



## Start Here

Please use a black or blue pen.

**1** Please print your name —

Last Name

First Name

MI

**2** a. What is the name of your military installation or base?



b. What is the name of your unit?

c. Do you live on a military installation or base?

Yes →Go to 2d

No →Skip to 2e

d. Is the place where you stay at least 4 nights a week a barracks, BOQ, disciplinary barracks, hospital, etc., or a house, apartment, or mobile home? Mark  ONE box.

Barracks, BOQ, disciplinary barracks, hospital, etc. Print building or barracks number or identification below.

 →Skip to 2g

House, apartment, or mobile home

**2** e. What is the address for your house, apartment, or mobile home where you live?

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

f. How many persons, including yourself, were living at the address above on April 1, 2000?

Persons

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

Area Code + Number

 -  - 

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

Male  Female

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

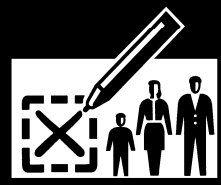
Age on April 1, 2000

Print numbers in boxes.

Month Day Year of birth

→ CONTINUE on page 2. →



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

**5 What is your ethnic origin or race?**

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

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**6 What is your marital status?**

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

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

- No, have not attended since February 1 → Skip to 8a
- Yes, public school, public college
- Yes, private school, private college

**b. What grade or level were you attending?**

Mark [X] ONE box.

- Grade 1 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)

**8 a. What is the highest degree or level of school you have COMPLETED? Mark [X] 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

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

- Yes
- No → Skip to 10

**b. What is this language?**

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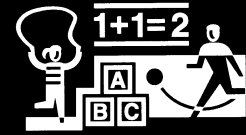
(For example: Chamorro, Samoan, Carolinian, Tongan)

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→ CONTINUE on page 3. →





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

**17 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 18a
- 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

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**18 a. Do you have any of your own grandchildren under the age of 18 living at the address in questions 2d or 2e?**

- Yes
- No → Skip to 19a

**b. Are you currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) at the address in questions 2d or 2e?**

- Yes
- No → Skip to 19a

**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

**19 a. During which of the following periods have you served on active duty in the U.S. Armed Forces?**

Mark  a box for EACH period in which you served. If the only active duty was for training in the military Reserves or National Guard, mark  this box →  and then → Skip to 20.

- 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

**19 b. In total, how many years of active-duty military service have you had?**

- Less than 2 years
- 2 years or more

**20 Did you work LAST WEEK?** Do not include subsistence activity. Mark  the "Yes" box if you worked at all or were in training, at your duty station or elsewhere.

- Yes
- No → Skip to 24

**21 At what location did you work LAST WEEK?** Do not include subsistence activity. If you worked at more than one location, print where you worked most last week.

**a. Name of island, U.S. state, commonwealth, territory, or foreign country**

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**b. Name of city, town, or village**

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**22 a. How did you usually get to work LAST WEEK?** Do not include transportation to subsistence activity. If you usually used more than one method of transportation during the trip, mark  the box of the one used for most of the distance.

- Car, truck, or private van/bus
- Public van/bus
- Boat
- Taxicab
- Motorcycle
- Bicycle
- Walked
- Worked at home → Skip to 24
- Other method

→ CONTINUE on page 5. →



Knowing about age, race, and sex helps your community better meet the needs of everyone.

→ If "Car, truck, or private van/bus" is marked in 22a, go to 22b. Otherwise, skip to 23a.

22 b. How many people, including yourself, usually rode to work in the car, truck, or private van/bus LAST WEEK?

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

23 a. What time did you usually leave home to go to work LAST WEEK?

Time selection boxes and a.m./p.m. options

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

Minutes

Minutes input boxes

24 What is your branch of service?

- ☐ Air Force
☐ Army
☐ Marine Corps
☐ Navy
☐ Coast Guard
☐ Not in U.S. Armed Forces — Describe the kind of business of your employer.

Branch of service description input boxes

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25 OCCUPATION

a. What kind of work are you doing? (For example: aircraft engine mechanic, electronic technician, field artillery surveyor, sonar technician, tactical intelligence officer)

Job description input boxes

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b. What are your most important activities or duties? (For example: repair seaplanes, research on electronic components, survey artillery ranges, repair sonar equipment, edit intelligence manuals)

Activities or duties input boxes

25 c. What is your main job specialty? If you have more than one specialty, list the one at which you spend the most time.

(1) Job Title

Job title input boxes

(2) Job Code (AOC/MOS/NOBC/Rating/AFSC/Occ Fld)

Job code input boxes

d. What is your paygrade? Enter the two-character code. (For example: O-3, W-2, E-4)

Paygrade

Paygrade input boxes

26 a. LAST YEAR, 1999, did you work at a job or business, or were you on active-duty military service, at any time? Do not include subsistence activity.

- ☐ Yes (worked or on active duty)
☐ No → Skip to 27

b. How many weeks did you work in 1999? Count paid vacation, paid sick leave, and military service; do not count subsistence activity.

Weeks

Weeks input boxes

c. During the weeks WORKED in 1999, how many hours did you usually work each WEEK? Do not include subsistence activity.

Usual hours worked each WEEK

Usual hours worked input boxes

→ CONTINUE on page 6. →



**27 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. Pay and allowances as a member of the U.S. ARMED FORCES including special, incentive, and bonus pay. Also, wages, salaries, commissions, and tips from CIVILIAN JOBS** — Report total amount from all jobs 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. Any other sources of income received regularly such as Social Security, public assistance or welfare 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



Your answers help your community plan for the future.

**28 What was your total income in 1999?** Add entries in questions 27a–27d; subtract any losses. If net income was a loss, mark  the "Loss" box next to the amount.

Annual amount – Dollars

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

**29 Please check this form to be sure you have answered all the required questions completely. Please return your completed form to your Census unit representative.**

**Military personnel living in housing units on- or off-base will also receive a census form at home to complete. To ensure that such personnel are assigned to the correct jurisdiction, it is important that YOU MAKE SURE YOU ARE INCLUDED ON BOTH THIS REPORT AND THE CENSUS FORM SENT TO YOUR HOME.**

The Census Bureau estimates that, on average, each respondent will take 7 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.

**Thank you for completing this official Census 2000 form.**

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A. GQ ID

| | | | | | | |

B. LCO

| | | |

C. County

| | | | | |

D. Block

| | | | | | | |

E. AA

| | | | | |

F. Map Spot

| | | | | |

G. PN

| |

H. Add

Y N

I. LCO

| | | |

J. County

| | | | | |

K. Block

| | | | | | | |

L. AA

| | | | | |

M. Map Spot

| | | | | |

N. PN

| |

