



Start Here

Please use a black or blue pen.

1 Please print your name —

Last Name

First Name

MI

2 a. Do you live here or stay here MOST OF THE TIME?

- Yes → Skip to 2d
 No

b. Do you have a place where you live or stay MOST OF THE TIME?

- Yes
 No → Skip to 2d

c. What is your telephone number? We may call you if we don't understand an answer.

Area Code + Number

d. ANSWER ONLY IF THIS PLACE IS A SHELTER — Including tonight, how many nights during the past 7 nights did you stay in a SHELTER?

- 7 nights
 6 nights
 5 nights
 4 nights
 3 nights
 2 nights
 1 night

3 What is your sex? Mark ONE box.

- Male
 Female

4 What is your age and what is your date of birth?

Age on April 1, 2000

Print numbers in boxes.

Month Day Year of birth

5 What is your ethnic origin or race?

(For example: Chamorro, Samoan, White, Black, Carolinian, Filipino, Japanese, Korean, Palauan, Tongan, and so on.)

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USE ONLY

→ If you live here or stay here MOST OF THE TIME → Skip to 8 on page 2.

6 What is the address of the place where you live or stay MOST OF THE TIME?

House number

Street or road name, Rural route and box, or PO box

Apartment number

Election District/Village

County or foreign country

State/Territory/Island

ZIP Code

Names of nearest intersecting streets or roads

→ CONTINUE on page 2.

7 If the address in question 6 is a rural route/box or PO box, and the place you live or stay MOST OF THE TIME has a house number/street address, print it below.

House number

Street or road name

Apartment number

Election District/Village

County or foreign country

State/Territory/Island

ZIP Code

Names of nearest intersecting streets or roads

8 What is your marital status?

- Now married
- Widowed
- Divorced
- Separated
- Never married

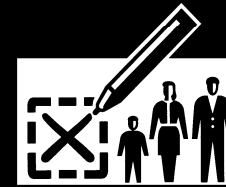
9 a. At any time since February 1, 2000, have you attended regular school or college? Include only pre-kindergarten, kindergarten, elementary school, and schooling which leads to a high school diploma or a college degree.

- No, have not attended school since February 1 → Skip to 10a
- Yes, public school, public college
- Yes, private school, private college

b. What grade or level were you attending?

Mark ONE box.

- Pre-kindergarten
- Kindergarten
- Grade 1 to grade 4
- Grade 5 to grade 8
- Grade 9 to grade 12
- College undergraduate years (freshman to senior)
- Graduate or professional school (for example: medical, dental, or law school)



Your answers are important! Every person in the Census counts.

10 a. What is the highest degree or level of school you have COMPLETED? Mark ONE box. If currently enrolled, mark the previous grade or highest degree received.

- No schooling completed
- Pre-kindergarten to 4th grade
- 5th grade or 6th grade
- 7th grade or 8th grade
- 9th grade
- 10th grade
- 11th grade
- 12th grade, **NO DIPLOMA**
- HIGH SCHOOL GRADUATE** — high school DIPLOMA or the equivalent (for example: GED)
- Some college credit, but less than 1 year
- 1 or more years of college, no degree
- Associate degree (for example: AA, AS)
- Bachelor's degree (for example: BA, AB, BS)
- Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
- Professional degree (for example: MD, DDS, DVM, LLB, JD)
- Doctorate degree (for example: PhD, EdD)

b. Have you completed the requirements for a vocational training program at a trade school, business school, hospital, some other kind of school for occupational training, or place of work? Do not include academic college courses.

- No
- Yes, in this Area
- Yes, not in this Area

11 a. Do you speak a language other than English at home?

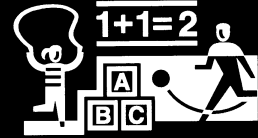
- Yes
- No → Skip to 12

b. What is this language?

(For example: Chamorro, Samoan, Carolinian, Tongan)

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→ CONTINUE on page 3.



Information about children helps your community plan for child care, education, and recreation.

20 Because of a physical, mental, or emotional condition lasting 6 months or more, do you have any difficulty in doing any of the following activities:

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Learning, remembering, or concentrating? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Dressing, bathing, or getting around inside the home? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. (Answer if you are 16 YEARS OLD OR OVER.) Going outside the home alone to shop or visit a doctor's office? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. (Answer if you are 16 YEARS OLD OR OVER.) Working at a job or business? | <input type="checkbox"/> | <input type="checkbox"/> |

21 Were you under 15 years of age on April 1, 2000?

- Yes → Skip to 37
 No

22 a. If you are female, how many babies have you ever had, not counting stillbirths? Do not count stepchildren or children you have adopted.

- None → Skip to 23a
 1 6 11
 2 7 12
 3 8 13
 4 9 14
 5 10 15 or more

b. What was the date of birth of the last child born to you? Print numbers in boxes.

Month	Day	Year of birth
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

23 a. Do you have any of your own grandchildren under the age of 18 living in this house, apartment, dormitory, or institution?

- Yes
 No → Skip to 24a

b. Are you currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house, apartment, dormitory, or institution?

- Yes
 No → Skip to 24a

c. How long have you been responsible for the(se) grandchild(ren)? If you are financially responsible for more than one grandchild, answer the question for the grandchild for whom you have been responsible for the longest period of time.

- Less than 6 months
 6 to 11 months
 1 or 2 years
 3 or 4 years
 5 years or more

24 a. Have you ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

- Yes, now on active duty
 Yes, on active duty in past, but not now
 No, training for Reserves or National Guard only → Skip to 25
 No, never served in the military → Skip to 25

b. When did you serve on active duty in the U.S. Armed Forces? Mark a box for EACH period in which you 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 have you had?

- Less than 2 years
 2 years or more

25 LAST WEEK, did you do ANY work for either pay or profit? Answer "Yes" even if you worked only 1 hour, or helped without pay in a family business or farm for 15 hours or more, or were on active duty in the Armed Forces. Also indicate whether you did subsistence activity last week, such as fishing, growing crops, etc., NOT primarily for commercial purposes. Mark one box.

- Yes, worked for pay or profit; did NO subsistence activity
 Yes, worked for pay or profit AND did subsistence activity
 No, did NOT work for pay or profit; did subsistence activity → Skip to 29a
 No, did NOT work for pay or profit; did NO subsistence activity → Skip to 29a

→ CONTINUE on page 5.

35 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 remittances — Include money from relatives outside the household or in the military.

Yes Annual amount — Dollars

\$ | | | , | | | .00

No

i. Any other sources of income received regularly such as Veterans' (VA) 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

36 What was your total income in 1999? Add entries in questions 35a–35i; 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

None OR \$ | | | , | | | .00 Loss

37 Please check this form to be sure you have answered all the required questions completely.

To return your form, please follow the instructions on the envelope that the form came in.

Thank you for completing this official Census 2000 form.

The Census Bureau estimates that, on average, each respondent will take 24 minutes to complete this form, 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 0607-0860, Room 3104, 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.



