2000 QUESTIONNAIRE

Census 2000 used two questionnaires—a long-form (sample) and a short-form (100 percent) questionnaire. The short-form questionnaire consisted of 7 questions that could be answered by up to 6 persons within a household (see questions 1-6 and 33 on long-form questionnaire reproduced here). Space was provided to identify 6 additional members of the household. The U.S. Census Bureau would collect data on persons 7-12 by telephone interview.

The long-form questionnaire (pictured here), sent to a sample of households throughout the United States and territories, contained 29 inquiries in addition to the 8 questions asked on the short-form questionnaire. These additional questions, as in the past, collected information on the population, housing, economic, and social characteristics of the Nation’s households.
The "Informational Copy" shows the content of the United States Census 2000 "long" form questionnaire. Each household will receive either a short form (100-percent questions) or a long form (100-percent and sample questions). The long form questionnaire includes the same 6 population questions and 1 housing question that are on the Census 2000 short form, plus 26 additional population questions, and 20 additional housing questions. On average, about 1 in every 6 households will receive the long form. The content of the forms resulted from reviewing the 1990 census data, consulting with federal and non-federal data users, and conducting tests.

For additional information about Census 2000, visit our website at www.census.gov or write to the Director, Bureau of the Census, Washington, DC 20233.

If you need help completing this form, call 1-800-XXX-XXXX between 8:00 a.m. and 9:00 p.m., 7 days a week. The telephone call is free.

TDD – Telephone display device for the hearing impaired. Call 1-800-XXX-XXXX between 8:00 a.m. and 9:00 p.m., 7 days a week. The telephone call is free.

¿NECESITA AYUDA? Si usted necesita ayuda para completar este cuestionario llame al 1-800-XXX-XXXX entre las 8:00 a.m. y las 9:00 p.m., 7 días a la semana. La llamada telefónica es gratis.

The Census Bureau estimates that, for the average household, this form will take about 30 minutes to complete, including the time for reviewing the instructions and answers. Comments about the estimate should be directed to the Associate Director for Finance and Administration, Attn: Paperwork Reduction Project 0607-0856, Room 1304, Federal Building 3, Bureau of the Census, Washington, DC 20233.

Respondents are not required to respond to any information collection unless it displays a valid approval number from the Office of Management and Budget.
List of Persons

1. Please be sure you answered question 1 on the front page before continuing.

2. Please print the names of all the people who you indicated in question 1 were living or staying here on April 1, 2000.

Example — Last Name

JOHNSON

First Name

ROBIN

J

Start with the person, or one of the people living here who owns, is buying, or rents this house, apartment, or mobile home. If there is no such person, start with any adult living or staying here.

Person 1 — Last Name

First Name

MI

Person 2 — Last Name

First Name

MI

Person 3 — Last Name

First Name

MI

Person 4 — Last Name

First Name

MI

Person 5 — Last Name

First Name

MI

Person 6 — Last Name

First Name

MI

Person 7 — Last Name

First Name

MI

Person 8 — Last Name

First Name

MI

Person 9 — Last Name

First Name

MI

Person 10 — Last Name

First Name

MI

Person 11 — Last Name

First Name

MI

Person 12 — Last Name

First Name

MI

Next, answer questions about Person 1.
### Person 1 (continued)

**15. Where did this person live 5 years ago?**
- Name of city, town, or post office
- Did this person live inside the limits of the city or town?  
  - Yes
  - No, outside the city/town limits
- Name of county
- Name of state
- ZIP Code

**16. Does this person have any of the following long-lasting conditions:**
- a. Blindness, deafness, or a severe vision or hearing impairment?
  - Yes
  - No
- b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?
  - Yes
  - No

**17. Because of a physical, mental, or emotional condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities:**
- a. Learning, remembering, or concentrating?
  - Yes
  - No
- b. Dressing, bathing, or getting around inside the home?
  - Yes
  - No
- c. (Answer if this person is 16 YEARS OLD OR OVER.) Going outside the home alone to shop or visit a doctor’s office?
  - Yes
  - No
- d. (Answer if this person is 16 YEARS OLD OR OVER.) Working at a job or business?
  - Yes
  - No

**18. Was this person under 15 years of age on April 1, 2000?**
- Yes → Skip to 33
- No

**19. a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?**
- Yes
- No → Skip to 20a

**b. Is this grandparent currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment?**
- Yes
- No → Skip to 20a

**c. How long has this grandparent been responsible for the(se) grandchild(ren)?**
- Less than 6 months
- 6 to 11 months
- 1 or 2 years
- 3 or 4 years
- 5 years or more

**20. a. Has this person ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard?**
- Yes, now on active duty
- Yes, on active duty in past, but not now
- No, training for Reserves or National Guard only → Skip to 21
- No, never served in the military → Skip to 21

**b. When did this person serve on active duty in the U.S. Armed Forces?**
- Mark (X) a box for EACH period in which this person served.
  - April 1995 or later
  - August 1990 to March 1995 (including Persian Gulf War)
  - September 1980 to July 1990
  - May 1975 to August 1980
  - Vietnam era (August 1964—April 1975)
  - February 1955 to July 1964
  - Korean conflict (June 1950—January 1955)
  - World War II (September 1940—July 1947)
  - Some other time

**c. In total, how many years of active-duty military service has this person had?**
- Less than 2 years
- 2 years or more
2000 Questionnaire

Person 1 (continued)

21. LAST WEEK, did this person do ANY work for either pay or profit? Mark [X] the "Yes" box even if the person worked only 1 hour, or helped without pay in a family business or farm for 15 hours or more, or was an active duty in the Armed Forces.

☐ Yes
☐ No → Skip to 25a

22. 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.
   a. Address (Number and street name)

   (If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.)

   b. Name of city, town, or post office

   c. Is the work location inside the limits of that city or town?  

   ☐ Yes
   ☐ No, outside the city/town limits

   d. Name of county

   e. Name of U.S. state or foreign country

   f. ZIP Code

23. a. How did this person usually get to work LAST WEEK? If this person usually used more than one method of transportation during the trip, mark [X] the box of the one used for most of the distance.

   ☐ Car, truck, or van
   ☐ Bus or trolley bus
   ☐ Streetcar or trolley car
   ☐ Subway or elevated
   ☐ Railroad
   ☐ Ferryboat
   ☐ Taxicab
   ☐ Motorcycle
   ☐ Bicycle
   ☐ Walked
   ☐ Worked at home → Skip to 27
   ☐ Other method

   → If "Car, truck, or van" is marked in 23a, go to 23b. Otherwise, skip to 24a.

   b. How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?

   ☐ Drove alone
   ☐ 2 people
   ☐ 3 people
   ☐ 4 people
   ☐ 5 or 6 people
   ☐ 7 or more people

24. a. What time did this person usually leave home to go to work LAST WEEK?

   [ ] a.m.  [ ] p.m.

   b. How many minutes did it usually take this person to get from home to work LAST WEEK?

   Minutes

25. Answer questions 25-26 for persons who did not work for pay or profit last week. Others skip to 27.

   a. LAST WEEK, was this person on layoff from a job?

   ☐ Yes → Skip to 25c
   ☐ No

   b. LAST WEEK, was this person TEMPORARILY absent from a job or business?

   ☐ Yes, on vacation, temporary illness, labor dispute, etc. → Skip to 26
   ☐ No → Skip to 25d

   c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work?

   ☐ Yes → Skip to 25e
   ☐ No

   d. Has this person been looking for work during the last 4 weeks?

   ☐ Yes
   ☐ No → Skip to 26

   e. LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?

   ☐ Yes, could have gone to work
   ☐ No, because of own temporary illness
   ☐ No, because of all other reasons (in school, etc.)

26. When did this person last work, even for a few days?

   ☐ 1995 to 2000
   ☐ 1994 or earlier, or never worked → Skip to 31
### Person 1 (continued)

#### b. Occupation
- [ ] Sales person
- [ ] Factory worker
- [ ] Delivery person
- [ ] Receptionist
- [ ] Housewife, homemaker
- [ ] Helped in another person's household
- [ ] Other, describe: ____________

#### c. Is this person's main job at home?  
- [ ] Yes
- [ ] No

#### Income in 1999

<table>
<thead>
<tr>
<th>Source of Income</th>
<th>Amount</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wages</td>
<td>$1,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Commission</td>
<td>$500</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>$1,500</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### c. How many weeks did this person work in 1999?  
- [ ] Yes
- [ ] No

#### Taxpayer Information

- [ ] Yes, file a federal income tax return
- [ ] No, file a federal income tax return

#### a. Last year, 1999, did this person work at a job or business at any time?  
- [ ] Yes
- [ ] No

#### b. For whom did this person work?  
- [ ] Federal government
- [ ] Local government
- [ ] State government
- [ ] Private employer
- [ ] Self-employed
- [ ] Unpaid family member

#### 1. a. How many hours did this person usually work each week?  
- [ ] 0
- [ ] 1-15
- [ ] 16-25
- [ ] 26-35
- [ ] 36-44
- [ ] 45-54
- [ ] 55 or more

#### 2. a. What kind of business or industry was this person doing?  
- [ ] Agriculture, forestry, fishing
- [ ] Construction
- [ ] Manufacturing
- [ ] Retail trade
- [ ] Wholesale trade
- [ ] Transportation, communication, electric, gas, or sanitary services
- [ ] Retail trade
- [ ] Government (federal, state, or local)
- [ ] Professional, scientific, technical, or engineering services
- [ ] Education or health services
- [ ] Finance, insurance, real estate, and rental or leasing services
- [ ] Services not elsewhere classified
- [ ] Not reported

#### 3. a. For whom did this person work?  
- [ ] Federal government
- [ ] Local government
- [ ] State government
- [ ] Private employer
- [ ] Self-employed
- [ ] Unpaid family member

#### a. What was this person's most important job in 1999?  
- [ ] Factory worker
- [ ] Delivery person
- [ ] Receptionist
- [ ] Helped in another person's household
- [ ] Other, describe: ____________

#### a. What kind of work was this person doing?  
- [ ] Sales person
- [ ] Factory worker
- [ ] Delivery person
- [ ] Receptionist
- [ ] Helped in another person's household
- [ ] Other, describe: ____________

### Measuring America

U.S. Census Bureau
c. Interest, dividends, net rental income, royalty income, or income from estates and trusts — Report even small amounts credited to an account.

- Yes: Annual amount — Dollars
  $ _____________.00
  □ Loss
- No

d. Social Security or Railroad Retirement

- Yes: Annual amount — Dollars
  $ _____________.00
- No

e. Supplemental Security Income (SSI)

- Yes: Annual amount — Dollars
  $ _____________.00
- No

f. Any public assistance or welfare payments from the state or local welfare office

- Yes: Annual amount — Dollars
  $ _____________.00
- No

g. Retirement, survivor, or disability pensions — Do NOT include Social Security.

- Yes: Annual amount — Dollars
  $ _____________.00
- No

h. Any other sources of income received regularly such as Veterans’ payments, unemployment compensation, child support, or alimony — Do NOT include lump-sum payments such as money from an inheritance or sale of a home.

- Yes: Annual amount — Dollars
  $ _____________.00
- No

What was this person’s total income in 1999? Add entries in questions 31a—31h; subtract any losses; if net income was a loss, enter the amount and mark the “Loss” box next to the dollar amount.

- Annual amount — Dollars
  $ _____________.00
  □ Loss

Question is asked of all households on the short (100-percent) and long (sample) forms.

Now, please answer questions 33—53 about your household.

33. Is this house, apartment, or mobile home?

- Owned by you or someone in this household with a mortgage or loan?
- Owned by you or someone in this household free and clear (without a mortgage or loan)?
- Rented for cash rent?
- Occupied without payment of cash rent?

34. Which best describes this building? Include all apartments, flats, etc., even if vacant.

- A mobile home
- A one-family house detached from any other house
- A one-family house attached to one or more houses
- A building with 2 apartments
- A building with 3 or 4 apartments
- A building with 5 to 9 apartments
- A building with 10 to 19 apartments
- A building with 20 to 49 apartments
- A building with 50 or more apartments
- Boat, RV, van, etc.

35. About when was this building first built?

- 1999 or 2000
- 1995 to 1998
- 1990 to 1994
- 1985 to 1989
- 1980 to 1984
- 1970 to 1979
- 1960 to 1969
- 1950 to 1959
- 1940 to 1949
- 1939 or earlier

36. When did this person move into this house, apartment, or mobile home?

- 1999 or 2000
- 1995 to 1998
- 1990 to 1994
- 1985 to 1989
- 1980 to 1984
- 1970 to 1979
- 1960 to 1969
- 1950 or earlier

37. How many rooms do you have in this house, apartment, or mobile home? Do NOT 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
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>38</td>
<td>How many bedrooms do you have; that is, how many bedrooms would you list if this house, apartment, or mobile home were on the market for sale or rent?</td>
</tr>
<tr>
<td></td>
<td>- No bedroom</td>
</tr>
<tr>
<td></td>
<td>- 1 bedroom</td>
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<tr>
<td></td>
<td>- 2 bedrooms</td>
</tr>
<tr>
<td></td>
<td>- 3 bedrooms</td>
</tr>
<tr>
<td></td>
<td>- 4 bedrooms</td>
</tr>
<tr>
<td></td>
<td>- 5 or more bedrooms</td>
</tr>
<tr>
<td>39</td>
<td>Do you have COMPLETE plumbing facilities in this house, apartment, or mobile home; that is, 1) hot and cold piped water, 2) a flush toilet, and 3) a bathtub or shower?</td>
</tr>
<tr>
<td></td>
<td>- Yes, have all three facilities</td>
</tr>
<tr>
<td></td>
<td>- No</td>
</tr>
<tr>
<td>40</td>
<td>Do you have COMPLETE kitchen facilities in this house, apartment, or mobile home; that is, 1) a sink with piped water, 2) a range or stove, and 3) a refrigerator?</td>
</tr>
<tr>
<td></td>
<td>- Yes, have all three facilities</td>
</tr>
<tr>
<td></td>
<td>- No</td>
</tr>
<tr>
<td>41</td>
<td>Is there telephone service available in this house, apartment, or mobile home from which you can both make and receive calls?</td>
</tr>
<tr>
<td></td>
<td>- Yes</td>
</tr>
<tr>
<td></td>
<td>- No</td>
</tr>
<tr>
<td>42</td>
<td>Which FUEL is used MOST for heating this house, apartment, or mobile home?</td>
</tr>
<tr>
<td></td>
<td>- Gas: from underground pipes serving the neighborhood</td>
</tr>
<tr>
<td></td>
<td>- Gas: bottled, tank, or LP</td>
</tr>
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<td></td>
<td>- Electricity</td>
</tr>
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<td></td>
<td>- Fuel oil, kerosene, etc.</td>
</tr>
<tr>
<td></td>
<td>- Coal or coke</td>
</tr>
<tr>
<td></td>
<td>- Wood</td>
</tr>
<tr>
<td></td>
<td>- Solar energy</td>
</tr>
<tr>
<td></td>
<td>- Other fuel</td>
</tr>
<tr>
<td></td>
<td>- No fuel used</td>
</tr>
<tr>
<td>43</td>
<td>How many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use by members of your household?</td>
</tr>
<tr>
<td></td>
<td>- None</td>
</tr>
<tr>
<td></td>
<td>- 1</td>
</tr>
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<td></td>
<td>- 2</td>
</tr>
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<td></td>
<td>- 3</td>
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<td></td>
<td>- 4</td>
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<tr>
<td></td>
<td>- 5</td>
</tr>
<tr>
<td></td>
<td>- 6 or more</td>
</tr>
<tr>
<td>44</td>
<td>Answer ONLY if this is a ONE-FAMILY HOUSE OR MOBILE HOME — All others skip to 45.</td>
</tr>
<tr>
<td>a.</td>
<td>Is there a business (such as a store or barber shop) or a medical office on this property?</td>
</tr>
<tr>
<td></td>
<td>- Yes</td>
</tr>
<tr>
<td></td>
<td>- No</td>
</tr>
<tr>
<td>b.</td>
<td>How many acres is this house or mobile home on?</td>
</tr>
<tr>
<td></td>
<td>- Less than 1 acre → Skip to 45</td>
</tr>
<tr>
<td></td>
<td>- 1 to 9.9 acres</td>
</tr>
<tr>
<td></td>
<td>- 10 or more acres</td>
</tr>
<tr>
<td>c.</td>
<td>In 1999, what were the actual sales of all agricultural products from this property?</td>
</tr>
<tr>
<td></td>
<td>- None</td>
</tr>
<tr>
<td></td>
<td>- $2,500 to $4,999</td>
</tr>
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<td></td>
<td>- $5,000 to $9,999</td>
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<tr>
<td></td>
<td>- $10,000 or more</td>
</tr>
<tr>
<td>45</td>
<td>What are the annual costs of utilities and fuels for this house, apartment, or mobile home? If you have lived here less than 1 year, estimate the annual cost.</td>
</tr>
<tr>
<td>a.</td>
<td>Electricity</td>
</tr>
<tr>
<td></td>
<td>Annual cost — Dollars</td>
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<tr>
<td></td>
<td>OR</td>
</tr>
<tr>
<td></td>
<td>- Included in rent or in condominium fee</td>
</tr>
<tr>
<td></td>
<td>- No charge or electricity not used</td>
</tr>
<tr>
<td>b.</td>
<td>Gas</td>
</tr>
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<td></td>
<td>Annual cost — Dollars</td>
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<td>OR</td>
</tr>
<tr>
<td></td>
<td>- Included in rent or in condominium fee</td>
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<tr>
<td></td>
<td>- No charge or gas not used</td>
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<tr>
<td>c.</td>
<td>Water and sewer</td>
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<td></td>
<td>Annual cost — Dollars</td>
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<td></td>
<td>OR</td>
</tr>
<tr>
<td></td>
<td>- Included in rent or in condominium fee</td>
</tr>
<tr>
<td></td>
<td>- No charge</td>
</tr>
<tr>
<td>d.</td>
<td>Oil, coal, kerosene, wood, etc.</td>
</tr>
<tr>
<td></td>
<td>Annual cost — Dollars</td>
</tr>
<tr>
<td></td>
<td>OR</td>
</tr>
<tr>
<td></td>
<td>- Included in rent or in condominium fee</td>
</tr>
<tr>
<td></td>
<td>- No charge or these fuels not used</td>
</tr>
</tbody>
</table>
**Person 1 (continued)**

<table>
<thead>
<tr>
<th>Question</th>
<th>Details</th>
</tr>
</thead>
</table>
| **46** | Answer ONLY if you PAY RENT for this house, apartment, or mobile home — All others skip to 47.  
| a. What is the monthly rent?  
| Monthly amount — Dollars | $ | | | | .00 |
| b. Does the monthly rent include any meals? | Yes | No |
| **47** | Answer questions 47a—53 if you or someone in this household owns or is buying this house, apartment, or mobile home; otherwise, skip to questions for Person 2.  
| a. 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 | No → Skip to 48a  
| Yes, contract to purchase | No, mortgage, deed of trust, or similar debt |
| b. How much is your regular monthly mortgage payment on THIS property? Include payment only on first mortgage or contract to purchase.  
| Monthly amount — Dollars | $ | | | | .00 |
| OR | No regular payment required → Skip to 48a |
| c. Does your regular monthly mortgage payment include payments for real estate taxes on THIS property?  
| Yes, taxes included in mortgage payment | No, taxes paid separately or taxes not required |
| d. Does your regular monthly mortgage payment include payments for fire, hazard, or flood insurance on THIS property?  
| Yes, insurance included in mortgage payment | No, insurance paid separately or no insurance |
| **48** | a. Do you have a second mortgage or a home equity loan on THIS property? Mark ☑ all boxes that apply.  
| Yes, a second mortgage | Yes, a home equity loan | No → Skip to 49 |
| b. How much is your regular monthly payment on all second or junior mortgages and all home equity loans on THIS property?  
| Monthly amount — Dollars | $ | | | | .00 |
| OR | No regular payment required |
| **49** | What were the real estate taxes on THIS property last year?  
| Yearly amount — Dollars | $ | | | | .00 |
| OR | None |
| **50** | What was the annual payment for fire, hazard, and flood insurance on THIS property?  
| Annual amount — Dollars | $ | | | | .00 |
| OR | None |
| **51** | What is the value of this property; that is, how much do you think this house and lot, apartment, or mobile home and lot would sell for if it were for sale?  
| Less than $10,000 | $10,000 to $14,999 | $15,000 to $19,999 | $20,000 to $24,999 | $25,000 to $29,999 | $30,000 to $34,999 | $35,000 to $39,999 | $40,000 to $49,999 | $50,000 to $59,999 | $60,000 to $69,999 | $70,000 to $79,999 | $80,000 to $89,999 | $90,000 to $99,999 | $100,000 to $124,999 | $125,000 to $149,999 | $150,000 to $174,999 | $175,000 to $199,999 | $200,000 to $249,999 | $250,000 to $299,999 | $300,000 to $399,999 | $400,000 to $499,999 | $500,000 to $749,999 | $750,000 to $999,999 | $1,000,000 or more |
| **52** | Answer ONLY if this is a CONDOMINIUM —  
| What is the monthly condominium fee?  
| Monthly amount — Dollars | $ | | | | .00 |
| **53** | Answer ONLY if this is a MOBILE HOME —  
| a. Do you have an installment loan or contract on THIS mobile home?  
| Yes | No |
| b. What was the total cost for installment loan payments, personal property taxes, site rent, registration fees, and license fees on THIS mobile home and its site last year? Exclude real estate taxes.  
| Yearly amount — Dollars | $ | | | | .00 |
| Are there more people living here? If yes, continue with Person 2. |
For Person 2, repeat questions 3-32 of Person 1.
For Persons 3–6. repeat questions 1-32 of Person 2.

NOTE – The content for Question 2 varies between Person 1 and Persons 2–6.

Thank you for completing your official U.S. Census form. If there are more than six people at this address, the Census Bureau may contact you for the same information about these people.