

**APPENDIX E.**  
**Facsimiles of Respondent Instructions and**  
**Questionnaire Pages**

**Your Guide for the**  
**1990**  
**U.S. Census**  
**Form**

This guide gives helpful information on filling out your census form. If you need more help, call the local U.S. census office. **The telephone number is on the cover of the questionnaire.** After you have filled out your form, please return it in the **envelope** we have provided.

| On the inside                                      | Page        |
|--|-------------|
| <b>How</b><br>to fill out your census form         | <b>2</b>    |
| <b>Example</b>                                     | <b>2</b>    |
| <b>Your</b><br>answers are confidential            | <b>2</b>    |
| <b>Instructions</b><br>for the census questions    | <b>3-11</b> |
| <b>What</b><br>the census is about                 | <b>12</b>   |
| <b>Why</b><br>the census asks certain<br>questions | <b>12</b>   |

CENSUS '90

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



D-4

## How to Fill Out Your Census Form

Please use a black lead pencil only. Black lead pencil is better to use than ballpoint or other pens. Most questions ask you to fill in the circle, or to print the information. See **Example** below.

Make sure you print answers for everyone in this household. If someone in the household, such as a roomer or boarder, does not want to give you all the information for the form, print at least the person's name and answer questions 2 and 3. A census taker will call to get the other information directly from the person.

There may be a question you cannot answer exactly. For example, you might not know the age of an elderly person or the price for which your house would sell. Ask someone else in your household; if no one knows, give your best estimate.

Instructions for individual questions begin on page 3 of this guide. They will help you to understand the questions and answer them correctly.

If you have a question about filling out the census form or need assistance, call the local U.S. census office. **The telephone number is given on the cover of the questionnaire.**

If you do not mail back your census form, a census taker will be sent out to assist you. But it saves time and your taxpayer dollars if you fill out the form yourself and mail it back.

### Example

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## Your Answers Are Confidential

The law authorizing the census (Title 13, U.S. Code) also provides that your answers are confidential. No one except census workers may see your completed form and they can be fined and/or imprisoned for any disclosure of your answers. Only after 72 years can your individual census form become available to other government agencies (whether federal, state, county, or local). Until then, no other person or business can see your individual report.

The same law that protects the confidentiality of your answers requires that you provide the information asked in this census to the best of your knowledge.

Information collected from the decennial census is used for a variety of statistical purposes. Census information is used to find out where funding is most needed for schools, health centers, highways, and other services. Census results are used by members of public and private groups—including community organizations—and by businesses and industries, as well as by agencies at all levels of government.

## Instructions for Questions 1a through 7

**1a.** List everyone who lives at this address in question 1a. If you are not sure if you should list a person, see the rules on page 1 of the census form. If you are still not sure, answer as best you can and fill in "Yes" for question H1a or H1b, as appropriate.

If there are more than seven people in your household, please list all the persons in question 1a, complete the form for seven people, and mail it back in the enclosed envelope. A census taker will call to obtain the information for the additional persons.

**b.** If everyone listed in question 1a usually lives at another address(es), print the address(es) in 1b.

**2.** Fill one circle to show how each person is related to the person in column 1.

If **Other relative** of the person in column 1, print the exact relationship such as son-in-law, daughter-in-law, grandparent, nephew, niece, mother-in-law, father-in-law, cousin, and so on.

If the **Stepson/stepdaughter** of the person in column 1 also has been legally adopted by the person in column 1, mark **Stepson/stepdaughter** but do not mark **Natural-born or adopted son/daughter**. In other words, **Stepson/stepdaughter** takes precedence over **Adopted son/daughter**.

**4.** Fill ONE circle for the race each person considers himself/herself to be.

If you fill the **Indian (Amer.)** circle, print the name of the tribe or tribes in which the person is enrolled. If the person is not enrolled in a tribe, print the name of the principal tribe(s).

If you fill the **Other API** circle [under **Asian or Pacific Islander (API)**], only print the name of the group to which the person belongs. For example, the **Other API** category includes persons who identify as Burmese, Fijian, Hmong, Indonesian, Laotian, Bangladeshi, Pakistani, Tongan, Thai, Cambodian, Sri Lankan, and so on.

If you fill the **Other race** circle, be sure to print the name of the race.

If the person considers himself/herself to be **White, Black or Negro, Eskimo or Aleut**, fill one circle only. Please do not print the race in the boxes.

The **Black or Negro** category also includes persons who identify as African-American, Afro-American, Haitian, Jamaican, West Indian, Nigerian, and so on.

All persons, regardless of citizenship status, should answer this question.

**5.** Print age at last birthday in the space provided (print "00" for babies less than 1 year old). Fill in the matching circle below each box. Also, print year of birth in the space provided. Then fill in the matching circle below each box. For an illustration of how to complete question 5, see the **Example** on page 2 of this guide.

**6.** If the person's only marriage was annulled, mark **Never married**.

**7.** A person is of Spanish/Hispanic origin if the person's origin (ancestry) is Mexican, Mexican-Am., Chicano, Puerto Rican, Cuban, Argentinean, Colombian, Costa Rican, Dominican, Ecuadoran, Guatemalan, Honduran, Nicaraguan, Peruvian, Salvadoran, from other Spanish-speaking countries of the Caribbean or Central or South America, or from Spain.

If you fill the **Yes, other Spanish/Hispanic** circle, print one group.

A person who is not of Spanish/Hispanic origin should answer this question by filling the **No (not Spanish/Hispanic)** circle. Note that the term "**Mexican-Am.**" refers only to persons of Mexican origin or ancestry.

All persons, regardless of citizenship status, should answer this question.

## Instructions for Question H1a through H1b

**H1a.** Refer to the list of persons you entered in question 1a on page 1. If you left anyone out of your list because you were not sure if the person(s) should be listed, answer question H1a as **Yes**. Then enter the name(s) and reason(s) why you did not list the person(s) on the lines provided. Otherwise, answer question H1a as **No**.

**b.** If you included anyone on your list even though you were not sure that you should list the person(s), answer question H1b as **Yes**. Then enter the name(s) and reason(s) why you listed the person(s) on the lines provided. Otherwise, answer question H1b as **No**.

## Instructions for Questions H2 through H7b

### H2. Fill only one circle.

Count all occupied and vacant apartments in the house or building. Do not count stores or office space.

*Detached* means there is open space on all sides, or the house is joined only to a shed or garage. *Attached* means that the house is joined to another house or building by at least one wall that goes from ground to roof. An example of **A one-family house attached to one or more houses** is a house in a row of houses attached to one another.

A mobile home or trailer that has had one or more rooms added or built onto it should be counted as a *one-family detached house*; a porch or shed is not considered a room.

**H3.** Count only whole rooms in your house, apartment, or mobile home used for living purposes, such as living rooms, dining rooms, kitchens, bedrooms, finished recreation rooms, family rooms, etc. Do not count bathrooms, kitchenettes, strip or pullman kitchens, utility rooms, foyers, halls, half-rooms, porches, balconies, unfinished attics, unfinished basements, or other unfinished space used for storage.

**H4.** Housing is owned if the owner or co-owner lives in it. Mark **Owned by you or someone in this household with a mortgage or loan** if the house, apartment, or mobile home is mortgaged or there is a contract to purchase. Mark **Owned by you or someone in this household free and clear (without a mortgage)** if there is no mortgage or other debt. If the house, apartment, or mobile home is owned but the land is rented, mark this question to show the status of the house, apartment, or mobile home.

Mark **Rented for cash rent** if any money rent is paid, even if the rent is paid by persons who are not members of your household, or by a federal, state, or local government agency.

Mark **Occupied without payment of cash rent** if the unit is not owned or being bought by the occupants and if money rent is not paid or contracted. The unit may be owned by friends or relatives who live elsewhere and who allow occupancy without charge. A house or apartment may be provided as part of wages or salary. Examples are: caretaker's or janitor's house or apartment; parsonages; tenant farmer or sharecropper houses for which the occupants do not pay cash rent; or military housing.

**H5a.** Answer H5a and H5b if you live in a one-family house or a mobile home; include only land that you own or rent.

**b.** A business is easily recognized from the outside; for example, a grocery store or barber shop. A medical office is a doctor's or dentist's office regularly visited by patients.

**H6.** If this is a house, include the value of the house, the land it is on, and any other structures on the same property. If the house is owned but the land is rented, estimate the combined value of the house and the land. If this is a condominium unit, estimate the value for your house or apartment including your share of the common elements. If this is a mobile home, include the value of the mobile home and the value of the land. If you rent the land, estimate the value of the rented land and add it to the value of the mobile home.

**H7a.** Report the rent agreed to or contracted for, even if the rent for your house, apartment, or mobile home is unpaid or paid by someone else.

|                            |                   |                          |                 |
|----------------------------|-------------------|--------------------------|-----------------|
| If rent is paid:           | Multiply rent by: | If rent is paid:         | Divide rent by: |
| By the day . . . . .       | 30                | 4 times a year . . . . . | 3               |
| By the week . . . . .      | 4                 | 2 times a year . . . . . | 6               |
| Every other week . . . . . | 2                 | Once a year . . . . .    | 12              |

**b.** Answer **Yes** if meals are included in the monthly rent payment, or you must contract for meals or a meal plan in order to live in this building.

## Instructions for Questions H8 through H19b

**H8.** The *person listed in column 1* refers to the person listed in the first column on page 2. This person should be the household member (or one of the members) in whose name the house, apartment, or mobile home is owned, being bought, or rented. If there is no such person, any adult household member can be the person in column 1. Mark when this person last moved into this house, apartment, or mobile home.

**H9.** Include all rooms intended to be used as bedrooms in this house, apartment, or mobile home, even if they are currently being used for other purposes.

**H10.** Mark **Yes, have all three facilities** if you have all the facilities mentioned; all facilities must be in your house, apartment, or mobile home, but not necessarily in the same room. Consider that you have hot water even if you have it only part of the time. Mark **No** if any of the three facilities is not present.

**H11.** The kitchen sink, stove, and refrigerator must be located in the building but do not have to be in the same room. Portable cooking equipment is not considered as a range or cookstove.

**H12.** Answer **Yes** only if the telephone is located in your house, apartment, or mobile home.

**H13.** Count company cars (including police cars and taxicabs) and company trucks of one-ton capacity or less that are regularly kept at home and used by household members for nonbusiness purposes. Do not count cars or trucks permanently out of working order.

**H14.** Fill the circle for the fuel used most to heat your house, apartment, or mobile home. In buildings containing more than one apartment you may obtain this information from the owner, manager, or janitor.

**Solar energy** is provided by a system that collects, stores, and distributes heat from the sun. **Other fuel** includes any fuel not separately listed; for example, purchased steam, fuel briquettes, waste material, etc.

**H15.** If a well provides water for five or more houses, apartments, or mobile homes, mark **A public system**. If a well provides water for four or fewer houses, apartments, or mobile homes, fill one of the circles for **Individual well**.

**Drilled wells**, or small diameter wells, are usually less than 1½ feet in diameter. **Dug wells** are generally hand dug and are larger than 1½ feet wide.

**H16.** A **public sewer** may be operated by a government body or private organization. A **septic tank or cesspool** is an underground tank or pit used for disposal of sewage.

**H17.** Fill the circle corresponding to the period in which the original construction was completed, *not* the time of any later remodeling, additions, or conversions. In buildings containing more than one apartment, the owner, manager, or janitor may be of help in determining when the building was built.

If you live in a houseboat or a trailer or mobile home, fill the circle corresponding to the model year in which it was manufactured.

If you do not know the period when the building was first constructed, fill the circle for **Don't know**.

**H18.** A **condominium** is a type of ownership in which the apartments, houses, or mobile homes in a building or development are individually owned, but the common areas, such as lobbies, halls, etc., are jointly owned. Cooperative occupants should mark **No**.

**H19a.** Answer H19a and H19b if you live in a one-family house or mobile home.

**b.** *This property* is the acreage on which the house is located; it includes adjoining land you rent for your use. Report sales made in 1989 from this property by you or previous occupants.

## Instructions for Questions H20 through H26

**H20.** If your house or apartment is rented, enter the costs for utilities and fuels **only if you pay for them in addition to the rent entered in H7a.**

If you live in a condominium, enter the costs for utilities and fuels **only if you pay for them in addition to your condominium fee.**

If your fuel and utility costs are already included in your rent or condominium fee, fill the **Included in rent or in condominium fee** circle. Do not enter any dollar amounts.

The amounts to be reported should be the total amount for the past 12 months. Estimate as closely as possible when exact costs are not known. If you have lived in this house or apartment less than 1 year, estimate the yearly cost.

Report amounts even if your bills are unpaid or paid by someone else. If the bills include utilities or fuel used also by another apartment or a business establishment, estimate the amounts for your own house or apartment. If gas and electricity are billed together, enter the combined amount on the electricity line and bracket [ ] the two utilities.

**H21.** Report taxes for all taxing jurisdictions (city or town, county, state, school district, etc.) even if they are included in your mortgage payment, not yet paid or paid by someone else, or are delinquent. Do not include taxes past due from previous years.

**H22.** When premiums are paid on other than a yearly basis, convert to a yearly basis. Enter the yearly amount even if no payment was made during the past 12 months.

**H23a.** The word *mortgage* is used as a general term to indicate all types of loans that are secured by real estate.

**b.** Enter a monthly amount even if it is unpaid or paid by someone else. If the amount is paid on some other periodic basis, see the instructions for H7a to change it to a monthly amount.

Include payments on first mortgages and contracts to purchase only. Payments for second or junior mortgages and home equity loans should be reported in H24b.

**H24a.** A second or junior mortgage or home equity loan is secured by real estate.

**b.** Enter a monthly amount even if it is unpaid or paid by someone else. If the amount is paid on some other periodic basis, see instructions for H7a and change it to a monthly amount. Include payments on all second or junior mortgages or home equity loans.

**H25.** A *condominium fee* is normally assessed by the condominium owners' association for the purpose of improving and maintaining the common areas. Enter a monthly amount even if it is unpaid or paid by someone else. If the amount is paid on some other periodic basis, see the instructions for H7a on how to change it to a monthly amount.

**H26.** Report amounts even if your bills are unpaid or paid by someone else. Include payments for personal property taxes, land or site rent, registration fees and license fees. Do not include real estate taxes already reported in H21. The amount to be reported should be the total amount for an entire 12-month billing period even if made in two or more installments. Estimate as closely as possible when exact costs are not known.

## Instructions for Question 8

**8.** For persons born in the United States:

Print the name of the State in which this person was born. If the person was born in Washington, D.C., print District of Columbia. If the person was born in a U.S. territory or commonwealth, print Puerto Rico, U.S. Virgin Islands, Guam, American Samoa, or Northern Marianas.

For persons born outside the United States:

Print the name of the foreign country or area where the person was born. Use current boundaries, not boundaries at the time of the person's birth. Specify whether Northern Ireland or the Republic of Ireland (Eire); East or West Germany; North or South Korea; England, Scotland, or Wales (not Great Britain or United Kingdom). Specify the particular country or island in the Caribbean (not, for example, West Indies).

## Instructions for Questions 9 through 13

**9.** A person should fill the **Yes, U.S. citizen by naturalization** circle only if he/she has completed the naturalization process and is now a United States citizen. If the person was born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas, he/she should fill the **Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas** circle. If the person was born outside the United States (or at sea) and has at least one American parent, he/she should fill the **Yes, born abroad of American parent or parents** circle.

**10.** If the person has entered the United States (that is, the 50 states and the District of Columbia) more than once, fill the circle for the latest year he/she came to stay.

**11.** Do not include enrollment in a trade or business school, company training, or tutoring unless the course would be accepted for credit at a regular elementary school, high school, or college.

A *public school* is any school or college that is controlled and supported primarily by a local, county, State, or Federal Government. Schools are private if supported and controlled primarily by religious organizations or other private groups.

**12.** Mark the category for the highest grade or level of schooling the person has **successfully completed** or the **highest degree** the person received. If the person is enrolled in school, mark the category containing the highest grade completed (the grade previous to the grade in which enrolled). Schooling completed in foreign or ungraded schools should be reported as the equivalent level of schooling in the regular American school system.

Persons who completed high school by passing an equivalency test, such as the General Educational Development (GED) examination, and did not attend college, should fill the circle for high school graduate.

Do not include vocational certificates or diplomas from vocational, trade, or business schools or colleges unless they were college level associate degrees or higher.

Some examples of *professional school degrees* include medicine, dentistry, chiropractic, optometry, osteopathic medicine, pharmacy, podiatry, veterinary medicine, law, and theology. Do not include barber school, cosmetology, or other training for a specific trade.

Do not include honorary degrees awarded by colleges and universities to individuals for their accomplishments. Include only "earned" degrees.

**13.** Print the ancestry group. Ancestry refers to the person's ethnic origin or descent, "roots," or heritage. Ancestry also may refer to the country of birth of the person or the person's parents or ancestors before their arrival in the United States. All persons, regardless of citizenship status, should answer this question.

Persons who have more than one origin and cannot identify with a single ancestry group may report two ancestry groups (for example, German-Irish).

Be specific. For example, print whether West Indian, Asian Indian, or American Indian. West Indian includes persons whose ancestors came from Jamaica, Trinidad, Haiti, etc. Distinguish Cape Verdean from Portuguese; French Canadian from Canadian; and Dominican Republic from Dominica Island.

A religious group should not be reported as a person's ancestry.

## Instructions for Questions 14a through 19

- 14a.** Mark **Yes** if this person lived in this same house or apartment on April 1, 1985, even if he/she moved away and came back since then. Mark **No** if this person lived in the same building but in a different apartment (or in the same mobile home or trailer but on a different lot or trailer site).
- b.** If this person lived in a different house or apartment on April 1, 1985, give the location of this person's usual home at that time.

### Part (1)

If the person lived in the United States on April 1, 1985, print the name of the State (or District of Columbia) where he or she lived. Continue with parts (2) through (4).

If the person lived in a U.S. territory or commonwealth, print the name of the territory or commonwealth, such as Puerto Rico, U.S. Virgin Islands, Guam, American Samoa, or Northern Marianas. Then go to question 15a.

If the person lived outside the United States, print the name of the foreign country or area where he or she lived. Specify whether Northern Ireland or the Republic of Ireland (Eire); East or West Germany; North or South Korea; England, Scotland or Wales (not Great Britain or United Kingdom). Specify the particular country or island in the Caribbean (not, for example, West Indies). Then go to question 15a.

### Part (2)

If the person lived in Louisiana, print the parish name. If the person lived in Alaska, print the borough name. If the person lived in New York city and the county name is not known, print the borough name. If the person lived in an independent city (not in any county) or in Washington, D.C., leave blank and enter the city name in part (3).

### Part (3)

If the person lived in New England, print the name of the town rather than the village name, unless the name of the town is not known. If the person lived outside the limits or boundaries of any city or town, print the name of the post office or the nearest town and mark **No**, **lived outside the city/town limits** in part (4).

### Part (4)

Mark **Yes** if the location is now inside the city/town limits even if it was not inside the limits on April 1, 1985; that is, if the area was annexed by the city/town since that time.

- 15.** Mark **Yes** if the person sometimes or always speaks a language other than English at home.
- Do not mark **Yes** for a language spoken only at school or if speaking is limited to a few expressions or slang.
- Print the name of the language spoken at home. If this person speaks more than one non-English language and cannot determine which is spoken more often, report the first language the person learned to speak.
- 17a.** For a person with service in the National Guard or a military reserve unit, fill one of the two **Yes, active duty** circles if and only if the person has ever been called up for active duty other than training; otherwise, mark **Yes, service in Reserves or National Guard only**. For a person whose only service was as a civilian employee or volunteer for the Red Cross, USO, Public Health Service, or War or Defense Department, mark **No**. Count **World War II Merchant Marine Seaman** service as active duty; do not count other Merchant Marine service as active duty.
- 18.** Mark **Yes** to part (a) if a health condition substantially limits this person in his or her choice of occupation or if the condition limits the amount of work that can be accomplished in a given period of time. Mark **Yes** to part (b) if the health condition prevents this person from holding any significant employment.
- 19.** Consider a person to have difficulty with these activities if any of the following situations apply: (1) it takes extra time or extra effort for the person to perform one or more of the activities, (2) there are times when the person cannot perform one or more of the activities, or (3) the person is completely unable to perform one or more of the activities.

## Instructions for Questions 20 through 23b

- 20.** Count all children born alive, including any who have died (even shortly after birth) or who no longer live with you. Do not include miscarriages or stillborn children or any adopted, foster, or stepchildren.

### 21a. Count as work — Mark Yes:

- Work for someone else for wages, salary, piece rate, commission, tips, or payments "in kind" (for example, food, lodging received as payment for work performed).
- Work in own business, professional practice, or farm.
- Any work in a family business or farm, paid or not.
- Any part-time work including babysitting, paper routes, etc.
- Active duty in Armed Forces.

### Do not count as work — Mark No:

- Housework or yard work at home.
- Unpaid volunteer work.
- School work.
- Work done as a resident of an institution.

- 22a.** Include the street type (for example, St., Road, Ave.) and the street direction (if a direction such as "North" is part of the address). For example, print 1239 N. Main St. or 1239 Main St., N.W. not just 1239 Main.

*If the only known address is a post office box, give a description of the work location. For example, print the name of the building or shopping center where the person works, the nearest intersection, the nearest street where the workplace is located, etc. DO NOT GIVE A POST OFFICE BOX NUMBER.*

*If the person worked at a military installation or military base that has no street address, report the name of the military installation or base.*

*If the person worked at several locations, but reported to the same location each day to begin work, print the address of the location where he or she reported. If the person did not report to the same location each day to begin work, print the address of the location where he or she worked most last week.*

*If the person's employer operates in more than one location (such as a grocery store chain or public school system), print the exact address of the location or branch where the person worked. If the exact address of a school is not known, print the name of the school.*

*If the person worked on a college or university campus and the exact address of the workplace is not known, print the name of the building where he or she worked.*

- d.** *If the person worked in New York city* and the county is not known, print the name of the borough where the person worked.

*If the person worked in Louisiana*, print the name of the parish where the person worked.

*If the person worked in Alaska*, print the name of the borough where the person worked.

- e.** *If the person worked in a foreign country or Puerto Rico, Guam, etc.*, print the name of the country in 22e and leave the other parts of question 22 blank.

- 23a.** *If the person usually used more than one type of transportation to get to work* (for example, rode the bus and transferred to the subway), fill the circle of the one method of transportation that he/she used for most of the distance during the trip.

- b.** *If the person was driven to work by someone who then drove back home or to a nonwork destination*, fill the circle for **Drove alone**.

DO NOT include persons who rode to school or some other nonwork destination in the count of persons who rode in the vehicle.

## Instructions for Questions 24a through 30

- 24a.** Give the time of day the person usually *left home to go to work*. DO NOT give the time that the person usually began his or her work.  
If the person usually left home to go to work sometime *between 12:00 o'clock midnight and 12:00 o'clock noon*, fill the **a.m.** circle.  
If the person usually left home to go to work sometime *between 12:00 o'clock noon and 12:00 o'clock midnight*, fill the **p.m.** circle.
- b.** Travel time is from door to door. Include time taken waiting for public transportation or picking up passengers in a carpool.
- 25.** If the person works only during certain seasons or on a day-by-day basis when work is available, mark **No**.
- 26a.** Mark **Yes** if the person tried to get a job or to start a business or professional practice at any time in the last 4 weeks; for example, registered at an employment office, went to a job interview, placed or answered ads, or did anything toward starting a business or professional practice.
- b.** Mark **No**, **already has a job** if the person was on layoff or was expecting to report to a job within 30 days.  
Mark **No**, **temporarily ill** if the person expects to be able to work within 30 days.  
Mark **No**, **other reasons** if the person could not have taken a job because he or she was going to school, taking care of children, etc.
- 27.** Look at the instructions for question 21a to see what to count as work. Mark **Never worked** if the person: (1) never worked at any kind of job or business, either full or part time, (2) never did any work, with or without pay, in a family business or farm, and (3) never served in the Armed Forces.
- 28a.** If the person worked for a company, business, or government agency, print the name of the company, business, or government agency, not the name of the person's supervisor. If the person worked for an individual or a business that had no company name, print the name of the individual worked for. If the person worked in his/her own business, print "self-employed."
- b.** Print two or more words to tell what the business, industry, or individual employer named in 28a did. If there is more than one activity, describe only the major activity at the place where the person worked. Enter what is made, what is sold, or what service is given.  
Some examples of what to enter:
- |  |                        |
|--|------------------------|
| <b>Enter a description like the following --</b> | <b>Do not enter --</b> |
| Metal furniture manufacturing                    | Furniture company      |
| Retail grocery store                             | Grocery store          |
| Petroleum refining                               | Oil company            |
| Cattle ranch                                     | Ranch                  |
- 29.** Print two or more words to describe the kind of work the person did. If the person was a trainee, apprentice, or helper, include that in the description.  
Some examples of what to enter:
- |  |                        |
|--|------------------------|
| <b>Enter a description like the following --</b> | <b>Do not enter --</b> |
| Production clerk                                 | Clerk                  |
| Carpenter's helper                               | Helper                 |
| Auto engine mechanic                             | Mechanic               |
| Registered nurse                                 | Nurse                  |
- 30.** Mark **Employee of a PRIVATE NOT-FOR-PROFIT . . . organization** if the person worked for a cooperative, credit union, mutual insurance company, or similar organization.  
Employees of foreign governments, the United Nations, and other international organizations should mark **PRIVATE NOT-FOR-PROFIT . . . organization**.  
For persons who worked at a public school, college or university, mark the appropriate *government* category; for example, mark **State GOVERNMENT employee** for a state university, or mark **Local GOVERNMENT employee** for a county-run community college or a city-run public school.

## Instructions for Questions 31a through 32h

- 31a.** Look at the instructions for question 21a to see what to count as work.
- b.** Count every week in which the person did any work at all, even for an hour.
- 32.** Fill the **Yes** or **No** circle for each part and enter the amount received during 1989.  
If income from any source was received jointly by household members, report, if possible, the appropriate share for each person; otherwise, report the whole amount for only one person and fill the **No** circle for the other person.
- a.** Include wages and salaries from *all jobs before* deductions. Be sure to include any tips, commissions, or bonuses. Owners of *incorporated* businesses should enter their salary here. Military personnel should include base pay plus cash housing and/or subsistence allowance, flight pay, uniform allotments, reenlistment bonuses, etc.
- b.** Include **NONFARM** profit (or loss) from self-employment in sole proprietorships and partnerships. *Exclude* profit (or loss) of incorporated businesses you own.
- c.** Include **FARM** profit (or loss) from self-employment in sole proprietorships and partnerships. *Exclude* profit (or loss) of incorporated farm businesses you own. *Also exclude* amounts from land rented for cash but include amounts from land rented for shares.
- d.** Include interest received or credited to checking and savings accounts, money market funds, certificates of deposit (CDs), IRAs, KEOGHs, and government bonds.  
Include dividends received, credited, or reinvested from ownership of stocks or mutual funds.  
Include profit (or loss) from royalties and the rental of land, buildings or real estate, or from roomers or boarders. Income received by self-employed persons whose *primary* source of income is from renting property or from royalties should be included in questions 32b or 32c above. Include regular payments from an estate or trust fund.
- e.** Include Social Security (and/or Railroad Retirement) payments to retired persons, to dependents of deceased insured workers, and to disabled workers *before* Medicare deductions.
- f.** Include Supplemental Security Income received by aged, blind, or disabled persons, Aid to Families with Dependent Children, or income from other government programs such as general or emergency assistance. Do not include assistance received from private charities. *Exclude* assistance to pay for heating (cooling) costs.
- g.** Include retirement, disability, or survivor benefits received from companies and unions; Federal, State, and local governments, and the U.S. military. Include regular income from annuities and IRA or KEOGH retirement plans.
- h.** Include Veterans' (VA) disability compensation and educational assistance payments (VEAP), unemployment compensation, child support or alimony, and all other regular payments such as Armed Forces transfer payments; assistance from private charities; regular contributions from persons not living in the household, etc.  
*Do not include the following as income in any item:*
- Refunds or rebates of any kind
  - Withdrawals from savings of any kind
  - Capital gains or losses from the sale of homes, shares of stock, etc.
  - Inheritances or insurance settlements
  - Any type of loan
  - Pay in-kind such as food, free rent, etc.

## **What the Census Is About – Some Questions and Answers**

### **Why are we taking a census?**

The most important reason for taking a decennial census is to determine how many representatives each state will have in Congress.

### **What does the Census Bureau do with the information you provide?**

The individual information collected in the census is grouped together into statistical totals. Information such as the number of persons in a given area, their ages, educational background, the characteristics of their housing, etc., enable government, business, and industry to plan more effectively.

### **How long have we been taking the census?**

The first census was taken in 1790 in accordance with the requirement in the first article of the constitution. A census has been taken every 10 years since. The 1990 Decennial Census marks the 200th anniversary of the census.

### **How are you being counted?**

Census forms are delivered to all households a few days before census day. Households are requested to fill out the form and mail it back to the census office.

## **Why the Census Asks Certain Questions**

**Here are a few reasons for asking some of the questions.**

*It is as important to get information about people and their houses as it is to count them.*

### **Name?**

Names help make sure that everyone in a household is counted, but that no one is counted twice.

### **Value or rent?**

Government and planning agencies use answers to these questions in combination with other information to develop housing programs to meet the needs of people at different economic levels.

### **Complete plumbing?**

This question gives information on the quality of housing. The data are used with other statistics to show how the "level of living" compares in various areas and how it has changed over time.

### **Place of birth?**

This question provides information used to study long-term trends as to where people move and to study migration patterns and differences in growth patterns.

### **Job?**

Answers to the questions about the jobs people hold provide information on the extent and types of employment in different areas of the country. From this information, training programs can be developed and the need for new industries can be determined.

### **Income?**

Income, more than anything else, determines how families or persons live. Income information makes it possible to compare the economic levels of different areas.

CENSUS '90

# OFFICIAL 1990 U.S. CENSUS FORM



Thank you for taking time to complete and return this census questionnaire. It's important to you, your community, and the Nation.

**The law requires answers but guarantees privacy.**

By law (Title 13, U.S. Code), you're required to answer the census questions to the best of your knowledge. However, the same law guarantees that your census form remains confidential. For 72 years—or until the year 2062—only Census Bureau employees can see your form. No one else—no other government body, no police department, no court system or welfare agency—is permitted to see this confidential information under any circumstances.

**How to get started—and get help.**

Start by listing on the next page the names of all the people who live in your home. Please answer all questions with a black lead pencil. You'll find detailed instructions for answering the census in the enclosed guide. If you need additional help, call the toll-free telephone number to the left, near your address.

**Please answer and return your form promptly.**

Complete your form and return it by April 1, 1990 in the postage-paid envelope provided. Avoid the inconvenience of having a census taker visit your home.

Again, thank you for answering the 1990 Census.  
**Remember: Return the completed form by April 1, 1990.**

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**Para personas de habla hispana –**  
(For Spanish-speaking persons)

Si usted desea un cuestionario del censo en español, llame sin cargo alguno al siguiente número: **1-800-CUENTAN**  
(o sea 1-800-283-6826)

U.S. Department of Commerce  
BUREAU OF THE CENSUS  
FORM D-2

OMB No. 0607-0628  
Approval Expires 07/31/91



The 1990 census must count every person at his or her "usual residence." This means the place where the person lives and sleeps most of the time.

**1a. List on the numbered lines below the name of each person living here on Sunday, April 1, including all persons staying here who have no other home. If EVERYONE at this address is staying here temporarily and usually lives somewhere else, follow the instructions given in question 1b below.**

**Include**

- Everyone who usually lives here such as family members, housemates and roommates, foster children, roomers, boarders, and live-in employees
- Persons who are temporarily away on a business trip, on vacation, or in a general hospital
- College students who stay here while attending college
- Persons in the Armed Forces who live here
- Newborn babies still in the hospital
- Children in boarding schools below the college level
- Persons who stay here most of the week while working even if they have a home somewhere else
- Persons with no other home who are staying here on April 1

**Do NOT include**

- Persons who usually live somewhere else
- Persons who are away in an institution such as a prison, mental hospital, or a nursing home
- College students who live somewhere else while attending college
- Persons in the Armed Forces who live somewhere else
- Persons who stay somewhere else most of the week while working

Print last name, first name, and middle initial for each person. Begin on line 1 with the household member (or one of the household members) in whose name this house or apartment is owned, being bought, or rented. If there is no such person, start on line 1 with any adult household member.

| LAST     | FIRST | INITIAL | LAST      | FIRST | INITIAL |
|----------|-------|---------|-----------|-------|---------|
| <b>1</b> |       |         | <b>7</b>  |       |         |
| <b>2</b> |       |         | <b>8</b>  |       |         |
| <b>3</b> |       |         | <b>9</b>  |       |         |
| <b>4</b> |       |         | <b>10</b> |       |         |
| <b>5</b> |       |         | <b>11</b> |       |         |
| <b>6</b> |       |         | <b>12</b> |       |         |

**1b. If EVERYONE is staying here only temporarily and usually lives somewhere else, list the name of each person on the numbered lines above, fill this circle  and print their usual address below. DO NOT PRINT THE ADDRESS LISTED ON THE FRONT COVER.**

|                           |  |                  |
|---------------------------|--|------------------|
| House number              | Street or road/Rural route and box number      | Apartment number |
| City                      | State  | ZIP Code         |
| County or foreign country | Names of nearest intersecting streets or roads |                  |

**NOW PLEASE OPEN THE FLAP TO PAGE 2 AND ANSWER ALL QUESTIONS FOR THE FIRST 7 PEOPLE LISTED. USE A BLACK LEAD PENCIL ONLY.**

|  | PERSON 1  | PERSON 2  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|--|--|--|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|--|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|--|--|--|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| <p>Please fill one column → for each person listed in Question 1a on page 1.</p>   | Last name   | Last name   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  | First name Middle initial   | First name Middle initial   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <p><b>2. How is this person related to PERSON 1?</b></p> <p>Fill ONE circle for each person.</p> <p>If <b>Other relative</b> of person in column 1, fill circle and print exact relationship, such as mother-in-law, grandparent, son-in-law, niece, cousin, and so on.</p>  | <p>START in this column with the household member (or one of the members) in whose name the home is owned, being bought, or rented.</p> <p>If there is no such person, start in this column with any adult household member.</p>  | <p>If a <b>RELATIVE</b> of Person 1:</p> <p><input type="radio"/> Husband/wife    <input type="radio"/> Brother/sister</p> <p><input type="radio"/> Natural-born or adopted son/daughter    <input type="radio"/> Father/mother</p> <p><input type="radio"/> Grandchild</p> <p><input type="radio"/> Stepson/stepdaughter    <input type="radio"/> Other relative →</p> <p>If <b>NOT RELATED</b> to Person 1:</p> <p><input type="radio"/> Roomer, boarder, or foster child    <input type="radio"/> Unmarried partner</p> <p><input type="radio"/> Housemate, roommate    <input checked="" type="radio"/> Other nonrelative</p>   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <p><b>3. Sex</b></p> <p>Fill ONE circle for each person.</p>   | <p><input type="radio"/> Male    <input type="radio"/> Female</p>   | <p><input type="radio"/> Male    <input type="radio"/> Female</p>   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <p><b>4. Race</b></p> <p>Fill ONE circle for the race that the person considers himself/herself to be.</p> <p>If <b>Indian (Amer.)</b>, print the name of the enrolled or principal tribe. →</p> <p>If <b>Other Asian or Pacific Islander (API)</b>, print one group, for example: Hmong, Fijian, Laotian, Thai, Tongan, Pakistani, Cambodian, and so on. →</p> <p>If <b>Other race</b>, print race. →</p> | <p><input type="radio"/> White</p> <p><input type="radio"/> Black or Negro</p> <p><input type="radio"/> Indian (Amer.) (Print the name of the enrolled or principal tribe.) →</p> <p><input type="radio"/> Eskimo</p> <p><input type="radio"/> Aleut</p> <p><u>Asian or Pacific Islander (API)</u></p> <p><input type="radio"/> Chinese    <input type="radio"/> Japanese</p> <p><input checked="" type="radio"/> Filipino    <input type="radio"/> Asian Indian</p> <p><input type="radio"/> Hawaiian    <input type="radio"/> Samoan</p> <p><input type="radio"/> Korean    <input type="radio"/> Guamanian</p> <p><input type="radio"/> Vietnamese    <input type="radio"/> Other API →</p> <p><input type="radio"/> Other race (Print race) →</p>   | <p><input type="radio"/> White</p> <p><input type="radio"/> Black or Negro</p> <p><input type="radio"/> Indian (Amer.) (Print the name of the enrolled or principal tribe.) →</p> <p><input type="radio"/> Eskimo</p> <p><input type="radio"/> Aleut</p> <p><u>Asian or Pacific Islander (API)</u></p> <p><input type="radio"/> Chinese    <input type="radio"/> Japanese</p> <p><input checked="" type="radio"/> Filipino    <input type="radio"/> Asian Indian</p> <p><input type="radio"/> Hawaiian    <input type="radio"/> Samoan</p> <p><input type="radio"/> Korean    <input type="radio"/> Guamanian</p> <p><input type="radio"/> Vietnamese    <input type="radio"/> Other API →</p> <p><input type="radio"/> Other race (Print race) →</p> |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <p><b>5. Age and year of birth</b></p> <p>a. Print each person's age at last birthday. Fill in the matching circle below each box.</p> <p>b. Print each person's year of birth and fill the matching circle below each box.</p>  | <p>a. Age</p> <table border="1"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>0</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td><td>9</td><td>9</td></tr> </table> <p>b. Year of birth</p> <table border="1"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>1</td><td>8</td><td>0</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>9</td><td>1</td><td>0</td><td>1</td><td>0</td><td>0</td></tr> <tr><td>2</td><td>0</td><td>2</td><td>0</td><td>2</td><td>0</td></tr> <tr><td>3</td><td>0</td><td>3</td><td>0</td><td>3</td><td>0</td></tr> <tr><td>4</td><td>0</td><td>4</td><td>0</td><td>4</td><td>0</td></tr> <tr><td>5</td><td>0</td><td>5</td><td>0</td><td>5</td><td>0</td></tr> <tr><td>6</td><td>0</td><td>6</td><td>0</td><td>6</td><td>0</td></tr> <tr><td>7</td><td>0</td><td>7</td><td>0</td><td>7</td><td>0</td></tr> <tr><td>8</td><td>0</td><td>8</td><td>0</td><td>8</td><td>0</td></tr> <tr><td>9</td><td>0</td><td>9</td><td>0</td><td>9</td><td>0</td></tr> </table> |   |   |   |   | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 4 | 4 | 4 | 4 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 8 | 8 | 8 | 8 | 9 | 9 | 9 | 9 |  |  |  |  |  |  | 1 | 8 | 0 | 0 | 0 | 0 | 9 | 1 | 0 | 1 | 0 | 0 | 2 | 0 | 2 | 0 | 2 | 0 | 3 | 0 | 3 | 0 | 3 | 0 | 4 | 0 | 4 | 0 | 4 | 0 | 5 | 0 | 5 | 0 | 5 | 0 | 6 | 0 | 6 | 0 | 6 | 0 | 7 | 0 | 7 | 0 | 7 | 0 | 8 | 0 | 8 | 0 | 8 | 0 | 9 | 0 | 9 | 0 | 9 | 0 | <p>a. Age</p> <table border="1"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>0</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td><td>9</td><td>9</td></tr> </table> <p>b. Year of birth</p> <table border="1"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>1</td><td>8</td><td>0</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>9</td><td>1</td><td>0</td><td>1</td><td>0</td><td>0</td></tr> <tr><td>2</td><td>0</td><td>2</td><td>0</td><td>2</td><td>0</td></tr> <tr><td>3</td><td>0</td><td>3</td><td>0</td><td>3</td><td>0</td></tr> <tr><td>4</td><td>0</td><td>4</td><td>0</td><td>4</td><td>0</td></tr> <tr><td>5</td><td>0</td><td>5</td><td>0</td><td>5</td><td>0</td></tr> <tr><td>6</td><td>0</td><td>6</td><td>0</td><td>6</td><td>0</td></tr> <tr><td>7</td><td>0</td><td>7</td><td>0</td><td>7</td><td>0</td></tr> <tr><td>8</td><td>0</td><td>8</td><td>0</td><td>8</td><td>0</td></tr> <tr><td>9</td><td>0</td><td>9</td><td>0</td><td>9</td><td>0</td></tr> </table> |  |  |  |  | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 4 | 4 | 4 | 4 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 8 | 8 | 8 | 8 | 9 | 9 | 9 | 9 |  |  |  |  |  |  | 1 | 8 | 0 | 0 | 0 | 0 | 9 | 1 | 0 | 1 | 0 | 0 | 2 | 0 | 2 | 0 | 2 | 0 | 3 | 0 | 3 | 0 | 3 | 0 | 4 | 0 | 4 | 0 | 4 | 0 | 5 | 0 | 5 | 0 | 5 | 0 | 6 | 0 | 6 | 0 | 6 | 0 | 7 | 0 | 7 | 0 | 7 | 0 | 8 | 0 | 8 | 0 | 8 | 0 | 9 | 0 | 9 | 0 | 9 | 0 |
|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 0  | 0   | 0   | 0 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 1  | 1   | 1   | 1 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 2  | 2   | 2   | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 3  | 3   | 3   | 3 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 4  | 4   | 4   | 4 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 5  | 5   | 5   | 5 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 6  | 6   | 6   | 6 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 7  | 7   | 7   | 7 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 8  | 8   | 8   | 8 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 9  | 9   | 9   | 9 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 1  | 8   | 0   | 0 | 0 | 0 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 9  | 1   | 0   | 1 | 0 | 0 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 2  | 0   | 2   | 0 | 2 | 0 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 3  | 0   | 3   | 0 | 3 | 0 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 4  | 0   | 4   | 0 | 4 | 0 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 5  | 0   | 5   | 0 | 5 | 0 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 6  | 0   | 6   | 0 | 6 | 0 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 7  | 0   | 7   | 0 | 7 | 0 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 8  | 0   | 8   | 0 | 8 | 0 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 9  | 0   | 9   | 0 | 9 | 0 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 0  | 0   | 0   | 0 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 1  | 1   | 1   | 1 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 2  | 2   | 2   | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 3  | 3   | 3   | 3 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 4  | 4   | 4   | 4 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 5  | 5   | 5   | 5 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 6  | 6   | 6   | 6 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 7  | 7   | 7   | 7 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 8  | 8   | 8   | 8 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 9  | 9   | 9   | 9 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 1  | 8   | 0   | 0 | 0 | 0 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 9  | 1   | 0   | 1 | 0 | 0 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 2  | 0   | 2   | 0 | 2 | 0 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 3  | 0   | 3   | 0 | 3 | 0 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 4  | 0   | 4   | 0 | 4 | 0 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 5  | 0   | 5   | 0 | 5 | 0 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 6  | 0   | 6   | 0 | 6 | 0 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 7  | 0   | 7   | 0 | 7 | 0 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 8  | 0   | 8   | 0 | 8 | 0 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 9  | 0   | 9   | 0 | 9 | 0 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <p><b>6. Marital status</b></p> <p>Fill ONE circle for each person.</p>  | <p><input type="radio"/> Now married    <input type="radio"/> Separated</p> <p><input type="radio"/> Widowed    <input type="radio"/> Never married</p> <p><input type="radio"/> Divorced</p>   | <p><input type="radio"/> Now married    <input type="radio"/> Separated</p> <p><input type="radio"/> Widowed    <input type="radio"/> Never married</p> <p><input type="radio"/> Divorced</p>   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <p><b>7. Is this person of Spanish/Hispanic origin?</b></p> <p>Fill ONE circle for each person.</p> <p>If <b>Yes</b>, other Spanish/Hispanic, print one group. →</p>   | <p><input type="radio"/> No (not Spanish/Hispanic)</p> <p><input type="radio"/> Yes, Mexican, Mexican-Am., Chicano</p> <p><input type="radio"/> Yes, Puerto Rican</p> <p><input type="radio"/> Yes, Cuban</p> <p><input checked="" type="radio"/> Yes, other Spanish/Hispanic (Print one group, for example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.) →</p>   | <p><input type="radio"/> No (not Spanish/Hispanic)</p> <p><input type="radio"/> Yes, Mexican, Mexican-Am., Chicano</p> <p><input type="radio"/> Yes, Puerto Rican</p> <p><input type="radio"/> Yes, Cuban</p> <p><input type="radio"/> Yes, other Spanish/Hispanic (Print one group, for example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.) →</p>  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <p><b>FOR CENSUS USE</b> →</p>   | <p><input type="radio"/></p> <p><input type="radio"/></p>   | <p><input type="radio"/></p> <p><input type="radio"/></p>   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

**PERSON 7**

Last name \_\_\_\_\_  
 First name \_\_\_\_\_ Middle initial \_\_\_\_\_

If a RELATIVE of Person 1:

Husband/wife     Brother/sister  
 Natural-born or adopted son/daughter     Father/mother  
 Grandchild     Other relative  
 Stepson/stepdaughter

If NOT RELATED to Person 1:

Roomer, boarder, or foster child     Unmarried partner  
 Housemate, roommate     Other nonrelative

Male     Female

White  
 Black or Negro  
 Indian (Amer.) (Print the name of the enrolled or principal tribe.)  
 Eskimo  
 Aleut  
 Asian or Pacific Islander (API)  
 Chinese     Japanese  
 Filipino     Asian Indian  
 Hawaiian     Samoan  
 Korean     Guamanian  
 Vietnamese     Other API  
 Other race (Print race)

a. Age    b. Year of birth

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 1 | 8 | 0 | 0 | 0 | 0 |
| 1 | 0 | 1 | 0 | 1 | 9 | 0 | 1 | 0 | 1 | 0 |
| 2 | 0 | 2 | 0 | 2 | 0 | 2 | 0 | 2 | 0 | 0 |
| 3 | 0 | 3 | 0 | 3 | 0 | 3 | 0 | 3 | 0 | 0 |
| 4 | 0 | 4 | 0 | 4 | 0 | 4 | 0 | 4 | 0 | 0 |
| 5 | 0 | 5 | 0 | 5 | 0 | 5 | 0 | 5 | 0 | 0 |
| 6 | 0 | 6 | 0 | 6 | 0 | 6 | 0 | 6 | 0 | 0 |
| 7 | 0 | 7 | 0 | 7 | 0 | 7 | 0 | 7 | 0 | 0 |
| 8 | 0 | 8 | 0 | 8 | 0 | 8 | 0 | 8 | 0 | 0 |
| 9 | 0 | 9 | 0 | 9 | 0 | 9 | 0 | 9 | 0 | 0 |

Now married     Separated  
 Widowed     Never married  
 Divorced

No (not Spanish/Hispanic)  
 Yes, Mexican, Mexican-Am., Chicano  
 Yes, Puerto Rican  
 Yes, Cuban  
 Yes, other Spanish/Hispanic (Print one group, for example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.)

NOW PLEASE ANSWER QUESTIONS H1a—H26 FOR THIS HOUSEHOLD

**H1a.** Did you leave anyone out of your list of persons for Question 1a on page 1 because you were not sure if the person should be listed — for example, someone temporarily away on a business trip or vacation, a newborn baby still in the hospital, or a person who stays here once in a while and has no other home?

Yes, please print the name(s) and reason(s).  
 \_\_\_\_\_  
 No

If this is a ONE-FAMILY HOUSE —

**H5a.** Is this house on ten or more acres?

Yes     No

**b.** Is there a business (such as a store or barber shop) or a medical office on this property?

Yes     No

Answer only if you or someone in this household OWNS OR IS BUYING this house or apartment —

**H6.** What is the value of this property; that is, how much do you think this house and lot or condominium unit 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 \$44,999
- \$45,000 to \$49,999
- \$50,000 to \$54,999
- \$55,000 to \$59,999
- \$60,000 to \$64,999
- \$65,000 to \$69,999
- \$70,000 to \$74,999
- \$75,000 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 or more

**b.** Did you include anyone in your list of persons for Question 1a on page 1 even though you were not sure that the person should be listed — for example, a visitor who is staying here temporarily or a person who usually lives somewhere else?

Yes, please print the name(s) and reason(s).  
 \_\_\_\_\_  
 No

**H2.** Which best describes this building? Include all apartments, flats, etc., even if vacant.

- A mobile home or trailer
- 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
- Other

**H3.** How many rooms do you have in this house or apartment? 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

**H4.** Is this house or apartment —

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)?  
 Rented for cash rent?  
 Occupied without payment of cash rent?

Answer only if you PAY RENT for this house or apartment —

**H7a.** What is the monthly rent?

- Less than \$80
- \$80 to \$99
- \$100 to \$124
- \$125 to \$149
- \$150 to \$174
- \$175 to \$199
- \$200 to \$224
- \$225 to \$249
- \$250 to \$274
- \$275 to \$299
- \$300 to \$324
- \$325 to \$349
- \$350 to \$374
- \$375 to \$399
- \$400 to \$424
- \$425 to \$449
- \$450 to \$474
- \$475 to \$499
- \$500 to \$524
- \$525 to \$549
- \$550 to \$599
- \$600 to \$649
- \$650 to \$699
- \$700 to \$749
- \$750 to \$999
- \$1,000 or more

**b.** Does the monthly rent include any meals?

Yes     No

FOR CENSUS USE

|                  |  |  |                                   |                                   |                           |                             |
|------------------|--|--|-----------------------------------|-----------------------------------|---------------------------|-----------------------------|
| A. Total persons | B. Type of unit                                    |  | D. Months vacant                  |                                   | G. DO                     | ID                          |
|                  | Occupied   | Vacant                                     | <input type="radio"/> Less than 1 | <input type="radio"/> 6 up to 12  |                           |                             |
|                  | <input type="radio"/> First form                   | <input type="radio"/> Regular              | <input type="radio"/> 1 up to 2   | <input type="radio"/> 12 up to 24 |                           |                             |
|                  | <input type="radio"/> Cont'n                       | <input type="radio"/> Usual home elsewhere | <input type="radio"/> 2 up to 6   | <input type="radio"/> 24 or more  |                           |                             |
|                  | C1. Vacancy status                                 |  | E. Complete after                 |                                   |                           |                             |
|                  | <input type="radio"/> For rent                     | <input type="radio"/> For seas/rec/occ     | <input type="radio"/> LR          | <input type="radio"/> TC          | <input type="radio"/> Q   | <input type="radio"/> QA    |
|                  | <input type="radio"/> For sale only                | <input type="radio"/> For migrant workers  | <input type="radio"/> P/F         | <input type="radio"/> RE          | <input type="radio"/> I/T | <input type="radio"/> O     |
|                  | <input type="radio"/> Rented or sold, not occupied | <input type="radio"/> Other vacant         | <input type="radio"/> MV          | <input type="radio"/> ED          | <input type="radio"/> EN  | <input type="radio"/> JIC 1 |
|                  |  |  | <input type="radio"/> P0          | <input type="radio"/> P3          | <input type="radio"/> P6  | <input type="radio"/> JIC 2 |
|                  |  |  | <input type="radio"/> P1          | <input type="radio"/> P4          | <input type="radio"/> 1A  |                             |
|                  |  |  | <input type="radio"/> P2          | <input type="radio"/> P5          | <input type="radio"/> SM  |                             |
|                  | C2. Is this unit boarded up?                       |  | F. Cov.                           |                                   |                           |                             |
|                  | <input type="radio"/> Yes                          | <input type="radio"/> No                   | <input type="radio"/> 1b          | <input type="radio"/> 1a          | <input type="radio"/> 7   | <input type="radio"/> H1    |

|   |  |   |
|---|--|---|
| <p><b>H8.</b> When did the person listed in column 1 on page 2 move into this house or apartment?</p> <p><input type="radio"/> 1989 or 1990<br/> <input type="radio"/> 1985 to 1988<br/> <input type="radio"/> 1980 to 1984<br/> <input type="radio"/> 1970 to 1979<br/> <input type="radio"/> 1960 to 1969<br/> <input type="radio"/> 1959 or earlier</p>  | <p><b>H14.</b> Which FUEL is used MOST for heating this house or apartment?</p> <p><input type="radio"/> Gas: from underground pipes serving the neighborhood<br/> <input type="radio"/> Gas: bottled, tank, or LP<br/> <input type="radio"/> Electricity<br/> <input type="radio"/> Fuel oil, kerosene, etc.<br/> <input type="radio"/> Coal or coke<br/> <input type="radio"/> Wood<br/> <input type="radio"/> Solar energy<br/> <input type="radio"/> Other fuel<br/> <input type="radio"/> No fuel used</p>  | <p><b>H20.</b> What are the yearly costs of utilities and fuels for this house or apartment? If you have lived here less than 1 year, estimate the yearly cost.</p> <p><b>a. Electricity</b></p> <p>\$ <input type="text"/> .00<br/>         Yearly cost — Dollars</p> <p>OR</p> <p><input type="radio"/> Included in rent or in condominium fee<br/> <input type="radio"/> No charge or electricity not used</p> |
| <p><b>H9.</b> How many bedrooms do you have; that is, how many bedrooms would you list if this house or apartment were on the market for sale or rent?</p> <p><input type="radio"/> No bedroom<br/> <input type="radio"/> 1 bedroom<br/> <input type="radio"/> 2 bedrooms<br/> <input type="radio"/> 3 bedrooms<br/> <input type="radio"/> 4 bedrooms<br/> <input type="radio"/> 5 or more bedrooms</p> | <p><b>H15.</b> Do you get water from --</p> <p><input type="radio"/> A public system such as a city water department, or private company?<br/> <input type="radio"/> An individual drilled well?<br/> <input type="radio"/> An individual dug well?<br/> <input type="radio"/> Some other source such as a spring, creek, river, cistem, etc.?</p>   | <p><b>b. Gas</b></p> <p>\$ <input type="text"/> .00<br/>         Yearly cost — Dollars</p> <p>OR</p> <p><input type="radio"/> Included in rent or in condominium fee<br/> <input type="radio"/> No charge or gas not used</p>   |
| <p><b>H10.</b> Do you have COMPLETE plumbing facilities in this house or apartment; that is, 1) hot and cold piped water, 2) a flush toilet, and 3) a bathtub or shower?</p> <p><input type="radio"/> Yes, have all three facilities<br/> <input type="radio"/> No</p>  | <p><b>H16.</b> Is this building connected to a public sewer?</p> <p><input type="radio"/> Yes, connected to public sewer<br/> <input type="radio"/> No, connected to septic tank or cesspool<br/> <input type="radio"/> No, use other means</p>  | <p><b>c. Water</b></p> <p>\$ <input type="text"/> .00<br/>         Yearly cost — Dollars</p> <p>OR</p> <p><input type="radio"/> Included in rent or in condominium fee<br/> <input type="radio"/> No charge</p>   |
| <p><b>H11.</b> Do you have COMPLETE kitchen facilities: that is, 1) a sink with piped water, 2) a range or cookstove, and 3) a refrigerator?</p> <p><input type="radio"/> Yes<br/> <input type="radio"/> No</p>   | <p><b>H17.</b> About when was this building first built?</p> <p><input type="radio"/> 1989 or 1990<br/> <input type="radio"/> 1985 to 1988<br/> <input type="radio"/> 1980 to 1984<br/> <input type="radio"/> 1970 to 1979<br/> <input type="radio"/> 1960 to 1969<br/> <input type="radio"/> 1950 to 1959<br/> <input type="radio"/> 1940 to 1949<br/> <input type="radio"/> 1939 or earlier<br/> <input type="radio"/> Don't know</p>  | <p><b>d. Oil, coal, kerosene, wood, etc.</b></p> <p>\$ <input type="text"/> .00<br/>         Yearly cost — Dollars</p> <p>OR</p> <p><input type="radio"/> Included in rent or in condominium fee<br/> <input type="radio"/> No charge or these fuels not used</p>   |
| <p><b>H12.</b> Do you have a telephone in this house or apartment?</p> <p><input type="radio"/> Yes<br/> <input type="radio"/> No</p>   | <p><b>H18.</b> Is this house or apartment part of a condominium?</p> <p><input type="radio"/> Yes<br/> <input type="radio"/> No</p>  |   |
| <p><b>H13.</b> How many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use by members of your household?</p> <p><input type="radio"/> None<br/> <input type="radio"/> 1<br/> <input type="radio"/> 2<br/> <input type="radio"/> 3<br/> <input type="radio"/> 4<br/> <input type="radio"/> 5<br/> <input type="radio"/> 6<br/> <input type="radio"/> 7 or more</p>       | <p><i>If you live in an apartment building, skip to H20.</i></p> <p><b>H19a.</b> Is this house on less than 1 acre?</p> <p><input type="radio"/> Yes — Skip to H20<br/> <input type="radio"/> No</p> <p><b>b.</b> In 1989, what were the actual sales of all agricultural products from this property?</p> <p><input type="radio"/> None<br/> <input type="radio"/> \$1 to \$999<br/> <input type="radio"/> \$1,000 to \$2,499<br/> <input type="radio"/> \$2,500 to \$4,999<br/> <input type="radio"/> \$5,000 to \$9,999<br/> <input type="radio"/> \$10,000 or more</p> |   |

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**INSTRUCTION:**  
 Answer questions H21 TO H26, if this is a one-family house, a condominium, or a mobile home that someone in this household OWNS OR IS BUYING; otherwise, go to page 6.

**H21. What were the real estate taxes on THIS property last year?**

\$  .00  
 Yearly amount — Dollars

OR

None

**H22. What was the annual payment for fire, hazard, and flood insurance on THIS property?**

\$  .00  
 Yearly amount — Dollars

OR

None

**H23a. 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 } Go to H23b  
 Yes, contract to purchase }  
 No — Skip to H24a

**b. How much is your regular monthly mortgage payment on THIS property? Include payment only on first mortgage or contract to purchase.**

\$  .00  
 Monthly amount — Dollars

OR

No regular payment required — Skip to H24a

**c. Does your regular monthly mortgage payment include payments for real estate taxes on THIS property?**

Yes, taxes included in 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 payment  
 No, insurance paid separately or no insurance

**H24a. Do you have a second or junior mortgage or a home equity loan on THIS property?**

Yes  
 No — Skip to H25

**b. How much is your regular monthly payment on all second or junior mortgages and all home equity loans?**

\$  .00  
 Monthly amount — Dollars

OR

No regular payment required

*Answer ONLY if this is a CONDOMINIUM —*  
**H25. What is the monthly condominium fee?**

\$  .00  
 Monthly amount — Dollars

*Answer ONLY if this is a MOBILE HOME —*  
**H26. What was the total cost for personal property taxes, site rent, registration fees, and license fees on this mobile home and its site last year? Exclude real estate taxes.**

\$  .00  
 Yearly amount — Dollars

Please turn to page 6. ➔

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**PERSON 1**

Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle initial \_\_\_\_\_

8. In what U.S. State or foreign country was this person born? 7  
 \_\_\_\_\_  
 (Name of State or foreign country; or Puerto Rico, Guam, etc.)

9. Is this person a **CITIZEN** of the United States?  
 Yes, born in the United States — Skip to 11  
 Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas  
 Yes, born abroad of American parent or parents  
 Yes, U.S. citizen by naturalization  
 No, not a citizen of the United States

10. When did this person come to the United States to stay?  
 1987 to 1990  1970 to 1974  
 1985 or 1986  1965 to 1969  
 1982 to 1984  1960 to 1964  
 1980 or 1981  1950 to 1959  
 1975 to 1979  Before 1950

11. At any time since February 1, 1990, has this person attended regular school or college?  
 Include only nursery school, kindergarten, elementary school, and schooling which leads to a high school diploma or a college degree.  
 No, has not attended since February 1  
 Yes, public school, public college  
 Yes, private school, private college

12. How much school has this person **COMPLETED**?  
 Fill ONE circle for the highest level **COMPLETED** or degree **RECEIVED**. If currently enrolled, mark the level of previous grade attended or highest degree received.  
 No school completed  
 Nursery school  
 Kindergarten  
 1st, 2nd, 3rd, or 4th grade  
 5th, 6th, 7th, 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 but no degree  
 Associate degree in college - Occupational program  
 Associate degree in college - Academic program  
 Bachelor's degree (For example: BA, AB, BS)  
 Master's degree (For example: MA, MS, MEng, MEd, MSW, MBA)  
 Professional school degree (For example: MD, DDS, DVM, LLB, JD)  
 Doctorate degree (For example: PhD, EdD)

13. What is this person's ancestry or ethnic origin?  
 (See instruction guide for further information.)  
 \_\_\_\_\_  
 (For example: German, Italian, Afro-Amer., Croatian, Cape Verdean, Dominican, Ecuadoran, Haitian, Cajun, French Canadian, Jamaican, Korean, Lebanese, Mexican, Nigerian, Irish, Polish, Slovak, Taiwanese, Thai, Ukrainian, etc.)

14a. Did this person live in this house or apartment 5 years ago (on April 1, 1985)?  
 Born after April 1, 1985 — Go to questions for the next person  
 Yes — Skip to 15a  
 No

b. Where did this person live 5 years ago (on April 1, 1985)?  
 (1) Name of U.S. State or foreign country 7  
 \_\_\_\_\_  
 (If outside U.S., print answer above and skip to 15a.)  
 (2) Name of county in the U.S. 7  
 \_\_\_\_\_  
 (3) Name of city or town in the U.S. 7  
 \_\_\_\_\_  
 (4) Did this person live inside the city or town limits?  
 Yes  
 No, lived outside the city/town limits

15a. Does this person speak a language other than English at home?  
 Yes  No — Skip to 16

b. What is this language? 7  
 \_\_\_\_\_  
 (For example: Chinese, Italian, Spanish, Vietnamese)

c. How well does this person speak English?  
 Very well  Not well  
 Well  Not at all

16. When was this person born?  
 Born before April 1, 1975 — Go to 17a  
 Born April 1, 1975 or later — Go to questions for the next person

17a. Has this person ever been on active-duty military service in the Armed Forces of the United States or ever been in the United States military Reserves or the National Guard? If service was in Reserves or National Guard only, see instruction guide.  
 Yes, now on active duty  
 Yes, on active duty in past, but not now  
 Yes, service in Reserves or National Guard only — Skip to 18  
 No — Skip to 18

b. Was active-duty military service during — Fill a circle for each period in which this person served.  
 September 1980 or later  
 May 1975 to August 1980  
 Vietnam era (August 1964—April 1975)  
 February 1955—July 1964  
 Korean conflict (June 1950—January 1955)  
 World War II (September 1940—July 1947)  
 World War I (April 1917—November 1918)  
 Any other time

c. In total, how many years of active-duty military service has this person had?  
 \_\_\_\_\_ Years

18. Does this person have a physical, mental, or other health condition that has lasted for 6 or more months and which —  
 a. Limits the kind or amount of work this person can do at a job?  
 Yes  No

b. Prevents this person from working at a job?  
 Yes  No

19. Because of a health condition that has lasted for 6 or more months, does this person have any difficulty —  
 a. Going outside the home alone, for example, to shop or visit a doctor's office?  
 Yes  No

b. Taking care of his or her own personal needs, such as bathing, dressing, or getting around inside the home?  
 Yes  No

If this person is a female —

20. How many babies has she ever had, not counting stillbirths? Do not count her stepchildren or children she has adopted.  
 None 1 2 3 4 5 6 7 8 9 10 11 12 or more

21a. Did this person work at any time LAST WEEK?  
 Yes — Fill this circle if this person worked full time or part time. (Count part-time work such as delivering papers, or helping without pay in a family business or farm. Also count active duty in the Armed Forces.)  
 No — Fill this circle if this person did not work, or did only own housework, school work, or volunteer work. — Skip to 25

b. How many hours did this person work LAST WEEK (at all jobs)? Subtract any time off; add overtime or extra hours worked.  
 \_\_\_\_\_ Hours

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) 7  
 \_\_\_\_\_  
 (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 7  
 \_\_\_\_\_

c. Is the work location inside the limits of that city or town?  
 Yes  No, outside the city/town limits

d. County 7  
 \_\_\_\_\_

e. State 7  
 \_\_\_\_\_

f. ZIP Code 7  
 \_\_\_\_\_

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**23a. How did this person usually get to work LAST WEEK?** If this person usually used more than one method of transportation during the trip, fill the circle of the one used for most of the distance.

Car, truck, or van     Motorcycle  
 Bus or trolley bus     Bicycle  
 Streetcar or trolley car     Walked  
 Subway or elevated     Worked at home  
 Railroad     Ferryboat     Other method  
 Taxicab     *Skip to 28*

*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     5 people  
 2 people     6 people  
 3 people     7 to 9 people  
 4 people     10 or more people

**24a. 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 — Skip to 28

**25. Was this person TEMPORARILY absent or on layoff from a job or business LAST WEEK?**

Yes, on layoff  
 Yes, on vacation, temporary illness, labor dispute, etc.  
 No

**26a. Has this person been looking for work during the last 4 weeks?**

Yes  
 No — Skip to 27

**b. Could this person have taken a job LAST WEEK if one had been offered?**

No, already has a job  
 No, temporarily ill  
 No, other reasons (in school, etc.)  
 Yes, could have taken a job

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

1990     1980 to 1984  
 1989     1979 or earlier  
 1988     Never worked  
 1985 to 1987

*Go to 28*    *Skip to 32*

**28-30. CURRENT OR MOST RECENT JOB ACTIVITY.** Describe clearly this person's chief job activity or business last week. If this person had more than one job, describe the one at which this person worked the most hours. If this person had no job or business last week, give information for his/her last job or business since 1985.

**28. Industry or Employer**

**a. For whom did this person work?** If now on active duty in the Armed Forces, fill this circle  and print the branch of the Armed Forces.

(Name of company, business, or other employer)

**b. What kind of business or industry was this?** Describe the activity at location where employed.

(For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, retail bakery)

**c. Is this mainly — Fill ONE circle**

Manufacturing     Other (agriculture, construction, service, government, etc.)  
 Wholesale trade  
 Retail trade

**29. Occupation**

**a. What kind of work was this person doing?**

(For example: registered nurse, personnel manager, supervisor of order department, gasoline engine assembler, cake icer)

**b. What were this person's most important activities or duties?**

(For example: patient care, directing hiring policies, supervising order clerks, assembling engines, icing cakes)

**30. Was this person — Fill ONE circle**

Employee of a PRIVATE FOR PROFIT company or business or of an individual, for wages, salary, or commissions  
 Employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization  
 Local GOVERNMENT employee (city, county, etc.)  
 State GOVERNMENT employee  
 Federal GOVERNMENT employee  
 SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm  
 SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm  
 Working WITHOUT PAY in family business or farm

**31a. Last year (1989), did this person work, even for a few days, at a paid job or in a business or farm?**

Yes  
 No — Skip to 32

**b. How many weeks did this person work in 1989?** Count paid vacation, paid sick leave, and military service.

Weeks

**c. During the weeks WORKED in 1989, how many hours did this person usually work each week?**

Hours

**32. INCOME IN 1989 —** Fill the "Yes" circle below for each income source received during 1989. Otherwise, fill the "No" circle. If "Yes," enter the total amount received during 1989. For income received jointly, see instruction guide. If exact amount is not known, please give best estimate. If net income was a loss, write "Loss" above 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  
 No    \$ .00  
 Annual amount — Dollars

**b. Self-employment income from own nonfarm business, including proprietorship and partnership — Report NET income after business expenses.**

Yes  
 No    \$ .00  
 Annual amount — Dollars

**c. Farm self-employment income — Report NET income after operating expenses. Include earnings as a tenant farmer or sharecropper.**

Yes  
 No    \$ .00  
 Annual amount — Dollars

**d. Interest, dividends, net rental income or royalty income, or income from estates and trusts — Report even small amounts credited to an account.**

Yes  
 No    \$ .00  
 Annual amount — Dollars

**e. Social Security or Railroad Retirement**

Yes  
 No    \$ .00  
 Annual amount — Dollars

**f. Supplemental Security Income (SSI), Aid to Families with Dependent Children (AFDC), or other public assistance or public welfare payments.**

Yes  
 No    \$ .00  
 Annual amount — Dollars

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

Yes  
 No    \$ .00  
 Annual amount — Dollars

**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 the sale of a home.**

Yes  
 No    \$ .00  
 Annual amount — Dollars

**33. What was this person's total income in 1989?** Add entries in questions 32a through 32h; subtract any losses. If total amount was a loss, write "Loss" above amount.

None    OR    \$ .00  
 Annual amount — Dollars

Please turn the page and answer questions for Person 2 listed on page 1. If this is the last person listed in question 1a on page 1, go to the back of the form.

