

1940 QUESTIONNAIRE—POPULATION

(23 3/4" X 18 1/2", printed on two sides, space for 40 entries on each side plus two additional lines for the 5-percent sample questions; reverse side was identical

except that lines were numbered 41 to 80, and the sample-line numbers were different.) Similar, but less detailed forms were used outside the continental United States.

Line No.	LOCATION		HOUSEHOLD DATA				NAME	RELATION	PERSONAL DESCRIPTION				EDUCATION		
	Street, avenue, road, etc.	House number (in cities and towns)	Number of household in order of visitation	Home owned (O) or rented (R)	Value of home, if owned, or monthly rental, if rented	Does this household live on a farm? (Yes or No)			Relationship of this person to the head of the household, as wife, daughter, father, mother-in-law, grandson, lodger, lodger's wife, servant, hired hand, etc.	Sex—Male (M), Female (F)	Color or race	Age at last birthday	Marital status—Single (S), Married (M), Widowed (W), Divorced (D)	Attended school or college any time since March 1, 1940? (Yes or No)	Highest grade of school completed
1	2	3	4	5	6	7	8	A	9	10	11	12	13	14	B

PLACE OF BIRTH		CITIZENSHIP	RESIDENCE, APRIL 1, 1935				
<p>If born in the United States, give State, Territory, or possession.</p> <p>If foreign born, give country in which birthplace was situated on January 1, 1937.</p> <p>Distinguish Canada-French from Canada-English and Irish Free State (Eire) from Northern Ireland.</p>	CODE (Leave blank)		<p>Citizenship of the foreign born</p>	<p>IN WHAT PLACE DID THIS PERSON LIVE ON APRIL 1, 1935? For a person who, on April 1, 1935, was living in the same house as at present, enter in Col. 17 "Same house," and for one living in a different house but in the same city or town, enter, "Same place," leaving Cols. 18, 19, and 20 blank, in both instances. For a person who lived in a different place, enter city or town, county, and State, as directed in the Instructions. (Enter actual place of residence, which may differ from mail address)</p>			
		15		C	16	17	18

PERSONS 14 YEARS OLD AND OVER—EMPLOYMENT STATUS																																																					
Was this person AT WORK for pay or profit during week of March 24-30? (Yes or No)		If not, was he at work on, or assigned to, public EMERGENCY WORK (W.P.A., N.Y.A., C.C.C., etc.) during week of March 24-30? (Yes or No)		If neither at work nor assigned to public emergency work, ("No" in Cols. 21 and 23)		For persons answering "No" to quest. 21, 23, 25, and 24		If at private or nonemer-gency Gov-ernment work. ("Yes" in Col. 21)		If seeking work or as-signed to public emergency work. ("Yes" in Col. 22 or 23)		OCCUPATION, INDUSTRY, AND CLASS OF WORKER			INCOME IN 1939 (12 months ending December 31, 1939)																																						
21	22	23	24	25	E	26	27	OCCUPATION			INDUSTRY			31	32	33	34																																				
Trade, profession, or partic-ular kind of work, as—			frams spinner			salesman			laborer			rivet heater			music teacher			cotton mill			retail grocery			farm			shippard			public school			Class of worker			CODE (Leave blank)			Number of weeks worked in 1939 (Equivalent full-time weeks)			Amount of money wages or salary received (including commissions)			Did this person receive in-come of \$50 or more from source other than money wages or salary? (Yes or No)			Number of Farm Schedule			Line No.		
21	22	23	24	25	E	26	27	28			29			30	F	31	32	33	34																																		

SUPPLEMENTARY QUESTIONS		FOR PERSONS OF ALL AGES													
For Persons Enumerated on Lines 14 and 29		PLACE OF BIRTH OF FATHER AND MOTHER				MOTHER TONGUE (OR NATIVE LANGUAGE)		VETERANS							
Line No.	NAME	If born in the United States, give State, Territory, or possession. If foreign born, give country in which birthplace was situated on January 1, 1937. Distinguish Canada-French from Canada-English and Irish Free State (Eire) from Northern Ireland.						Language spoken in home in earliest childhood	CODE (Leave blank)	Is this person a veteran of the United States military forces; or the wife, widow, or under-18-year-old child of a veteran?					
		FATHER		MOTHER		CODE (Leave blank)	If so, enter "Yes"			If child is yet-teen or under 18, enter "Yes" or "No"	War or military service	CODE (Leave blank)			
14	35	36						37	G	38	H	39	40	41	I
29															

FOR PERSONS 14 YEARS OLD AND OVER				FOR ALL WOMEN WHO ARE OR HAVE BEEN MARRIED		FOR OFFICE USE ONLY—DO NOT WRITE IN THESE COLUMNS																				
SOCIAL SECURITY				USUAL OCCUPATION, INDUSTRY, AND CLASS OF WORKER		Has this woman been accepted for insurance? (Yes or No)	Age at first marriage	Number of children ever born (Do not include stillborn)	Tvs. (4)	Y-R (5)	Fm. res. and sex (6 and 9)	Color and nat. (10, 14, 26, and 27)	Age (1)	Mar. st. (12)	Gr. con. (13)	Cit. (16)	Wks. st. (18)	Hrs. wkd. or Dur. of ill. (19)	Occupation, industry, and class of worker (7)	Wks. wkd. (21)	Wages (22)	Ot. inc. (23)	Y	Z	Line No.	
42	43	44	45	46	47																					CODE (Leave blank)
42	43	44	45	46	47	J	48	49	50	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	14
																										29

Instructions to Enumerators

In order to make the census as complete as possible, enumerators were provided with several kinds of schedules (not reproduced here) for use in obtaining information about nonresidents who might not be reported at their homes, transients, new occupants of then vacant living quarters, absent households, etc. A “household” was defined in terms of “one set of cooking facilities or house-keeping arrangements.”

With regard to race, the only change from 1930 was that Mexicans were to be listed as White unless they were definitely Indian or some race other than White.

There were detailed rules for completing the employment portion of the schedule (cols. 21-31) and for coding column 30 on the basis of the occupation entered in column 28.

Veteran status (col. 39) was extended to peacetime service as well as during wars and expeditions.

Enumerators carried a supply of a separate report form, P-16, which persons unwilling to give income information verbally could use. The completed form was to be inserted in an accompanying envelope, sealed, and given to the census taker for mailing.

It should be noted that questions 35 through 50 were asked only of a 5-percent sample of the population.

1940 QUESTIONNAIRE—CENSUS OF OCCUPIED DWELLINGS

(23 1/2" X 19," printed on two sides, space for 15 entries on each side, reverse side identical except that the lines were numbered 16 to 30; yellow stock)

SECTION	I. LOCATION AND HOUSEHOLD DATA						II. CHARACTERISTICS OF STRUCTURE					
	1	2	3	4	5	6	7	8	9	10	11	12
1	No. of structure in order of visitation	Population Line No. Block No.	Color or race of head White <input type="checkbox"/> 1 Negro <input type="checkbox"/> 2 All other <input type="checkbox"/> 3	Number of persons in household	Live on a farm? Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0	Home ten-ure Owned <input type="checkbox"/> 0 Rented <input type="checkbox"/> 1	Value of home or monthly rental \$.....	Type of structure in which this dwelling unit is located Structure with- out business No. of units 1-family detached... <input type="checkbox"/> V 1-family attached... <input type="checkbox"/> 0 2-family side-by-side... <input type="checkbox"/> 1 2-family other... <input type="checkbox"/> 2	Originally built as: Resid. struct. same no. dwlg. units <input type="checkbox"/> 1 Resid. struct. differ. no. dwlg. units <input type="checkbox"/> 2 Nonresid. struct. <input type="checkbox"/> 3	Exterior material Wood <input type="checkbox"/> 1 Brick <input type="checkbox"/> 2 Stucco <input type="checkbox"/> 3 Other <input type="checkbox"/> 4	Struc- ture in need of major repairs? Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0	Year orig- inally built
	Dwelling unit No. within structure	Name of head..... Street and No. Apt. No. or location.....					Est. rent of owned nonfarm home \$.....	3- or- more fam. struct. without bus. <input type="checkbox"/> 0 Struct. with business <input type="checkbox"/> 1 Other dwell- ing place... <input type="checkbox"/> 2				

13	14	15	16	17	18	19	20	21	22
Number of rooms	Water supply Running water in dwelling unit... <input type="checkbox"/> 1 Hand pump in dwelling unit... <input type="checkbox"/> 2 Running water within 50 ft. <input type="checkbox"/> 3 Other supply within 50 ft. <input type="checkbox"/> 4 No water supply within 50 ft. <input type="checkbox"/> 5	Toilet facilities Flush toilet in str., excl. use <input type="checkbox"/> 1 Flush toilet in str., shared... <input type="checkbox"/> 2 Nonflush toilet in structure... <input type="checkbox"/> 3 Outside toilet or privy... <input type="checkbox"/> 4 No toilet or privy... <input type="checkbox"/> 5	Bathtub or shower with running water in structure Exclusive use... <input type="checkbox"/> 1 Shar- ed... <input type="checkbox"/> 2 None... <input type="checkbox"/> 3	Principal lighting equip't Elec- tric <input type="checkbox"/> 1 Gas <input type="checkbox"/> 2 Ker. gasol. <input type="checkbox"/> 3 Other <input type="checkbox"/> 4	Principal refrig- eration equip't Mechan- ical <input type="checkbox"/> 1 Ice <input type="checkbox"/> 2 Other <input type="checkbox"/> 3 None <input type="checkbox"/> 4	Radio in dwelling unit? Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0	Heating equipment Steam or hot water system... <input type="checkbox"/> 1 Piped warm air system... <input type="checkbox"/> 2 Pipeless warm air furnace... <input type="checkbox"/> 3 Heating stove... <input type="checkbox"/> 4 Other or none... <input type="checkbox"/> 5	Principal fuel used for heating Coal or coke <input type="checkbox"/> 1 Wood <input type="checkbox"/> 2 Gas <input type="checkbox"/> 3 Elec- tric <input type="checkbox"/> 4 None <input type="checkbox"/> 8	Principal fuel used for cooking Coal or coke <input type="checkbox"/> 1 Wood <input type="checkbox"/> 2 Gas... <input type="checkbox"/> 3 Elec- tric <input type="checkbox"/> 4 None <input type="checkbox"/> 8

23	24	25	26	27	28	29	30	31
Furni- ture incl. in rent? Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0 Est. rent without furniture \$.....	Average monthly cost of— Elec. \$..... Gas \$..... Other fuel \$..... Water \$.....	Value of property No. of dwlg. units..... D	Mortgage on property Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0 Present debt On 1st mtg. \$..... On 2d mtg. \$.....	Regular pay- ments required Month- ly <input type="checkbox"/> 1 Quar- terly <input type="checkbox"/> 2 Semi- annual <input type="checkbox"/> 3 Annual <input type="checkbox"/> 4	Do payments include an amount for reduction of principal? Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0	Do payments include real estate taxes? Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0	Inter- est rate now chg'd % E	Holder of first mortgage (or land contract) Btg. & Loan <input type="checkbox"/> 1 Com. Bank <input type="checkbox"/> 2 Savings Bank <input type="checkbox"/> 3 Life ins- sur. Co. <input type="checkbox"/> 4 Mfg. Co. <input type="checkbox"/> 5 HOLC <input type="checkbox"/> 6 Individ- ual <input type="checkbox"/> 7 Other <input type="checkbox"/> 8