

1980 Questionnaire

A separate questionnaire (a 10" X 11" booklet), containing both population and housing items, was used for each household, and completed by a respondent.

Page 2

ALSO ANSWER THE HOUSING QUESTIONS ON PAGE 3

Here are the QUESTIONS	PERSON in column 1		PERSON in column 2		PERSON in column 3		PERSON in column 4		PERSON in column 5		PERSON in column 6			
	First name	Middle initial	Last name	Middle initial	Last name	Middle initial	Last name	Middle initial	Last name	Middle initial	Last name	Middle initial		
2. How is this person related to the person in column 1? <i>Fill one circle.</i> <i>If "Other relative" of person in column 1, give exact relationship, such as mother-in-law, niece, grandson, etc.</i>	START: In this column with the household member (or one of the members) in whose name the home is owned or rented. If there is no such person, start in this column with any adult household member.		If relative of person in column 1: <input type="checkbox"/> Husband/wife <input type="checkbox"/> Son/daughter <input type="checkbox"/> Brother/sister <input type="checkbox"/> Other relative		If relative of person in column 1: <input type="checkbox"/> Husband/wife <input type="checkbox"/> Son/daughter <input type="checkbox"/> Brother/sister <input type="checkbox"/> Other relative		If relative of person in column 1: <input type="checkbox"/> Husband/wife <input type="checkbox"/> Son/daughter <input type="checkbox"/> Brother/sister <input type="checkbox"/> Other relative		If relative of person in column 1: <input type="checkbox"/> Husband/wife <input type="checkbox"/> Son/daughter <input type="checkbox"/> Brother/sister <input type="checkbox"/> Other relative		If relative of person in column 1: <input type="checkbox"/> Husband/wife <input type="checkbox"/> Son/daughter <input type="checkbox"/> Brother/sister <input type="checkbox"/> Other relative		If relative of person in column 1: <input type="checkbox"/> Husband/wife <input type="checkbox"/> Son/daughter <input type="checkbox"/> Brother/sister <input type="checkbox"/> Other relative	
3. Sex <i>Fill one circle.</i>	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Male <input type="checkbox"/> Female			
4. Is this person — <i>Fill one circle.</i>	<input type="checkbox"/> White <input type="checkbox"/> Black or Negro <input type="checkbox"/> Japanese <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Indian (Amer.) <input type="checkbox"/> Other — Specify <small>Print title</small>		<input type="checkbox"/> Asian Indian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Japanese <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Indian (Amer.) <input type="checkbox"/> Other — Specify <small>Print title</small>		<input type="checkbox"/> White <input type="checkbox"/> Black or Negro <input type="checkbox"/> Japanese <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Indian (Amer.) <input type="checkbox"/> Other — Specify <small>Print title</small>		<input type="checkbox"/> White <input type="checkbox"/> Black or Negro <input type="checkbox"/> Japanese <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Indian (Amer.) <input type="checkbox"/> Other — Specify <small>Print title</small>		<input type="checkbox"/> White <input type="checkbox"/> Black or Negro <input type="checkbox"/> Japanese <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Indian (Amer.) <input type="checkbox"/> Other — Specify <small>Print title</small>		<input type="checkbox"/> White <input type="checkbox"/> Black or Negro <input type="checkbox"/> Japanese <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Indian (Amer.) <input type="checkbox"/> Other — Specify <small>Print title</small>		<input type="checkbox"/> White <input type="checkbox"/> Black or Negro <input type="checkbox"/> Asian Indian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Japanese <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Indian (Amer.) <input type="checkbox"/> Other — Specify <small>Print title</small>	
5. Age, and month and year of birth <i>a. Print age at last birthday.</i> <i>b. Print month and fill one circle.</i> <i>c. Print year in the spaces, and fill one circle below each number.</i>	a. Age at last birthday 1 2 3 4 5 6 7 8 9 10 11 12 b. Month of birth 1 2 3 4 5 6 7 8 9 c. Year of birth 1 2 3 4 5 6 7 8 9 0		a. Age at last birthday 1 2 3 4 5 6 7 8 9 10 11 12 b. Month of birth 1 2 3 4 5 6 7 8 9 c. Year of birth 1 2 3 4 5 6 7 8 9 0		a. Age at last birthday 1 2 3 4 5 6 7 8 9 10 11 12 b. Month of birth 1 2 3 4 5 6 7 8 9 c. Year of birth 1 2 3 4 5 6 7 8 9 0		a. Age at last birthday 1 2 3 4 5 6 7 8 9 10 11 12 b. Month of birth 1 2 3 4 5 6 7 8 9 c. Year of birth 1 2 3 4 5 6 7 8 9 0		a. Age at last birthday 1 2 3 4 5 6 7 8 9 10 11 12 b. Month of birth 1 2 3 4 5 6 7 8 9 c. Year of birth 1 2 3 4 5 6 7 8 9 0		a. Age at last birthday 1 2 3 4 5 6 7 8 9 10 11 12 b. Month of birth 1 2 3 4 5 6 7 8 9 c. Year of birth 1 2 3 4 5 6 7 8 9 0		a. Age at last birthday 1 2 3 4 5 6 7 8 9 10 11 12 b. Month of birth 1 2 3 4 5 6 7 8 9 c. Year of birth 1 2 3 4 5 6 7 8 9 0	
6. Marital status <i>Fill one circle.</i>	<input type="checkbox"/> Now married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		<input type="checkbox"/> Now married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		<input type="checkbox"/> Now married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		<input type="checkbox"/> Now married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		<input type="checkbox"/> Now married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		<input type="checkbox"/> Now married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced			
7. Is this person of Spanish/Hispanic origin or descent? <i>Fill one circle.</i>	<input type="checkbox"/> No (not Spanish/Hispanic) <input type="checkbox"/> Yes, Mexican, Mexican-Amer., Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic		<input type="checkbox"/> No (not Spanish/Hispanic) <input type="checkbox"/> Yes, Mexican, Mexican-Amer., Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic		<input type="checkbox"/> No (not Spanish/Hispanic) <input type="checkbox"/> Yes, Mexican, Mexican-Amer., Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic		<input type="checkbox"/> No (not Spanish/Hispanic) <input type="checkbox"/> Yes, Mexican, Mexican-Amer., Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic		<input type="checkbox"/> No (not Spanish/Hispanic) <input type="checkbox"/> Yes, Mexican, Mexican-Amer., Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic		<input type="checkbox"/> No (not Spanish/Hispanic) <input type="checkbox"/> Yes, Mexican, Mexican-Amer., Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic			
8. Since February 1, 1980, has this person attended regular school or college at any time? <i>Fill one circle. Count nursery school, kindergarten, elementary school, and schooling which leads to a high school diploma or college degree.</i>	<input type="checkbox"/> No, has not attended since February 1 <input type="checkbox"/> Yes, public school, public college <input type="checkbox"/> Yes, private, church-related <input type="checkbox"/> Yes, private, not church-related		<input type="checkbox"/> No, has not attended since February 1 <input type="checkbox"/> Yes, public school, public college <input type="checkbox"/> Yes, private, church-related <input type="checkbox"/> Yes, private, not church-related		<input type="checkbox"/> No, has not attended since February 1 <input type="checkbox"/> Yes, public school, public college <input type="checkbox"/> Yes, private, church-related <input type="checkbox"/> Yes, private, not church-related		<input type="checkbox"/> No, has not attended since February 1 <input type="checkbox"/> Yes, public school, public college <input type="checkbox"/> Yes, private, church-related <input type="checkbox"/> Yes, private, not church-related		<input type="checkbox"/> No, has not attended since February 1 <input type="checkbox"/> Yes, public school, public college <input type="checkbox"/> Yes, private, church-related <input type="checkbox"/> Yes, private, not church-related		<input type="checkbox"/> No, has not attended since February 1 <input type="checkbox"/> Yes, public school, public college <input type="checkbox"/> Yes, private, church-related <input type="checkbox"/> Yes, private, not church-related			
9. What is the highest grade (or year) of regular school this person has ever attended? <i>Fill one circle.</i> <i>If now attending school, mark grade person is in. If high school was finished by equivalency test (GED), mark "12."</i>	Highest grade attended: <input type="checkbox"/> Nursery school <input type="checkbox"/> Kindergarten Elementary through high school (grade or year) 1 2 3 4 5 6 7 8 9 10 11 12 College (academic year) 1 2 3 4 5 6 7 8 or more <input type="checkbox"/> Never attended school — skip question 10		Highest grade attended: <input type="checkbox"/> Nursery school <input type="checkbox"/> Kindergarten Elementary through high school (grade or year) 1 2 3 4 5 6 7 8 9 10 11 12 College (academic year) 1 2 3 4 5 6 7 8 or more <input type="checkbox"/> Never attended school — skip question 10		Highest grade attended: <input type="checkbox"/> Nursery school <input type="checkbox"/> Kindergarten Elementary through high school (grade or year) 1 2 3 4 5 6 7 8 9 10 11 12 College (academic year) 1 2 3 4 5 6 7 8 or more <input type="checkbox"/> Never attended school — skip question 10		Highest grade attended: <input type="checkbox"/> Nursery school <input type="checkbox"/> Kindergarten Elementary through high school (grade or year) 1 2 3 4 5 6 7 8 9 10 11 12 College (academic year) 1 2 3 4 5 6 7 8 or more <input type="checkbox"/> Never attended school — skip question 10		Highest grade attended: <input type="checkbox"/> Nursery school <input type="checkbox"/> Kindergarten Elementary through high school (grade or year) 1 2 3 4 5 6 7 8 9 10 11 12 College (academic year) 1 2 3 4 5 6 7 8 or more <input type="checkbox"/> Never attended school — skip question 10		Highest grade attended: <input type="checkbox"/> Nursery school <input type="checkbox"/> Kindergarten Elementary through high school (grade or year) 1 2 3 4 5 6 7 8 9 10 11 12 College (academic year) 1 2 3 4 5 6 7 8 or more <input type="checkbox"/> Never attended school — skip question 10			
10. Did this person finish the highest grade (or year) attended? <i>Fill one circle.</i>	<input type="checkbox"/> Now attending this grade (or year) <input type="checkbox"/> Finished this grade (or year) <input type="checkbox"/> Did not finish this grade (or year)		<input type="checkbox"/> Now attending this grade (or year) <input type="checkbox"/> Finished this grade (or year) <input type="checkbox"/> Did not finish this grade (or year)		<input type="checkbox"/> Now attending this grade (or year) <input type="checkbox"/> Finished this grade (or year) <input type="checkbox"/> Did not finish this grade (or year)		<input type="checkbox"/> Now attending this grade (or year) <input type="checkbox"/> Finished this grade (or year) <input type="checkbox"/> Did not finish this grade (or year)		<input type="checkbox"/> Now attending this grade (or year) <input type="checkbox"/> Finished this grade (or year) <input type="checkbox"/> Did not finish this grade (or year)		<input type="checkbox"/> Now attending this grade (or year) <input type="checkbox"/> Finished this grade (or year) <input type="checkbox"/> Did not finish this grade (or year)			
	CENSUS USE ONLY A . 1 2 3 4 5 6 7 8 9 10 11 12 N		CENSUS USE ONLY A . 1 2 3 4 5 6 7 8 9 10 11 12 N		CENSUS USE ONLY A . 1 2 3 4 5 6 7 8 9 10 11 12 N		CENSUS USE ONLY A . 1 2 3 4 5 6 7 8 9 10 11 12 N		CENSUS USE ONLY A . 1 2 3 4 5 6 7 8 9 10 11 12 N		CENSUS USE ONLY A . 1 2 3 4 5 6 7 8 9 10 11 12 N			

Name of Person 1 on page 2:

Last name _____ First name _____ Middle initial _____

11. In what State or foreign country was this person born?
Print the State where this person's mother was living when this person was born. Do not give the location of the hospital unless the mother's home and the hospital were in the same State.

Name of State or foreign country; or Puerto Rico, Guam, etc.

12. If this person was born in a foreign country —

a. Is this person a naturalized citizen of the United States?

Yes, a naturalized citizen
 No, not a citizen
 Born abroad of American parents

b. When did this person come to the United States to stay?

1975 to 1980 1965 to 1969 1950 to 1959
 1970 to 1974 1960 to 1964 Before 1950

13a. Does this person speak a language other than English at home?

Yes No, only speaks English — *Skip to 14*

b. What is this language?

(For example — Chinese, Italian, Spanish, etc.)

c. How well does this person speak English?

Very well Not well
 Well Not at all

14. What is this person's ancestry? If uncertain about how to report ancestry, see instruction guide.

(For example: Afro-Amer., English, French, German, Honduran, Hungarian, Irish, Italian, Jamaican, Korean, Lebanese, Mexican, Nigerian, Polish, Ukrainian, Venezuelan, etc.)

15a. Did this person live in this house five years ago (April 1, 1975)?
If in college or Armed Forces in April 1975, report place of residence there.

Born April 1975 or later — *Turn to next page for next person*
 Yes, this house — *Skip to 16*
 No, different house

b. Where did this person live five years ago (April 1, 1975)?

(1) State, foreign country, Puerto Rico, Guam, etc.: _____

(2) County: _____

(3) City, town, village, etc.: _____

(4) Inside the incorporated (legal) limits of that city, town, village, etc.?

Yes No, in unincorporated area

16. When was this person born?

Born before April 1965 — *Please go on with questions 17-33*
 Born April 1965 or later — *Turn to next page for next person*

17. In April 1975 (five years ago) was this person —

a. On active duty in the Armed Forces?

Yes No

b. Attending college?

Yes No

c. Working at a job or business?

Yes, full time No
 Yes, part time

18a. Is this person a veteran of active-duty military service in the Armed Forces of the United States?
If service was in National Guard or Reserves only, see instruction guide.

Yes No — *Skip to 19*

b. Was active-duty military service during —
Fill a circle for each period in which this person served.

May 1975 or later
 Vietnam era (August 1964—April 1975)
 February 1955—July 1964
 Korean conflict (June 1950—January 1955)
 World War II (September 1940—July 1947)
 World War I (April 1917—November 1918)
 Any other time

19. Does this person have a physical, mental, or other health condition which has lasted for 6 or more months and which . . .

a. Limits the kind or amount of work this person can do at a job? Yes No
 Yes No

b. Prevents this person from working at a job? Yes No

c. Limits or prevents this person from using public transportation? Yes No

20. If this person is a female —

How many babies has she ever had, not counting stillbirths? None 1 2 3 4 5 6
 None 1 2 3 4 5 6

Do not count her stepchildren or children she has adopted. 7 8 9 10 11 12 or more
 7 8 9 10 11 12 or more

21. If this person has ever been married —

a. Has this person been married more than once?

Once More than once

b. Month and year of marriage? Month and year of first marriage?

(Month) (Year) (Month) (Year)

c. If married more than once — Did the first marriage end because of the death of the husband (or wife)?

Yes No

22a. Did this person work at any time last week?

Yes — *Fill this circle if this person worked full time or part time. (Count part-time work such as delivering papers, or helping without pay in a family business or farm. Also count active duty in the Armed Forces.)* No — *Fill this circle if this person did not work, or did only own housework, school work, or volunteer work.*

Yes No

Skip to 25

b. How many hours did this person work last week (at all jobs)?
Subtract any time off; add overtime or extra hours worked.

Hours

23. At what location did this person work last week?
If this person worked at more than one location, print where he or she worked most last week. If one location cannot be specified, see instruction guide.

a. Address (Number and street) _____

If street address is not known, enter the building name, shopping center, or other physical location description.

b. Name of city, town, village, borough, etc.

c. Is the place of work inside the incorporated (legal) limits of that city, town, village, borough, etc.?

Yes No, in unincorporated area

d. County _____

e. State _____ **f. ZIP Code** _____

24a. Last week, how long did it usually take this person to get from home to work (one way)?

_____ Minutes

b. How did this person usually get to work last week?
If this person used more than one method, give the one usually used for most of the distance.

Car Taxicab
 Truck Motorcycle
 Van Bicycle
 Bus or streetcar Walked only
 Railroad Worked at home
 Subway or elevated Other — *Specify* _____

If car, truck, or van in 24b, go to 24c. Otherwise, skip to 28.

FOR CENSUS USE ONLY

Per. No.	11.	13b.	14.	15b.	23.	VL	24a.
1	0 0 0	0 0 0	0 0 0	0 0 0 0 0 0	0 0 0 0 0 0	0 0 0	0 0
2	1 1 1	1 1 1	1 1 1	1 1 1 1 1 1	1 1 1 1 1 1	1 1 1	1 1
3	2 2 2	2 2 2	2 2 2	2 2 2 2 2 2	2 2 2 2 2 2	2 2 2	2 2
4	3 3 3	3 3 3	3 3 3	3 3 3 3 3 3	3 3 3 3 3 3	3 3 3	3 3
5	4 4 4	4 4 4	4 4 4	4 4 4 4 4 4	4 4 4 4 4 4	4 4 4	4 4
6	5 5 5	5 5 5	5 5 5	5 5 5 5 5 5	5 5 5 5 5 5	5 5 5	5 5
7	6 6 6	6 6 6	6 6 6	6 6 6 6 6 6	6 6 6 6 6 6	6 6 6	6 6
8	7 7 7	7 7 7	7 7 7	7 7 7 7 7 7	7 7 7 7 7 7	7 7 7	7 7
9	8 8 8	8 8 8	8 8 8	8 8 8 8 8 8	8 8 8 8 8 8	8 8 8	8 8
0	9 9 9	9 9 9	9 9 9	9 9 9 9 9 9	9 9 9 9 9 9	9 9 9	9 9

NOW PLEASE ANSWER QUESTIONS H1-H12 FOR YOUR HOUSEHOLD

If you listed more than 7 persons in Question 1, please see note on page 20.

PERSON in column 7. Last name, First name, Middle initial, If relative of person in column 1, If not related to person in column 1, Male/Female, Race, a. Age at last birthday, b. Month of birth, c. Year of birth, Highest grade attended, Elementary through high school, College, CENSUS USE ONLY.

H1. Did you leave anyone out of Question 1 because you were not sure if the person should be listed... H2. Did you list anyone in Question 1 who is away from home now... H3. Is anyone visiting here who is not already listed... H4. How many living quarters, occupied and vacant, are at this address... H5. Do you enter your living quarters... H6. Do you have complete plumbing facilities in your living quarters... H7. How many rooms do you have in your living quarters... H8. Are your living quarters...

H9. Is this apartment (house) part of a condominium? H10. If this is a one-family house... H11. If you live in a one-family house or a condominium unit which you own or are buying... H12. If you pay rent for your living quarters... What is the monthly rent?

FOR CENSUS USE ONLY. A4. Block number, A6. Serial number, B. Type of unit or quarters, C1. Is this unit for..., C2. Vacancy status, C3. Is this unit boarded up?, D. Months vacant, E. Indicators, F. Total persons.

<p>H13. Which best describes this building? <i>Include all apartments, flats, etc., even if vacant.</i></p> <p><input type="radio"/> A mobile home or trailer <input type="radio"/> A one-family house detached from any other house <input type="radio"/> A one-family house attached to one or more houses <input type="radio"/> A building for 2 families <input type="radio"/> A building for 3 or 4 families <input type="radio"/> A building for 5 to 9 families <input type="radio"/> A building for 10 to 19 families <input type="radio"/> A building for 20 to 49 families <input type="radio"/> A building for 50 or more families <input type="radio"/> A boat, tent, van, etc.</p>	<p>H21a. Which fuel is used most for house heating?</p> <p><input type="radio"/> Gas: from underground pipes serving the neighborhood <input type="radio"/> Gas: bottled, tank, or LP <input type="radio"/> Electricity <input type="radio"/> Fuel oil, kerosene, etc.</p> <p><input type="radio"/> Coal or coke <input type="radio"/> Wood <input type="radio"/> Other fuel <input checked="" type="radio"/> No fuel used</p>	<p>CENSUS USE</p> <p>H22a.</p> <p>0 0 0 1 1 1 2 2 2 3 3 3 4 4 4 5 5 5 6 6 6 7 7 7 8 8 8 9 9 9</p>
<p>H14a. How many stories (floors) are in this building? <i>Count an attic or basement as a story if it has any finished rooms for living purposes.</i></p> <p><input type="radio"/> 1 to 3 — Skip to H15 <input type="radio"/> 7 to 12 <input type="radio"/> 4 to 6 <input type="radio"/> 13 or more stories</p>	<p>b. Which fuel is used most for water heating?</p> <p><input type="radio"/> Gas: from underground pipes serving the neighborhood <input type="radio"/> Gas: bottled, tank, or LP <input type="radio"/> Electricity <input type="radio"/> Fuel oil, kerosene, etc.</p> <p><input type="radio"/> Coal or coke <input type="radio"/> Wood <input type="radio"/> Other fuel <input checked="" type="radio"/> No fuel used</p>	<p>H22b.</p> <p>0 0 0 1 1 1 2 2 2 3 3 3 4 4 4 5 5 5 6 6 6 7 7 7 8 8 8 9 9 9</p>
<p>b. Is there a passenger elevator in this building?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>c. Which fuel is used most for cooking?</p> <p><input type="radio"/> Gas: from underground pipes serving the neighborhood <input type="radio"/> Gas: bottled, tank, or LP <input type="radio"/> Electricity <input type="radio"/> Fuel oil, kerosene, etc.</p> <p><input type="radio"/> Coal or coke <input type="radio"/> Wood <input type="radio"/> Other fuel <input checked="" type="radio"/> No fuel used</p>	<p>H22c.</p> <p>0 0 0 1 1 1 2 2 2 3 3 3 4 4 4 5 5 5 6 6 6 7 7 7 8 8 8 9 9 9</p>
<p>H15a. Is this building —</p> <p><input type="radio"/> On a city or suburban lot, or on a place of less than 1 acre? — Skip to H16 <input type="radio"/> On a place of 1 to 9 acres? <input type="radio"/> On a place of 10 or more acres?</p>	<p>H22. What are the costs of utilities and fuels for your living quarters?</p> <p>a. Electricity</p> <p>\$ _____ .00 OR <input type="radio"/> Included in rent or no charge <i>Average monthly cost</i> <input type="radio"/> Electricity not used</p>	<p>H22d.</p> <p>0 0 0 1 1 1 2 2 2 3 3 3 4 4 4 5 5 5 6 6 6 7 7 7 8 8 8 9 9 9</p>
<p>b. Last year, 1979, did sales of crops, livestock, and other farm products from this place amount to —</p> <p><input type="radio"/> Less than \$50 (or None) <input type="radio"/> \$250 to \$599 <input type="radio"/> \$1,000 to \$2,499 <input type="radio"/> \$50 to \$249 <input type="radio"/> \$600 to \$999 <input type="radio"/> \$2,500 or more</p>	<p>b. Gas</p> <p>\$ _____ .00 OR <input type="radio"/> Included in rent or no charge <i>Average monthly cost</i> <input type="radio"/> Gas not used</p>	<p>H22e.</p> <p>0 0 0 1 1 1 2 2 2 3 3 3 4 4 4 5 5 5 6 6 6 7 7 7 8 8 8 9 9 9</p>
<p>H16. Do you get water from —</p> <p><input type="radio"/> A public system (city water department, etc.) or private company? <input type="radio"/> An individual drilled well? <input type="radio"/> An individual dug well? <input type="radio"/> Some other source (a spring, creek, river, cistern, etc.)?</p>	<p>c. Water</p> <p>\$ _____ .00 OR <input type="radio"/> Included in rent or no charge <i>Yearly cost</i> <input type="radio"/> These fuels not used</p>	<p>H22f.</p> <p>0 0 0 1 1 1 2 2 2 3 3 3 4 4 4 5 5 5 6 6 6 7 7 7 8 8 8 9 9 9</p>
<p>H17. Is this building connected to a public sewer?</p> <p><input type="radio"/> Yes, connected to public sewer <input type="radio"/> No, connected to septic tank or cesspool <input type="radio"/> No, use other means</p>	<p>H23. Do you have complete kitchen facilities? Complete kitchen facilities are a sink with piped water, a range or cookstove, and a refrigerator.</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>	<p>H22g.</p> <p>0 0 0 1 1 1 2 2 2 3 3 3 4 4 4 5 5 5 6 6 6 7 7 7 8 8 8 9 9 9</p>
<p>H18. About when was this building originally built? Mark when the building was first constructed, not when it was remodeled, added to, or converted.</p> <p><input type="radio"/> 1979 or 1980 <input type="radio"/> 1960 to 1969 <input type="radio"/> 1940 to 1949 <input type="radio"/> 1975 to 1978 <input type="radio"/> 1950 to 1959 <input type="radio"/> 1939 or earlier <input type="radio"/> 1970 to 1974</p>	<p>H24. How many bedrooms do you have? <i>Count rooms used mainly for sleeping even if used also for other purposes.</i></p> <p><input type="radio"/> No bedroom <input type="radio"/> 2 bedrooms <input type="radio"/> 4 bedrooms <input type="radio"/> 1 bedroom <input type="radio"/> 3 bedrooms <input type="radio"/> 5 or more bedrooms</p>	<p>H22h.</p> <p>0 0 0 1 1 1 2 2 2 3 3 3 4 4 4 5 5 5 6 6 6 7 7 7 8 8 8 9 9 9</p>
<p>H19. When did the person listed in column 1 move into this house (or apartment)?</p> <p><input type="radio"/> 1979 or 1980 <input type="radio"/> 1950 to 1959 <input type="radio"/> 1975 to 1978 <input type="radio"/> 1949 or earlier <input type="radio"/> 1970 to 1974 <input type="radio"/> Always lived here <input type="radio"/> 1960 to 1969</p>	<p>H25. How many bathrooms do you have? <i>A complete bathroom is a room with flush toilet, bathtub or shower, and wash basin with piped water.</i> <i>A half bathroom has at least a flush toilet or bathtub or shower, but does not have all the facilities for a complete bathroom.</i></p> <p><input type="radio"/> No bathroom, or only a half bathroom <input type="radio"/> 1 complete bathroom <input type="radio"/> 1 complete bathroom, plus half bath(s) <input type="radio"/> 2 or more complete bathrooms</p>	<p>H22i.</p> <p>0 0 0 1 1 1 2 2 2 3 3 3 4 4 4 5 5 5 6 6 6 7 7 7 8 8 8 9 9 9</p>
<p>H20. How are your living quarters heated? <i>Fill one circle for the kind of heat used most.</i></p> <p><input type="radio"/> Steam or hot water system <input type="radio"/> Central warm-air furnace with ducts to the individual rooms <i>(Do not count electric heat pumps here)</i> <input type="radio"/> Electric heat pump <input type="radio"/> Other built-in electric units (permanently installed in wall, ceiling, or baseboard)</p> <p><input type="radio"/> Floor, wall, or pipeless furnace <input type="radio"/> Room heaters with flue or vent, burning gas, oil, or kerosene <input type="radio"/> Room heaters without flue or vent, burning gas, oil, or kerosene (not portable) <input type="radio"/> Fireplaces, stoves, or portable room heaters of any kind <input type="radio"/> No heating equipment</p>	<p>H26. Do you have a telephone in your living quarters?</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>	<p>H22j.</p> <p>0 0 0 1 1 1 2 2 2 3 3 3 4 4 4 5 5 5 6 6 6 7 7 7 8 8 8 9 9 9</p>
<p>H27. Do you have air conditioning?</p> <p><input type="radio"/> Yes, a central air-conditioning system <input type="radio"/> Yes, 1 individual room unit <input type="radio"/> Yes, 2 or more individual room units <input type="radio"/> No</p>	<p>H28. How many automobiles are kept at home for use by members of your household?</p> <p><input type="radio"/> None <input checked="" type="radio"/> 2 automobiles <input type="radio"/> 1 automobile <input type="radio"/> 3 or more automobiles</p>	<p>H22k.</p> <p>0 0 0 1 1 1 2 2 2 3 3 3 4 4 4 5 5 5 6 6 6 7 7 7 8 8 8 9 9 9</p>
<p>H29. How many vans or trucks of one-ton capacity or less are kept at home for use by members of your household?</p> <p><input type="radio"/> None <input type="radio"/> 2 vans or trucks <input type="radio"/> 1 van or truck <input type="radio"/> 3 or more vans or trucks</p>	<p>H22l.</p> <p>0 0 0 1 1 1 2 2 2 3 3 3 4 4 4 5 5 5 6 6 6 7 7 7 8 8 8 9 9 9</p>	

FOR YOUR HOUSEHOLD

Please answer H30–H32 if you live in a one-family house which you own or are buying, unless this is –

- A mobile home or trailer
- A house on 10 or more acres
- A condominium unit
- A house with a commercial establishment or medical office on the property

If any of these, or if you rent your unit or this is a multi-family structure, skip H30 to H32 and turn to page 6.

H30. What were the real estate taxes on this property last year?

\$ _____ .00 OR None

H31. What is the annual premium for fire and hazard insurance on this property?

\$ _____ .00 OR None

H32a. 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 page 6

b. Do you have a second or junior mortgage on this property?

Yes No

c. How much is your total regular monthly payment to the lender?
Also include payments on a contract to purchase and to lenders holding second or junior mortgages on this property.

\$ _____ .00 OR No regular payment required — Skip to page 6

d. Does your regular monthly payment (amount entered in H32c) include payments for real estate taxes on this property?

Yes, taxes included in payment

No, taxes paid separately or taxes not required

e. Does your regular monthly payment (amount entered in H32c) include payments for fire and hazard insurance on this property?

Yes, insurance included in payment

No, insurance paid separately or no insurance

Please turn to page 6

FOR CENSUS USE ONLY

1 S.S. Yes No	2.	4.	2 S.S. Yes No	2.	4.	3 S.S. Yes No	2.	4.										
									0	1	2	3	4	5	6	7	8	9
									0	1	2	3	4	5	6	7	8	9
4 S.S. Yes No	2.	4.	5 S.S. Yes No	2.	4.	6 S.S. Yes No	2.	4.										
									0	1	2	3	4	5	6	7	8	9
									0	1	2	3	4	5	6	7	8	9
7 S.S. Yes No	2.	4.	GQ.	H30.	H31.	H32c.	2.	4.										
									0	1	2	3	4	5	6	7	8	9
									0	1	2	3	4	5	6	7	8	9