



## 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  4 nights  1 night  
 6 nights  3 nights  
 5 nights  2 nights

**3** What is your sex? Mark  ONE box.

Male  Female

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

Print numbers in boxes.

Age on April 1, 2000    Month    Day    Year of birth

→ **NOTE: Please answer BOTH Questions 5 and 6.**

**5** Are you Spanish/Hispanic/Latino? Mark  the "No" box if **not** Spanish/Hispanic/Latino.

No, not Spanish/Hispanic/Latino  
 Yes, Mexican, Mexican Am., Chicano  
 Yes, Puerto Rican  
 Yes, Cuban  
 Yes, other Spanish/Hispanic/Latino — Print group. ↘


**6** What is your race? Mark  one or more races to indicate what you consider yourself to be.

White  
 Black, African Am., or Negro  
 American Indian or Alaska Native — Print name of enrolled or principal tribe. ↘


Asian Indian  Native Hawaiian  
 Chinese  Guamanian or Chamorro  
 Filipino  Samoan  
 Japanese  Other Pacific Islander — Print race. ↘  
 Korean  
 Vietnamese  
 Other Asian — Print race. ↘


Some other race — Print race. ↘


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

House number

Development/condominium name;  
Street or road name, Rural route and box, or PO box


Apartment number


City


Municipio or U.S. county


Puerto Rico or the name of the state or foreign country


ZIP Code

→ **CONTINUE on page 2.**

**8** If the address in question 7 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

Development/condominium name;  
Street or road name, Rural route and box, or PO box



Apartment number

City

Municipio or U.S. county

Enter Puerto Rico or name of U.S. state or foreign country

ZIP Code

**9** What is your marital status?

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

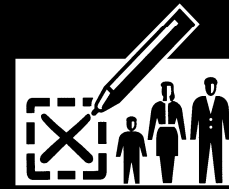
**10** a. At any time since February 1, 2000, have you attended regular school or college? Include only nursery school or preschool, kindergarten, elementary school, and schooling which leads to a high school diploma or a college degree.

- No, has not attended school since February 1 → Skip to 11
- Yes, public school, public college
- Yes, private school, private college

b. What grade or level were you attending?

Mark  ONE box.

- Nursery school, preschool
- 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.

**11** 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
- Nursery school 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)

**12** What is your ancestry or ethnic origin?



(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)

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

- Yes
- No → Skip to 14

b. What is this language?

(For example: Korean, Italian, Spanish, Vietnamese)

c. How well do you speak English?

- Very well
- Well
- Not well
- Not at all

→ CONTINUE on page 3. →



**Census information helps your community get financial assistance for roads, hospitals, schools, and more.**

**14 Where were you born?**

In the United States — *Print name of state.*

\_\_\_\_\_

Outside the United States — *Print Puerto Rico or name of foreign country, U.S. Virgin Islands, Guam, etc.*

\_\_\_\_\_

**15 Are you a CITIZEN of the United States?**

- Yes, born in Puerto Rico → *Skip to 17a*
- Yes, born in a U.S. state, District of Columbia, Guam, the U.S. Virgin Islands, or Northern Mariana Islands
- Yes, born abroad of American parent or parents
- Yes, a U.S. citizen by naturalization
- No, not a citizen of the United States

**16 When did you come to live in Puerto Rico?**

*Print numbers in boxes.*

Year

\_\_\_\_\_

**17 a. Did you live in this house, apartment, dormitory or institution 5 years ago (on April 1, 1995)?**

- Person is under 5 years old → *Skip to 35*
- Yes, this house → *Skip to 18*
- No, outside Puerto Rico or the United States — *Print name of foreign country, or U.S. Virgin Islands, Guam, etc. below; then → Skip to 18.*

\_\_\_\_\_

No, different house in Puerto Rico or the United States

**b. Where did you live 5 years ago?**

**Name of city, town, or post office**

\_\_\_\_\_

**Did you live inside the limits of the city or town?**

- Yes
- No, outside the city/town limits

**Name of municipio or U.S. county**

\_\_\_\_\_

**Enter Puerto Rico or name of U.S. state**

\_\_\_\_\_

**ZIP Code**

\_\_\_\_\_

**18 Do you have any of the following long-lasting conditions:**

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| a. Blindness, deafness, or a severe vision or hearing impairment?  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying? | <input type="checkbox"/> | <input type="checkbox"/> |

**19 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"/> |

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

- Yes → *Skip to 35*
- No

**21 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 22a*

**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 22a*

**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.*

- |   |  |
|---|--|
| <input type="checkbox"/> Less than 6 months | <input type="checkbox"/> 3 or 4 years    |
| <input type="checkbox"/> 6 to 11 months     | <input type="checkbox"/> 5 years or more |
| <input type="checkbox"/> 1 or 2 years       |  |

→ **CONTINUE on page 4.** →







**33 INCOME IN 1999**

Mark  the "Yes" box for each income source received during 1999 and enter the total amount received during 1999 to a maximum of \$999,999. Mark  the "No" box if the income source was not received. If net income was a loss, enter the amount and mark  the "Loss" box next to the dollar amount.

**a. Wages, salary, commissions, bonuses or tips from all jobs** – Report amount before deductions for taxes, bonds, dues, or other items.

Yes Annual amount – Dollars  
 \$ | | | , | | | .00

No

**b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships** — Report NET income after business expenses.

Yes Annual amount – Dollars  
 \$ | | | , | | | .00  Loss

No

**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



Your answers help your community plan for the future.

**33 h. 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

**34 What was your total income in 1999?** Add entries in questions 33a–33h; 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

**35 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 – Puerto Rico 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 0607-0858, 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.

**FOR OFFICE USE ONLY**

**A. GQ ID**

| | | | | | | | | | | | | | | |

**B. PN**

| | | |

**C. JIC1**

| |

**D. JIC2**

| |

**E. JIC3**

| |

**F. JIC4**

| |

