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 | Measuring America | U.S. Census Bureau |

### 1980 Questionnaire

#### House for the Questionnaire

- A separate questionnaire (a 10" X 11" booklet) was used for each household, and completed by a respondent.

#### All Other Household Questions on Page 5

- All other questions on this page apply to the household, not to individual members.

#### All Other Questions on Page 6

- All other questions on this page apply to the household, not to individual members.

#### Page 3

- **Question:** How many persons live in this house?
  - **Answer:** 3

#### Page 4

- **Question:** How many rooms are there in this house?
  - **Answer:** 4

#### Page 5

- **Question:** How many persons live in this household?
  - **Answer:** 2

#### Page 6

- **Question:** How many rooms are there in this household?
  - **Answer:** 3

#### Page 7

- **Question:** How many persons live in this household?
  - **Answer:** 3

#### Page 8

- **Question:** How many rooms are there in this household?
  - **Answer:** 4
1980 Questionnaire

**Name of Person 1 on page 2:**

<table>
<thead>
<tr>
<th>Last name</th>
<th>First name</th>
<th>Middle initial</th>
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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.

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 1960

13a. Does this person speak a language other than English at home?
   - Yes
   - No, only speaks English — Skip to 14
   - Other

13b. What is this language?

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

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

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 then.
   - 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
   - Born April 1965 or later

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
     - 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 Reserve only, see instruction guide.
   - Yes
   - No — Skip to 19
   - Active-duty military service during —
     - Fill a circle for each period in which this person served.
     - August 1964—April 1975
     - October 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? . . .
   b. Prevents this person from working at a job? . . .
   c. Limits or prevents this person from using public transportation? . . .

20. If this person is a female —
   a. How many babies has she ever had, not counting stillbirths?
   b. Do not count the stepchildren or children she has adopted.
   - None
   - 1
   - 2
   - 3
   - 4
   - 5
   - 6
   - 7
   - 8
   - 9
   - 10
   - 11
   - 12
   - More

21. If this person has ever been married —
   a. Has this person been married more than once?
   - Yes
   - No
   - More than once
   - No
   - Month and year of marriage?
   - Month and year of first marriage?
   - 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 in this circle if this person worked full time or part time.
   - No — Fill in this circle if this person did not work, or did only own housework, school work, or volunteer work.

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.
   - Address (Number and street)
   - City, town, village, etc.
   - County
   - State
   - Zip Code

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

24b. 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
   - Taxi or car
   - Truck
   - Van
   - Bus or streetcar
   - Submarine or elevator
   - Other — Specify

FOR CENSUS USE ONLY

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Measuring America

U.S. Census Bureau
1980 Questionnaire

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.

12a. Does this person speak a language other than English at home?

○ Yes
○ No, only speaks English

12b. What is this language?

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

13. 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-American, English, French, German, Hondsyr, Hungarian, Irish, Italian, Jamaican, Korean, Lithuanian, Mexican, Algerian, Uruguyan, 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 page 16

15b. 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 —

○ On active duty in the Armed Forces
○ Yes
○ No

○ Attending college
○ Yes
○ No

○ 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

18b. Was active-duty military service during —

○ Fill in circle for each period in which 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)

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

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

○ Prevents this person from working at a job
○ Yes
○ No

○ Limits or prevents this person from using public transportation

20. If this person is a female —

How many babies has she ever had, not counting stillbirths?

Do not count her stepchildren.

7 8 9 10 11 12 or more

21. If this person has ever been married —

○ Has this person been married more than once
○ Yes
○ No

b. Month and year of marriage

(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 in 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.)

22b. How many hours did this person work last week (at all jobs)?

Subtract any time off; add overtime or extra hours worked.

23. At what location did this person work last week?

If this person worked at more than one location, print here or he/she worked most last week.

If one location cannot be specified, see instruction guide.

a. Address (Number and street)

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

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

Minutes

25a. 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
○ Taxi cab
○ Truck
○ Van
○ Bicycle
○ Bus or streetcar
○ Railroad
○ Subway or elevated
○ Other — Specify

If car, truck, or van was in 24b, go to 24c.

Otherwise, skip to page 28.
### 1980 Questionnaire

**PERSON 1 ON PAGE 2**

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<thead>
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<th>CENSUS USE</th>
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<tbody>
<tr>
<td>21b. Last year (1979), did the person work, even for a few days, at a paid job or in a business or farm?</td>
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<tr>
<td>o Yes [ ] o No [ ] Skp to 31f</td>
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<tr>
<td>22b. How many weeks did this person work in 1979?</td>
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<td>o Count paid vacation, paid sick leave, and military service.</td>
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<td>o Weeks</td>
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<td>31a. Of the weeks worked in 1979, how many hours did the person usually work each week?</td>
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<td>o Hours</td>
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<tr>
<td>31b. Of the weeks worked in 1979 (if any), how many weeks was this person looking for work or on layoff from a job?</td>
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<td>o Weeks</td>
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**CENSUS USE ONLY**

| 31c. |
| 31d. |

32. Income in 1979 — Fill in dollar amounts.

| If net income was a loss, write “Loss” above the dollar amount. |
| o If exact amount is not known, give best estimate. For income received jointly by household members, see instruction guide. |
| o During 1979 did this person receive any income from the following sources? |
| o “Yes” to any of the sources below — How much did this person receive for the entire year? |
| a. Wages, salaries, commissions, bonuses, or tips from all jobs . . . . Report amount before deductions for taxes, bonds, dues, or other items. |
| o Yes [ ] o No [ ] (Annual amount — Dollars) |
| o Yes [ ] o No [ ] (Annual amount — Dollar) |
| c. Own farm . . . . Report net income after operating expenses. Include earnings as a tenant farmer or sharecropper. |
| o Yes [ ] o No [ ] (Annual amount — Dollar) |
| d. Interest, dividends, royalties, or net rental income . . . . Report even small amounts credited to an account. |
| o Yes [ ] o No [ ] (Annual amount — Dollar) |
| e. Social Security or Railroad Retirement . . . . |
| o Yes [ ] o No [ ] (Annual amount — Dollar) |
| f. Supplemental Security (SSI), Aid to Families with Dependent Children (AFDC), or other public assistance or public welfare payments . . . . |
| o Yes [ ] o No [ ] (Annual amount — Dollar) |
| g. Unemployment compensation, veterans’ payments, pensions, alimony or child support, or any other sources of income received regularly . . . . Exclude lump sum payments such as money from an inheritance or the sale of a home. |
| o Yes [ ] o No [ ] (Annual amount — Dollars) |

**Occupation**

| 29. |
| 30. |

**33. What was this person’s total income in 1979?**

Add entries in questions 32a through g; subtract any losses. If total amount was a loss, write “Loss” above amount. OR None

Please turn to the next page and answer the questions for Person 2 on page 2
**NOW PLEASE ANSWER QUESTIONS H1 – H12 FOR YOUR HOUSEHOLD**

1. Did you leave anyone out of Question 1 because you were not sure if the person should be listed — for example, a new baby still in the hospital, a lodger who also has another home, or a person who stays here once in a while and has no other home?  
   - Yes  
   - No  
   - On page 20 give name(s) and reason left out.

2. Did you list anyone in Question 1 who is away from home now — for example, on a vacation or in a hospital?  
   - Yes  
   - No  
   - On page 20 give name(s) and reason person is away.

3. Is anyone visiting here who is not already listed?  
   - Yes  
   - No  
   - On page 20 give names of each visitor for whom there is no one at the home address to report the person in a census tab.

4. How many living quarters, occupied and vacant, are at this address?  
   - One  
   - Two apartments or living quarters  
   - Three apartments or living quarters  
   - Four apartments or living quarters  
   - Five apartments or living quarters  
   - Six apartments or living quarters  
   - Seven apartments or living quarters  
   - Eight apartments or living quarters  
   - Nine apartments or living quarters  
   - Ten or more apartments or living quarters

5. Do you enter your living quarters —  
   - Directly from the outside or through a common or public hall?  
   - Through someone else's living quarters?

6. Do you have complete plumbing facilities in your living quarters, that is, hot and cold water, a flush toilet, a bathtub or shower?  
   - Yes, for this household only  
   - Yes, but also used by another household  
   - No, some but not all, not all plumbing facilities  
   - No plumbing facilities in living quarters

7. How many rooms do you have in your living quarters?  
   - One room  
   - Two rooms  
   - Three rooms  
   - Four rooms  
   - Five rooms  
   - Six rooms  
   - Seven rooms  
   - Eight rooms  
   - More than eight rooms

8. Are your living quarters —  
   - Owned or being bought by you or by someone else in this household?  
   - Rented for cash rent?  
   - Occupied without payment of cash rent?

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**FOR CENSUS USE ONLY**

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### 1980 Questionnaire

**H13. Which best describes this building?**
- A mobile home or trailer
- A one-family house detached from any other house
- A one-family house attached to one or more houses
- A building for 2 families
- A building for 3 or 4 families
- A building for 5 or more families
- A building for 1 to 9 families
- A building for 15 to 19 families
- A building for 20 to 49 families
- A building for 50 or more families
- A boat, tent, van, etc.

**H14a. How many stories (floors) are in this building?**
- 1 to 3 — Skip to H15
- 4 to 6
- 7 or more

**H14b. Is there a passenger elevator in this building?**
- Yes
- No

**H15a. Is this building —**
- On a city or suburban lot, or on a place of less than 1 acre — Skip to H16
- On a place of 1 to 5 acres
- On a place of 10 or more acres
- Last year, 1979, did sales of crops, livestock, and other farm products from this place amount to —
  - Less than $50 (or None)
  - $50 to $99
  - $100 to $2,499
  - $2,500 or more

**H16. Do you get water from —**
- A public system (city water department, etc.) or private company
- An individual drilled well
- An individual dug well
- Some other source (a spring, creek, river, cistern, etc.)

**H17. Is this building connected to a public sewer?**
- Yes, connected to public sewer
- No, connected to septic tank or cesspool
- No, used other means

**H18. About when was this building originally built?**
- 1979 or 1980
- 1960 to 1969
- 1950 to 1959
- 1940 to 1949
- 1930 to 1939
- 1920 to 1929

**H19. When did the person listed in column 1 move into this house (apartment)?**
- 1979 or 1980
- 1960 to 1969
- 1950 to 1959
- 1940 to 1949
- 1930 to 1939
- 1920 to 1929

**H20. How are your living quarters heated?**
- Steam or hot water system
- Central warm-air furnace with ducts to the individual rooms (Do not count electric heat pumps here)
- Electric heat pump
- Other built in electric units (permanently installed in wall, ceiling, or basement)
- Floor, wall, or pipeline furnace
- Room heaters with flue or vent, burning gas, oil, or kerosene
- Room heaters without flue or vent, burning gas, oil, or kerosene (not portable)
- Fireplaces, stoves, or portable room heaters of any kind
- No heating equipment

**H21a. Which fuel is used most for house heating?**
- Gas from underground pipes serving the neighborhood
- Gas bottled, tank, or LP
- Electricity
- Fuel oil, kerosene, etc.

**H22a. Which fuel is used most for water heating?**
- Gas from underground pipes serving the neighborhood
- Gas bottled, tank, or LP
- Electricity
- Fuel oil, kerosene, etc.

**H22b. Which fuel is used most for cooking?**
- Gas from underground pipes serving the neighborhood
- Gas bottled, tank, or LP
- Electricity
- Fuel oil, kerosene, etc.

**H23. What are the costs of utilities and fuels for your living quarters?**
- Electricity
- Gas
- Water
- Oil, coal, kerosene, wood, etc.

**H24. How many bedrooms do you have?**
- Count rooms used mainly for sleeping even if used also for other purposes:
  - No bedroom
  - 1 bedroom
  - 2 bedrooms
  - 3 bedrooms
  - 4 bedrooms
  - 5 or more bedrooms

**H25. How many bathrooms do you have?**
- A complete bathroom is a room with flush toilet, bath, or shower, and wash basin with piped water.

**H26. Do you have a telephone in your living quarters?**
- Yes
- No

**H27. Do you have air conditioning?**
- Yes, a central air-conditioning system
- Yes, 1 individual room unit
- Yes, 2 or more individual room units
- No

**H28. How many automobiles are kept at home for use by members of your household?**
- None
- 1 automobile
- 2 or more automobiles

**H29. How many vans or trucks of one-ton capacity or less are kept at home for use by members of your household?**
- None
- 1 van or truck
- 2 or more vans or trucks
### 1980 Questionnaire

**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.

<table>
<thead>
<tr>
<th>H30. What were the real estate taxes on this property last year?</th>
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<td>$ 0.00 OR None</td>
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<th>H31. What is the annual premium for fire and hazard insurance on this property?</th>
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<tr>
<th>H32a. Do you have a mortgage, deed of trust, contract to purchase, or similar debt on this property?</th>
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<tr>
<td>○ Yes, mortgage, deed of trust, or similar debt</td>
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<td>○ Yes, contract to purchase</td>
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<td>○ No — Skip to page 6</td>
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<th>H32b. Do you have a second or junior mortgage on this property?</th>
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<td>○ Yes</td>
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