Please fill out this official Census Form and mail it back on Census Day, Tuesday, April 1, 1980

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If the address shown below has the wrong apartment identification, please write the correct apartment number or location here:

A message from the Director, Bureau of the Census...

We must, from time to time, take stock of ourselves as a people if our Nation is to meet successfully the many national and local challenges we face. This is the purpose of the 1980 census.

The essential need for a population census was recognized almost 200 years ago when our Constitution was written. As provided by article I, the first census was conducted in 1790 and one has been taken every 10 years since then.

The law under which the census is taken protects the confidentiality of your answers. For the next 72 years—or until April 1, 2052—only sworn census workers have access to the individual records, and no one else may see them.

Your answers, when combined with the answers from other people, will provide the statistical figures needed by public and private groups, schools, business and industry, and Federal, State, and local governments across the country. These figures will help all sectors of American society understand how our population and housing are changing. In this way, we can deal more effectively with today's problems and work toward a better future for all of us.

The census is a vitally important national activity. Please do your part by filling out this census form accurately and completely. If you mail it back promptly in the enclosed postage-paid envelope, it will save the expense and inconvenience of a census taker having to visit you.

Thank you for your cooperation.

Para personas de habla hispana

(For Spanish-speaking persons): Sí Ud. DESEA UN CUESTIONARIO DEL CENSO EN ESPAÑOL llame a la oficina del censo. El número de teléfono se encuentra en el encasillado de la dirección.

O, si prefiere, marque esta casilla □ y devuelva el cuestionario por correo en el sobre que se le incluye.

U.S. Department of Commerce
Bureau of the Census
Form D-2

Form Approved
O M B No. 11-578006
How to fill out your Census Form

See the filled-out example in the yellow instruction guide. This guide will help with any problems you may have.

If you need more help, call the Census Office. The telephone number of the local office is shown at the bottom of the address box on the front cover.

Use a black pencil to answer the questions. Black pencil is better to use than ballpoint or other pens.

Fill circles "O" completely, like this: ●

When you write in an answer, print or write clearly.

Make sure that answers are provided for everyone here.

See page 4 of the guide if a roomer or someone else in the household does not want to give you all the information for the form.

Answer the questions on pages 1 through 5, and then starting with pages 6 and 7, fill a pair of pages for each person in the household.

Check your answers. Then write your name, the date, and telephone number on page 20.

Mail back this form on Tuesday, April 1, or as soon afterward as you can. Use the enclosed envelope; no stamp is needed.

Please start by answering Question 1 below.

Question 1

List in Question 1

- Family members living here, including babies still in the hospital
- Relatives living here
- Lodgers or boarders living here
- Other persons living here
- College students who stay here while attending college, even if their parents live elsewhere
- Persons who usually live here but are temporarily away (including children in boarding school below the college level)
- Persons with a home elsewhere but who stay here most of the week while working

Do Not List in Question 1

- Any person away from here in the Armed Forces.
- Any college student who stays somewhere else while attending college.
- Any person who usually stays somewhere else most of the week while working there.
- Any person away from here in an institution such as a home for the aged or mental hospital.
- Any person staying or visiting here who has a usual home elsewhere.

1. What is the name of each person who was living here on Tuesday, April 1, 1980, or who was staying or visiting here and had no other home?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Note

If everyone here is staying only temporarily and has a usual home elsewhere, please mark this box □.

Then please:
- answer the questions on pages 2 through 5 only, and
- enter the address of your usual home on page 20.

Please continue
**Appendix E—Facsimiles of Respondent Instructions and Questionnaire Pages**

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**Page 2**

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**Also Answer the Housing Questions on Page 3**

Here are the questions. These are the columns for answers. Please fill one column for each person listed in Question 1.

2. How is this person related to the person in column 1?

   Fill one circle.

   If "other relative" of person in column 1, give exact relationship, such as mother-in-law, nieces, grandson, etc.

   **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.**

3. Sex

   Fill one circle.

4. Is this person —

   Fill one circle.

5. Age, and month and year of birth

   a. Print age at last birthday.
   b. Print month and fill one circle.
   c. Print year in the spaces, and fill one circle below each number.

6. Marital status

   Fill one circle.

7. Is this person of Spanish/Hispanic origin or descent?

   Fill one circle.

8. Since February 1, 1980, has this person attended regular school or college at any time?

   Fill one circle. Count nursery school, kindergarten, elementary school, and schooling which leads to a high school diploma or college degree.

9. What is the highest grade (or year) of regular school this person has ever attended?

   Fill one circle.

   If now attending school, mark grade person is in. If high school was finished by equivalency test (GED), mark "12."

10. Did this person finish the highest grade (or year) attended?

    Fill one circle.

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**Use Only CENSUS A. O I O N 0 0**

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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.

H1. 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 — On page 20 give name(s) and reason left out.
- No

H2. Did you list anyone in Question 1 who is away from home now —
for example, on a vacation or in a hospital?

- Yes — On page 20 give name(s) and reason person is away.
- No

H3. Is anyone visiting here who is not already listed?

- Yes — On page 20 give name of each visitor for whom there is no one
at the home address to report the person to a census taker.
- No

H4. How many living quarters, occupied and vacant, are at this address?

- One
- 2 apartments or living quarters
- 3 apartments or living quarters
- 4 apartments or living quarters
- 5 apartments or living quarters
- 6 apartments or living quarters
- 7 apartments or living quarters
- 8 apartments or living quarters
- 9 apartments or living quarters
- 10 or more apartments or living quarters
- This is a mobile home or trailer

H5. Do you enter your living quarters —

- Directly from the outside or through a common or public hall?
- Through someone else's living quarters?

H6. Do you have complete plumbing facilities in your living quarters,
that is, hot and cold piped water, a flush toilet, and a bathtub or
shower?

- Yes, for this household only
- Yes, but also used by another household
- No, have some but not all plumbing facilities
- No plumbing facilities in living quarters

H7. How many rooms do you have in your living quarters?

- Do count bathrooms, porches, balconies, foyers, halls, or half-rooms.

- 1 room
- 2 rooms
- 3 rooms
- 4 rooms
- 5 rooms
- 6 rooms
- 7 rooms
- 8 rooms
- 9 or more rooms

H8. 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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A6. Block number
A7. Serial number
B. Type of unit or quarters
C1. Is this unit for —
- Year round use
- Seasonal/Summer use
- Vacation
- For rent
- For sale only
- Rented or sold, not occupied
- Held for occasional use
- Other vacant

C2. Is this unit boarded up?
- Yes
- No

D. Months vacant
- Less than 1 month
- 1 month or more
- 2 months or more
- 3 months or more

E. Indicators
1. Mail return
2. Pop. F
**Appendix E.—Facsimiles of Respondent Instructions and Questionnaire Pages**

### H13. Which best describes this building?
- Include all apartments, flats, etc., even if vacant.
  - 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 to 9 families
  - A building for 10 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?
- Count an attic or basement as a story if it has any finished rooms for living purposes.
  - 1 to 3 — Skip to H15
  - 4 to 6
  - 7 to 12
  - 13 or more stories

### 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 9 acres
- On a place of 10 or more acres

### 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, stream, etc.)?

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

### H18a. About when was this building originally built? Mark when the building was first constructed, not when it was remodeled, added to, or converted.
- 1970 or earlier
- 1971 to 1974
- 1975 to 1978
- 1979 to 1980

### H19. When did the person listed in column 1 move into this house (or apartment)?
- 1970 or 1974
- 1970 to 1974
- 1975 to 1978
- 1979 or 1980
- 1990 to 1994

### H20. How are your living quarters heated?
- Steam or hot water system
- Central warm-air furnace with ducts to the individual rooms
- Heat pump
- Other built-in electric units (permanently installed in walls, ceilings, or basements)
- Other
- Floor, wall, or pipeless furnace
- Room heaters with flue or vent, burning gas, oil, or kerosene
- Room heaters without flue or vent, burning gas, oil, or kerosene
- Room radiators
- Fireplaces, stoves, or portable room heaters of any kind
- Central oil, gas, or coal
- No heating equipment

### H21a. Which fuel is used most for house heating?
- Gas: from underground pipes serving the neighborhood
- Gas: bottled, tank, or liquid propane
- Electric
- Fuel oil, kerosene, etc.
- Coal or coke
- Wood
- Other fuel
- No fuel used

### H21b. Which fuel is used most for water heating?
- Gas: from underground pipes serving the neighborhood
- Gas: bottled, tank, or liquid propane
- Electric
- Fuel oil, kerosene, etc.

### H21c. Which fuel is used most for cooking?
- Gas: from underground pipes serving the neighborhood
- Gas: bottled, tank, or liquid propane
- Electric
- Fuel oil, kerosene, etc.
- No fuel used

### H22a. What are the costs of utilities and fuels for your living quarters?
- Gas:
- Electricity:

### H22b. 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

### H22c. 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 at least a flush toilet or bathtub or shower, but does not have all the facilities for a complete bathroom.

### H22d. Do you have a telephone in your living quarters?

### H22e. How many automobiles are kept at home by members of your household?
- None
- 1 automobile
- 2 automobiles or more

### H22f. How many vans or trucks of one-ton capacity or less are kept at home by members of your household?
- None
- 1 truck
- 2 or more trucks

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Appendix E.—Facsimiles of Respondent Instructions and Questionnaire Pages

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 O None

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

$ ____________________________ 00 OR O 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

Please turn to page 6

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[Form with data filled in]
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
- Born abroad

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

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.

(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
- Yes, this house — Skip to 16
- No, different house

15b. Where did this person live five years ago (April 1, 1975)?

- State, foreign country, Puerto Rico, Guam, etc.
- County:
- City, town, village, etc.
- Inside the incorporated (legal) limits of that city, town, village, etc.?

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
- 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 . . .

- Limits the kind or amount of work this person can do at a job?

- Prevents this person from working at a job?

- 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?

- Does not count her stepchildren or children she has adopted.

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

21. If this person has ever been married —

- Has this person been married more than once?

- Yes
- No

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

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

- 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.)

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

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

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

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

- If one location cannot be specified, see instruction guide.

- Address (Number and street)

- City, town, village, borough, etc.

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

- County

- State

- ZIP Code

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

More

b. How did this person usually go to work last week?

If this person used more than one method, give the one usually used for most of the distance.

- Car
- Truck
- Van
- Bus or streetcar
- Railroad
- Subway or elevated
- Walked only
- Worked at home
- Other — Specify

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

Otherwise, skip to 28.

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- Person No.
- Person 11

- Person 13b

- Person 14

- Person 15b

- Person 23

- Person 24a

- Person 24b

- Person 24c
**CENSUS USE**

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**Appendix E. Facsimiles of Respondent Instructions and Questionnaire Pages**

**PERSON 1 ON PAGE 2**

1. c. When going to work last week, did this person usually —
   - Drive alone:
     - Yes [ ]
     - No [ ]
   - Share driving:
     - Yes [ ]
     - No [ ]

2. d. How many people, including this person, usually rode to work in the car, truck, or van last week?
   - 2 [ ]
   - 3 [ ]
   - 4 [ ]
   - 5 [ ]
   - 6 [ ]
   - 7 or more [ ]

3. After answering 24d, skip to 28.

25. Was this person temporarily absent or on layoff from a job or business last week?
   - Yes [ ]
   - No [ ]

26a. Has this person been looking for work during the last 4 weeks?
   - Yes [ ]
   - No [ ]

26b. Could this person have taken a job last week?
   - Yes [ ]
   - No, already has a job [ ]
   - No, temporary illness [ ]
   - No, other reasons (in school, etc.) [ ]
   - Yes, could have taken a job [ ]

27. When did this person last work, even for a few days?
   - 1970 or earlier [ ]
   - 1971 to 1974 [ ]
   - 1975 [ ]
   - 1976 or later [ ]

28. 29. Industry
   - a. For whom did this person work?
     - If now on active duty in the Armed Forces, print "AF" and skip to question 31.
     - (None of company, business, organization, or employer) [ ]
   - b. What kind of business or industry was this?
     - Describe the activity or location where employed.
     - (For example: Hospital, newspaper publishing, mail order house, auto engine manufacturing, breakfast cereal manufacturing) [ ]
   - c. Is this main activity? "(Fill one circle)"
     - Manufacturing [ ]
     - Retail trade [ ]
     - Wholesale trade [ ]
     - Service [ ]
     - Other (specify) [ ]

29. Occupation
   - a. What kind of work was this person doing?
     - (For example: Registered nurse, personnel manager, supervisor of order department, locomotive engineer, assembler, other operator) [ ]
   - b. What were this person's most important activities or duties?
     - (For example: Patient care, directing hiring policies, supervising order clerks, assembling engines, operating grinding mill) [ ]

30. Was this person — "(Fill one circle)"
   - Employee of private company, business, or individual, for wages, salary, or commissions [ ]
   - Federal government employee [ ]
   - State and local government employee [ ]
   - Employee of private company, business, professional practice, or farm —
     - Own business not incorporated [ ]
     - Own business incorporated [ ]
   - Working without pay in family business or farm [ ]

---

31a. Last year (1979), did this person work, even for a few days, at a paid job or in a business or farm?
   - Yes [ ]
   - No [ ]

31b. How many weeks did the person work in 1979?
   - Count paid vacation, paid sick leave, and military service.
   - 1-4 [ ]
   - 5-9 [ ]
   - 10-19 [ ]
   - 20-39 [ ]
   - 40 or more [ ]

31c. During the weeks worked in 1979, how many hours did this person usually work each week?
   - 31d. Of the weeks not worked in 1979 (if any), how many weeks was this person looking for work or on layoff from a job?

32. Income in 1979 —
   - Fill circles and print dollar amounts.
   - If net income was a loss, write "Loss" above the dollar amount.
   - If exact amount is not known, give best estimate.
   - For income received jointly by householder members, see instruction guide.

   During 1979 did this person receive any income from the following sources?
   - Yes [ ]
   - No [ ]

32a. a. Wages, salaries, commissions, bonuses, or tips from all jobs...
   - Report amount before deductions for taxes, bonds, due, or other items.
     - Yes [ ]
     - No [ ]

32b. b. Own nonfarm business, partnership, or professional practice...
   - Report net income after business expenses.
     - Yes [ ]
     - No [ ]

32c. c. Own farm...
   - Report net income after operating expenses. Include earnings as a tenant farmer or sharecropper.
     - Yes [ ]
     - No [ ]

32d. d. Interest, dividends, royalties, or net rental income...
   - Report small amounts credited to an account.
     - Yes [ ]
     - No [ ]

32e. e. Social Security or Railroad Retirement...
   - Yes [ ]
   - No [ ]

32f. f. Supplemental Security (SSI). Aid to Families with Dependent Children (AFDC), or other public assistance or public welfare payments...
   - Yes [ ]
   - No [ ]

32g. g. Unemployment compensation, veterans' payments, pensions, alimony or child support, or other sources of income received regularly...
   - Exclude lump-sum payments such as money from an inheritance or the sale of a home.
     - Yes [ ]
     - No [ ]

33. What was this person's total income in 1979?
   - Add entries in questions 32a through 32g and any losses.
   - If total amount was a loss, write "Loss" above the dollar amount.
     - OR [ ]

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Please turn to the next page and answer the questions for Person 2 on page 2.