

APPENDIX E. Facsimiles of Respondent Instructions and Questionnaire Pages

(No Respondent Instructions were provided for the long-form questionnaire.)

OMB No. 0607-0656: Approval Expires 12/31/90

<p>FORM D-2A PR(E) U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS</p> <p style="text-align: center; font-size: 1.2em; font-weight: bold;">1990 CENSUS OF PUERTO RICO</p>	<p>NOTICE — Response to this inquiry is required by law (Title 13, U.S. Code). By the same law, your report to the Census Bureau is confidential. It may be seen only by sworn Census Bureau employees and may be used only for statistical purposes.</p> <p style="text-align: center; font-weight: bold;">INTRODUCTION</p> <ul style="list-style-type: none"> • FOR PERSONAL VISIT Hello, my name is (Your name) and I'm from the United States Census Bureau. This is my identification (PAUSE) and here's some information about the purpose of my visit. (Give respondent copy of Privacy Act Notice). NEXT: Ask the questions at the top of the listing page. Obtain a completed form from each address. • FOR TELEPHONE INTERVIEW Hello, my name is (Your name) and I'm calling for the United States Census Bureau. Have I reached (Read address)? If YES — We are taking the 1990 Census of Puerto Rico and our records show that we have not been able to obtain a census form for this address. I'd like to complete the form now over the telephone. For the average household, this interview should take about 31 minutes. If NO — Excuse me, I might have dialed the wrong number. Is this (Read phone number)?
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FOR CENSUS USE					
A1. DO code	A2. Unit ID	A3. ARA	A4. Block	B. Map spot	C. Form type
					L
D. Population	E. Type of Unit Occupied Vacant 3 <input type="checkbox"/> First Form 1 <input type="checkbox"/> Regular 4 <input type="checkbox"/> Continuation 2 <input type="checkbox"/> UHE	F1. Complete after 1 <input type="checkbox"/> LR 3 <input type="checkbox"/> MV 5 <input type="checkbox"/> TC 7 <input type="checkbox"/> PØ 9 <input type="checkbox"/> SM 2 <input type="checkbox"/> P/F 4 <input type="checkbox"/> ED 6 <input type="checkbox"/> RE 8 <input type="checkbox"/> IA 0 <input type="checkbox"/> P1			F2. Coverage 1 <input type="checkbox"/> 1b 2 <input type="checkbox"/> 1a
G. Mailing address — <i>Number, street, apartment number or location, rural route and box, post office box</i>					
City		Municipio		PUERTO RICO	
H. Method of completion — <i>Mark (X) ONE box</i> 1 <input type="checkbox"/> Personal visit 2 <input type="checkbox"/> Telephone		I. Respondent's name		J. Respondent's telephone number (809)	
O. 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				Date	
Crew leader's initials		Date		CLD number	

NOTES

Page 1

The 1990 census must count every person at his or her "usual residence." This means the place where the person lives and sleeps most of the time.

Include

- Everyone who usually lives here such as family members, housemates and roommates, foster children, roomers, boarders, and live-in employees
- Persons who are temporarily away on a business trip, on vacation, or in a general hospital
- College students who stay here while attending college
- Persons in the Armed Forces who live here
- Newborn babies still in the hospital
- Children in boarding schools below the college level
- Persons who stay here most of the week while working even if they have a home somewhere else
- Persons with no other home who are staying here on April 1

Do NOT include

- Persons who usually live somewhere else
- Persons who are away in an institution such as a prison, mental hospital, or a nursing home
- College students who live somewhere else while attending college
- Persons in the Armed Forces who live somewhere else
- Persons who stay somewhere else most of the week while working

1 a. Please give me the name of each person living here on Sunday, April 1, including all persons staying here who have no other home. If EVERYONE is staying here temporarily and usually lives somewhere else, give me the name of each person. Begin with the household member in whose name the home is owned, being bought, or rented. If there is no such person, start with any adult household member. Print last name, first name, and middle initial for each person.

LAST	FIRST	INITIAL	LAST	FIRST	INITIAL
1			7		
2			8		
3			9		
4			10		
5			11		
6			12		

1 b. If EVERYONE listed above is staying here only temporarily and usually lives somewhere else, mark (X) this box
and ask — Where do these people usually live?
DO NOT PRINT THE ADDRESS LISTED IN ITEM G ON THE FRONT COVER.

House number	Street or road/Rural route and box number	Apartment number
City	State or Puerto Rico	ZIP Code
County/Municipio/Foreign country	Names of nearest intersecting streets or roads	

PLEASE ALSO ASK HOUSING QUESTIONS ON PAGE 3 →

	PERSON 1	PERSON 2
	<p>Please fill one column → for each person listed in Question 1a on page 1.</p>	<p>Last name</p> <hr/> <p>First name Middle initial</p>
<p>Do not ask for Person 1.</p> <p>2. How is . . . related to (Person 1)? Mark (X) ONE box for each person.</p> <p>If Other relative of person in column 1, mark (X) the box and print exact relationship, such as mother-in-law, grandparent, son-in-law, niece, cousin, and so on.</p>	<p>START in this column with the household member (or one of the members) in whose name the home is owned, being bought, or rented.</p> <p>If there is no such person, start in this column with any adult household member.</p>	<p>If a RELATIVE of Person 1:</p> <p>1 <input type="checkbox"/> Husband/wife</p> <p>2 <input type="checkbox"/> Natural-born or adopted son/daughter</p> <p>3 <input type="checkbox"/> Stepson/stepdaughter</p> <p>4 <input type="checkbox"/> Brother/sister</p> <p>5 <input type="checkbox"/> Father/mother</p> <p>6 <input type="checkbox"/> Grandchild</p> <p>7 <input type="checkbox"/> Other relative ↴</p> <p style="text-align: center;">-----</p> <p style="text-align: center;">[] [] []</p> <p>-----</p> <p>If NOT RELATED to Person 1:</p> <p>8 <input type="checkbox"/> Roomer, boarder, or foster child</p> <p>9 <input type="checkbox"/> Housemate, roommate</p> <p>10 <input type="checkbox"/> Unmarried partner/Compañero</p> <p>11 <input type="checkbox"/> Other nonrelative</p>
<p>3. Is . . . male or female? Mark (X) ONE box for each person.</p>	<p>1 <input type="checkbox"/> Male</p> <p>2 <input type="checkbox"/> Female</p>	<p>1 <input type="checkbox"/> Male</p> <p>2 <input type="checkbox"/> Female</p>
<p>4. Age and year of birth</p> <p>a. How old is . . . ? (Age should be as of April 1, 1990.) If unknown, say -- Please give me your best estimate. Print the age in the boxes.</p> <p>b. In what year was . . . born? Print the year of birth in the boxes.</p>	<p>a. Age [] [] []</p> <p>b. Year of birth 1 [] [] [] []</p>	<p>a. Age [] [] []</p> <p>b. Year of birth 1 [] [] [] []</p>
<p>5. Is . . . now married, consensually married, widowed, divorced, separated, or has . . . never been married? Mark (X) ONE box for each person.</p>	<p>1 <input type="checkbox"/> Now married</p> <p>2 <input type="checkbox"/> Consensually married</p> <p>3 <input type="checkbox"/> Widowed</p> <p>4 <input type="checkbox"/> Divorced</p> <p>5 <input type="checkbox"/> Separated</p> <p>6 <input type="checkbox"/> Never married</p>	<p>1 <input type="checkbox"/> Now married</p> <p>2 <input type="checkbox"/> Consensually married</p> <p>3 <input type="checkbox"/> Widowed</p> <p>4 <input type="checkbox"/> Divorced</p> <p>5 <input type="checkbox"/> Separated</p> <p>6 <input type="checkbox"/> Never married</p>

PERSON 7	
Last name	
First name	Middle initial
If a RELATIVE of Person 1:	
1 <input type="checkbox"/> Husband/wife	
2 <input type="checkbox"/> Natural-born or adopted son/daughter	
3 <input type="checkbox"/> Stepson/stepdaughter	
4 <input type="checkbox"/> Brother/sister	
5 <input type="checkbox"/> Father/mother	
6 <input type="checkbox"/> Grandchild	
7 <input type="checkbox"/> Other relative	
<div style="border: 1px dashed black; width: 150px; height: 20px; margin: 5px auto;"></div> <div style="display: flex; justify-content: center; gap: 10px;"> <div style="border: 1px solid black; width: 20px; height: 15px;"></div> <div style="border: 1px solid black; width: 20px; height: 15px;"></div> <div style="border: 1px solid black; width: 20px; height: 15px;"></div> </div>	
If NOT RELATED to Person 1:	
8 <input type="checkbox"/> Roomer, boarder, or foster child	
9 <input type="checkbox"/> Housemate, roommate	
10 <input type="checkbox"/> Unmarried partner/Compañero	
11 <input type="checkbox"/> Other nonrelative	
1 <input type="checkbox"/> Male	
2 <input type="checkbox"/> Female	
a. Age <div style="display: inline-block; border: 1px solid black; width: 40px; height: 20px; vertical-align: middle;"></div>	
b. Year of birth <div style="display: inline-block; border: 1px solid black; width: 40px; height: 20px; vertical-align: middle; text-align: center;">1</div>	
1 <input type="checkbox"/> Now married	
2 <input type="checkbox"/> Consensually married	
3 <input type="checkbox"/> Widowed	
4 <input type="checkbox"/> Divorced	
5 <input type="checkbox"/> Separated	
6 <input type="checkbox"/> Never married	

NOW PLEASE ASK QUESTIONS H1a—H30b FOR THIS HOUSEHOLD

<p>H1a. When you told me the names of persons living here on April 1, did you leave anyone out because you were not sure if the person should be listed — for example, someone temporarily away on a business trip or vacation, a newborn baby still in the hospital, or a person who stays here once in a while and has no other home?</p> <p>1 <input type="checkbox"/> Yes — Determine if you should add the person(s) based on the instructions for Question 1a.</p> <p>2 <input type="checkbox"/> No</p> <p>b. When you told me the names of persons living here on April 1, did you include anyone even though you were not sure that the person should be listed — for example, a visitor who is staying here temporarily or a person who usually lives somewhere else?</p> <p>1 <input type="checkbox"/> Yes — Determine if you should delete the person(s) based on the instructions for Question 1a.</p> <p>2 <input type="checkbox"/> No</p>	<p>H16. Is this (house/apartment) —</p> <p>1 <input type="checkbox"/> Owned by you or someone in this household with a mortgage or loan?</p> <p>2 <input type="checkbox"/> Owned by you or someone in this household free and clear (without a mortgage)?</p> <p>3 <input type="checkbox"/> Rented for cash rent?</p> <p>4 <input type="checkbox"/> Occupied without payment of cash rent?</p> <p style="text-align: center;"><i>Ask only if this is a ONE-FAMILY HOUSE —</i></p> <p>H7a. Is this house on a property of 3 or more cuerdas?</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>b. Is any part of the property used as:</p> <table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>(1) A commercial establishment?</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td>(2) A medical office?</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td>(3) Other professional office?</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> </table>		Yes	No	(1) A commercial establishment?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	(2) A medical office?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	(3) Other professional office?	1 <input type="checkbox"/>	2 <input type="checkbox"/>																								
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<p>H2. Which best describes this building? Include all apartments, flats, etc., even if vacant.</p> <p>1 <input type="checkbox"/> A mobile home or trailer</p> <p>2 <input type="checkbox"/> A one-family house detached from any other house</p> <p>3 <input type="checkbox"/> A one-family house attached to one or more houses</p> <p>4 <input type="checkbox"/> A building with 2 apartments</p> <p>5 <input type="checkbox"/> A building with 3 or 4 apartments</p> <p>6 <input type="checkbox"/> A building with 5 to 9 apartments</p> <p>7 <input type="checkbox"/> A building with 10 to 19 apartments</p> <p>8 <input type="checkbox"/> A building with 20 to 49 apartments</p> <p>9 <input type="checkbox"/> A building with 50 or more apartments</p> <p>10 <input type="checkbox"/> Other</p>	<p style="text-align: center;"><i>Ask only if someone in this household OWNS OR IS BUYING this house or apartment—</i></p> <p>H8. What is the value of this property; that is, how much do you think this (house and lot/condominium unit) would sell for if it were for sale?</p> <table style="width: 100%; border: none;"> <tr> <td>1 <input type="checkbox"/> Less than \$10,000</td> <td>14 <input type="checkbox"/> \$70,000 to \$74,999</td> </tr> <tr> <td>2 <input type="checkbox"/> \$10,000 to \$14,999</td> <td>15 <input type="checkbox"/> \$75,000 to \$79,999</td> </tr> <tr> <td>3 <input type="checkbox"/> \$15,000 to \$19,999</td> <td>16 <input type="checkbox"/> \$80,000 to \$89,999</td> </tr> <tr> <td>4 <input type="checkbox"/> \$20,000 to \$24,999</td> <td>17 <input type="checkbox"/> \$90,000 to \$99,999</td> </tr> <tr> <td>5 <input type="checkbox"/> \$25,000 to \$29,999</td> <td>18 <input type="checkbox"/> \$100,000 to \$124,999</td> </tr> <tr> <td>6 <input type="checkbox"/> \$30,000 to \$34,999</td> <td>19 <input type="checkbox"/> \$125,000 to \$149,999</td> </tr> <tr> <td>7 <input type="checkbox"/> \$35,000 to \$39,999</td> <td>20 <input type="checkbox"/> \$150,000 to \$174,999</td> </tr> <tr> <td>8 <input type="checkbox"/> \$40,000 to \$44,999</td> <td>21 <input type="checkbox"/> \$175,000 to \$199,999</td> </tr> <tr> <td>9 <input type="checkbox"/> \$45,000 to \$49,999</td> <td>22 <input type="checkbox"/> \$200,000 to \$249,999</td> </tr> <tr> <td>10 <input type="checkbox"/> \$50,000 to \$54,999</td> <td>23 <input type="checkbox"/> \$250,000 to \$299,999</td> </tr> <tr> <td>11 <input type="checkbox"/> \$55,000 to \$59,999</td> <td>24 <input type="checkbox"/> \$300,000 to \$399,999</td> </tr> <tr> <td>12 <input type="checkbox"/> \$60,000 to \$64,999</td> <td>25 <input type="checkbox"/> \$400,000 to \$499,999</td> </tr> <tr> <td>13 <input type="checkbox"/> \$65,000 to \$69,999</td> <td>26 <input type="checkbox"/> \$500,000 or more</td> </tr> </table>	1 <input type="checkbox"/> Less than \$10,000	14 <input type="checkbox"/> \$70,000 to \$74,999	2 <input type="checkbox"/> \$10,000 to \$14,999	15 <input type="checkbox"/> \$75,000 to \$79,999	3 <input type="checkbox"/> \$15,000 to \$19,999	16 <input type="checkbox"/> \$80,000 to \$89,999	4 <input type="checkbox"/> \$20,000 to \$24,999	17 <input type="checkbox"/> \$90,000 to \$99,999	5 <input type="checkbox"/> \$25,000 to \$29,999	18 <input type="checkbox"/> \$100,000 to \$124,999	6 <input type="checkbox"/> \$30,000 to \$34,999	19 <input type="checkbox"/> \$125,000 to \$149,999	7 <input type="checkbox"/> \$35,000 to \$39,999	20 <input type="checkbox"/> \$150,000 to \$174,999	8 <input type="checkbox"/> \$40,000 to \$44,999	21 <input type="checkbox"/> \$175,000 to \$199,999	9 <input type="checkbox"/> \$45,000 to \$49,999	22 <input type="checkbox"/> \$200,000 to \$249,999	10 <input type="checkbox"/> \$50,000 to \$54,999	23 <input type="checkbox"/> \$250,000 to \$299,999	11 <input type="checkbox"/> \$55,000 to \$59,999	24 <input type="checkbox"/> \$300,000 to \$399,999	12 <input type="checkbox"/> \$60,000 to \$64,999	25 <input type="checkbox"/> \$400,000 to \$499,999	13 <input type="checkbox"/> \$65,000 to \$69,999	26 <input type="checkbox"/> \$500,000 or more										
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<p>H3. How many rooms do you have in this (house/apartment)? Count living rooms, dining rooms, kitchens, and bedrooms, but do NOT count bathrooms, balconies, foyers, or halls.</p> <table style="width: 100%; border: none;"> <tr> <td>1 <input type="checkbox"/> 1 room</td> <td>6 <input type="checkbox"/> 6 rooms</td> </tr> <tr> <td>2 <input type="checkbox"/> 2 rooms</td> <td>7 <input type="checkbox"/> 7 rooms</td> </tr> <tr> <td>3 <input type="checkbox"/> 3 rooms</td> <td>8 <input type="checkbox"/> 8 rooms</td> </tr> <tr> <td>4 <input type="checkbox"/> 4 rooms</td> <td>9 <input type="checkbox"/> 9 or more rooms</td> </tr> <tr> <td>5 <input type="checkbox"/> 5 rooms</td> <td></td> </tr> </table>	1 <input type="checkbox"/> 1 room	6 <input type="checkbox"/> 6 rooms	2 <input type="checkbox"/> 2 rooms	7 <input type="checkbox"/> 7 rooms	3 <input type="checkbox"/> 3 rooms	8 <input type="checkbox"/> 8 rooms	4 <input type="checkbox"/> 4 rooms	9 <input type="checkbox"/> 9 or more rooms	5 <input type="checkbox"/> 5 rooms		<p style="text-align: center;"><i>Ask only if RENT IS PAID for this house or apartment —</i></p> <p>H9. What is the monthly rent?</p> <p style="text-align: center;"><i>If rent is NOT PAID BY THE MONTH, see your job instructions on how to figure a monthly rent.</i></p> <table style="width: 100%; border: none;"> <tr> <td>1 <input type="checkbox"/> Less than \$60</td> <td>14 <input type="checkbox"/> \$350 to \$374</td> </tr> <tr> <td>2 <input type="checkbox"/> \$60 to \$79</td> <td>15 <input type="checkbox"/> \$375 to \$399</td> </tr> <tr> <td>3 <input type="checkbox"/> \$80 to \$99</td> <td>16 <input type="checkbox"/> \$400 to \$424</td> </tr> <tr> <td>4 <input type="checkbox"/> \$100 to \$124</td> <td>17 <input type="checkbox"/> \$425 to \$449</td> </tr> <tr> <td>5 <input type="checkbox"/> \$125 to \$149</td> <td>18 <input type="checkbox"/> \$450 to \$474</td> </tr> <tr> <td>6 <input type="checkbox"/> \$150 to \$174</td> <td>19 <input type="checkbox"/> \$475 to \$499</td> </tr> <tr> <td>7 <input type="checkbox"/> \$175 to \$199</td> <td>20 <input type="checkbox"/> \$500 to \$549</td> </tr> <tr> <td>8 <input type="checkbox"/> \$200 to \$224</td> <td>21 <input type="checkbox"/> \$550 to \$599</td> </tr> <tr> <td>9 <input type="checkbox"/> \$225 to \$249</td> <td>22 <input type="checkbox"/> \$600 to \$649</td> </tr> <tr> <td>10 <input type="checkbox"/> \$250 to \$274</td> <td>23 <input type="checkbox"/> \$650 to \$699</td> </tr> <tr> <td>11 <input type="checkbox"/> \$275 to \$299</td> <td>24 <input type="checkbox"/> \$700 to \$749</td> </tr> <tr> <td>12 <input type="checkbox"/> \$300 to \$324</td> <td>25 <input type="checkbox"/> \$750 to \$999</td> </tr> <tr> <td>13 <input type="checkbox"/> \$325 to \$349</td> <td>26 <input type="checkbox"/> \$1,000 or more</td> </tr> </table>	1 <input type="checkbox"/> Less than \$60	14 <input type="checkbox"/> \$350 to \$374	2 <input type="checkbox"/> \$60 to \$79	15 <input type="checkbox"/> \$375 to \$399	3 <input type="checkbox"/> \$80 to \$99	16 <input type="checkbox"/> \$400 to \$424	4 <input type="checkbox"/> \$100 to \$124	17 <input type="checkbox"/> \$425 to \$449	5 <input type="checkbox"/> \$125 to \$149	18 <input type="checkbox"/> \$450 to \$474	6 <input type="checkbox"/> \$150 to \$174	19 <input type="checkbox"/> \$475 to \$499	7 <input type="checkbox"/> \$175 to \$199	20 <input type="checkbox"/> \$500 to \$549	8 <input type="checkbox"/> \$200 to \$224	21 <input type="checkbox"/> \$550 to \$599	9 <input type="checkbox"/> \$225 to \$249	22 <input type="checkbox"/> \$600 to \$649	10 <input type="checkbox"/> \$250 to \$274	23 <input type="checkbox"/> \$650 to \$699	11 <input type="checkbox"/> \$275 to \$299	24 <input type="checkbox"/> \$700 to \$749	12 <input type="checkbox"/> \$300 to \$324	25 <input type="checkbox"/> \$750 to \$999	13 <input type="checkbox"/> \$325 to \$349	26 <input type="checkbox"/> \$1,000 or more
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<p>H4a. Is there hot and cold piped water in this (house/apartment)?</p> <p>1 <input type="checkbox"/> Yes, hot and cold piped water</p> <p>2 <input type="checkbox"/> No, only cold piped water</p> <p>3 <input type="checkbox"/> No piped water — Skip to H4d</p> <p>b. Is there a bathtub or shower in this (house/apartment)?</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No bathtub or shower</p> <p>c. Is there a flush toilet in this (house/apartment)?</p> <p>1 <input type="checkbox"/> Yes — Skip to H5</p> <p>2 <input type="checkbox"/> No — Go to H4d</p> <p>d. What type of toilet facilities do you have?</p> <p>1 <input type="checkbox"/> Privy</p> <p>2 <input type="checkbox"/> Other or none</p>	<p>H5. Is this (house/apartment) part of a condominium? A CONDOMINIUM is a building or development with individually owned apartments or houses, having commonly owned areas and grounds.</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>																																				
FOR ENUMERATOR USE																																					
<p>C1. Vacancy status</p> <p>1 <input type="checkbox"/> For rent</p> <p>2 <input type="checkbox"/> For sale only</p> <p>3 <input type="checkbox"/> Rented or sold, not occupied</p> <p>4 <input type="checkbox"/> For seas/rec/occ</p> <p>5 <input type="checkbox"/> For migrant workers</p> <p>6 <input type="checkbox"/> Other vacant</p>	<p>C2. Is this unit boarded up?</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>	<p>D. Months vacant</p> <p>1 <input type="checkbox"/> Less than 1</p> <p>2 <input type="checkbox"/> 1 up to 2</p> <p>3 <input type="checkbox"/> 2 up to 6</p> <p>4 <input type="checkbox"/> 6 up to 12</p> <p>5 <input type="checkbox"/> 12 up to 24</p> <p>6 <input type="checkbox"/> 24 or more</p>																																			

Please continue onto the next page.

<p><i>If respondent reported living in an apartment building, skip to H11.</i></p> <p>H10a. Is this house on —</p> <p>1 <input type="checkbox"/> Less than 3 cuerdas?</p> <p>2 <input type="checkbox"/> 3 to 9 cuerdas?</p> <p>3 <input type="checkbox"/> 10 or more cuerdas?</p>	<p>H14. Do you get water from —</p> <p>1 <input type="checkbox"/> A public system?</p> <p>2 <input type="checkbox"/> An individual well?</p> <p>3 <input type="checkbox"/> A cistern, tanks, or drums?</p> <p>4 <input type="checkbox"/> A spring or some other source, such as a river, irrigation canal, etc.?</p>	<p>H18. What type of water heater do you have in this (house/apartment)?</p> <p>1 <input type="checkbox"/> Electric — tank type</p> <p>2 <input type="checkbox"/> Shower</p> <p>3 <input type="checkbox"/> Solar</p> <p>4 <input type="checkbox"/> Other</p> <p>5 <input type="checkbox"/> None</p>
<p>b. In 1989, what were the actual sales of all agricultural products from this property?</p> <p>1 <input type="checkbox"/> None</p> <p>2 <input type="checkbox"/> \$1 to \$99</p> <p>3 <input type="checkbox"/> \$100 to \$499</p> <p>4 <input type="checkbox"/> \$500 to \$999</p> <p>5 <input type="checkbox"/> \$1,000 to \$2,499</p> <p>6 <input type="checkbox"/> \$2,500 or more</p>	<p>H15. Is this building connected to a public sewer?</p> <p>1 <input type="checkbox"/> Yes, connected to public sewer</p> <p>2 <input type="checkbox"/> No, connected to septic tank or cesspool</p> <p>3 <input type="checkbox"/> No, use other means</p>	<p>H19. Which fuel is used MOST for cooking?</p> <p>1 <input type="checkbox"/> Electricity</p> <p>2 <input type="checkbox"/> Gas</p> <p>3 <input type="checkbox"/> Other</p>
<p>H11. When did (Person listed in column 1 on page 2) move into this (house/apartment)?</p> <p>1 <input type="checkbox"/> 1989 or 1990</p> <p>2 <input type="checkbox"/> 1985 to 1988</p> <p>3 <input type="checkbox"/> 1980 to 1984</p> <p>4 <input type="checkbox"/> 1970 to 1979</p> <p>5 <input type="checkbox"/> 1960 to 1969</p> <p>6 <input type="checkbox"/> 1959 or earlier</p>	<p>H16. How many bedrooms do you have; that is, how many bedrooms would you list if this (house/apartment) were on the market for sale or rent?</p> <p>1 <input type="checkbox"/> No bedroom</p> <p>2 <input type="checkbox"/> 1 bedroom</p> <p>3 <input type="checkbox"/> 2 bedrooms</p> <p>4 <input type="checkbox"/> 3 bedrooms</p> <p>5 <input type="checkbox"/> 4 bedrooms</p> <p>6 <input type="checkbox"/> 5 or more bedrooms</p>	<p>H20. Do you have COMPLETE kitchen facilities; that is, a sink with piped water, a range or cookstove, and a refrigerator?</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>
<p>H12. About when was this building first built?</p> <p>1 <input type="checkbox"/> 1989 or 1990</p> <p>2 <input type="checkbox"/> 1985 to 1988</p> <p>3 <input type="checkbox"/> 1980 to 1984</p> <p>4 <input type="checkbox"/> 1970 to 1979</p> <p>5 <input type="checkbox"/> 1960 to 1969</p> <p>6 <input type="checkbox"/> 1950 to 1959</p> <p>7 <input type="checkbox"/> 1940 to 1949</p> <p>8 <input type="checkbox"/> 1939 or earlier</p> <p>9 <input type="checkbox"/> Don't know</p>	<p>H17. How many bathrooms do you have? A COMPLETE bathroom is a room with flush toilet, bathtub or shower, and wash basin with piped water. A HALF bathroom has a flush toilet AND a wash basin with piped water.</p> <p>1 <input type="checkbox"/> None</p> <p>2 <input type="checkbox"/> Only half bathrooms</p> <p>3 <input type="checkbox"/> 1 complete bathroom</p> <p>4 <input type="checkbox"/> 1 complete bathroom, plus half bath(s)</p> <p>5 <input type="checkbox"/> 2 or more complete bathrooms</p>	<p>H21. Do you have air conditioning?</p> <p>1 <input type="checkbox"/> Yes, a central air conditioning system</p> <p>2 <input type="checkbox"/> Yes, 1 individual room unit</p> <p>3 <input type="checkbox"/> Yes, 2 or more individual room units</p> <p>4 <input type="checkbox"/> No</p>
<p>H13. Which best describes the construction material of this building?</p> <p><i>Read categories and mark (X) only ONE box.</i></p> <p>Concrete walls (poured concrete, concrete blocks, stone, etc.)</p> <p>1 <input type="checkbox"/> With concrete slab roof</p> <p>2 <input type="checkbox"/> With wood frame roof</p> <p>Wood frame walls</p> <p>3 <input type="checkbox"/> With concrete foundation, poured concrete, etc.</p> <p>4 <input type="checkbox"/> With wood stilt foundation</p> <p>5 <input type="checkbox"/> Mixed concrete and wood walls</p> <p>6 <input type="checkbox"/> Other type of construction material</p>	<p>H22. Do you have a telephone in this (house/apartment)?</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>	<p>H23. How many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use by members of this household?</p> <p>1 <input type="checkbox"/> None</p> <p>2 <input type="checkbox"/> 1</p> <p>3 <input type="checkbox"/> 2</p> <p>4 <input type="checkbox"/> 3</p> <p>5 <input type="checkbox"/> 4 or more</p>

QUESTIONS FOR THIS HOUSEHOLD

<p>H24. What is the average monthly cost for electricity for this (house/apartment)?</p> <div style="border: 1px dashed black; padding: 2px; width: 100px; margin-bottom: 5px;"> \$ _____ .00 </div> <p style="text-align: center; margin: 0;">Average monthly cost</p> <p style="text-align: center; margin: 10px 0;">OR</p> <p>1 <input type="checkbox"/> Included in rent or in condominium fee</p> <p>2 <input type="checkbox"/> No charge or electricity not used</p> <hr/> <p>b. What is the average monthly cost for gas for this (house/apartment)?</p> <div style="border: 1px dashed black; padding: 2px; width: 100px; margin-bottom: 5px;"> \$ _____ .00 </div> <p style="text-align: center; margin: 0;">Average monthly cost</p> <p style="text-align: center; margin: 10px 0;">OR</p> <p>1 <input type="checkbox"/> Included in rent or in condominium fee</p> <p>2 <input type="checkbox"/> No charge or gas not used</p> <hr/> <p>c. What is the average monthly cost for water for this (house/apartment)?</p> <div style="border: 1px dashed black; padding: 2px; width: 100px; margin-bottom: 5px;"> \$ _____ .00 </div> <p style="text-align: center; margin: 0;">Average monthly cost</p> <p style="text-align: center; margin: 10px 0;">OR</p> <p>1 <input type="checkbox"/> Included in rent or in condominium fee</p> <p>2 <input type="checkbox"/> No charge</p> <hr/> <p>d. What is the yearly cost for oil, charcoal, kerosene, wood, etc. for this (house/apartment)?</p> <div style="border: 1px dashed black; padding: 2px; width: 100px; margin-bottom: 5px;"> \$ _____ .00 </div> <p style="text-align: center; margin: 0;">Yearly cost</p> <p style="text-align: center; margin: 10px 0;">OR</p> <p>1 <input type="checkbox"/> Included in rent or in condominium fee</p> <p>2 <input type="checkbox"/> No charge or these fuels not used</p>	<p style="text-align: center; margin: 0;"><i>INTERVIEWER INSTRUCTION:</i></p> <p style="text-align: center; margin: 5px 0;"><i>Ask questions H25 TO H29, if this is a one-family house, a condominium or a mobile home that someone in this household OWNS OR IS BUYING, otherwise go to H30.</i></p> <hr/> <p>H25. What were the real estate taxes on THIS property last year?</p> <div style="border: 1px dashed black; padding: 2px; width: 100px; margin-bottom: 5px;"> \$ _____ .00 </div> <p style="text-align: center; margin: 0;">Yearly amount — Dollars</p> <p style="text-align: center; margin: 10px 0;">OR</p> <p>0 <input type="checkbox"/> None</p> <hr/> <p>H26. What was the annual payment for fire, hazard, and flood insurance on THIS property?</p> <div style="border: 1px dashed black; padding: 2px; width: 100px; margin-bottom: 5px;"> \$ _____ .00 </div> <p style="text-align: center; margin: 0;">Yearly amount — Dollars</p> <p style="text-align: center; margin: 10px 0;">OR</p> <p>0 <input type="checkbox"/> None</p> <hr/> <p>H27a. Is there a mortgage, deed of trust, contract to purchase, or similar debt on THIS property?</p> <p>1 <input type="checkbox"/> Yes, mortgage, deed of trust, or similar debt</p> <p>2 <input type="checkbox"/> Yes, contract to purchase</p> <p>3 <input type="checkbox"/> No — Skip to H28a</p> <p style="text-align: right; margin-left: 20px;">} Go to H27b</p> <hr/> <p>b. How much is the regular monthly mortgage payment on THIS property? Include payment only on first mortgage or contract to purchase.</p> <div style="border: 1px dashed black; padding: 2px; width: 100px; margin-bottom: 5px;"> \$ _____ .00 </div> <p style="text-align: center; margin: 0;">Monthly amount — Dollars</p> <p style="text-align: center; margin: 10px 0;">OR</p> <p>0 <input type="checkbox"/> No regular payment required — Skip to H28a</p> <hr/> <p>c. Does the regular monthly mortgage payment include payments for real estate taxes on THIS property?</p> <p>1 <input type="checkbox"/> Yes, taxes included in payment</p> <p>2 <input type="checkbox"/> No, taxes paid separately or taxes not required</p> <hr/> <p>d. Does the regular monthly mortgage payment include payments for fire, hazard, or flood insurance on THIS property?</p> <p>1 <input type="checkbox"/> Yes, insurance included in payment</p> <p>2 <input type="checkbox"/> No, insurance paid separately or no insurance</p>	<p>H28a. Is there a second or junior mortgage or a home equity loan on THIS property?</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No — Skip to H29</p> <hr/> <p>b. How much is the regular monthly payment on all second or junior mortgages and all home equity loans?</p> <div style="border: 1px dashed black; padding: 2px; width: 100px; margin-bottom: 5px;"> \$ _____ .00 </div> <p style="text-align: center; margin: 0;">Monthly amount — Dollars</p> <p style="text-align: center; margin: 10px 0;">OR</p> <p>0 <input type="checkbox"/> No regular payment required</p> <hr/> <p style="text-align: center; margin: 0;"><i>Ask ONLY if this is a CONDOMINIUM —</i></p> <p>H29. What is the monthly condominium fee?</p> <div style="border: 1px dashed black; padding: 2px; width: 100px; margin-bottom: 5px;"> \$ _____ .00 </div> <p style="text-align: center; margin: 0;">Monthly amount — Dollars</p> <hr/> <p>H30. MARK FROM OBSERVATION</p> <p style="text-align: center; margin: 5px 0;">CONDITION OF THIS HOUSING UNIT —</p> <p>a. Original construction</p> <p>1 <input type="checkbox"/> Adequate</p> <p>2 <input type="checkbox"/> Inadequate</p> <p style="text-align: center; margin: 10px 0;">↓</p> <p>b. IF "ADEQUATE" — present condition is —</p> <p>1 <input type="checkbox"/> Sound</p> <p>2 <input type="checkbox"/> Deteriorating</p> <p>3 <input type="checkbox"/> Dilapidated</p> <hr/> <p style="text-align: center; margin: 10px 0;"><i>Please turn to page 6.</i></p>
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<p>PERSON 1</p> <p>Last name _____ First name _____ Middle initial _____</p> <p>6. Where was ... born? Mark (X) the appropriate box and print the name of municipio, State, or foreign country.</p> <p>1 <input type="checkbox"/> Puerto Rico — Print name of municipio → _____</p> <p>2 <input type="checkbox"/> United States — Print name of U.S. State → _____</p> <p>3 <input type="checkbox"/> Elsewhere — Print name of foreign country → _____</p> <p>7. If the answer to question 6 appears in one of the first two "Yes" categories listed below, mark (X) the appropriate "Yes" category. Otherwise, ask —</p> <p>Is ... a CITIZEN of the United States? That is, does ... have at least one American parent or is ... a citizen by naturalization?</p> <p>1 <input type="checkbox"/> Yes, born in Puerto Rico — Skip to 9</p> <p>2 <input type="checkbox"/> Yes, born in the United States, Guam, the U.S. Virgin Islands, or Northern Marianas</p> <p>3 <input type="checkbox"/> Yes, born abroad of American parent or parents</p> <p>4 <input type="checkbox"/> Yes, U.S. citizen by naturalization</p> <p>5 <input type="checkbox"/> No, not a citizen of the United States</p> <p>8. When did ... come to Puerto Rico to stay? If entered country more than once, ask — What is the latest year?</p> <table style="width:100%;"> <tr> <td>0 <input type="checkbox"/> 1987 to 1990</td> <td>5 <input type="checkbox"/> 1970 to 1974</td> </tr> <tr> <td>1 <input type="checkbox"/> 1985 or 1986</td> <td>6 <input type="checkbox"/> 1965 to 1969</td> </tr> <tr> <td>2 <input type="checkbox"/> 1982 to 1984</td> <td>7 <input type="checkbox"/> 1960 to 1964</td> </tr> <tr> <td>3 <input type="checkbox"/> 1980 or 1981</td> <td>8 <input type="checkbox"/> 1950 to 1959</td> </tr> <tr> <td>4 <input type="checkbox"/> 1975 to 1979</td> <td>9 <input type="checkbox"/> Before 1950</td> </tr> </table> <p>9. At any time since February 1, 1990, has ... attended regular school or college? Include only pre-kindergarten, kindergarten, elementary school, and schooling which leads to a high school diploma or a college degree. If "Yes," ask — Public or private?</p> <p>1 <input type="checkbox"/> No, has not attended since February 1</p> <p>2 <input type="checkbox"/> Yes, public school, public college</p> <p>3 <input type="checkbox"/> Yes, private school, private college</p> <p>10. How much school has ... COMPLETED? Read categories if person is unsure. Mark (X) ONE box for the highest level COMPLETED or degree RECEIVED. If currently enrolled, mark the previous grade attended or highest degree received.</p> <p>30 <input type="checkbox"/> No school completed</p> <p>31 <input type="checkbox"/> Pre-kindergarten</p> <p>32 <input type="checkbox"/> Kindergarten</p> <p>Grades 1—11</p> <table style="width:100%;"> <tr> <td>1 <input type="checkbox"/> 1st</td> <td>4 <input type="checkbox"/> 4th</td> <td>7 <input type="checkbox"/> 7th</td> <td>10 <input type="checkbox"/> 10th</td> </tr> <tr> <td>2 <input type="checkbox"/> 2nd</td> <td>5 <input type="checkbox"/> 5th</td> <td>8 <input type="checkbox"/> 8th</td> <td>11 <input type="checkbox"/> 11th</td> </tr> <tr> <td>3 <input type="checkbox"/> 3rd</td> <td>6 <input type="checkbox"/> 6th</td> <td>9 <input type="checkbox"/> 9th</td> <td></td> </tr> </table> <p>12 <input type="checkbox"/> 12th grade, NO DIPLOMA</p> <p>13 <input type="checkbox"/> HIGH SCHOOL GRADUATE - high school DIPLOMA or the equivalent (For example: GED)</p> <p>14 <input type="checkbox"/> Some college but no degree</p> <p>15 <input type="checkbox"/> Associate degree in college - Occupational program</p> <p>16 <input type="checkbox"/> Associate degree in college - Academic program</p> <p>17 <input type="checkbox"/> Bachelor's degree (For example: BA, AB, BS)</p> <p>18 <input type="checkbox"/> Master's degree (For example: MA, MS, MEng, MEd, MSW, MBA)</p> <p>19 <input type="checkbox"/> Professional school degree (For example: MD, DDS, DVM, LLB, JD)</p> <p>20 <input type="checkbox"/> Doctorate degree (For example: PhD, EdD)</p> <p>11a. Where was ... 's father born?</p> <p>1 <input type="checkbox"/> Puerto Rico</p> <p>2 <input type="checkbox"/> United States</p> <p>3 <input type="checkbox"/> Elsewhere — Print name of foreign country → _____</p>	0 <input type="checkbox"/> 1987 to 1990	5 <input type="checkbox"/> 1970 to 1974	1 <input type="checkbox"/> 1985 or 1986	6 <input type="checkbox"/> 1965 to 1969	2 <input type="checkbox"/> 1982 to 1984	7 <input type="checkbox"/> 1960 to 1964	3 <input type="checkbox"/> 1980 or 1981	8 <input type="checkbox"/> 1950 to 1959	4 <input type="checkbox"/> 1975 to 1979	9 <input type="checkbox"/> Before 1950	1 <input type="checkbox"/> 1st	4 <input type="checkbox"/> 4th	7 <input type="checkbox"/> 7th	10 <input type="checkbox"/> 10th	2 <input type="checkbox"/> 2nd	5 <input type="checkbox"/> 5th	8 <input type="checkbox"/> 8th	11 <input type="checkbox"/> 11th	3 <input type="checkbox"/> 3rd	6 <input type="checkbox"/> 6th	9 <input type="checkbox"/> 9th		<p>11b. Where was ... 's mother born?</p> <p>1 <input type="checkbox"/> Puerto Rico</p> <p>2 <input type="checkbox"/> United States</p> <p>3 <input type="checkbox"/> Elsewhere — Print name of foreign country → _____</p> <p>12a. If person was born after April 1, 1985, mark (X) that box without asking 12a, and go to next person. Did ... live in this house or apartment 5 years ago (on April 1, 1985)?</p> <p>1 <input type="checkbox"/> Born after April 1, 1985 — Go to questions for the next person</p> <p>2 <input type="checkbox"/> Yes — Skip to 13a</p> <p>3 <input type="checkbox"/> No</p> <p>b. Where did ... live 5 years ago (on April 1, 1985)?</p> <p>(1) Print Puerto Rico or the name of the U.S. State or foreign country → _____</p> <p>If foreign country, print answer above and skip to 13a.</p> <p>(2) Print the name of the municipio in Puerto Rico or the name of the county in the U.S. → _____</p> <p>(3) Print the name of the city, town, or village → _____</p> <p>13a. During the last 10 years did ... live in the United States at any time for a period of 6 or more consecutive months?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to 14</p> <p>b. How long did ... live in the United States during the last period of 6 or more months?</p> <table style="width:100%;"> <tr> <td>1 <input type="checkbox"/> 6 months to a year</td> <td>4 <input type="checkbox"/> 5 years</td> </tr> <tr> <td>2 <input type="checkbox"/> 1 to 2 years</td> <td>5 <input type="checkbox"/> 6 to 9 years</td> </tr> <tr> <td>3 <input type="checkbox"/> 3 to 4 years</td> <td>6 <input type="checkbox"/> 10 or more years</td> </tr> </table> <p>c. When did ... come or return to Puerto Rico after that period in the U.S.?</p> <table style="width:100%;"> <tr> <td>1 <input type="checkbox"/> 1990</td> <td>4 <input type="checkbox"/> 1987</td> <td>7 <input type="checkbox"/> 1984</td> </tr> <tr> <td>2 <input type="checkbox"/> 1989</td> <td>5 <input type="checkbox"/> 1986</td> <td>8 <input type="checkbox"/> 1983</td> </tr> <tr> <td>3 <input type="checkbox"/> 1988</td> <td>6 <input type="checkbox"/> 1985</td> <td>9 <input type="checkbox"/> 1980 to 1982</td> </tr> </table> <p>d. During the last period ... lived in the United States for 6 or more months, what was ... 's main activity?</p> <p>1 <input type="checkbox"/> In the U.S. Armed Forces</p> <p>2 <input type="checkbox"/> Working at a job or business (either full or part time)</p> <p>3 <input type="checkbox"/> Attending school or college</p> <p>4 <input type="checkbox"/> Something else</p> <p>14. Does ... know how to read and write (in any language)?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>15a. Can ... speak Spanish?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>b. Can ... speak English? If "Yes," ask — Does ... speak English easily or with difficulty?</p> <p>1 <input type="checkbox"/> Yes, easily</p> <p>2 <input type="checkbox"/> Yes, with difficulty</p> <p>3 <input type="checkbox"/> No</p> <p>16. INTERVIEWER CHECK ITEM</p> <p>Mark (X) ONE box based on question 4.</p> <p>1 <input type="checkbox"/> Born before April 1, 1975 — Go to 17</p> <p>2 <input type="checkbox"/> Born April 1, 1975 or later — Go to questions for the next person</p> <p>17. If this person is a female, ask —</p> <p>How many babies has ... ever had, not counting stillbirths? Do not count stepchildren or children ... has adopted.</p> <table style="width:100%;"> <tr> <td>0 <input type="checkbox"/> None</td> <td>1 <input type="checkbox"/> 1</td> <td>5 <input type="checkbox"/> 5</td> <td>9 <input type="checkbox"/> 9</td> </tr> <tr> <td></td> <td>2 <input type="checkbox"/> 2</td> <td>6 <input type="checkbox"/> 6</td> <td>10 <input type="checkbox"/> 10</td> </tr> <tr> <td></td> <td>3 <input type="checkbox"/> 3</td> <td>7 <input type="checkbox"/> 7</td> <td>11 <input type="checkbox"/> 11</td> </tr> <tr> <td></td> <td>4 <input type="checkbox"/> 4</td> <td>8 <input type="checkbox"/> 8</td> <td>12 <input type="checkbox"/> 12 or more</td> </tr> </table>	1 <input type="checkbox"/> 6 months to a year	4 <input type="checkbox"/> 5 years	2 <input type="checkbox"/> 1 to 2 years	5 <input type="checkbox"/> 6 to 9 years	3 <input type="checkbox"/> 3 to 4 years	6 <input type="checkbox"/> 10 or more years	1 <input type="checkbox"/> 1990	4 <input type="checkbox"/> 1987	7 <input type="checkbox"/> 1984	2 <input type="checkbox"/> 1989	5 <input type="checkbox"/> 1986	8 <input type="checkbox"/> 1983	3 <input type="checkbox"/> 1988	6 <input type="checkbox"/> 1985	9 <input type="checkbox"/> 1980 to 1982	0 <input type="checkbox"/> None	1 <input type="checkbox"/> 1	5 <input type="checkbox"/> 5	9 <input type="checkbox"/> 9		2 <input type="checkbox"/> 2	6 <input type="checkbox"/> 6	10 <input type="checkbox"/> 10		3 <input type="checkbox"/> 3	7 <input type="checkbox"/> 7	11 <input type="checkbox"/> 11		4 <input type="checkbox"/> 4	8 <input type="checkbox"/> 8	12 <input type="checkbox"/> 12 or more	<p>18a. Has ... ever been on active-duty military service in the Armed Forces of the United States or ever been in the United States military Reserves or the National Guard? "Active duty" does NOT include training for the military Reserves or National Guard.</p> <p>1 <input type="checkbox"/> Yes, now on active duty</p> <p>2 <input type="checkbox"/> Yes, on active duty in past, but not now</p> <p>3 <input type="checkbox"/> Yes, service in Reserves or National Guard only — Skip to 19</p> <p>4 <input type="checkbox"/> No — Skip to 19</p> <p>b. Did ... serve on active duty during —</p> <p>Read each category and mark (X) each box for which the answer is "Yes."</p> <table style="width:100%;"> <tr> <td>1 <input type="checkbox"/> September 1980 or later</td> </tr> <tr> <td>2 <input type="checkbox"/> May 1975 to August 1980</td> </tr> <tr> <td>3 <input type="checkbox"/> Vietnam era (August 1964—April 1975)</td> </tr> <tr> <td>4 <input type="checkbox"/> February 1955—July 1964</td> </tr> <tr> <td>5 <input type="checkbox"/> Korean conflict (June 1950—January 1955)</td> </tr> <tr> <td>6 <input type="checkbox"/> World War II (September 1940—July 1947)</td> </tr> <tr> <td>7 <input type="checkbox"/> World War I (April 1917—November 1918)</td> </tr> <tr> <td>8 <input type="checkbox"/> Any other time</td> </tr> </table> <p>c. In total, how many years of active-duty military service has ... had?</p> <p>_____ Years</p> <p>19. Does ... have a physical, mental, or other health condition that has lasted for 6 or more months and which —</p> <p>a. Limits the kind or amount of work ... can do at a job?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>b. Prevents ... from working at a job?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>20. Because of a health condition that has lasted for 6 or more months, does ... have any difficulty —</p> <p>a. Going outside the home alone, for example, to shop or visit a doctor's office?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>b. Taking care of his or her own personal needs, such as bathing, dressing, or getting around inside the home?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>21a. Has ... completed the requirements for a vocational training program at a trade school, business school, hospital or some other kind of school for occupational training? Do not include academic college courses.</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to 22a</p> <p>b. At which kind of school was the training received?</p> <p>1 <input type="checkbox"/> Business school, trade school or junior college</p> <p>2 <input type="checkbox"/> High school vocational program</p> <p>3 <input type="checkbox"/> Training program at place of work</p> <p>4 <input type="checkbox"/> Other school — Specify → _____</p> <p>22a. Did ... work at any time LAST WEEK, either full time or part time? Work includes part-time work such as delivering papers, or helping without pay in a family business or farm; it also includes active duty in the U.S. Armed Forces. Work does NOT include own housework, school work, or volunteer work.</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to 26</p> <p>b. How many hours did ... work LAST WEEK at all jobs? Subtract any time off and add any overtime or extra hours worked.</p> <p>_____ Hours</p>	1 <input type="checkbox"/> September 1980 or later	2 <input type="checkbox"/> May 1975 to August 1980	3 <input type="checkbox"/> Vietnam era (August 1964—April 1975)	4 <input type="checkbox"/> February 1955—July 1964	5 <input type="checkbox"/> Korean conflict (June 1950—January 1955)	6 <input type="checkbox"/> World War II (September 1940—July 1947)	7 <input type="checkbox"/> World War I (April 1917—November 1918)	8 <input type="checkbox"/> Any other time
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2 <input type="checkbox"/> 1982 to 1984	7 <input type="checkbox"/> 1960 to 1964																																																														
3 <input type="checkbox"/> 1980 or 1981	8 <input type="checkbox"/> 1950 to 1959																																																														
4 <input type="checkbox"/> 1975 to 1979	9 <input type="checkbox"/> Before 1950																																																														
1 <input type="checkbox"/> 1st	4 <input type="checkbox"/> 4th	7 <input type="checkbox"/> 7th	10 <input type="checkbox"/> 10th																																																												
2 <input type="checkbox"/> 2nd	5 <input type="checkbox"/> 5th	8 <input type="checkbox"/> 8th	11 <input type="checkbox"/> 11th																																																												
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1 <input type="checkbox"/> 6 months to a year	4 <input type="checkbox"/> 5 years																																																														
2 <input type="checkbox"/> 1 to 2 years	5 <input type="checkbox"/> 6 to 9 years																																																														
3 <input type="checkbox"/> 3 to 4 years	6 <input type="checkbox"/> 10 or more years																																																														
1 <input type="checkbox"/> 1990	4 <input type="checkbox"/> 1987	7 <input type="checkbox"/> 1984																																																													
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3 <input type="checkbox"/> 1988	6 <input type="checkbox"/> 1985	9 <input type="checkbox"/> 1980 to 1982																																																													
0 <input type="checkbox"/> None	1 <input type="checkbox"/> 1	5 <input type="checkbox"/> 5	9 <input type="checkbox"/> 9																																																												
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	4 <input type="checkbox"/> 4	8 <input type="checkbox"/> 8	12 <input type="checkbox"/> 12 or more																																																												
1 <input type="checkbox"/> September 1980 or later																																																															
2 <input type="checkbox"/> May 1975 to August 1980																																																															
3 <input type="checkbox"/> Vietnam era (August 1964—April 1975)																																																															
4 <input type="checkbox"/> February 1955—July 1964																																																															
5 <input type="checkbox"/> Korean conflict (June 1950—January 1955)																																																															
6 <input type="checkbox"/> World War II (September 1940—July 1947)																																																															
7 <input type="checkbox"/> World War I (April 1917—November 1918)																																																															
8 <input type="checkbox"/> Any other time																																																															

<p>23a. Where did . . . usually work LAST WEEK? <i>If . . . worked at more than one location, ask — Where did . . . work most last week?</i></p> <p>1 <input type="checkbox"/> In U.S. State or foreign country — <i>Skip to 23d</i> 2 <input type="checkbox"/> In Puerto Rico — <i>Continue with 23b</i></p> <p>b. What is the name of the city, town, or village? ↘ [] [] [] [] []</p> <p>c. What is the name of the municipio? ↘ [] [] [] [] [] <i>Skip to 24a</i></p> <p>d. What is the name of the U.S. State or foreign country? ↘ [] [] [] [] []</p>	<p>28. When did . . . last work, even for a few days?</p> <p>1 <input type="checkbox"/> 1990 2 <input type="checkbox"/> 1989 3 <input type="checkbox"/> 1988 4 <input type="checkbox"/> 1985 to 1987 5 <input type="checkbox"/> 1980 to 1984 6 <input type="checkbox"/> 1979 or earlier 7 <input type="checkbox"/> Never worked</p> <p style="margin-left: 100px;">} <i>Go to 29</i> } <i>Skip to 33</i></p> <p>29-31. The following questions ask about the job worked last week. If . . . had more than one job, describe the one . . . worked the most hours. If . . . didn't work, the questions refer to the most recent job or business since 1985.</p> <p>29a. For whom did . . . work? If now on active duty in the U.S. Armed Forces, mark (X) this box → 1 <input type="checkbox"/> and print the branch of the Armed Forces. If not Armed Forces, print the name of the company, business or other employer. ↘ [] [] [] [] []</p> <p>b. What kind of business or industry was this? Describe the activity at location where employed. ↘ [] [] [] [] [] For example: hospital, newspaper publishing, mail order house, retail bakery.</p> <p>c. Is this mainly manufacturing, wholesale trade, retail trade, or something else?</p> <p>1 <input type="checkbox"/> Manufacturing 2 <input type="checkbox"/> Wholesale trade 3 <input type="checkbox"/> Retail trade 4 <input type="checkbox"/> Other (agriculture, construction, service, government, etc.) [] [] []</p>	<p>33. The following questions are about income received during 1989? If an exact amount is not known, accept a best estimate. If net income in b, c, d or question 34 was a loss, write "Loss" above the dollar amount.</p> <p>a. Did . . . earn income from wages, salary, commissions, bonuses, or tips? Report amount before deductions for taxes, bonds, dues, or other items.</p> <p>1 <input type="checkbox"/> Yes — How much from all jobs? → \$ [] [] [] [] [] [] .00 2 <input type="checkbox"/> No <i>(Annual amount - Dollars)</i></p> <p>b. Did . . . earn any income from (his/her) own nonfarm business, proprietorship, or partnership? Report net income after business expenses.</p> <p>1 <input type="checkbox"/> Yes — How much? → \$ [] [] [] [] [] [] .00 2 <input type="checkbox"/> No <i>(Annual amount - Dollars)</i></p> <p>c. Did . . . earn any income from (his/her) own farm business? Include earnings as a tenant farmer or sharecropper. Report net income after operating expenses.</p> <p>1 <input type="checkbox"/> Yes — How much? → \$ [] [] [] [] [] [] .00 2 <input type="checkbox"/> No <i>(Annual amount - Dollars)</i></p> <p>d. Did . . . receive any interest, dividends, net rental or royalty income, or income from estates and trusts? Include even small amounts credited to an account.</p> <p>1 <input type="checkbox"/> Yes — How much? → \$ [] [] [] [] [] [] .00 2 <input type="checkbox"/> No <i>(Annual amount - Dollars)</i></p> <p>e. Did . . . receive any Social Security or Railroad Retirement payments? Include payments as a retired worker, dependent, or disabled worker.</p> <p>1 <input type="checkbox"/> Yes — How much? → \$ [] [] [] [] [] [] .00 2 <input type="checkbox"/> No <i>(Annual amount - Dollars)</i></p> <p>f. Did . . . receive any income from government programs for Supplemental Security Income (SSI), Aid to Families with Dependent Children (AFDC), food stamps, or other public assistance or public welfare payments?</p> <p>1 <input type="checkbox"/> Yes — How much? → \$ [] [] [] [] [] [] .00 2 <input type="checkbox"/> No <i>(Annual amount - Dollars)</i></p> <p>g. Did . . . receive any income from retirement, survivor, or disability pensions? Include payments from companies, unions, Federal, State, and local governments, and the U.S. military. Do NOT include Social Security.</p> <p>1 <input type="checkbox"/> Yes — How much? → \$ [] [] [] [] [] [] .00 2 <input type="checkbox"/> No <i>(Annual amount - Dollars)</i></p> <p>h. Did . . . receive any income from Veterans' (VA) payments, unemployment compensation, child support or alimony, or any other regular source of income? Do NOT include lump-sum payments such as money from an inheritance or the sale of a home.</p> <p>1 <input type="checkbox"/> Yes — How much? → \$ [] [] [] [] [] [] .00 2 <input type="checkbox"/> No <i>(Annual amount - Dollars)</i></p>
<p>24a. What type of transportation did . . . usually use to get to work LAST WEEK? If more than one method of transportation usually was used during the trip, mark (X) the box of the one used for most of the distance.</p> <p>1 <input type="checkbox"/> Car, truck, or van 2 <input type="checkbox"/> Bus 3 <input type="checkbox"/> Público 4 <input type="checkbox"/> Ferryboat 5 <input type="checkbox"/> Taxicab 6 <input type="checkbox"/> Motorcycle</p> <p>7 <input type="checkbox"/> Bicycle 8 <input type="checkbox"/> Walked 9 <input type="checkbox"/> Worked at home — <i>Skip to 29</i> 10 <input type="checkbox"/> Other method</p> <p><i>Ask only if "car, truck, or van" is marked in 24a.</i></p> <p>b. How many people, including . . . , usually rode to work together LAST WEEK?</p> <p>1 <input type="checkbox"/> Drove alone 2 <input type="checkbox"/> 2 people 3 <input type="checkbox"/> 3 people 4 <input type="checkbox"/> 4 people</p> <p>5 <input type="checkbox"/> 5 people 6 <input type="checkbox"/> 6 people 7 <input type="checkbox"/> 7 to 9 people 8 <input type="checkbox"/> 10 or more people</p>	<p>30a. What kind of work was . . . doing? ↘ [] [] [] [] [] [] For example: registered nurse, personnel manager, supervisor of order department, cake icer.</p> <p>b. What were . . . 's most important activities or duties? ↘ [] [] [] [] [] [] For example: patient care, directing hiring policies, supervising order clerks, icing cakes.</p>	<p>34. Do not ask this question if 33a through 33h are complete. Instead, sum these entries and enter the amount below.</p> <p>What was . . . 's total income in 1989?</p> <p>0 <input type="checkbox"/> None OR \$ [] [] [] [] [] [] .00 <i>(Annual amount - Dollars)</i></p>
<p>24a. What type of transportation did . . . usually use to get to work LAST WEEK? If more than one method of transportation usually was used during the trip, mark (X) the box of the one used for most of the distance.</p> <p>1 <input type="checkbox"/> Car, truck, or van 2 <input type="checkbox"/> Bus 3 <input type="checkbox"/> Público 4 <input type="checkbox"/> Ferryboat 5 <input type="checkbox"/> Taxicab 6 <input type="checkbox"/> Motorcycle</p> <p>7 <input type="checkbox"/> Bicycle 8 <input type="checkbox"/> Walked 9 <input type="checkbox"/> Worked at home — <i>Skip to 29</i> 10 <input type="checkbox"/> Other method</p> <p><i>Ask only if "car, truck, or van" is marked in 24a.</i></p> <p>b. How many people, including . . . , usually rode to work together LAST WEEK?</p> <p>1 <input type="checkbox"/> Drove alone 2 <input type="checkbox"/> 2 people 3 <input type="checkbox"/> 3 people 4 <input type="checkbox"/> 4 people</p> <p>5 <input type="checkbox"/> 5 people 6 <input type="checkbox"/> 6 people 7 <input type="checkbox"/> 7 to 9 people 8 <input type="checkbox"/> 10 or more people</p>	<p>30a. What kind of work was . . . doing? ↘ [] [] [] [] [] [] For example: registered nurse, personnel manager, supervisor of order department, cake icer.</p> <p>b. What were . . . 's most important activities or duties? ↘ [] [] [] [] [] [] For example: patient care, directing hiring policies, supervising order clerks, icing cakes.</p>	<p>31. Was . . . — Read list. Mark (X) ONE box.</p> <p>1 <input type="checkbox"/> Employee of a PRIVATE FOR PROFIT company or business or of an individual, for wages, salary, or commissions 2 <input type="checkbox"/> Employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization 3 <input type="checkbox"/> Municipal GOVERNMENT employee (city, municipio, etc.) 4 <input type="checkbox"/> Commonwealth GOVERNMENT employee 5 <input type="checkbox"/> Federal GOVERNMENT employee 6 <input type="checkbox"/> SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm 7 <input type="checkbox"/> SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm 8 <input type="checkbox"/> Working WITHOUT PAY in family business or farm</p>
<p>25a. What time did . . . usually leave home to go to work LAST WEEK? "Usually" means on most days last week.</p> <p>[] [] [] a.m. [] [] [] p.m.</p> <p>b. How many minutes did it usually take . . . to get from home to work LAST WEEK? [] [] [] [] [] [] Minutes — <i>Skip to 29</i></p>	<p>31. Was . . . — Read list. Mark (X) ONE box.</p> <p>1 <input type="checkbox"/> Employee of a PRIVATE FOR PROFIT company or business or of an individual, for wages, salary, or commissions 2 <input type="checkbox"/> Employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization 3 <input type="checkbox"/> Municipal GOVERNMENT employee (city, municipio, etc.) 4 <input type="checkbox"/> Commonwealth GOVERNMENT employee 5 <input type="checkbox"/> Federal GOVERNMENT employee 6 <input type="checkbox"/> SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm 7 <input type="checkbox"/> SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm 8 <input type="checkbox"/> Working WITHOUT PAY in family business or farm</p>	<p>32. Last year (1989), did . . . work, even for a few days, at a paid job or in a business or farm?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>Skip to 33</i></p> <p>b. How many weeks did . . . work in 1989? Count paid vacation, paid sick leave, and military service. [] [] [] [] Weeks</p> <p>c. During the weeks WORKED in 1989, how many hours did . . . usually work each week? [] [] [] [] [] Hours</p>
<p>26. Was . . . on layoff from a job or business LAST WEEK? <i>If "No," ask — Was . . . temporarily absent or on vacation from a job or business last week?</i></p> <p>1 <input type="checkbox"/> Yes, on layoff 2 <input type="checkbox"/> Yes, on vacation, temporary illness, labor dispute, etc. 3 <input type="checkbox"/> No</p>	<p>32a. Last year (1989), did . . . work, even for a few days, at a paid job or in a business or farm?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>Skip to 33</i></p> <p>b. How many weeks did . . . work in 1989? Count paid vacation, paid sick leave, and military service. [] [] [] [] Weeks</p> <p>c. During the weeks WORKED in 1989, how many hours did . . . usually work each week? [] [] [] [] [] Hours</p>	<p>33. The following questions are about income received during 1989? If an exact amount is not known, accept a best estimate. If net income in b, c, d or question 34 was a loss, write "Loss" above the dollar amount.</p> <p>a. Did . . . earn income from wages, salary, commissions, bonuses, or tips? Report amount before deductions for taxes, bonds, dues, or other items.</p> <p>1 <input type="checkbox"/> Yes — How much from all jobs? → \$ [] [] [] [] [] [] .00 2 <input type="checkbox"/> No <i>(Annual amount - Dollars)</i></p> <p>b. Did . . . earn any income from (his/her) own nonfarm business, proprietorship, or partnership? Report net income after business expenses.</p> <p>1 <input type="checkbox"/> Yes — How much? → \$ [] [] [] [] [] [] .00 2 <input type="checkbox"/> No <i>(Annual amount - Dollars)</i></p> <p>c. Did . . . earn any income from (his/her) own farm business? Include earnings as a tenant farmer or sharecropper. Report net income after operating expenses.</p> <p>1 <input type="checkbox"/> Yes — How much? → \$ [] [] [] [] [] [] .00 2 <input type="checkbox"/> No <i>(Annual amount - Dollars)</i></p> <p>d. Did . . . receive any interest, dividends, net rental or royalty income, or income from estates and trusts? Include even small amounts credited to an account.</p> <p>1 <input type="checkbox"/> Yes — How much? → \$ [] [] [] [] [] [] .00 2 <input type="checkbox"/> No <i>(Annual amount - Dollars)</i></p> <p>e. Did . . . receive any Social Security or Railroad Retirement payments? Include payments as a retired worker, dependent, or disabled worker.</p> <p>1 <input type="checkbox"/> Yes — How much? → \$ [] [] [] [] [] [] .00 2 <input type="checkbox"/> No <i>(Annual amount - Dollars)</i></p> <p>f. Did . . . receive any income from government programs for Supplemental Security Income (SSI), Aid to Families with Dependent Children (AFDC), food stamps, or other public assistance or public welfare payments?</p> <p>1 <input type="checkbox"/> Yes — How much? → \$ [] [] [] [] [] [] .00 2 <input type="checkbox"/> No <i>(Annual amount - Dollars)</i></p> <p>g. Did . . . receive any income from retirement, survivor, or disability pensions? Include payments from companies, unions, Federal, State, and local governments, and the U.S. military. Do NOT include Social Security.</p> <p>1 <input type="checkbox"/> Yes — How much? → \$ [] [] [] [] [] [] .00 2 <input type="checkbox"/> No <i>(Annual amount - Dollars)</i></p> <p>h. Did . . . receive any income from Veterans' (VA) payments, unemployment compensation, child support or alimony, or any other regular source of income? Do NOT include lump-sum payments such as money from an inheritance or the sale of a home.</p> <p>1 <input type="checkbox"/> Yes — How much? → \$ [] [] [] [] [] [] .00 2 <input type="checkbox"/> No <i>(Annual amount - Dollars)</i></p>
<p>27a. Has . . . been looking for work during the last 4 weeks?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>Skip to 28</i></p> <p>b. Could . . . have taken a job LAST WEEK if one had been offered? <i>If "No," ask — For what reason?</i></p> <p>1 <input type="checkbox"/> No, already has a job 2 <input type="checkbox"/> No, temporarily ill 3 <input type="checkbox"/> No, other reasons (in school, etc.) 4 <input type="checkbox"/> Yes, could have taken a job</p>	<p>32a. Last year (1989), did . . . work, even for a few days, at a paid job or in a business or farm?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>Skip to 33</i></p> <p>b. How many weeks did . . . work in 1989? Count paid vacation, paid sick leave, and military service. [] [] [] [] Weeks</p> <p>c. During the weeks WORKED in 1989, how many hours did . . . usually work each week? [] [] [] [] [] Hours</p>	<p>34. Do not ask this question if 33a through 33h are complete. Instead, sum these entries and enter the amount below.</p> <p>What was . . . 's total income in 1989?</p> <p>0 <input type="checkbox"/> None OR \$ [] [] [] [] [] [] .00 <i>(Annual amount - Dollars)</i></p>

Please turn to the next page and ask the questions for Person 2 on page 2. If this is the last person listed in question 1a on page 1, go to the back of the form.

CHECKLIST AFTER THE INTERVIEW

DID YOU —

1. Complete all appropriate items on the front cover?
2. Complete as many of the census questions as possible, including the last resort questions?
3. Complete the FOR ENUMERATOR USE section on page 3?
4. Sign (certify) the questionnaire on the front cover?
5. Make the necessary entries on the address listing page and map(s)?

CENSUS '90

