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 30 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 question 35 on page 8, and ask the double-underlined questions (35, 36, 38-41, and 45a-b).
  * If the unit is "For rent," ask questions 47a-b. If the unit is "For sale only," ask question 56.
  * Then complete 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 question 35 and ask the double-underlined questions (35, 36, 38-41, and 45a-b).
  * If the unit was "For rent," ask questions 47a-b. If the unit was "For sale only," ask question 56.
  * Then complete 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
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).

<table>
<thead>
<tr>
<th>Person 1</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td>MI</td>
</tr>
<tr>
<td>Last Name</td>
<td></td>
</tr>
</tbody>
</table>

2. (Show Card A.) Which of these categories best describes how each person is related to (Read name of Person 1)?

<table>
<thead>
<tr>
<th>Person 1</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>X Person 1</td>
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</table>

<table>
<thead>
<tr>
<th>Gender</th>
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<tbody>
<tr>
<td>Male</td>
<td></td>
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<tr>
<td>Female</td>
<td></td>
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</tbody>
</table>

3. What is each person's sex?

- Mark [ ] ONE box.

<table>
<thead>
<tr>
<th>Gender</th>
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</thead>
<tbody>
<tr>
<td>Male</td>
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### Person 2

<table>
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<th>First Name</th>
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<tbody>
<tr>
<td>Last Name</td>
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<table>
<thead>
<tr>
<th>Relationship</th>
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<tbody>
<tr>
<td>Husband/wife</td>
<td></td>
</tr>
<tr>
<td>Natural-born son/daughter</td>
<td></td>
</tr>
<tr>
<td>Adopted son/daughter</td>
<td></td>
</tr>
<tr>
<td>Stepson/stepdaughter</td>
<td></td>
</tr>
<tr>
<td>Brother/sister</td>
<td></td>
</tr>
</tbody>
</table>

| Other relative - Specify relationship |  |

- Mark [ ] ONE box.

### Person 3

<table>
<thead>
<tr>
<th>First Name</th>
<th>MI</th>
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</thead>
<tbody>
<tr>
<td>Last Name</td>
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</table>

<table>
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</thead>
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</tr>
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<td></td>
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<td></td>
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<tr>
<td>Stepson/stepdaughter</td>
<td></td>
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<tr>
<td>Brother/sister</td>
<td></td>
</tr>
</tbody>
</table>

| Other relative - Specify relationship |  |

- Mark [ ] ONE box.

### Person 4

<table>
<thead>
<tr>
<th>First Name</th>
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</thead>
<tbody>
<tr>
<td>Last Name</td>
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<table>
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<tr>
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<tr>
<td>Adopted son/daughter</td>
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<tr>
<td>Stepson/stepdaughter</td>
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</tr>
<tr>
<td>Brother/sister</td>
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</table>

| Other relative - Specify relationship |  |

- Mark [ ] ONE box.

### Person 5

<table>
<thead>
<tr>
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</thead>
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<td>Stepson/stepdaughter</td>
<td></td>
</tr>
<tr>
<td>Brother/sister</td>
<td></td>
</tr>
</tbody>
</table>

| Other relative - Specify relationship |  |

- Mark [ ] ONE box.
### Census (43).max

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

**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
- Native American or Alaska Native – What is the name of your/your principal tribe?
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian
- Native Hawaiian
- Guamanian/Chamorro
- Samoan
- Other Pacific Islander
- Some other race

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**Age**

**What is this person's date of birth?**
- Month
- Day
- Year of birth

---

**Age**

**What is this person's date of birth?**
- Month
- Day
- Year of birth

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**Age**

**What is this person's date of birth?**
- Month
- Day
- Year of birth
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 and mark the "Add" box.
   Ask questions 2-6 for each person and correct the POP
   count in question 5 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 1 by marking the "Cancel" box.
   Correct the POP count in question 5 on the front cover.

   No — Continue with question 7.

Person 1

7. Print the name of Person 1 from page 2.

   First Name

   Last Name

8. What is (your/ . . . 's) marital status?
   ■ Now married
   ■ Widowed
   ■ Divorced
   ■ Separated
   ■ Never married

9a. At any time since February 1, 2000, (have you
     attended/has . . . 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.

     If "Yes," ASK — Was it public or private?
     ■ No, has not attended since February 1 — Skip to 10
     ■ Yes, public school or public college
     ■ Yes, private school or private college

9b. What grade or level (were you/ was . . . attending)?

   Mark 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)

10. (Show Card D.) What is the highest degree or level of
    school (you have/. . . has) COMPLETED? Mark 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)

11. What is (your/ . . . '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.)

12a. (Do you/Does . . . ) speak a language other than
     English at home?
     ■ Yes
     ■ No — Skip to 13

12b. What is that language?

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

12c. How well (do you/does . . . ) speak English?

   ■ Very well
   ■ Well
   ■ Not well
   ■ Not at all
Person 1 (continued)

13. Where (were you/ was . . . ) born?
   □ In the United States — Print name of state.
   □ Outside the United States — Print name of foreign country, or Puerto Rico, Guam, etc.

14. (Are you/ is . . . ) a CITIZEN of the United States?
   □ Yes, born in the United States → Skip to 16a
   □ Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Mariana Islands
   □ Yes, born abroad of American parent or parents
   □ Yes, U.S. citizen by naturalization
   □ No, not a citizen of the United States

15. What year did (you/ . . . ) come to live in the United States?
   Year

16a. Did (you/ . . . ) live in this (house/apartment) 5 years ago (on April 1, 1995)?
   □ Person is under 5 years old → Skip to 34
   □ Yes, this house → Skip to 17
   □ No, outside the United States — Print name of foreign country, or Puerto Rico, Guam, etc. below; then skip to 17.
   □ No, different house in the United States

16b. Where did (you/ . . . ) live 5 years ago?
   Name of city, town, or post office?

Did (you/ . . . ) live inside the limits of that city or town?
   □ Yes □ No, outside the city/town limits
   Name of county?
   Name of state?
   What was the ZIP Code?

17. (Do you/Does . . . ) have any of the following long-lasting conditions:

17a. Blindness, deafness, or a severe vision or hearing impairment?
   □ Yes □ No

17b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?
   □ Yes □ No

18. Because of a physical, mental, or emotional condition lasting 6 months or more, (do you/ does . . . ) have any difficulty in doing any of the following activities:

18a. Learning, remembering, or concentrating?
   □ Yes □ No

18b. Dressing, bathing, or getting around inside the home?
   □ Yes □ No

18c. ASK if this person is 16 YEARS OLD OR OVER. Going outside the home alone to shop or visit a doctor’s office?
   □ Yes □ No

18d. ASK if this person is 16 YEARS OLD OR OVER. Working at a job or business?
   □ Yes □ No

19. INTERVIEWER INSTRUCTION — Refer to question 4 on page 3 to mark a response box below.
   □ Born on or before April 1, 1985 or at least age 15 by April 1, 2000 — Ask 20a
   □ Born after April 1, 1985 → Skip to 34

If question 4 is blank, ASK — (Were you/ Was . . . ) under 15 years of age on April 1, 2000?
   □ Yes → Skip to 34 □ No — Ask 20a

20a. (Do you/Does . . . ) have any of (your/his/her) own grandchildren under the age of 18 living in this (house/apartment)?
   □ Yes □ No → Skip to 21a

20b. (Are you/ is . . . ) currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this (house/apartment)?
   □ Yes □ No → Skip to 21a

20c. How long (have you/ has . . . ) been responsible for the (the(se) grandchild(ren))? If more than one grandchild lives with (you/ . . . ), answer the question for the grandchild for whom (you have/ . . . has) been financially 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
Person 1 (continued)

21a. (Have you/has . . . ) 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
☐ No, never served in the military 

21b. (Show Card E) When did you (you. . . ) serve on active duty in the U.S. Armed Forces? Mark a box for EACH period served.

After each response ASK - Any other time?

☐ 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 to April 1975)
☐ February 1955 to July 1964
☐ Korean conflict (June 1950 to January 1955)
☐ World War II (September 1940 to July 1947)
☐ Some other time

21c. In total, how many years of active-duty military service (have you/has . . . ) had?

☐ Less than 2 years
☐ 2 years or more

22. LAST WEEK, did you (you. . . ) do ANY work for either pay or profit? Answer "Yes" even if you (you. . . ) worked only 1 hour, or helped without pay in a family business or farm for 15 hours or more, or (were/was) on active duty in the Armed Forces.

☐ Yes
☐ No → Skip to 26a

23. At what location did you (you. . . ) work LAST WEEK? If the person worked at more than one location, print where (he/she) worked most last week.

23a. Number and street name?

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

23b. Name of city, town, or post office?

23c. Is the work location inside the limits of that city or town?

☐ Yes
☐ No, outside the city/town limits

23d. Name of county?

23e. Name of U.S. state or foreign country?

23f. What was the ZIP Code?

24a. How did you (you. . . ) usually get to work LAST WEEK? If the person usually used more than one method of transportation during the trip, mark the one used for most of the distance.

☐ Car, truck, or van → Continue with 24b
☐ Bus or trolley bus
☐ Streetcar or trolley car
☐ Subway or elevated
☐ Railroad
☐ Ferryboat
☐ Taxi
☐ Motorcycle
☐ Bicycle
☐ Walked
☐ Worked at home → Skip to 28
☐ Other method → Skip to 25a

24b. How many people, including (yourself/ . . . ) usually rode to work in the car, truck, or van LAST WEEK?

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

25a. What time did you (you. . . ) usually leave home to go to work LAST WEEK?

☐ a.m.
☐ p.m.

25b. How many minutes did it usually take (you/ . . . ) to get from home to work LAST WEEK?

Minutes → Skip to 28

26a. LAST WEEK, were you/was . . . ) on layoff from a job?

☐ Yes → Skip to 26c
☐ No

26b. LAST WEEK, were you/was . . . ) TEMPORARILY absent or on vacation from a job or business?

☐ Yes, on vacation, temporary illness, labor dispute, etc. → Skip to 27
☐ No → Skip to 26d
Person 1 (continued)

26c. (Have you/has . . . ) been informed that (you/he/she) will be recalled to work within the next 6 months OR been given a date to return to work?

☐ Yes → Skip to 26e
☐ No

26d. (Have you/has . . . ) been looking for work during the last 4 weeks?

☐ Yes
☐ No → Skip to 27

26e. LAST WEEK, could (you/ . . . ) 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.)

27. When did (you/ . . . ) last work, even for a few days?

☐ 1995 to 2000
☐ 1994 or earlier, or never worked → Skip to 32

28. The next set of questions is about (your/ . . . 's) current or most recent job activity. Clearly describe (your/ . . . 's) chief job activity or business last week. If (you/ . . . ) had more than one job, describe the one at which the most hours were worked. If (you/ . . . ) had no job or business last week, give the information for the last job or business worked since 1995.

28a. For whom did (you/ . . . ) 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

28b. 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)

28c. Is this business or industry mainly – Mark ONE box.

☐ Manufacturing?
☐ Wholesale trade?
☐ Retail trade?
☐ Some other business or industry; such as, agriculture, construction, service, government, etc.?

29a. What kind of work (were you/was . . . ) doing?
(For example: registered nurse, personnel manager, supervisor of order department, auto mechanic, accountant)

29b. What (were your/were . . . 's) most important activities or duties? (For example: patient care, directing hiring policies, supervising order clerks, repairing automobiles, reconciling financial records)

30. (Show Card F.) (Were you/was . . . ) – Mark ONE box.

☐ An employee of a PRIVATE-FOR-PROFIT company or business or of an individual, for wages, salary, or commissions?
☐ An employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization?
☐ A local GOVERNMENT employee (city, county, etc.)?
☐ A state GOVERNMENT employee?
☐ A 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?

31a. LAST YEAR, 1999, did (you/ . . . ) work at a job or business at any time?

☐ Yes
☐ No → Skip to 32

31b. How many weeks did (you/ . . . ) work in 1999? Count paid vacation, paid sick leave, and military service. Weeks

31c. During the weeks WORKED in 1999, how many hours did (you/ . . . ) usually work each WEEK?

Usual hours worked each WEEK

FORM D 2(3) 4-99
32. The next set of questions is about each income source received during 1999 by (you, . . .). If the net income was a loss, please give the dollar amount of the loss. For income received jointly, report, if possible, the appropriate share for each person; otherwise, report the whole amount for only one person (and mark the "No" box for the other person). If exact amount is not known, please give best estimate.

If net income is a loss, mark the "Loss" box next to the dollar amount.

32a. Did (you, . . .) receive any wages, salary, commissions, bonuses or tips in 1999?

☐ Yes - What was the amount from all jobs before deductions for taxes, bonds, dues, or other items?
  Annual amount = Dollars

☐ No

32b. Did (you, . . .) have any self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships in 1999?

☐ Yes - What was the net income after business expenses?
  Annual amount = Dollars

☐ No

32c. Did (you, . . .) receive any interest, dividends, net rental income, royalty income, or income from estates and trusts in 1999? Report even small amounts credited to an account.

☐ Yes - What was the amount?
  Annual amount = Dollars

☐ No

32d. Did (you, . . .) receive any Social Security or Railroad Retirement income in 1999?

☐ Yes - What was the amount?
  Annual amount = Dollars

☐ No

32e. Did (you, . . .) receive any Supplemental Security Income (SSI) in 1999?

☐ Yes - What was the amount?
  Annual amount = Dollars

☐ No

32f. Did (you, . . .) receive any public assistance or welfare payments from the state or local welfare office in 1999?

☐ Yes - What was the amount?
  Annual amount = Dollars

☐ No

32g. Did (you, . . .) receive retirement, survivor, or disability pensions in 1999? Do NOT include Social Security.

☐ Yes - What was the amount?
  Annual amount = Dollars

☐ No

32h. Did (you, . . .) have any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony in 1999? Do not include lump-sum payments such as money from an inheritance or sale of a home.

☐ Yes - What was the amount?
  Annual amount = Dollars

☐ No

33. Do not ask this question if 32a–32h are completed. Instead sum these entries and subtract any losses. Enter the amount below. If total amount was a loss, mark the "Loss" box next to the amount.

What was (your, . . .')s total income in 1999?

Annual amount = Dollars

☐ Loss

34. Is this (house/apartment/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, or

☐ Occupied without payment of cash rent?

35. (Show Card G.) Which of these categories 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.

36. About when was this building first built?

☐ 1999 or 2000

☐ 1960 to 1969

☐ 1955 to 1959

☐ 1950 to 1949

☐ 1940 to 1939

☐ 1930 or earlier

☐ 1920 to 1929
37. When did (Read Person 1's name) move into this (house/apartment/mobile home)?
   - 1999 or 2000
   - 1990 to 1998
   - 1980 to 1989
   - 1970 to 1979
   - 1960 to 1969
   - 1969 or earlier

38. How many rooms do you have in this (house/apartment/mobile home)? (DO NOT count bathrooms, porches, balconies, foyers, halls, or half-rooms.)
   - Rooms

39. How many bedrooms do you have; that is, how many would you list if this (house/apartment/mobile home) were on the market for sale or rent?
   - None
   - 1 bedroom
   - 2 bedrooms
   - 3 bedrooms
   - 4 bedrooms
   - 5 or more bedrooms

40. Do you have COMPLETE plumbing facilities in this (house/apartment/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

41. Do you have COMPLETE kitchen facilities in this (house/apartment/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

42. Is there telephone service available in this (house/apartment/mobile home) from which you can both make and receive calls?
   - Yes
   - No

43. Which FUEL is used MOST for heating this (house/apartment/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

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

45. REFER TO 35. Ask 45a, 45b, and 45c ONLY if this is a ONE-FAMILY HOUSE OR MOBILE HOME. All others skip to 46.

45a. Is there a business (such as a store or barber shop) or a medical office on this property?
   - Yes
   - No

45b. How many acres is this (house/mobile home) on?
   - Less than 1 acre → Skip to 46
   - 1 to 9.9 acres
   - 10 or more acres

45c. In 1999, what were the actual sales of all agricultural products from this property?
   - None
   - $1 to $999
   - $1,000 to $2,599
   - $2,500 to $4,999
   - $5,000 to $9,999
   - $10,000 or more

46. What is the annual cost for - (If respondent has lived here less than 1 year, ask him/her to estimate the annual cost.)

46a. Electricity?
   - Annual cost – Dollars
   - OR
   - Included in rent or in condominium fee
   - No charge or electricity not used

46b. Gas?
   - Annual cost – Dollars
   - OR
   - Included in rent or in condominium fee
   - No charge or gas not used

46c. Water and sewer?
   - Annual cost – Dollars
   - OR
   - Included in rent or in condominium fee
   - No charge

46d. Oil, coal, kerosene, wood, etc.?
   - Annual cost – Dollars
   - OR
   - Included in rent or in condominium fee
   - No charge or these fuels not used
54. What were the real estate taxes on THIS property last year?
   Yearly amount – Dollars
   OR
   □ None

55. What was the annual payment for fire, hazard, and flood insurance on THIS property?
   Annual cost – Dollars
   OR
   □ None

56. (Show Card I) What is the value of this property: that is, how much do you think this (house and lot/apartment/mobile home and lot) would sell for if it were for sale?
   □ Less than $10,000 □ $10,000 to $19,999 □ $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 or more

57a. Is this (house/apartment/mobile home) part of a condominium?
   □ Yes
   □ No – Skip to 58

57b. What is the monthly condominium fee?
   Monthly amount – Dollars

58. REFER TO 35. Ask 58a and 58b ONLY if this is a MOBILE HOME –

58a. Do you have an installment loan or contract on THIS mobile home?
   □ Yes
   □ No

58b. 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

59. Refer to SS on the front cover. If the number of people is more than one, continue on the next page. If not, skip to the "Respondent Information" block on page 31.