never married		<input type="checkbox"/> Now married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Never married		<input type="checkbox"/> Now married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Never married		<input type="checkbox"/> Now married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Never married		<input type="checkbox"/> Now married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Never married		<input type="checkbox"/> Now married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Never married	
7. Is this person of Spanish/Hispanic origin or descent? <i>Fill one circle.</i>	<input type="checkbox"/> No (not Spanish/Hispanic) <input type="checkbox"/> Yes, Mexican, Mexican-Amer., Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic		<input type="checkbox"/> No (not Spanish/Hispanic) <input type="checkbox"/> Yes, Mexican, Mexican-Amer., Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic		<input type="checkbox"/> No (not Spanish/Hispanic) <input type="checkbox"/> Yes, Mexican, Mexican-Amer., Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic		<input type="checkbox"/> No (not Spanish/Hispanic) <input type="checkbox"/> Yes, Mexican, Mexican-Amer., Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic		<input type="checkbox"/> No (not Spanish/Hispanic) <input type="checkbox"/> Yes, Mexican, Mexican-Amer., Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic		<input type="checkbox"/> No (not Spanish/Hispanic) <input type="checkbox"/> Yes, Mexican, Mexican-Amer., Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic		<input type="checkbox"/> No (not Spanish/Hispanic) <input type="checkbox"/> Yes, Mexican, Mexican-Amer., Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic		<input type="checkbox"/> No (not Spanish/Hispanic) <input type="checkbox"/> Yes, Mexican, Mexican-Amer., Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic	
8. Since February 1, 1980, has this person attended regular school or college at any time? <i>Fill one circle. Count nursery school, kindergarten, elementary school, and schooling which leads to a high school diploma or college degree.</i>	<input type="checkbox"/> No, has not attended since February 1 <input type="checkbox"/> Yes, public school, public college <input type="checkbox"/> Yes, private, church-related <input type="checkbox"/> Yes, private, not church-related		<input type="checkbox"/> No, has not attended since February 1 <input type="checkbox"/> Yes, public school, public college <input type="checkbox"/> Yes, private, church-related <input type="checkbox"/> Yes, private, not church-related		<input type="checkbox"/> No, has not attended since February 1 <input type="checkbox"/> Yes, public school, public college <input type="checkbox"/> Yes, private, church-related <input type="checkbox"/> Yes, private, not church-related		<input type="checkbox"/> No, has not attended since February 1 <input type="checkbox"/> Yes, public school, public college <input type="checkbox"/> Yes, private, church-related <input type="checkbox"/> Yes, private, not church-related		<input type="checkbox"/> No, has not attended since February 1 <input type="checkbox"/> Yes, public school, public college <input type="checkbox"/> Yes, private, church-related <input type="checkbox"/> Yes, private, not church-related		<input type="checkbox"/> No, has not attended since February 1 <input type="checkbox"/> Yes, public school, public college <input type="checkbox"/> Yes, private, church-related <input type="checkbox"/> Yes, private, not church-related		<input type="checkbox"/> No, has not attended since February 1 <input type="checkbox"/> Yes, public school, public college <input type="checkbox"/> Yes, private, church-related <input type="checkbox"/> Yes, private, not church-related		<input type="checkbox"/> No, has not attended since February 1 <input type="checkbox"/> Yes, public school, public college <input type="checkbox"/> Yes, private, church-related <input type="checkbox"/> Yes, private, not church-related	
9. What is the highest grade (or year) of regular school this person has ever attended? <i>Fill one circle.</i> <i>If now attending school, mark grade person is in. If high school was finished by equivalency test (GED), mark "12."</i>	Highest grade attended: <input type="checkbox"/> Nursery school <input type="checkbox"/> Kindergarten <input type="checkbox"/> Elementary through high school (grade or year) 1 2 3 4 5 6 7 8 9 10 11 12 <input type="checkbox"/> College (academic year) 1 2 3 4 5 6 7 8 or more <input type="checkbox"/> Never attended school — skip question 10		Highest grade attended: <input type="checkbox"/> Nursery school <input type="checkbox"/> Kindergarten <input type="checkbox"/> Elementary through high school (grade or year) 1 2 3 4 5 6 7 8 9 10 11 12 <input type="checkbox"/> College (academic year) 1 2 3 4 5 6 7 8 or more <input type="checkbox"/> Never attended school — skip question 10		Highest grade attended: <input type="checkbox"/> Nursery school <input type="checkbox"/> Kindergarten <input type="checkbox"/> Elementary through high school (grade or year) 1 2 3 4 5 6 7 8 9 10 11 12 <input type="checkbox"/> College (academic year) 1 2 3 4 5 6 7 8 or more <input type="checkbox"/> Never attended school — skip question 10		Highest grade attended: <input type="checkbox"/> Nursery school <input type="checkbox"/> Kindergarten <input type="checkbox"/> Elementary through high school (grade or year) 1 2 3 4 5 6 7 8 9 10 11 12 <input type="checkbox"/> College (academic year) 1 2 3 4 5 6 7 8 or more <input type="checkbox"/> Never attended school — skip question 10		Highest grade attended: <input type="checkbox"/> Nursery school <input type="checkbox"/> Kindergarten <input type="checkbox"/> Elementary through high school (grade or year) 1 2 3 4 5 6 7 8 9 10 11 12 <input type="checkbox"/> College (academic year) 1 2 3 4 5 6 7 8 or more <input type="checkbox"/> Never attended school — skip question 10		Highest grade attended: <input type="checkbox"/> Nursery school <input type="checkbox"/> Kindergarten <input type="checkbox"/> Elementary through high school (grade or year) 1 2 3 4 5 6 7 8 9 10 11 12 <input type="checkbox"/> College (academic year) 1 2 3 4 5 6 7 8 or more <input type="checkbox"/> Never attended school — skip question 10		Highest grade attended: <input type="checkbox"/> Nursery school <input type="checkbox"/> Kindergarten <input type="checkbox"/> Elementary through high school (grade or year) 1 2 3 4 5 6 7 8 9 10 11 12 <input type="checkbox"/> College (academic year) 1 2 3 4 5 6 7 8 or more <input type="checkbox"/> Never attended school — skip question 10		Highest grade attended: <input type="checkbox"/> Nursery school <input type="checkbox"/> Kindergarten <input type="checkbox"/> Elementary through high school (grade or year) 1 2 3 4 5 6 7 8 9 10 11 12 <input type="checkbox"/> College (academic year) 1 2 3 4 5 6 7 8 or more <input type="checkbox"/> Never attended school — skip question 10	
10. Did this person finish the highest grade (or year) attended? <i>Fill one circle.</i>	<input type="checkbox"/> Now attending this grade (or year) <input type="checkbox"/> Finished this grade (or year) <input type="checkbox"/> Did not finish this grade (or year)		<input type="checkbox"/> Now attending this grade (or year) <input type="checkbox"/> Finished this grade (or year) <input type="checkbox"/> Did not finish this grade (or year)		<input type="checkbox"/> Now attending this grade (or year) <input type="checkbox"/> Finished this grade (or year) <input type="checkbox"/> Did not finish this grade (or year)		<input type="checkbox"/> Now attending this grade (or year) <input type="checkbox"/> Finished this grade (or year) <input type="checkbox"/> Did not finish this grade (or year)		<input type="checkbox"/> Now attending this grade (or year) <input type="checkbox"/> Finished this grade (or year) <input type="checkbox"/> Did not finish this grade (or year)		<input type="checkbox"/> Now attending this grade (or year) <input type="checkbox"/> Finished this grade (or year) <input type="checkbox"/> Did not finish this grade (or year)		<input type="checkbox"/> Now attending this grade (or year) <input type="checkbox"/> Finished this grade (or year) <input type="checkbox"/> Did not finish this grade (or year)		<input type="checkbox"/> Now attending this grade (or year) <input type="checkbox"/> Finished this grade (or year) <input type="checkbox"/> Did not finish this grade (or year)	
	CENSUS USE ONLY A . 1 2 3 4 5 6 7 8 9 10 11 12 N		CENSUS USE ONLY A . 1 2 3 4 5 6 7 8 9 10 11 12 N		CENSUS USE ONLY A . 1 2 3 4 5 6 7 8 9 10 11 12 N		CENSUS USE ONLY A . 1 2 3 4 5 6 7 8 9 10 11 12 N		CENSUS USE ONLY A . 1 2 3 4 5 6 7 8 9 10 11 12 N		CENSUS USE ONLY A . 1 2 3 4 5 6 7 8 9 10 11 12 N		CENSUS USE ONLY A . 1 2 3 4 5 6 7 8 9 10 11 12 N		CENSUS USE ONLY A . 1 2 3 4 5 6 7 8 9 10 11 12 N	

Name of Person 1 on page 2:
 Last name First name Middle initial

11. In what State or foreign country was this person born?
 Print the State where this person's mother was living when this person was born. Do not give the location of the hospital unless the mother's home and the hospital were in the same State.
 Name of State or foreign country; or Puerto Rico, Guam, etc.

12. If this person was born in a foreign country —
a. Is this person a naturalized citizen of the United States?
 Yes, a naturalized citizen
 No, not a citizen
 Born abroad of American parents

b. When did this person come to the United States to stay?
 1975 to 1980 1965 to 1969 1950 to 1959
 1970 to 1974 1960 to 1964 Before 1950

13a. Does this person speak a language other than English at home?
 Yes No, only speaks English — Skip to 14

b. What is this language?
 (For example — Chinese, Italian, Spanish, etc.)

c. How well does this person speak English?
 Very well Not well
 Well Not at all

14. What is this person's ancestry? If uncertain about how to report ancestry, see instruction guide.
 (For example: Afro-Amer., English, French, German, Honduran, Hungarian, Irish, Italian, Jamaican, Korean, Lebanese, Mexican, Nigerian, Polish, Ukrainian, Venezuelan, etc.)

15a. Did this person live in this house five years ago (April 1, 1975)?
 If in college or Armed Forces in April 1975, report place of residence there.
 Born April 1975 or later — Turn to next page for next person
 Yes, this house — Skip to 16
 No, different house

b. Where did this person live five years ago (April 1, 1975)?
 (1) State, foreign country, Puerto Rico, Guam, etc.:
 (2) County:
 (3) City, town, village, etc.:
 (4) Inside the incorporated (legal) limits of that city, town, village, etc?
 Yes No, in unincorporated area

16. When was this person born?
 Born before April 1965 — Please go on with questions 17-33
 Born April 1965 or later — Turn to next page for next person

17. In April 1975 (five years ago) was this person —
a. On active duty in the Armed Forces?
 Yes No

b. Attending college?
 Yes No

c. Working at a job or business?
 Yes, full time No
 Yes, part time

18a. Is this person a veteran of active-duty military service in the Armed Forces of the United States?
 If service was in National Guard or Reserves only, see instruction guide.
 Yes No — Skip to 19

b. Was active-duty military service during —
 Fill a circle for each period in which this person served.
 May 1975 or later
 Vietnam era (August 1964—April 1975)
 February 1955—July 1964
 Korean conflict (June 1950—January 1955)
 World War II (September 1940—July 1947)
 World War I (April 1917—November 1918)
 Any other time

19. Does this person have a physical, mental, or other health condition which has lasted for 6 or more months and which . . .

a. Limits the kind or amount of work this person can do at a job? Yes No
 Yes No

b. Prevents this person from working at a job? Yes No

c. Limits or prevents this person from using public transportation? Yes No

20. If this person is a female —
 How many babies has she ever had, not counting stillbirths?
 Do not count her stepchildren or children she has adopted.
 None 1 2 3 4 5 6
 7 8 9 10 11 12 or more

21. If this person has ever been married —
a. Has this person been married more than once?
 Once More than once

b. Month and year of marriage? Month and year of first marriage?
 (Month) (Year) (Month) (Year)

c. If married more than once — Did the first marriage end because of the death of the husband (or wife)?
 Yes No

22a. Did this person work at any time last week?
 Yes — Fill this circle if this person worked full time or part time. (Count part-time work such as delivering papers, or helping without pay in a family business or farm. Also count active duty in the Armed Forces.)
 No — Fill this circle if this person did not work, or did only own housework, school work, or volunteer work.
 Skip to 25

b. How many hours did this person work last week (at all jobs)?
 Subtract any time off; add overtime or extra hours worked.
 Hours

23. 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.
 If one location cannot be specified, see instruction guide.

a. Address (Number and street)
 If street address is not known, enter the building name, shopping center, or other physical location description.

b. Name of city, town, village, borough, etc.

c. Is the place of work inside the incorporated (legal) limits of that city, town, village, borough, etc.?
 Yes No, in unincorporated area

d. County

e. State **f. ZIP Code**

24a. Last week, how long did it usually take this person to get from home to work (one way)?
 Minutes

b. How did this person usually get to work last week?
 If this person used more than one method, give the one usually used for most of the distance.
 Car Taxicab
 Truck Motorcycle
 Van Bicycle
 Bus or streetcar Walked only
 Railroad Worked at home
 Subway or elevated Other — Specify

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Per. No.	11.	13b.	14.	15b.	23.	VL	24a.
1	0 0 0	0 0 0	0 0 0	0 0 0 0 0 0	0 0 0 0 0 0	0 0 0	0 0
2	1 1 1	1 1 1	1 1 1	1 1 1 1 1 1	1 1 1 1 1 1	1 1 1	1 1
3	2 2 2	2 2 2	2 2 2	2 2 2 2 2 2	2 2 2 2 2 2	2 2 2	2 2
4	3 3 3	3 3 3	3 3 3	3 3 3 3 3 3	3 3 3 3 3 3	3 3 3	3 3
5	4 4 4	4 4 4	4 4 4	4 4 4 4 4 4	4 4 4 4 4 4	4 4 4	4 4
6	5 5 5	5 5 5	5 5 5	5 5 5 5 5 5	5 5 5 5 5 5	5 5 5	5 5
7	6 6 6	6 6 6	6 6 6	6 6 6 6 6 6	6 6 6 6 6 6	6 6 6	6 6
8	7 7 7	7 7 7	7 7 7	7 7 7 7 7 7	7 7 7 7 7 7	7 7 7	7 7
9	8 8 8	8 8 8	8 8 8	8 8 8 8 8 8	8 8 8 8 8 8	8 8 8	8 8
0	9 9 9	9 9 9	9 9 9	9 9 9 9 9 9	9 9 9 9 9 9	9 9 9	9 9

Name of Person 1 on page 2:
 Last name First name Middle initial

11. In what State or foreign country was this person born?
 Print the State where this person's mother was living when this person was born. Do not give the location of the hospital unless the mother's home and the hospital were in the same State.
 Name of State or foreign country; or Puerto Rico, Guam, etc.

12. If this person was born in a foreign country —
 a. Is this person a naturalized citizen of the United States?
 Yes, a naturalized citizen
 No, not a citizen
 Born abroad of American parents
 b. When did this person come to the United States to stay?
 1975 to 1980 1965 to 1969 1950 to 1959
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13a. Does this person speak a language other than English at home?
 Yes No, only speaks English — Skip to 14
 b. What is this language?
 (For example — Chinese, Italian, Spanish, etc.)
 c. How well does this person speak English?
 Very well Not well
 Well Not at all

14. What is this person's ancestry? *If uncertain about how to report ancestry, see instruction guide.*
 (For example: Afro-Amer., English, French, German, Honduran, Hungarian, Irish, Italian, Jamaican, Korean, Lebanese, Mexican, Nigerian, Polish, Ukrainian, Venezuelan, etc.)

15a. Did this person live in this house five years ago (April 1, 1975)?
If in college or Armed Forces in April 1975, report place of residence there.
 Born April 1975 or later — Turn to next page for next person
 Yes, this house — Skip to 16
 No, different house
 b. Where did this person live five years ago (April 1, 1975)?
 (1) State, foreign country, Puerto Rico, Guam, etc.:
 (2) County:
 (3) City, town, village, etc.:
 (4) Inside the incorporated (legal) limits of that city, town, village, etc.?
 Yes No, in unincorporated area

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 Yes No
 b. Attending college?
 Yes No
 c. Working at a job or business?
 Yes, full time No
 Yes, part time

18a. Is this person a veteran of active-duty military service in the Armed Forces of the United States?
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 Yes No — Skip to 19
 b. Was active-duty military service during — Fill a circle for each period in which this person served.
 May 1975 or later
 Vietnam era (August 1964—April 1975)
 February 1955—July 1964
 Korean conflict (June 1950—January 1955)
 World War II (September 1940—July 1947)
 World War I (April 1917—November 1918)
 Any other time

19. Does this person have a physical, mental, or other health condition which has lasted for 6 or more months and which . . .
 a. Limits the kind or amount of work this person can do at a job? . . . Yes No
 Yes No
 b. Prevents this person from working at a job? Yes No
 c. Limits or prevents this person from using public transportation? . . . Yes No

20. If this person is a female —
 How many babies has she ever had, not counting stillbirths? None 1 2 3 4 5 6
 Do not count her stepchildren or children she has adopted. 7 8 9 10 11 12 or more

21. If this person has ever been married —
 a. Has this person been married more than once?
 Once More than once
 b. Month and year of marriage? Month and year of first marriage?
 (Month) (Year) (Month) (Year)
 c. If married more than once — Did the first marriage end because of the death of the husband (or wife)?
 Yes No

22a. Did this person work at any time last week?
 Yes — Fill this circle if this person worked full time or part time. (Count part-time work such as delivering papers, or helping without pay in a family business or farm. Also count active duty in the Armed Forces.)
 No — Fill this circle if this person did not work, or did only own housework, school work, or volunteer work.
 Skip to 25

b. How many hours did this person work last week (at all jobs)?
 Subtract any time off; add overtime or extra hours worked.
 Hours

23. 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. If one location cannot be specified, see instruction guide.
 a. Address (Number and street)
 If street address is not known, enter the building name, shopping center, or other physical location description.
 b. Name of city, town, village, borough, etc.
 c. Is the place of work inside the incorporated (legal) limits of that city, town, village, borough, etc.?
 Yes No, in unincorporated area
 d. County
 e. State f. ZIP Code

24a. Last week, how long did it usually take this person to get from home to work (one way)?
 Minutes
 b. How did this person usually get to work last week?
If this person used more than one method, give the one usually used for most of the distance.
 Car Taxicab
 Truck Motorcycle
 Van Bicycle
 Bus or streetcar Walked only
 Railroad Worked at home
 Subway or elevated Other — Specify
 If car, truck, or van in 24b, go to 24c. Otherwise, skip to 28.

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Per. No.	11.	13b.	14.	15b.	23.	VL	24a.
1	0 0 0	0 0 0	0 0 0	0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0 0 0	0 0
2	1 1 1	1 1 1	1 1 1	1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1	1 1 1	1 1
3	2 2 2	2 2 2	2 2 2	2 2 2 2 2 2	2 2 2 2 2 2 2 2 2 2	2 2 2	2 2
4	3 3 3	3 3 3	3 3 3	3 3 3 3 3 3	3 3 3 3 3 3 3 3 3 3	3 3 3	3 3
5	4 4 4	4 4 4	4 4 4	4 4 4 4 4 4	4 4 4 4 4 4 4 4 4 4	4 4 4	4 4
6	5 5 5	5 5 5	5 5 5	5 5 5 5 5 5	5 5 5 5 5 5 5 5 5 5	5 5 5	5 5
7	6 6 6	6 6 6	6 6 6	6 6 6 6 6 6	6 6 6 6 6 6 6 6 6 6	6 6 6	6 6
8	7 7 7	7 7 7	7 7 7	7 7 7 7 7 7	7 7 7 7 7 7 7 7 7 7	7 7 7	7 7
9	8 8 8	8 8 8	8 8 8	8 8 8 8 8 8	8 8 8 8 8 8 8 8 8 8	8 8 8	8 8
0	9 9 9	9 9 9	9 9 9	9 9 9 9 9 9	9 9 9 9 9 9 9 9 9 9	9 9 9	9 9

c. When going to work last week, did this person usually —
 Drive alone — *Skip to 28* Drive others only
 Share driving Ride as passenger only

d. How many people, including this person, usually rode to work in the car, truck, or van last week?
 2 4 6
 3 5 7 or more

After answering 24d, skip to 28.

25. Was this person temporarily absent or on layoff from a job or business last week?
 Yes, on layoff
 Yes, on vacation, temporary illness, labor dispute, etc.
 No

26a. Has this person been looking for work during the last 4 weeks?
 Yes No — *Skip to 27*

b. Could this person have taken a job last week?
 No, already has a job
 No, temporarily ill
 No, other reasons (*in school, etc.*)
 Yes, could have taken a job

27. When did this person last work, even for a few days?
 1980 1978 1970 to 1974
 1979 1975 to 1977 1969 or earlier } *Skip to 31d*
 Never worked

28–30. Current or most recent job activity
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 information for last job or business since 1975.

28. Industry
a. For whom did this person work? If now on active duty in the Armed Forces, print "AF" and skip to question 31.

(Name of company, business, organization, 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 engine manufacturing, breakfast cereal manufacturing)

c. Is this mainly — (Fill one circle)
 Manufacturing Retail trade
 Wholesale trade Other — (*agriculture, construction, service, government, etc.*)

29. Occupation
a. What kind of work was this person doing?

(For example: Registered nurse, personnel manager, supervisor of order department, gasoline engine assembler, grinder operator)

b. What were this person's most important activities or duties?

(For example: Patient care, directing hiring policies, supervising order clerks, assembling engines, operating grinding mill)

30. Was this person — (Fill one circle)
 Employee of private company, business, or individual, for wages, salary, or commissions
 Federal government employee
 State government employee
 Local government employee (*city, county, etc.*)
 Self-employed in own business, professional practice, or farm —
 Own business not incorporated
 Own business incorporated
 Working without pay in family business or farm

31a. Last year (1979), did this person work, even for a few days, at a paid job or in a business or farm?
 Yes No — *Skip to 31d*

b. How many weeks did this person work in 1979?
Count paid vacation, paid sick leave, and military service.
 _____ Weeks

c. During the weeks worked in 1979, how many hours did this person usually work each week?
 _____ Hours

d. Of the weeks not worked in 1979 (if any), how many weeks was this person looking for work or on layoff from a job?
 _____ Weeks

32. Income in 1979 —
Fill circles and print dollar amounts. If net income was a loss, write "Loss" above the dollar amount. If exact amount is not known, give best estimate. For income received jointly by household members, see instruction guide.

During 1979 did this person receive any income from the following sources?
If "Yes" to any of the sources below — How much did this person receive for the entire year?

a. Wages, salary, commissions, bonuses, or tips from all jobs . . . *Report amount before deductions for taxes, bonds, dues, or other items.*
 Yes → \$ _____ .00
 No (Annual amount — Dollars)

b. Own nonfarm business, partnership, or professional practice . . . *Report net income after business expenses.*
 Yes → \$ _____ .00
 No (Annual amount — Dollars)

c. Own farm . . . *Report net income after operating expenses. Include earnings as a tenant farmer or sharecropper.*
 Yes → \$ _____ .00
 No (Annual amount — Dollars)

d. Interest, dividends, royalties, or net rental income . . . *Report even small amounts credited to an account.*
 Yes → \$ _____ .00
 No (Annual amount — Dollars)

e. Social Security or Railroad Retirement . . .
 Yes → \$ _____ .00
 No (Annual amount — Dollars)

f. Supplemental Security (SSI), Aid to Families with Dependent Children (AFDC), or other public assistance or public welfare payments . . .
 Yes → \$ _____ .00
 No (Annual amount — Dollars)

g. Unemployment compensation, veterans' payments, pensions, alimony or child support, or any other sources of income received regularly . . . *Exclude lump-sum payments such as money from an inheritance or the sale of a home.*
 Yes → \$ _____ .00
 No (Annual amount — Dollars)

33. What was this person's total income in 1979?
Add entries in questions 32a through g; subtract any losses. If total amount was a loss, write "Loss" above amount.
 \$ _____ .00
 (Annual amount — Dollars) OR None

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31b. 0 0 0 0 0 0
 1 1 1 1 1 1
 2 2 2 2 2 2
 3 3 3 3 3 3
 4 4 4 4 4 4
 5 5 5 5 5 5
 6 6 6 6 6 6
 ? ? ? ? ? ?
 8 8 8 8 8 8
 9 9 9 9 9 9

31c. 0 0 0 0 0 0
 1 1 1 1 1 1
 2 2 2 2 2 2
 3 3 3 3 3 3
 4 4 4 4 4 4
 5 5 5 5 5 5
 6 6 6 6 6 6
 ? ? ? ? ? ?
 8 8 8 8 8 8
 9 9 9 9 9 9

31d. 0 0 0 0 0 0
 1 1 1 1 1 1
 2 2 2 2 2 2
 3 3 3 3 3 3
 4 4 4 4 4 4
 5 5 5 5 5 5
 6 6 6 6 6 6
 ? ? ? ? ? ?
 8 8 8 8 8 8
 9 9 9 9 9 9

32a. 0 0 0 0 0 0
 1 1 1 1 1 1
 2 2 2 2 2 2
 3 3 3 3 3 3
 4 4 4 4 4 4
 5 5 5 5 5 5
 6 6 6 6 6 6
 ? ? ? ? ? ?
 8 8 8 8 8 8
 9 9 9 9 9 9

32b. 0 0 0 0 0 0
 1 1 1 1 1 1
 2 2 2 2 2 2
 3 3 3 3 3 3
 4 4 4 4 4 4
 5 5 5 5 5 5
 6 6 6 6 6 6
 ? ? ? ? ? ?
 8 8 8 8 8 8
 9 9 9 9 9 9

32c. 0 0 0 0 0 0
 1 1 1 1 1 1
 2 2 2 2 2 2
 3 3 3 3 3 3
 4 4 4 4 4 4
 5 5 5 5 5 5
 6 6 6 6 6 6
 ? ? ? ? ? ?
 8 8 8 8 8 8
 9 9 9 9 9 9

32d. 0 0 0 0 0 0
 1 1 1 1 1 1
 2 2 2 2 2 2
 3 3 3 3 3 3
 4 4 4 4 4 4
 5 5 5 5 5 5
 6 6 6 6 6 6
 ? ? ? ? ? ?
 8 8 8 8 8 8
 9 9 9 9 9 9

32e. 0 0 0 0 0 0
 1 1 1 1 1 1
 2 2 2 2 2 2
 3 3 3 3 3 3
 4 4 4 4 4 4
 5 5 5 5 5 5
 6 6 6 6 6 6
 ? ? ? ? ? ?
 8 8 8 8 8 8
 9 9 9 9 9 9

32f. 0 0 0 0 0 0
 1 1 1 1 1 1
 2 2 2 2 2 2
 3 3 3 3 3 3
 4 4 4 4 4 4
 5 5 5 5 5 5
 6 6 6 6 6 6
 ? ? ? ? ? ?
 8 8 8 8 8 8
 9 9 9 9 9 9

32g. 0 0 0 0 0 0
 1 1 1 1 1 1
 2 2 2 2 2 2
 3 3 3 3 3 3
 4 4 4 4 4 4
 5 5 5 5 5 5
 6 6 6 6 6 6
 ? ? ? ? ? ?
 8 8 8 8 8 8
 9 9 9 9 9 9

33. 0 0 0 0 0 0
 1 1 1 1 1 1
 2 2 2 2 2 2
 3 3 3 3 3 3
 4 4 4 4 4 4
 5 5 5 5 5 5
 6 6 6 6 6 6
 ? ? ? ? ? ?
 8 8 8 8 8 8
 9 9 9 9 9 9

➔ Please turn to the next page and answer the questions for Person 2 on page 2

NOW PLEASE ANSWER QUESTIONS H1-H12 FOR YOUR HOUSEHOLD

If you listed more than 7 persons in Question 1, please see note on page 20.

PERSON in column 7	
Last name	Middle initial
First name	
If relative of person in column 1:	
<input type="radio"/> Husband/wife	<input type="radio"/> Father/mother
<input type="radio"/> Son/daughter	<input type="radio"/> Other relative
<input type="radio"/> Brother/sister	
If not related to person in column 1:	
<input type="radio"/> Roomer, boarder	<input type="radio"/> Other nonrelative
<input type="radio"/> Partner, roommate	
<input type="radio"/> Paid employee	
<input type="radio"/> Male	<input type="radio"/> Female
<input type="radio"/> White <input type="radio"/> Asian Indian <input type="radio"/> Black or Negro <input type="radio"/> Hawaiian <input type="radio"/> Japanese <input type="radio"/> Guamanian <input type="radio"/> Chinese <input type="radio"/> Samoan <input type="radio"/> Filipino <input type="radio"/> Eskimo <input type="radio"/> Korean <input type="radio"/> Aleut <input type="radio"/> Vietnamese <input type="radio"/> Other — Specify <input type="radio"/> Indian (Amer.) Print tribe	
a. Age at last birthday	c. Year of birth
b. Month of birth	
<input type="radio"/> Jan.—Mar.	<input type="radio"/> 1
<input type="radio"/> Apr.—June	<input type="radio"/> 2
<input type="radio"/> July—Sept.	<input type="radio"/> 3
<input type="radio"/> Oct.—Dec.	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 6
<input type="radio"/> 6	<input type="radio"/> 7
<input type="radio"/> 7	<input type="radio"/> 8
<input type="radio"/> 8	<input type="radio"/> 9
<input type="radio"/> 9	
<input type="radio"/> Now married	<input type="radio"/> Separated
<input type="radio"/> Widowed	<input type="radio"/> Never married
<input type="radio"/> Divorced	
<input type="radio"/> No (not Spanish/Hispanic)	
<input type="radio"/> Yes, Mexican, Mexican-Amer., Chicano	
<input type="radio"/> Yes, Puerto Rican	
<input type="radio"/> Yes, Cuban	
<input type="radio"/> Yes, other Spanish/Hispanic	
<input type="radio"/> No, has not attended since February 1	
<input type="radio"/> Yes, public school, public college	
<input type="radio"/> Yes, private, church-related	
<input type="radio"/> Yes, private, not church-related	
Highest grade attended:	
<input type="radio"/> Nursery school	<input type="radio"/> Kindergarten
Elementary through high school (grade or year)	
1 2 3 4 5 6 7 8 9 10 11 12	
College (academic year)	
1 2 3 4 5 6 7 8 or more	
<input type="radio"/> Never attended school—Skip question 10	
<input type="radio"/> Now attending this grade (or year)	
<input type="radio"/> Finished this grade (or year)	
<input type="radio"/> Did not finish this grade (or year)	
CENSUS USE ONLY	
A.	O I N

H1. Did you leave anyone out of Question 1 because you were not sure if the person should be listed — for example, a new baby still in the hospital, a lodger who also has another home, or a person who stays here once in a while and has no other home?

Yes — On page 20 give name(s) and reason left out.
 No

H2. Did you list anyone in Question 1 who is away from home now — for example, on a vacation or in a hospital?

Yes — On page 20 give name(s) and reason person is away.
 No

H3. Is anyone visiting here who is not already listed?

Yes — On page 20 give name of each visitor for whom there is no one at the home address to report the person to a census taker.
 No

H4. How many living quarters, occupied and vacant, are at this address?

One
 2 apartments or living quarters
 3 apartments or living quarters
 4 apartments or living quarters
 5 apartments or living quarters
 6 apartments or living quarters
 7 apartments or living quarters
 8 apartments or living quarters
 9 apartments or living quarters
 10 or more apartments or living quarters
 This is a mobile home or trailer

H5. Do you enter your living quarters —

Directly from the outside or through a common or public hall?
 Through someone else's living quarters?

H6. Do you have complete plumbing facilities in your living quarters, that is, hot and cold piped water, a flush toilet, and a bathtub or shower?

Yes, for this household only
 Yes, but also used by another household
 No, have some but not all plumbing facilities
 No plumbing facilities in living quarters

H7. How many rooms do you have in your living quarters? Do not count bathrooms, porches, balconies, foyers, halls, or half-rooms.

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

H8. Are your living quarters —

Owned or being bought by you or by someone else in this household?
 Rented for cash rent?
 Occupied without payment of cash rent?

H9. Is this apartment (house) part of a condominium?

No
 Yes, a condominium

H10. If this is a one-family house —

a. **Is the house on a property of 10 or more acres?**

Yes No

b. **Is any part of the property used as a commercial establishment or medical office?**

Yes No

H11. If you live in a one-family house or a condominium unit which you own or are buying —

What is the value of this property, that is, how much do you think this property (house and lot or condominium unit) would sell for if it were for sale?

Do not answer this question if this is —

- A mobile home or trailer
- A house on 10 or more acres
- A house with a commercial establishment or medical office on the property

Less than \$10,000 \$50,000 to \$54,999
 \$10,000 to \$14,999 \$55,000 to \$59,999
 \$15,000 to \$17,499 \$60,000 to \$64,999
 \$17,500 to \$19,999 \$65,000 to \$69,999
 \$20,000 to \$22,499 \$70,000 to \$74,999
 \$22,500 to \$24,999 \$75,000 to \$79,999
 \$25,000 to \$27,499 \$80,000 to \$89,999
 \$27,500 to \$29,999 \$90,000 to \$99,999
 \$30,000 to \$34,999 \$100,000 to \$124,999
 \$35,000 to \$39,999 \$125,000 to \$149,999
 \$40,000 to \$44,999 \$150,000 to \$199,999
 \$45,000 to \$49,999 \$200,000 or more

H12. If you pay rent for your living quarters —

What is the monthly rent?

If rent is not paid by the month, see the instruction guide on how to figure a monthly rent.

Less than \$50 \$160 to \$169
 \$50 to \$59 \$170 to \$179
 \$60 to \$69 \$180 to \$189
 \$70 to \$79 \$190 to \$199
 \$80 to \$89 \$200 to \$224
 \$90 to \$99 \$225 to \$249
 \$100 to \$109 \$250 to \$274
 \$110 to \$119 \$275 to \$299
 \$120 to \$129 \$300 to \$349
 \$130 to \$139 \$350 to \$399
 \$140 to \$149 \$400 to \$499
 \$150 to \$159 \$500 or more

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A4. Block number	A6. Serial number	B. Type of unit or quarters	For vacant units	D. Months vacant	F. Total persons
		Occupied <input type="radio"/> First form <input type="radio"/> Continuation Vacant <input type="radio"/> Regular <input type="radio"/> Usual home elsewhere Group quarters <input type="radio"/> First form <input type="radio"/> Continuation	C1. Is this unit for — <input type="radio"/> Year round use <input type="radio"/> Seasonal/Mig. — Skip C2, C3, and D. C2. Vacancy status <input type="radio"/> For rent <input type="radio"/> For sale only <input type="radio"/> Rented or sold, not occupied <input type="radio"/> Held for occasional use <input type="radio"/> Other vacant C3. Is this unit boarded up? <input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Less than 1 month <input type="radio"/> 1 up to 2 months <input type="radio"/> 2 up to 6 months <input type="radio"/> 6 up to 12 months <input type="radio"/> 1 year up to 2 years <input type="radio"/> 2 or more years E. Indicators 1. <input type="radio"/> Mail return 2. <input type="radio"/> Pop./F	

<p>H13. Which best describes this building? <i>Include all apartments, flats, etc., even if vacant.</i></p> <p><input type="radio"/> A mobile home or trailer <input type="radio"/> A one-family house detached from any other house <input type="radio"/> A one-family house attached to one or more houses <input type="radio"/> A building for 2 families <input type="radio"/> A building for 3 or 4 families <input type="radio"/> A building for 5 to 9 families <input type="radio"/> A building for 10 to 19 families <input type="radio"/> A building for 20 to 49 families <input type="radio"/> A building for 50 or more families <input type="radio"/> A boat, tent, van, etc.</p>	<p>H21a. Which fuel is used most for house heating?</p> <p><input type="radio"/> Gas: from underground pipes serving the neighborhood <input type="radio"/> Gas: bottled, tank, or LP <input type="radio"/> Electricity <input type="radio"/> Fuel oil, kerosene, etc.</p> <p><input type="radio"/> Coal or coke <input type="radio"/> Wood <input type="radio"/> Other fuel <input type="radio"/> No fuel used</p>	<p>CENSUS USE</p> <p>H22a.</p> <p>0 0 0 1 1 1 2 2 2 3 3 3 4 4 4 5 5 5 6 6 6 7 7 7 8 8 8 9 9 9</p>
<p>H14a. How many stories (floors) are in this building? <i>Count an attic or basement as a story if it has any finished rooms for living purposes.</i></p> <p><input type="radio"/> 1 to 3 — Skip to H15 <input type="radio"/> 7 to 12 <input type="radio"/> 4 to 6 <input type="radio"/> 13 or more stories</p>	<p>b. Which fuel is used most for water heating?</p> <p><input type="radio"/> Gas: from underground pipes serving the neighborhood <input type="radio"/> Gas: bottled, tank, or LP <input type="radio"/> Electricity <input type="radio"/> Fuel oil, kerosene, etc.</p> <p><input type="radio"/> Coal or coke <input type="radio"/> Wood <input type="radio"/> Other fuel <input type="radio"/> No fuel used</p>	<p>H22b.</p> <p>0 0 0 1 1 1 2 2 2 3 3 3 4 4 4 5 5 5 6 6 6 7 7 7 8 8 8 9 9 9</p>
<p>b. Is there a passenger elevator in this building?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>c. Which fuel is used most for cooking?</p> <p><input type="radio"/> Gas: from underground pipes serving the neighborhood <input type="radio"/> Gas: bottled, tank, or LP <input type="radio"/> Electricity <input type="radio"/> Fuel oil, kerosene, etc.</p> <p><input type="radio"/> Coal or coke <input type="radio"/> Wood <input type="radio"/> Other fuel <input type="radio"/> No fuel used</p>	<p>H22c.</p> <p>0 0 0 1 1 1 2 2 2 3 3 3 4 4 4 5 5 5 6 6 6 7 7 7 8 8 8 9 9 9</p>
<p>H15a. Is this building —</p> <p><input type="radio"/> On a city or suburban lot, or on a place of less than 1 acre? — Skip to H16 <input type="radio"/> On a place of 1 to 9 acres? <input type="radio"/> On a place of 10 or more acres?</p>	<p>H22. What are the costs of utilities and fuels for your living quarters?</p> <p>a. Electricity</p> <p>\$ _____ .00 OR <input type="radio"/> Included in rent or no charge <i>Average monthly cost</i> <input type="radio"/> Electricity not used</p>	<p>H22d.</p> <p>0 0 0 1 1 1 2 2 2 3 3 3 4 4 4 5 5 5 6 6 6 7 7 7 8 8 8 9 9 9</p>
<p>b. Last year, 1979, did sales of crops, livestock, and other farm products from this place amount to —</p> <p><input type="radio"/> Less than \$50 (or None) <input type="radio"/> \$250 to \$599 <input type="radio"/> \$1,000 to \$2,499 <input type="radio"/> \$50 to \$249 <input type="radio"/> \$600 to \$999 <input type="radio"/> \$2,500 or more</p>	<p>b. Gas</p> <p>\$ _____ .00 OR <input type="radio"/> Included in rent or no charge <i>Average monthly cost</i> <input type="radio"/> Gas not used</p>	<p>H22e.</p> <p>0 0 0 1 1 1 2 2 2 3 3 3 4 4 4 5 5 5 6 6 6 7 7 7 8 8 8 9 9 9</p>
<p>H16. Do you get water from —</p> <p><input type="radio"/> A public system (city water department, etc.) or private company? <input type="radio"/> An individual drilled well? <input type="radio"/> An individual dug well? <input type="radio"/> Some other source (a spring, creek, river, cistern, etc.)?</p>	<p>c. Water</p> <p>\$ _____ .00 OR <input type="radio"/> Included in rent or no charge <i>Yearly cost</i> <input type="radio"/> These fuels not used</p>	<p>H22f.</p> <p>0 0 0 1 1 1 2 2 2 3 3 3 4 4 4 5 5 5 6 6 6 7 7 7 8 8 8 9 9 9</p>
<p>H17. Is this building connected to a public sewer?</p> <p><input type="radio"/> Yes, connected to public sewer <input type="radio"/> No, connected to septic tank or cesspool <input type="radio"/> No, use other means</p>	<p>d. Oil, coal, kerosene, wood, etc.</p> <p>\$ _____ .00 OR <input type="radio"/> Included in rent or no charge <i>Yearly cost</i> <input type="radio"/> These fuels not used</p>	<p>H22g.</p> <p>0 0 0 1 1 1 2 2 2 3 3 3 4 4 4 5 5 5 6 6 6 7 7 7 8 8 8 9 9 9</p>
<p>H18. About when was this building originally built? Mark when the building was first constructed, not when it was remodeled, added to, or converted.</p> <p><input type="radio"/> 1979 or 1980 <input type="radio"/> 1960 to 1969 <input type="radio"/> 1940 to 1949 <input type="radio"/> 1975 to 1978 <input type="radio"/> 1950 to 1959 <input type="radio"/> 1939 or earlier <input type="radio"/> 1970 to 1974</p>	<p>H23. Do you have complete kitchen facilities? Complete kitchen facilities are a sink with piped water, a range or cookstove, and a refrigerator.</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>H22h.</p> <p>0 0 0 1 1 1 2 2 2 3 3 3 4 4 4 5 5 5 6 6 6 7 7 7 8 8 8 9 9 9</p>
<p>H19. When did the person listed in column 1 move into this house (or apartment)?</p> <p><input type="radio"/> 1979 or 1980 <input type="radio"/> 1950 to 1959 <input type="radio"/> 1975 to 1978 <input type="radio"/> 1949 or earlier <input type="radio"/> 1970 to 1974 <input type="radio"/> Always lived here <input type="radio"/> 1960 to 1969</p>	<p>H24. How many bedrooms do you have? <i>Count rooms used mainly for sleeping even if used also for other purposes.</i></p> <p><input type="radio"/> No bedroom <input type="radio"/> 2 bedrooms <input type="radio"/> 4 bedrooms <input type="radio"/> 1 bedroom <input type="radio"/> 3 bedrooms <input type="radio"/> 5 or more bedrooms</p>	<p>H22i.</p> <p>0 0 0 1 1 1 2 2 2 3 3 3 4 4 4 5 5 5 6 6 6 7 7 7 8 8 8 9 9 9</p>
<p>H20. How are your living quarters heated? <i>Fill one circle for the kind of heat used most.</i></p> <p><input type="radio"/> Steam or hot water system <input type="radio"/> Central warm-air furnace with ducts to the individual rooms <i>(Do not count electric heat pumps here)</i> <input type="radio"/> Electric heat pump <input type="radio"/> Other built-in electric units (permanently installed in wall, ceiling, or baseboard)</p> <p><input type="radio"/> Floor, wall, or pipeless furnace <input type="radio"/> Room heaters with flue or vent, burning gas, oil, or kerosene <input type="radio"/> Room heaters without flue or vent, burning gas, oil, or kerosene (not portable) <input type="radio"/> Fireplaces, stoves, or portable room heaters of any kind <input type="radio"/> No heating equipment</p>	<p>H25. How many bathrooms do you have? <i>A complete bathroom is a room with flush toilet, bathtub or shower, and wash basin with piped water.</i> <i>A half bathroom has at least a flush toilet or bathtub or shower, but does not have all the facilities for a complete bathroom.</i></p> <p><input type="radio"/> No bathroom, or only a half bathroom <input type="radio"/> 1 complete bathroom <input type="radio"/> 1 complete bathroom, plus half bath(s) <input type="radio"/> 2 or more complete bathrooms</p>	<p>H22j.</p> <p>0 0 0 1 1 1 2 2 2 3 3 3 4 4 4 5 5 5 6 6 6 7 7 7 8 8 8 9 9 9</p>
<p>H21. How are your living quarters heated? <i>Fill one circle for the kind of heat used most.</i></p> <p><input type="radio"/> Steam or hot water system <input type="radio"/> Central warm-air furnace with ducts to the individual rooms <i>(Do not count electric heat pumps here)</i> <input type="radio"/> Electric heat pump <input type="radio"/> Other built-in electric units (permanently installed in wall, ceiling, or baseboard)</p> <p><input type="radio"/> Floor, wall, or pipeless furnace <input type="radio"/> Room heaters with flue or vent, burning gas, oil, or kerosene <input type="radio"/> Room heaters without flue or vent, burning gas, oil, or kerosene (not portable) <input type="radio"/> Fireplaces, stoves, or portable room heaters of any kind <input type="radio"/> No heating equipment</p>	<p>H26. Do you have a telephone in your living quarters?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>H22k.</p> <p>0 0 0 1 1 1 2 2 2 3 3 3 4 4 4 5 5 5 6 6 6 7 7 7 8 8 8 9 9 9</p>
<p>H22. How are your living quarters heated? <i>Fill one circle for the kind of heat used most.</i></p> <p><input type="radio"/> Steam or hot water system <input type="radio"/> Central warm-air furnace with ducts to the individual rooms <i>(Do not count electric heat pumps here)</i> <input type="radio"/> Electric heat pump <input type="radio"/> Other built-in electric units (permanently installed in wall, ceiling, or baseboard)</p> <p><input type="radio"/> Floor, wall, or pipeless furnace <input type="radio"/> Room heaters with flue or vent, burning gas, oil, or kerosene <input type="radio"/> Room heaters without flue or vent, burning gas, oil, or kerosene (not portable) <input type="radio"/> Fireplaces, stoves, or portable room heaters of any kind <input type="radio"/> No heating equipment</p>	<p>H27. Do you have air conditioning?</p> <p><input type="radio"/> Yes, a central air-conditioning system <input type="radio"/> Yes, 1 individual room unit <input type="radio"/> Yes, 2 or more individual room units <input type="radio"/> No</p>	<p>H22l.</p> <p>0 0 0 1 1 1 2 2 2 3 3 3 4 4 4 5 5 5 6 6 6 7 7 7 8 8 8 9 9 9</p>
<p>H23. How are your living quarters heated? <i>Fill one circle for the kind of heat used most.</i></p> <p><input type="radio"/> Steam or hot water system <input type="radio"/> Central warm-air furnace with ducts to the individual rooms <i>(Do not count electric heat pumps here)</i> <input type="radio"/> Electric heat pump <input type="radio"/> Other built-in electric units (permanently installed in wall, ceiling, or baseboard)</p> <p><input type="radio"/> Floor, wall, or pipeless furnace <input type="radio"/> Room heaters with flue or vent, burning gas, oil, or kerosene <input type="radio"/> Room heaters without flue or vent, burning gas, oil, or kerosene (not portable) <input type="radio"/> Fireplaces, stoves, or portable room heaters of any kind <input type="radio"/> No heating equipment</p>	<p>H28. How many automobiles are kept at home for use by members of your household?</p> <p><input type="radio"/> None <input type="radio"/> 2 automobiles <input type="radio"/> 1 automobile <input type="radio"/> 3 or more automobiles</p>	<p>H22m.</p> <p>0 0 0 1 1 1 2 2 2 3 3 3 4 4 4 5 5 5 6 6 6 7 7 7 8 8 8 9 9 9</p>
<p>H24. How are your living quarters heated? <i>Fill one circle for the kind of heat used most.</i></p> <p><input type="radio"/> Steam or hot water system <input type="radio"/> Central warm-air furnace with ducts to the individual rooms <i>(Do not count electric heat pumps here)</i> <input type="radio"/> Electric heat pump <input type="radio"/> Other built-in electric units (permanently installed in wall, ceiling, or baseboard)</p> <p><input type="radio"/> Floor, wall, or pipeless furnace <input type="radio"/> Room heaters with flue or vent, burning gas, oil, or kerosene <input type="radio"/> Room heaters without flue or vent, burning gas, oil, or kerosene (not portable) <input type="radio"/> Fireplaces, stoves, or portable room heaters of any kind <input type="radio"/> No heating equipment</p>	<p>H29. How many vans or trucks of one-ton capacity or less are kept at home for use by members of your household?</p> <p><input type="radio"/> None <input type="radio"/> 2 vans or trucks <input type="radio"/> 1 van or truck <input type="radio"/> 3 or more vans or trucks</p>	<p>H22n.</p> <p>0 0 0 1 1 1 2 2 2 3 3 3 4 4 4 5 5 5 6 6 6 7 7 7 8 8 8 9 9 9</p>

