

FORM **D-1(E)** U.S. DEPARTMENT OF COMMERCE  
(1-21-99) BUREAU OF THE CENSUS

**ENUMERATOR  
QUESTIONNAIRE**  
**United States Census 2000**

Continuation form(s) attached  
Number of continuation forms for this address

LCO State County Tract Block  
AA Map Spot Unit ID  
House No. Street name, Rural route and box, or PO box  
Apt. No. or Location  
City State ZIP Code

**RECORD OF CONTACT**

Type	Month	Day	Time	Outcome	Type	Month	Day	Time	Outcome
<input checked="" type="checkbox"/> Personal				<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> Personal <input type="checkbox"/> Telephone				<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
<input type="checkbox"/> Personal <input type="checkbox"/> Telephone				<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> Personal <input type="checkbox"/> Telephone				<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
<input type="checkbox"/> Personal <input type="checkbox"/> Telephone				<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> Personal <input type="checkbox"/> Telephone				<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.

OUTCOME CODES: NV = Left notice of visit NC = No contact RE = Refusal CI = Conducted interview OT = Other

**CERTIFICATION**

I certify that the entries I have made on this questionnaire are true and correct to the best of my knowledge.  
Enumerator's signature and date

Crew Leader's initials CLD number  
Month Day

**INTRODUCTION**

- S1. Hello, I'm (Your name) from the Census Bureau. (Show ID card.) Is this (Read address)?**  
 Yes - Continue with question S2  
 No - Ask: **Can you tell me where to find (Read address)? END INTERVIEW**
- S2. I'm here to complete a census questionnaire for this address. It should take about 7 minutes. This notice (Hand respondent a Privacy Act Notice) explains that your answers are kept confidential. Did you or anyone in this household live here on Saturday, April 1, 2000?**  
 Yes - Continue with question S3  
 No → Skip to question S4
- S3. Is this (house/apartment/mobile home) a vacation or seasonal home, or only occasionally occupied by your household?**  
 Yes → Skip to items A, B, and C in the "Interview Summary" block and refer to Card J.  
 No → Skip to S5
- S4. On April 1, 2000 was this unit —**  
 Vacant → Skip to items A, B, and C in the "Interview Summary" block and refer to Card K.  
 Occupied by a different household? Using a knowledgeable respondent, complete this questionnaire for the Census Day household and refer to Card K.
- S5. How many people were living or staying in this (house/apartment/mobile home) on April 1, 2000?**  
 Number of people



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1. What is each person's name? Start with the name of a person who owns, is buying, or rents this (house/apartment/mobile home).	2. (Show Card A.) Which of these categories best describes how each person is related to (Read name of Person 1)?	3. What is each person's sex? Mark <input checked="" type="checkbox"/> ONE box.
<p><b>Person 1</b></p> <p>First Name <span style="float: right;">MI</span></p> <p>Last Name</p> <p><input type="checkbox"/> Cancel <input type="checkbox"/> Add</p>	<p><input checked="" type="checkbox"/> Person 1</p>	<p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p>
<p><b>Person 2</b></p> <p>First Name <span style="float: right;">MI</span></p> <p>Last Name</p> <p><input type="checkbox"/> Cancel <input type="checkbox"/> Add</p>	<p> <input type="checkbox"/> Husband/wife      <input type="checkbox"/> Father/mother  <input type="checkbox"/> Natural-born son/daughter      <input type="checkbox"/> Grandchild  <input type="checkbox"/> Adopted son/daughter      <input type="checkbox"/> Parent-in-law  <input type="checkbox"/> Stepson/stepdaughter      <input type="checkbox"/> Son-in-law/daughter-in-law  <input type="checkbox"/> Brother/sister      <input type="checkbox"/> Other relative - Specify relationship. <i>z</i> </p> <p>NONRELATIVE:</p> <p> <input type="checkbox"/> Roomer/boarder      <input type="checkbox"/> Unmarried partner      <input type="checkbox"/> Other nonrelative  <input type="checkbox"/> Housemate/roommate      <input type="checkbox"/> Foster child                 </p>	<p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p>
<p><b>Person 3</b></p> <p>First Name <span style="float: right;">MI</span></p> <p>Last Name</p> <p><input type="checkbox"/> Cancel <input type="checkbox"/> Add</p>	<p> <input type="checkbox"/> Husband/wife      <input type="checkbox"/> Father/mother  <input type="checkbox"/> Natural-born son/daughter      <input type="checkbox"/> Grandchild  <input type="checkbox"/> Adopted son/daughter      <input type="checkbox"/> Parent-in-law  <input type="checkbox"/> Stepson/stepdaughter      <input type="checkbox"/> Son-in-law/daughter-in-law  <input type="checkbox"/> Brother/sister      <input type="checkbox"/> Other relative - Specify relationship. <i>z</i> </p> <p>NONRELATIVE:</p> <p> <input type="checkbox"/> Roomer/boarder      <input type="checkbox"/> Unmarried partner      <input type="checkbox"/> Other nonrelative  <input type="checkbox"/> Housemate/roommate      <input type="checkbox"/> Foster child                 </p>	<p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p>
<p><b>Person 4</b></p> <p>First Name <span style="float: right;">MI</span></p> <p>Last Name</p> <p><input type="checkbox"/> Cancel <input type="checkbox"/> Add</p>	<p> <input type="checkbox"/> Husband/wife      <input type="checkbox"/> Father/mother  <input type="checkbox"/> Natural-born son/daughter      <input type="checkbox"/> Grandchild  <input type="checkbox"/> Adopted son/daughter      <input type="checkbox"/> Parent-in-law  <input type="checkbox"/> Stepson/stepdaughter      <input type="checkbox"/> Son-in-law/daughter-in-law  <input type="checkbox"/> Brother/sister      <input type="checkbox"/> Other relative - Specify relationship. <i>z</i> </p> <p>NONRELATIVE:</p> <p> <input type="checkbox"/> Roomer/boarder      <input type="checkbox"/> Unmarried partner      <input type="checkbox"/> Other nonrelative  <input type="checkbox"/> Housemate/roommate      <input type="checkbox"/> Foster child                 </p>	<p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p>
<p><b>Person 5</b></p> <p>First Name <span style="float: right;">MI</span></p> <p>Last Name</p> <p><input type="checkbox"/> Cancel <input type="checkbox"/> Add</p>	<p> <input type="checkbox"/> Husband/wife      <input type="checkbox"/> Father/mother  <input type="checkbox"/> Natural-born son/daughter      <input type="checkbox"/> Grandchild  <input type="checkbox"/> Adopted son/daughter      <input type="checkbox"/> Parent-in-law  <input type="checkbox"/> Stepson/stepdaughter      <input type="checkbox"/> Son-in-law/daughter-in-law  <input type="checkbox"/> Brother/sister      <input type="checkbox"/> Other relative - Specify relationship. <i>z</i> </p> <p>NONRELATIVE:</p> <p> <input type="checkbox"/> Roomer/boarder      <input type="checkbox"/> Unmarried partner      <input type="checkbox"/> Other nonrelative  <input type="checkbox"/> Housemate/roommate      <input type="checkbox"/> Foster child                 </p>	<p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p>

ENUMERATOR NOTE: Refer to S5 on the cover. If the number of people is more than 5, add additional household members to Form D-1(E)SUPP, Continuation Form.

ENUMERATOR NOTE: It is important to ask BOTH questions 5 and 6 and show Cards B and C.

4. What was each person's age on April 1?  
Print numbers in boxes.

Age

What is this person's date of birth?

Month

Day

Year of birth

5. Are any of the persons that I have listed Mexican, Puerto Rican, Cuban, or of another Hispanic or Latino group?

- No, not Spanish/Hispanic/Latino
- Yes, Mexican, Mexican Am., Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, other Spanish/Hispanic/Latino - What is this group?

6. Now choose one or more races for each person. Which race or races does each person consider himself/herself to be?

- White
  - Black, African Am., or Negro
  - Asian Indian
  - Chinese
  - American Indian or Alaska Native - What is the name of (your...s) enrolled or principal tribe?
  - Filipino
  - Japanese
  - Korean
  - Vietnamese
  - Other Asian
  - Native Hawaiian
  - Guamanian/Chamorro
  - Samoan
  - Other Pacific Islander
  - Some other race
- What is this race?

Age

What is this person's date of birth?

Month

Day

Year of birth

- No, not Spanish/Hispanic/Latino
- Yes, Mexican, Mexican Am., Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, other Spanish/Hispanic/Latino - What is this group?

- White
  - Black, African Am., or Negro
  - Asian Indian
  - Chinese
  - American Indian or Alaska Native - What is the name of (your...s) enrolled or principal tribe?
  - Filipino
  - Japanese
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  - Vietnamese
  - Other Asian
  - Native Hawaiian
  - Guamanian/Chamorro
  - Samoan
  - Other Pacific Islander
  - Some other race
- What is this race?

Age

What is this person's date of birth?

Month

Day

Year of birth

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- Yes, Mexican, Mexican Am., Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, other Spanish/Hispanic/Latino - What is this group?

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  - Other Pacific Islander
  - Some other race
- What is this race?



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FORM D-1(E) (1-21-99)

## COVERAGE

**C1. I need to make sure I have counted everyone who lived or stayed here on April 1, 2000. Did I miss —**

- any children, including foster children?
- anyone away on business or vacation?
- any roomers or housemates?
- anyone else who had no other home?

- Yes - Add person(s) to question 1, mark the "Add" box, and ask questions 2-6. Correct the POP count in question S5 on the front cover.  
 No - Continue with C2.

**C2. The Census Bureau has already counted certain people so I don't want to count them again here. On April 1, 2000, were any of the people you told me about —**

- away at college?
- away in the Armed Forces?
- in a nursing home?
- in a correctional facility?

- Yes - Delete person(s) from question 1 by marking the "Cancel" box. Correct the POP count in question S5 on the front cover.  
 No - Continue with H1.

## HOUSING

**H1. Is this (house/apartment/mobile home) —**

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

**H2. If address label includes a Map Spot number, ask — What is the mailing address of this unit?**

House number

Street name, Rural route and box, or PO box

Apartment number

City

State ZIP Code

## RESPONDENT INFORMATION

**R1. Enter respondent's name.**

First Name

Last Name

**R2. In case we need to contact you, what is your telephone number and the best time to call?**

Area code Telephone number

- Day  Evening  Either

**R3. Respondent —**

- Lived here on April 1, 2000  
 Moved in after April 1, 2000 (Refer to Card K)  
 Is neighbor or other

## INTERVIEW SUMMARY

**A. Status on April 1, 2000**

- |                                   |   |
|-----------------------------------|---|
| 1 = Occupied                      | 6 = Cannot locate   |
| 2 = Occupied - Continuation       | 7 = Duplicate   |
| 3 = Vacant - Regular              | 8 = Nonresidential  |
| 4 = Vacant - Usual home elsewhere | 9 = Other (open to elements, condemned, under construction) |
| 5 = Demolished/ Burned out        |   |

**B. POP on April 1, 2000**

- 01-97 = Total persons  
 00 = Vacant  
 98 = Delete  
 99 = POP unknown

**C. VACANT — Which category best described this vacant unit as of April 1, 2000?**

- For rent  
 For sale only  
 Rented or sold, not occupied  
 For seasonal, recreational, or occasional use  
 For migrant workers  
 Other vacant

**D. SP**

**E. UHE**

**F. MOV**

**G. PI**

**H. REF**

**I. REP**

**J. CO**

**K. TC**

**L. JIC1**

**M. JIC2**

**N. JIC3**

**O. JIC4**

