

FORM **D-2(E)** U.S. DEPARTMENT OF COMMERCE
(4-9-99) 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 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).	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>Person 1</p> <p>First Name MI</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>Person 2</p> <p>First Name MI</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>Person 3</p> <p>First Name MI</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>Person 4</p> <p>First Name MI</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>Person 5</p> <p>First Name MI</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>

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ENUMERATOR NOTE: Refer to S5 on the cover. If the number of people is more than 5, add additional household members to Form D-2(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

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

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

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

Korean

Vietnamese

Other Asian

Native Hawaiian

Guamanian/Chamorro

Samoan

Other Pacific Islander

Some other race

What is this race? ↗



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 and mark the "Add" box. Ask questions 2-6 for each person and correct the POP count in question 55 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 55 on the front cover.
- No - Continue with question 7.

Person 1

- 7.** Print the name of Person 1 from page 2.
- First Name MI

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/ls . . .) 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 Marianas

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/ls . . .) 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(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 } Skip to 22

- 21b.** (Show Card E.) When did (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/. . .) do ANY work for either pay or profit? Answer "Yes" even if (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/. . .) 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/. . .) 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
 - Taxicab
 - Motorcycle
 - Bicycle
 - Walked
 - Worked at home → Skip to 28
 - Other method → Skip to 25a
- } Skip to 25a

- 24b.** How many people, including (yourself/. . .), usually rode to work in the car, truck, or van LAST WEEK?
- Drove alone
 - 2 people
 - 3 people
 - 4 people
 - 5 or 6 people
 - 7 or more people

- 25a.** What time did (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?

If "No," ASK - For what reason?

- 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 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 you/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



Person 1 (continued)

- 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
- Loss
- 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
- Loss
- 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
- None OR Loss

The next set of questions is about your household.

- 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?
- | | |
|---------------------------------------|--|
| <input type="checkbox"/> 1999 or 2000 | <input type="checkbox"/> 1960 to 1969 |
| <input type="checkbox"/> 1995 to 1998 | <input type="checkbox"/> 1950 to 1959 |
| <input type="checkbox"/> 1990 to 1994 | <input type="checkbox"/> 1940 to 1949 |
| <input type="checkbox"/> 1980 to 1989 | <input type="checkbox"/> 1939 or earlier |
| <input type="checkbox"/> 1970 to 1979 | |



Person 1 (continued)

37. When did (Read Person 1's name) move into this (house/apartment/mobile home)?

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> 1999 or 2000 | <input type="checkbox"/> 1980 to 1989 |
| <input type="checkbox"/> 1995 to 1998 | <input type="checkbox"/> 1970 to 1979 |
| <input type="checkbox"/> 1990 to 1994 | <input type="checkbox"/> 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?

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> None | <input type="checkbox"/> 3 bedrooms |
| <input type="checkbox"/> 1 bedroom | <input type="checkbox"/> 4 bedrooms |
| <input type="checkbox"/> 2 bedrooms | <input type="checkbox"/> 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. (Show Card H.) 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 \$2,499
 \$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



Person 1 (continued)

47. REFER TO 34. Ask 47a and 47b ONLY if RENT is paid for this (house/apartment/mobile home) – All others skip to 48.

47a. What is the monthly rent?
Monthly amount – Dollars

47b. Does the monthly rent include any meals?

- Yes
- No

48. REFER TO 34. Ask questions 48 to 58b if someone in the household OWNS or IS BUYING this house, apartment, or mobile home; otherwise, skip to questions for Person 2.

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

- Yes, mortgage, deed of trust, or similar debt
- Yes, contract to purchase
- No → Skip to 52

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

Monthly amount – Dollars

OR

- No regular payment required → Skip to 52

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

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

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

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

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

If "Yes," ASK – Which ones?

- Yes, a second mortgage
- Yes, a home equity loan
- No → Skip to 54

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

Monthly amount – Dollars

OR

- No regular payment required

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 1.) 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?

- | | |
|---|---|
| <input type="checkbox"/> Less than \$10,000 | <input type="checkbox"/> \$90,000 to \$99,999 |
| <input type="checkbox"/> \$10,000 to \$14,999 | <input type="checkbox"/> \$100,000 to \$124,999 |
| <input type="checkbox"/> \$15,000 to \$19,999 | <input type="checkbox"/> \$125,000 to \$149,999 |
| <input type="checkbox"/> \$20,000 to \$24,999 | <input type="checkbox"/> \$150,000 to \$174,999 |
| <input type="checkbox"/> \$25,000 to \$29,999 | <input type="checkbox"/> \$175,000 to \$199,999 |
| <input type="checkbox"/> \$30,000 to \$34,999 | <input type="checkbox"/> \$200,000 to \$249,999 |
| <input type="checkbox"/> \$35,000 to \$39,999 | <input type="checkbox"/> \$250,000 to \$299,999 |
| <input type="checkbox"/> \$40,000 to \$49,999 | <input type="checkbox"/> \$300,000 to \$399,999 |
| <input type="checkbox"/> \$50,000 to \$59,999 | <input type="checkbox"/> \$400,000 to \$499,999 |
| <input type="checkbox"/> \$60,000 to \$69,999 | <input type="checkbox"/> \$500,000 to \$749,999 |
| <input type="checkbox"/> \$70,000 to \$79,999 | <input type="checkbox"/> \$750,000 to \$999,999 |
| <input type="checkbox"/> \$80,000 to \$89,999 | <input type="checkbox"/> \$1,000,000 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 55 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.