

Please answer each of the following questions for yourself and all members of your household living with you. (Do not list persons who are away at college or in the Armed Forces)

2 Print EACH person's FIRST NAME using ALL CAPITAL (UPPER CASE) LETTERS.	3 Relationship to You	4 Date of Birth	5 Sex	6 Race	7 Is this person of Spanish/Hispanic descent?	8 Is this person employed?	9 Name of Company	10 Type of Company	11 Type of Work	12 Occupation
The Head of Household is the person living in your household who owns, is buying, or rents your house, apartment, or mobile home. Please list the female and male Heads of Household on the first two lines.	Yourself Your Spouse Your Child Parent/Other Relative Not Related	Jan. - 01 July - 07 Feb. - 02 Aug. - 08 March - 03 Sept. - 09 April - 04 Oct. - 10 May - 05 Nov. - 11 June - 06 Dec. - 12	Male Female	White Black Asian/Pacific Islander Other	No, Not Spanish/Hispanic Mexican, Mexican American, Chicano Puerto Rican Cuban Other Spanish/Hispanic	Work for someone else full-time Temporarily unemployed Self-employed Work for someone else part-time only Retired, not employed Student, Disabled etc., not employed Full-time homemaker	Print the name of company/organization this person works for using ALL CAPITAL (UPPER CASE) LETTERS. If self-employed, write in SELF-EMPLOYED	Which 2-digit code best describes the company? Use Code List A on the separate Occupation Code Sheet	Print the type of work (e.g., registered nurse, personnel manager, grinder operator, supervisor of order dept., etc.)	Which 2-digit code best describes the occupation? Use Code List B on the separate Occupation Code Sheet
EXAMPLE MARY		07 / 19 48	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	ACME COMPANY	0 3	ACCOUNTANT	1 8
Female Head	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	__ / 19 __	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7				
Male Head	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	__ / 19 __	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7				
Household Member #1	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	__ / __ __	<input type="checkbox"/> 1 <input type="checkbox"/> 2			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7				
Household Member #2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	__ / __ __	<input type="checkbox"/> 1 <input type="checkbox"/> 2			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7				
Household Member #3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	__ / __ __	<input type="checkbox"/> 1 <input type="checkbox"/> 2			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7				
Household Member #4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	__ / __ __	<input type="checkbox"/> 1 <input type="checkbox"/> 2			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7				
Household Member #5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	__ / __ __	<input type="checkbox"/> 1 <input type="checkbox"/> 2			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7				
Household Member #6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	__ / __ __	<input type="checkbox"/> 1 <input type="checkbox"/> 2			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7				

For family members 18 to 24 years old living away from home, please answer the following questions.

13 Living Where

	Date of Birth	Sex		Away at College	Away in Armed Forces	Other
		Male	Female			
Household Member #7	__ / 19 __	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Household Member #8	__ / 19 __	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Household Member #9	__ / 19 __	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

14 What is the marital status of the female and/or male head of the household? ("X" ONE BOX)

- Now married..... 1 Separated..... 4
 Widowed..... 2 Never married.... 5
 Divorced..... 3

15 Would the male head of household be willing to answer some of my questionnaires?

- Yes 1 No 2 No male head of household 3

16 Is anyone in your household expecting a baby?

- No 2 Yes 1 Congratulations!
When is the due date?

- Month: 1 January 2 February 3 March 4 April 5 May 6 June 7 July 8 August 9 September 0 October X November R December

Year: _____

17 Please indicate the HIGHEST level of education completed by the female and male head of household. ("X" ONE BOX FOR EACH)

- | | Female Head | Male Head |
|--|----------------------------|----------------------------|
| Some Grade School..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 |
| Grade School..... | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 |
| Some High School..... | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 |
| High School Graduate..... | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| Some College, No Degree (1-3 Years)..... | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| Associate Degree in College (2 Years)..... | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |
| Bachelor's Degree (for example, BA, AB, BS)..... | <input type="checkbox"/> 7 | <input type="checkbox"/> 7 |
| Master's Degree (for example, MA, MS, MBA)..... | <input type="checkbox"/> 8 | <input type="checkbox"/> 8 |
| Doctorate (PhD)..... | <input type="checkbox"/> 9 | <input type="checkbox"/> 9 |
| Professional Degree (for example, MD, JD).... | <input type="checkbox"/> 0 | <input type="checkbox"/> 0 |
| No female head..... | <input type="checkbox"/> x | |
| No male head..... | | <input type="checkbox"/> x |

18 Do you have access to the Internet/World Wide Web? ("X" ALL THAT APPLY)

- Yes, from home..... 1 No, do not have Internet access..... 4
 Yes, from work..... 2
 Yes, from other places..... 3

19 Please write in the primary e-mail address that we can use to contact you: (example: marie@synovate.net)

_____ @ _____