	ndividual sensus
Puerto Rico R	eport U.S. Department of Commerce Bureau of the Census
Start Here Please use a black or blue	6 What is your race? Mark ∑ one or more races to indicate what you consider yourself to be. □ White
<ul> <li>Please print your name – Last Name</li> <li>First Name</li> <li>A. Do you live here or stay here MOST OF THE TIME?</li> </ul>	<ul> <li>Black, African Am., or Negro</li> <li>American Indian or Alaska Native — Print name of enrolled or principal tribe.  </li> <li>Asian Indian</li> <li>Asian Indian</li> <li>Chinese</li> <li>Guamanian or Chamorro</li> <li>Japanero</li> <li>Samoan</li> </ul>
<ul> <li>Yes → Skip to 2d</li> <li>No</li> <li>No you have a place where you live or stay MOST OF THE TIME?</li> <li>Yes</li> <li>No → Skip to 2d</li> <li>C. What is your telephone number? We may call you if we don't understand an answer. Area Code + Number</li> </ul>	□       Japanese       □       Samoan         □       Korean       □       Other Pacific         □       Vietnamese       Print race.          □       Other Asian — Print race.
d. ANSWER ONLY IF THIS PLACE IS A SHELTER —         Including tonight, how many nights during the         past 7 nights did you stay in a SHELTER?         7 nights       4 nights         6 nights       3 nights	
<ul> <li>5 nights 2 nights</li> <li>What is your sex? Mark I ONE box.</li> <li>Male Female</li> <li>What is your age and what is your date of birth Print numbers in boxes.</li> <li>Age on April 1, 2000 Month Day Year of birth</li> </ul>	
NOTE: Please answer BOTH Questions 5 and 6.	Apartment number
<ul> <li>Are you Spanish/Hispanic/Latino? Mark  the "No" box if not Spanish/Hispanic/Latino.</li> <li>No, not Spanish/Hispanic/Latino</li> <li>Yes, Mexican, Mexican Am., Chicano</li> <li>Yes, Puerto Rican</li> <li>Yes, Cuban</li> <li>Yes, other Spanish/Hispanic/Latino — Print group</li> </ul>	<ul> <li>Municipio or U.S. county</li> <li>Puerto Rico or the name of the state or foreign country</li> <li>ZIP Code</li> </ul>
	CONTINUE on page 2.

	age 2	
8	PO box, and the place you live or stay MOST OF THE TIME has a house number/street address, print it below.	Ĩ×:Å₽́M
	House number	
		Your answers are important! Every person in
	Development/condominium name; Street or road name, Rural route and box, or PO box	the Census counts.
		What is the highest degree or level of school you have COMPLETED? Mark X ONE box. If currently enrolled, mark the previous grade or highest degree received.
	Apartment number	No schooling completed
		<ul> <li>Nursery school to 4th grade</li> <li>5th grade or 6th grade</li> </ul>
	City	The grade or 8th grade
		9th grade
		10th grade
	Municipio or U.S. county	11th grade
		12th grade – <b>NO DIPLOMA</b>
	Enter Puerto Rico or name of U.S. state or foreign country HIGH SCHOOL GRADUATE – high school DIPLOMA or the equivalent (for example: GED)	
		Some college credit, but less than 1 year
	ZIP Code	□ 1 or more years of college, no degree
	zir code	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)
9		Professional degree (for example: MD, DDS, DVM, LLB, JD)
	Now married	Doctorate degree (for example: PhD, EdD)
		2 What is your ancestry or ethnic origin?
	Divorced	what is your ancestry of ethnic origin:
	Separated	
	Never married	
Y	a. At any time since February 1, 2000, have you 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.		(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)
	No, has not attended school since February $1 \rightarrow Skip$ to 11	B a. Do you speak a language other than English
	Yes, public school, public college Yes, private school, private college	at home?
	res, private scribbi, private conege	Yes
	<b>b. What grade or level were you attending?</b> <i>Mark</i> 🗴 ONE box.	$\square \text{ No} \rightarrow Skip \text{ to } 14$
	Nursery school, preschool	b. What is this language?
	Kindergarten	
	Grade 1 to grade 4	(For every low Koreen, Helien, Coonish, Mistrometer)
	Grade 5 to grade 8	(For example: Korean, Italian, Spanish, Vietnamese)
	Grade 9 to grade 12	c. How well do you speak English?
	College undergraduate years (freshman to senior)	Very well
	Graduate or professional school (for example: medical, dental,	Well
	or law school)	Not well
		Not at all
		CONTINUE on page 3. —>

Page 3		
14 Where were you born?		
$\square$ In the United States — Print name of state.		
	Census information beins your	
Outside the United States — Print Puerto Rico or name of foreign country, U.S. Virgin Islands, Guam, etc.	Census information helps your community get financial assistance for roads, hospitals, schools, and more.	
15 Are you a CITIZEN of the United States?	18 Do you have any of the following long-lasting conditions:	
$\Box$ Yes, born in Puerto Rico $\rightarrow$ <i>Skip to 17a</i>	a. Blindness, deafness, or a severe vision or hearing impairment?	
Yes, born in a U.S. state, District of Columbia, Guam, the U.S. Virgin Islands, or Northern Mariana Islands	b. A condition that substantially	
<ul> <li>Yes, born abroad of American parent or parents</li> <li>Yes, a U.S. citizen by naturalization</li> </ul>	limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?	
No, not a citizen of the United States	Because of a physical, mental, or emotional condition lasting 6 months or more, do you have	
When did you come to live in Puerto Rico? Print numbers in boxes.	any difficulty in doing any of the following activities:	
Year	a. Learning, remembering, or	
	b. Dressing, bathing, or getting around inside the home?	
<ul> <li>a. Did you live in this house, apartment, dormitory or institution 5 years ago (on April 1, 1995)?</li> <li>□ Person is under 5 years old → Skip to 35</li> </ul>	c. (Answer if you are 16 YEARS OLD OR OVER.) Going outside the home alone to shop or visit a	
$\Box$ Yes, this house $\rightarrow$ Skip to 18	doctor's office?	
No, outside Puerto Rico or the United States — Print name of foreign country, or U.S. Virgin Islands, Guam, etc. below; then → Skip to 18.	OLD OR OVER.) Working at a job or business?	
	Were you under 15 years of age on April 1, 2000?	
$\Box$ No, different house in Puerto Rico or the United States	Yes → Skip to 35 No	
b. Where did you live 5 years ago?	21 a. Do you have any of your own grandchildren	
Name of city, town, or post office	under the age of 18 living in this house, apartment, dormitory, or institution?	
	Yes	
Did you live inside the limits of the city or town?	$\Box \text{ No} \rightarrow Skip \text{ to } 22a$	
Yes	b. Are you currently responsible for most of the basic needs of any grandchild(ren) under the age	
No, outside the city/town limits Name of municipio or U.S. county	of 18 who live(s) in this house, apartment, dormitory, or institution?	
	$\Box \text{ Yes}$ $\Box \text{ No} \rightarrow Skip \text{ to } 22a$	
Enter Puerto Rico or name of U.S. state	c. How long have you been responsible for the(se)	
	<b>grandchild(ren)?</b> If you are financially responsible for more than one grandchild, answer the question for the grandchild for whom you have been responsible for the longest period of time.	
	Less than 6 months 3 or 4 years	
	☐ 6 to 11 months ☐ 5 years or more ☐ 1 or 2 years	
	CONTINUE on page 4>	
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## Page 4 22 a. Have you 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. Information about children helps your community plan for child care, education, and Yes, now on active duty Yes, on active duty in past, but not now recreation. No, training for Reserves or National Guard only → Skip to 23 e. Enter Puerto Rico or name of U.S. state or No, never served in the military $\rightarrow$ Skip to 23 foreign country b. When did you serve on active duty in the U.S. **Armed Forces?** Mark X a box for EACH period in which you served. f. ZIP Code April 1995 or later August 1990 to March 1995 (including Persian Gulf War) September 1980 to July 1990 a. How did you usually get to work LAST WEEK? If May 1975 to August 1980 you usually used more than one method of Vietnam era (August 1964–April 1975) transportation during the trip, mark X the box of the February 1955 to July 1964 one used for most of the distance. Korean conflict (June 1950–January 1955) Car, truck, or van Motorcycle World War II (September 1940–July 1947) Bicycle Bus or trolley bus Some other time Público Walked Worked at c. In total, how many years of active-duty military Subway or elevated home $\rightarrow$ Skip to 29 service have you had? Railroad Other method Less than 2 years Ferryboat 2 years or more Taxicab LAST WEEK, did you do ANY work for either pay or If "Car, truck, or van" is marked in 25a, go to 25b. **profit?** Mark X the "Yes" box even if you worked only Otherwise, skip to 26a. 1 hour, or helped without pay in a family business or b. How many people, including yourself, usually farm for 15 hours or more, or were on active duty in the Armed Forces. rode to work in the car, truck, or van LAST WEEK? Yes Drove alone 4 people 2 people 5 or 6 people $\square$ No $\rightarrow$ Skip to 27a 3 people 7 or more people At what location did you work LAST WEEK? If you worked at more than one location, print where you 26 a. What time did you usually leave home to go to worked most last week. work LAST WEEK? a. Development or condominium name; Number and street name **a.m. p.m.** b. How many minutes did it usually take you to get from home to work LAST WEEK? Minutes (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 Answer questions 27–28 if you did not work for pay or profit last week. Otherwise, skip to 29. 27 a. LAST WEEK, were you on layoff from a job? c. Is the work location inside the limits of that city or town? No $\Box Yes \rightarrow Skip to 27c$ Yes b. LAST WEEK, were you TEMPORARILY absent No, outside the city/town limits from a job or business? d. Name of municipio or U.S. county Yes, on vacation, temporary illness, labor dispute, etc. $\rightarrow$ Skip to 28 No → Skip to 27d CONTINUE on page 5. -

|--|

27 c. Have you been inform recalled to work within been given a date to re	the next 6 months OR	
$\Box Yes \rightarrow Skip to 27e$	No No	
d. Have you been looki last 4 weeks?	ng for work during the	Knowing about age, race, and sex helps your community better meet
Yes	$\Box$ No $\rightarrow$ Skip to 28	the needs of everyone.
<ul> <li>e. LAST WEEK, could yo offered one, or returne</li> <li>Yes, could have gone t</li> <li>No, because of own te</li> <li>No, because of all othe</li> <li>When did you last work</li> <li>1995 to 2000</li> <li>1994 or earlier, or neve</li> <li>Industry or Employer</li> <li>Describe clearly your chief week. If you had more that which you worked the more business last week, give th job or business since 1995</li> <li>a. For whom did you worked</li> </ul>	u have started a job if d to work if recalled? o work mporary illness er reasons (in school, etc.) a, even for a few days? er worked $\rightarrow$ <i>Skip to 33</i> job activity or business last an one job, describe the one at st hours. If you had no job or he information for your last ork? If now on active mark $\swarrow$ this box $\longrightarrow$	<ul> <li>Occupation         <ul> <li>What kind of work were you doing? (For example: registered nurse, personnel manager, supervisor of order department, auto mechanic, accountant)</li> <li>Mere your most important activities or duties? (For example: patient care, directing hiring policies, supervising order clerks, repairing automobiles, reconciling financial records)</li> </ul> </li> <li>Were you — Mark  ONE box.         <ul> <li>Employee of a PRIVATE-FOR-PROFIT company or business or of an individual, for wages, salary, or commissions</li> <li>Employee of a PRIVATE NOT-FOR-PROFIT,</li> </ul> </li> </ul>
		tax-exempt, or charitable organization Local GOVERNMENT employee (city, county, municipio, etc.) State GOVERNMENT employee
	ation where employed. (For per publishing, mail order	<ul> <li>State GOVERNMENT employee</li> <li>Federal GOVERNMENT employee</li> <li>SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm</li> <li>SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm</li> <li>Working WITHOUT PAY in family business or farm</li> </ul>
		a. LAST YEAR, 1999, did you work at a job or
		business at any time? ☐ Yes ☐ No → Skip to 33
<ul> <li>c. Is this mainly — Mark</li> <li>Manufacturing?</li> <li>Wholesale trade?</li> <li>Retail trade?</li> <li>Other (agriculture, cor government, etc.)?</li> </ul>		<ul> <li>b. How many weeks did you work in 1999? Count paid vacation, paid sick leave, and military service.</li> <li>Weeks</li> <li>c. During the weeks WORKED in 1999, how many hours did you usually work each WEEK?</li> <li>Usual hours worked each WEEK</li> </ul>
		CONTINUE on page 6. —>



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