

DO NOT MARK THIS COLUMN	Line No.	1. WHAT IS THE NAME OF EACH PERSON who was living here on Wednesday, April 1, 1970 or who was staying or visiting here and had no other home?  <i>Print names in this order</i> Head of the household Wife of head Unmarried children, oldest first Married children and their families Other relatives of the head Persons not related to the head	2. HOW IS EACH PERSON RELATED TO THE HEAD OF THIS HOUSEHOLD?  <i>Fill one circle.</i> If "Other relative of head," also give exact relationship, for example, mother-in-law, brother, niece, grandson, etc.  If "Other not related to head," also give exact relationship, for example, partner, maid, etc.	3. SEX  <i>Fill one circle</i>	4. COLOR OR RACE  <i>Fill one circle.</i> If "Indian (American)," also give tribe. If "Other," also give race.	DATE OF BIRTH			8. WHAT IS EACH PERSON'S MARITAL STATUS?  <i>Fill one circle</i>						
						5. Month and year of birth and age last birthday  <i>Print</i>	6. Month of birth  <i>Fill one circle</i>	7. Year of birth  <i>Fill one circle for first three numbers</i>  <i>Fill one circle for last number</i>							
<input type="checkbox"/>	1	Last name _____ First name _____ Middle initial _____	<input type="checkbox"/> Head of household <input type="checkbox"/> Wife of head <input type="checkbox"/> Son or daughter of head <input type="checkbox"/> Other relative of head— <i>Print exact relationship</i>	<input type="checkbox"/> Roomer, boarder, lodger <input type="checkbox"/> Patient or inmate <input type="checkbox"/> Other not related to head— <i>Print exact relationship</i>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input type="checkbox"/> White <input type="checkbox"/> Negro or Black <input type="checkbox"/> Indian (Amer.) <i>Print tribe</i>	<input type="checkbox"/> Japanese <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Hawaiian <input type="checkbox"/> Korean <input type="checkbox"/> Other— <i>Print race</i>	Month _____ Year _____ Age _____	<input type="checkbox"/> Jan.-Mar. <input type="checkbox"/> Apr.-June <input type="checkbox"/> July-Sept. <input type="checkbox"/> Oct.-Dec.	<input type="checkbox"/> 186- <input type="checkbox"/> 187- <input type="checkbox"/> 188- <input type="checkbox"/> 189- <input type="checkbox"/> 190- <input type="checkbox"/> 191-	<input type="checkbox"/> 192- <input type="checkbox"/> 193- <input type="checkbox"/> 194- <input type="checkbox"/> 195- <input type="checkbox"/> 196- <input type="checkbox"/> 197-	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> Now married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Never married	
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9. If you used all 8 lines—Are there any other persons in this household?		10. Did you leave anyone out of Question 1 because you were not sure if he should be listed—for example, a new baby still in the hospital, or a lodger who also has another home?		11. Did you list anyone in Question 1 who is away from home now—for example, on a vacation or in a hospital?		12. Did anyone stay here on Tuesday, March 31, who is not already listed?									
<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Do not list the others; we will call to get the information.</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>On back page, give name(s) and reason left out.</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>On back page, give name(s) and reason person is away.</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>On back page, give name of each visitor for whom there is no one at his home address to report him to a census taker.</i>									

Make no mark in this margin

Make no mark in this margin

The 15-percent and 5-percent forms contain a pair of facing pages for each person in the household (as listed on page 2). Shown on each pair of pages in the 15-percent form are the questions designated as 15-percent here on pages 6, 7, and 8. Shown on each pair of pages in the 5-percent form are the questions designated as 5-percent here on pages 6, 7, and 8.

Name of person on line ① of page 2		20. Since February 1, 1970, has this person attended regular school or college at any time? Count nursery school, kindergarten, and schooling which leads to an elementary school certificate, high school diploma, or college degree.		15 percent	
Last name _____ First name _____ Initial _____		<input type="radio"/> No <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="radio"/> Yes, public <input type="checkbox"/> <input type="radio"/> Yes, parochial <input type="checkbox"/> <input type="radio"/> Yes, other private <input type="checkbox"/>			
15 and 5 percent	13a. Where was this person born? If born in hospital, give State or country where mother lived. If born outside U.S., see instruction sheet; distinguish Northern Ireland from Ireland (Eire).		21. What is the highest grade (or year) of regular school he has ever attended?		15 and 5 percent
	<input type="radio"/> This State <input type="checkbox"/> OR (Name of State or foreign country; or Puerto Rico, Guam, etc.) _____		Fill one circle. If now attending, mark grade he is in. <input type="radio"/> Never attended school— Skip to 23 <input type="checkbox"/> <input type="radio"/> Nursery school <input checked="" type="checkbox"/> <input type="radio"/> Kindergarten <input type="checkbox"/> Elementary through high school (grade or year) 1 2 3 4 5 6 7 8 9 10 11 12 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> College (academic year) 1 2 3 4 5 6 or more <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>		
5 percent	b. Is this person's origin or descent— (Fill one circle)				
<input type="radio"/> Mexican <input type="radio"/> Central or South American <input type="radio"/> Puerto Rican <input type="radio"/> Other Spanish <input type="radio"/> Cuban <input type="radio"/> No, none of these					
15 percent	14. What country was his father born in?				15 and 5 percent
	<input type="radio"/> United States <input type="checkbox"/> OR (Name of foreign country; or Puerto Rico, Guam, etc.) _____				
15. What country was his mother born in?					
<input type="radio"/> United States <input type="checkbox"/> OR (Name of foreign country; or Puerto Rico, Guam, etc.) _____					
5 percent	16. For persons born in a foreign country—		22. Did he finish the highest grade (or year) he attended?		5 percent
	a. Is this person naturalized?		<input type="radio"/> Now attending this grade (or year) <input type="checkbox"/> <input type="radio"/> Finished this grade (or year) <input type="checkbox"/> <input type="radio"/> Did not finish this grade (or year) <input type="checkbox"/>		
<input type="radio"/> Yes, naturalized <input checked="" type="checkbox"/> <input type="radio"/> No, alien <input type="checkbox"/> <input type="radio"/> Born abroad of American parents <input type="checkbox"/>					
b. When did he come to the United States to stay?		23. When was this person born?			
<input type="radio"/> 1965 to 70 <input type="radio"/> 1950 to 54 <input type="radio"/> 1925 to 34 <input type="radio"/> 1960 to 64 <input type="radio"/> 1945 to 49 <input type="radio"/> 1915 to 24 <input type="radio"/> 1955 to 59 <input type="radio"/> 1935 to 44 <input type="radio"/> Before 1915		<input type="radio"/> Born before April 1956— Please go on with questions 24 through 41. <input type="checkbox"/> <input type="radio"/> Born April 1956 or later— Please omit questions 24 through 41 and go to the next page for the next person. <input checked="" type="checkbox"/>			
17. What language, other than English, was spoken in this person's home when he was a child? Fill one circle.		24. If this person has ever been married—		5 percent	
<input type="radio"/> Spanish <input checked="" type="checkbox"/> <input type="radio"/> Other— <input type="radio"/> French <input type="checkbox"/> Specify _____ <input type="radio"/> German <input type="checkbox"/> None, English only <input type="checkbox"/>		a. Has this person been married more than once?			
		<input type="radio"/> Once <input type="checkbox"/> More than once ↓ ↓ b. When did he get married? When did he get married for the first time? Month _____ Year _____ Month _____ Year _____			
18. When did this person move into this house (or apartment)? Fill circle for date of last move.		c. If married more than once— Did the first marriage end because of the death of the husband (or wife)?			
<input type="radio"/> 1969 or 70 <input type="radio"/> 1965 or 66 <input type="radio"/> 1949 or earlier <input type="radio"/> 1968 <input type="radio"/> 1960 to 64 <input type="radio"/> Always lived in this house or apartment <input type="radio"/> 1967 <input checked="" type="checkbox"/> <input type="radio"/> 1950 to 59 <input type="checkbox"/>		<input type="radio"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
15 percent	19a. Did he live in this house on April 1, 1965? If in college or Armed Forces in April 1965, report place of residence there.		25. If this is a girl or a woman— How many babies has she ever had, not counting stillbirths? Do not count her stepchildren or children she has adopted.		15 and 5 percent
	<input type="radio"/> Born April 1965 or later <input type="checkbox"/> Skip to 20 <input type="radio"/> Yes, this house ..... <input type="checkbox"/> <input type="radio"/> No, different house <input checked="" type="checkbox"/>		1 2 3 4 5 6 7 8 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> 9 10 11 12 or more None <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>		
b. Where did he live on April 1, 1965?		26. If this is a man—		15 percent	
(1) State, foreign country, U.S. possession, etc. _____		a. Has he ever served in the Army, Navy, or other Armed Forces of the United States?			
(2) County _____		<input type="radio"/> Yes <input type="checkbox"/> <input checked="" type="radio"/> No <input type="checkbox"/>			
(3) Inside the limits of a city, town, village, etc.?		b. Was it during— (Fill the circle for each period of service.)			
<input type="radio"/> Yes <input type="checkbox"/> <input type="radio"/> No <input type="checkbox"/>		Vietnam Conflict (Since Aug. 1964) ..... <input type="radio"/> Korean War (June 1950 to Jan. 1955) ..... <input type="radio"/> World War II (Sept. 1940 to July 1947) ..... <input type="radio"/> World War I (April 1917 to Nov. 1918) ..... <input type="radio"/> Any other time ..... <input type="radio"/>			
(4) If "Yes," name of city, town, village, etc. _____					

**27a. Has this person ever completed a vocational training program?**

For example, in high school; as apprentice; in school of business, nursing, or trades; technical institute; or Armed Forces schools.

- Yes                       No— Skip to 28

**b. What was his main field of vocational training? Fill one circle.**

- Business, office work  
 Nursing, other health fields  
 Trades and crafts (mechanic, electrician, beautician, etc.)  
 Engineering or science technician; draftsman  
 Agriculture or home economics  
 Other field— Specify →

**28a. Does this person have a health or physical condition which limits the kind or amount of work he can do at a job?**

If 65 years old or over, skip to question 29.

- Yes  
 No

**b. Does his health or physical condition keep him from holding any job at all?**

- Yes  
 No

**c. If "Yes" in a or b— How long has he been limited in his ability to work?**

- Less than 6 months       3 to 4 years  
 6 to 11 months           5 to 9 years  
 1 to 2 years                 10 years or more

QUESTIONS 29 THROUGH 41 ARE FOR ALL PERSONS BORN BEFORE APRIL 1956 INCLUDING HOUSEWIVES, STUDENTS, OR DISABLED PERSONS AS WELL AS PART-TIME OR FULL-TIME WORKERS

**29a. Did this person work at any time last week?**

- Yes— Fill this circle if this person did full- or part-time work.  
 (Count part-time work such as a Saturday job, delivering papers, or helping without pay in a family business or farm; and 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 30

**b. How many hours did he work last week (at all jobs)?**

Subtract any time off and add overtime or extra hours worked.

- 1 to 14 hours               40 hours  
 15 to 29 hours             41 to 48 hours  
 30 to 34 hours             49 to 59 hours  
 35 to 39 hours             60 hours or more

**c. Where did he work last week?**

If he worked in more than one place, print where he worked most last week.

If he travels about in his work or if the place does not have a numbered address, see instruction sheet.

- (1) Address (Number and street name) \_\_\_\_\_  
 (2) Name of city, town, village, etc. \_\_\_\_\_  
 (3) Inside the limits of this city, town, village, etc.?  
 Yes  
 No  
 (4) County \_\_\_\_\_  
 (5) State \_\_\_\_\_ (6) ZIP Code \_\_\_\_\_

**d. How did he get to work last week? Fill one circle for chief means used on the last day he worked at the address given in 29c.**

- Driver, private auto               Taxicab  
 Passenger, private auto           Walked only  
 Bus or streetcar                     Worked at home  
 Subway or elevated                 Other means—Specify →  
 Railroad

After completing question 29d, skip to question 33.

**30. Does this person have a job or business from which he was temporarily absent or on layoff last week?**

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

**31a. Has he been looking for work during the past 4 weeks?**

- Yes                       No— Skip to 32

**b. Was there any reason why he could not take a job last week?**

- Yes, already has a job  
 Yes, because of this person's temporary illness  
 Yes, for other reasons (in school, etc.)  
 No, could have taken a job

**32. When did he last work at all, even for a few days?**

- In 1970     1964 to 1967     1959 or earlier } Skip  
 In 1969     1960 to 1963     Never worked } to 36  
 In 1968

5 percent

15 percent

15 and 5 percent

15 and 5 percent

33-35. Current or most recent job activity

Describe clearly this person's chief job activity or business last week, if any. If he had more than one job, describe the one at which he worked the most hours.

If this person had no job or business last week, give information for last job or business since 1960.

33. Industry

a. For whom did he work? If now on active duty in the Armed Forces, print "AF" and skip to question 36.

(Name of company, business, organization, or other employer)

b. What kind of business or industry was this?

Describe activity at location where employed.

(For example: Junior high school, retail supermarket, dairy farm, TV and radio service, auto assembly plant, road construction)

c. Is this mainly— (Fill one circle)

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

34. Occupation

a. What kind of work was he doing?

(For example: TV repairman, sewing machine operator, spray painter, civil engineer, farm operator, farm hand, junior high English teacher)

b. What were his most important activities or duties?

(For example: Types, keeps account books, files, sells cars, operates printing press, cleans buildings, finishes concrete)

c. What was his job title?

35. Was this person— (Fill one circle)

- Employee of private company, business, or individual, for wages, salary, or commissions...
Federal government employee
State government employee
Local government employee (city, county, etc.)...

- Self-employed in own business, professional practice, or farm—
Own business not incorporated
Own business incorporated
Working without pay in family business or farm

36. In April 1965, what State did this person live in?

- This State
OR

(Name of State or foreign country; or Puerto Rico, etc.)

37. In April 1965, was this person— (Fill three circles)

- a. Working at a job or business (full or part-time)?
b. In the Armed Forces?
c. Attending college?

38. If "Yes" for "Working at a job or business" in question 37— Describe this person's chief activity or business in April 1965.

a. What kind of business or industry was this?

b. What kind of work was he doing (occupation)?

c. Was he—

- An employee of a private company or government agency...
Self-employed or an unpaid family worker

39a. Last year (1969), did this person work at all, even for a few days?

- Yes No— Skip to 41

b. How many weeks did he work in 1969, either full-time or part-time? Count paid vacation, paid sick leave, and military service.

- 13 weeks or less, 14 to 26 weeks, 27 to 39 weeks, 40 to 47 weeks, 48 to 49 weeks, 50 to 52 weeks

40. Earnings in 1969— Fill parts a, b, and c for everyone who worked any time in 1969 even if he had no income. (If exact amount is not known, give best estimate.)

a. How much did this person earn in 1969 in wages, salary, commissions, bonuses, or tips from all jobs? \$...00 (Dollars only) OR None

b. How much did he earn in 1969 from his own nonfarm business, professional practice, or partnership? \$...00 (Dollars only) OR None

c. How much did he earn in 1969 from his own farm? \$...00 (Dollars only) OR None

41. Income other than earnings in 1969— Fill parts a, b, and c. (If exact amount is not known, give best estimate.)

a. How much did this person receive in 1969 from Social Security or Railroad Retirement? \$...00 (Dollars only) OR None

b. How much did he receive in 1969 from public assistance or welfare payments? \$...00 (Dollars only) OR None

c. How much did he receive in 1969 from all other sources? \$...00 (Dollars only) OR None

15 and 5 percent

5 percent

15 and 5 percent

15 and 5 percent

5 percent

<p><b>A. How many living quarters, occupied and vacant, are at this address?</b></p> <p><input type="radio"/> One</p> <p><input type="radio"/> 2 apartments or living quarters</p> <p><input type="radio"/> 3 apartments or living quarters</p> <p><input type="radio"/> 4 apartments or living quarters</p> <p><input type="radio"/> 5 apartments or living quarters</p> <p><input type="radio"/> 6 apartments or living quarters</p> <p><input type="radio"/> 7 apartments or living quarters</p> <p><input type="radio"/> 8 apartments or living quarters</p> <p><input type="radio"/> 9 apartments or living quarters</p> <p><input type="radio"/> 10 or more apartments or living quarters</p> <p><input type="radio"/> This is a mobile home or trailer</p> <p>• ■ •</p>	<p><b>H9. Are your living quarters—</b></p> <p><input type="radio"/> Owned or being bought by you or by someone else in this household? <i>Do not include cooperatives and condominiums here.</i></p> <p><input type="radio"/> A cooperative or condominium which is owned or being bought by you or by someone else in this household?</p> <p><input type="radio"/> Rented for cash rent?</p> <p><input type="radio"/> Occupied without payment of cash rent?</p>	<p style="text-align: center;"><b>FOR CENSUS ENUMERATOR'S USE ONLY</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center;">a4. Block number</th> <th style="width: 50%; text-align: center;">a5. Serial number</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">0 0 0 0</td><td style="text-align: center;">0 0 0 0</td></tr> <tr><td style="text-align: center;">1 0 0 0</td><td style="text-align: center;">1 0 0 0</td></tr> <tr><td style="text-align: center;">2 0 0 0</td><td style="text-align: center;">2 0 0 0</td></tr> <tr><td style="text-align: center;">3 0 0 0</td><td style="text-align: center;">3 0 0 0</td></tr> <tr><td style="text-align: center;">4 0 0 0</td><td style="text-align: center;">4 0 0 0</td></tr> <tr><td style="text-align: center;">5 0 0 0</td><td style="text-align: center;">5 0 0 0</td></tr> <tr><td style="text-align: center;">6 0 0 0</td><td style="text-align: center;">6 0 0 0</td></tr> <tr><td style="text-align: center;">7 0 0 0</td><td style="text-align: center;">7 0 0 0</td></tr> <tr><td style="text-align: center;">8 0 0 0</td><td style="text-align: center;">8 0 0 0</td></tr> <tr><td style="text-align: center;">9 0 0 0</td><td style="text-align: center;">9 0 0 0</td></tr> </tbody> </table>	a4. Block number	a5. Serial number	0 0 0 0	0 0 0 0	1 0 0 0	1 0 0 0	2 0 0 0	2 0 0 0	3 0 0 0	3 0 0 0	4 0 0 0	4 0 0 0	5 0 0 0	5 0 0 0	6 0 0 0	6 0 0 0	7 0 0 0	7 0 0 0	8 0 0 0	8 0 0 0	9 0 0 0	9 0 0 0
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<p style="text-align: center;"><i>Answer these questions for your living quarters</i></p>	<p><b>H10a. Is this building a one-family house?</b></p> <p><input type="radio"/> Yes, a one-family house</p> <p><input type="radio"/> No, a building for 2 or more families or a mobile home or trailer</p>	<p><b>B. Type of unit or quarters</b></p> <p><b>Occupied</b></p> <p><input type="radio"/> First form</p> <p><input type="radio"/> Continuation</p> <p><b>Vacant</b></p> <p><input type="radio"/> Regular</p> <p><input type="radio"/> Usual residence elsewhere</p> <p><b>Group quarters</b></p> <p><input type="radio"/> First form</p> <p><input type="radio"/> Continuation</p> <p style="font-size: small;">For a vacant unit, also fill C, D, A, H2 to H8, and H10 to H12</p>																						
<p><b>H1. Is there a telephone on which people in your living quarters can be called?</b></p> <p><input type="radio"/> Yes — <b>What is the number?</b> _____</p> <p style="text-align: right; font-size: small;">Phone number</p>	<p><b>b. If "Yes"— Is this house on a place of 10 acres or more, or is any part of this property used as a commercial establishment or medical office?</b></p> <p><input type="radio"/> Yes, 10 acres or more</p> <p><input type="radio"/> Yes, commercial establishment or medical office</p> <p><input type="radio"/> No, none of the above</p>	<p><b>C. Vacancy status</b></p> <p><b>Year round—</b></p> <p><input type="radio"/> For rent</p> <p><input type="radio"/> For sale only</p> <p><input type="radio"/> Rented or sold, not occupied</p> <p><input type="radio"/> Held for occasional use</p> <p><input type="radio"/> Other vacant</p> <p><input type="radio"/> Seasonal</p> <p><input type="radio"/> Migratory</p>																						
<p><b>H2. Do you enter your living quarters—</b></p> <p><input type="radio"/> Directly from the outside or through a common or public hall?</p> <p><input type="radio"/> Through someone else's living quarters?</p>	<p><b>H11. If you live in a one-family house which you own or are buying—</b></p> <p><b>What is the value of this property; that is, how much do you think this property (house and lot) would sell for if it were for sale?</b></p> <p><input type="radio"/> Less than \$5,000</p> <p><input type="radio"/> \$5,000 to \$7,499</p> <p><input type="radio"/> \$7,500 to \$9,999</p> <p><input type="radio"/> \$10,000 to \$12,499</p> <p><input type="radio"/> \$12,500 to \$14,999</p> <p><input type="radio"/> \$15,000 to \$17,499</p> <p><input type="radio"/> \$17,500 to \$19,999</p> <p><input type="radio"/> \$20,000 to \$24,999</p> <p><input type="radio"/> \$25,000 to \$34,999</p> <p><input type="radio"/> \$35,000 to \$49,999</p> <p><input type="radio"/> \$50,000 or more</p> <div style="border: 1px solid black; padding: 5px; font-size: small; margin-top: 5px;"> <p><i>If this house is on a place of 10 acres or more, or if any part of this property is used as a commercial establishment or medical office, do not answer this question.</i></p> </div>	<p><b>D. Months vacant</b></p> <p><input type="radio"/> Less than 1 month</p> <p><input type="radio"/> 1 up to 2 months</p> <p><input type="radio"/> 2 up to 6 months</p> <p><input type="radio"/> 6 up to 12 months</p> <p><input type="radio"/> 1 year up to 2 years</p> <p><input type="radio"/> 2 years or more</p>																						
<p><b>H3. Do you have complete kitchen facilities?</b></p> <p><i>Complete kitchen facilities are a sink with piped water, a range or cook stove, and a refrigerator.</i></p> <p><input type="radio"/> Yes, for this household only</p> <p><input type="radio"/> Yes, but also used by another household</p> <p><input type="radio"/> No complete kitchen facilities for this household</p>	<p><b>H12. Answer this question if you pay rent for your living quarters.</b></p> <p><b>a. If rent is paid by the month—</b></p> <p><b>What is the monthly rent?</b></p> <p>Write amount here → \$ _____ .00 (Nearest dollar)</p> <p style="text-align: center;"><i>and</i></p> <p>Fill one circle →</p> <p><input type="radio"/> Less than \$30</p> <p><input type="radio"/> \$30 to \$39</p> <p><input type="radio"/> \$40 to \$49</p> <p><input type="radio"/> \$50 to \$59</p> <p><input type="radio"/> \$60 to \$69</p> <p><input type="radio"/> \$70 to \$79</p> <p><input type="radio"/> \$80 to \$89</p> <p><input type="radio"/> \$90 to \$99</p> <p><input type="radio"/> \$100 to \$119</p> <p><input type="radio"/> \$120 to \$149</p> <p><input type="radio"/> \$150 to \$199</p> <p><input type="radio"/> \$200 to \$249</p> <p><input type="radio"/> \$250 to \$299</p> <p><input type="radio"/> \$300 or more</p>	<p><b>C/O</b>    <input type="radio"/>    <input type="radio"/></p>																						
<p><b>H4. How many rooms do you have in your living quarters?</b></p> <p><i>Do not count bathrooms, porches, balconies, foyers, halls, or half-rooms.</i></p> <p><input type="radio"/> 1 room                      <input type="radio"/> 6 rooms</p> <p><input type="radio"/> 2 rooms                      <input type="radio"/> 7 rooms</p> <p><input type="radio"/> 3 rooms                      <input type="radio"/> 8 rooms</p> <p><input type="radio"/> 4 rooms                      <input type="radio"/> 9 rooms or more</p> <p><input type="radio"/> 5 rooms</p>	<p><b>b. If rent is not paid by the month—</b></p> <p><b>What is the rent, and what period of time does it cover?</b></p> <p>\$ _____ .00 per _____</p> <p style="text-align: center;">(Nearest dollar)                      (Week, half-month, year, etc.)</p>	<p style="text-align: right; font-size: small;">Make no mark in this margin</p>																						
<p><b>H5. Is there hot and cold piped water in this building?</b></p> <p><input type="radio"/> Yes, hot and cold piped water in this building</p> <p><input type="radio"/> No, only cold piped water in this building</p> <p><input type="radio"/> No piped water in this building</p>		<p style="text-align: right; font-size: small;">Make no mark in this margin</p>																						
<p><b>H6. Do you have a flush toilet?</b></p> <p><input type="radio"/> Yes, for this household only</p> <p><input type="radio"/> Yes, but also used by another household</p> <p><input type="radio"/> No flush toilet</p>		<p style="text-align: right; font-size: small;">Make no mark in this margin</p>																						
<p><b>H7. Do you have a bathtub or shower?</b></p> <p><input type="radio"/> Yes, for this household only</p> <p><input type="radio"/> Yes, but also used by another household</p> <p><input type="radio"/> No bathtub or shower</p>		<p style="text-align: right; font-size: small;">Make no mark in this margin</p>																						
<p><b>H8. Is there a basement in this building?</b></p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No, built on a concrete slab</p> <p><input type="radio"/> No, built in another way (include mobile homes and trailers)</p>		<p style="text-align: right; font-size: small;">Make no mark in this margin</p>																						

**H13. Answer question H13 if you pay rent for your living quarters.**

In addition to the rent entered in H12, do you also pay for—

**a. Electricity?**

- Yes, average monthly cost is → \$ \_\_\_\_\_ .00  
Average monthly cost
- No, included in rent
- No, electricity not used

**b. Gas?**

- Yes, average monthly cost is → \$ \_\_\_\_\_ .00  
Average monthly cost
- No, included in rent
- No, gas not used

**c. Water?**

- Yes, yearly cost is → \$ \_\_\_\_\_ .00  
Yearly cost
- No, included in rent or no charge

**d. Oil, coal, kerosene, wood, etc.?**

- Yes, yearly cost is → \$ \_\_\_\_\_ .00  
Yearly cost
- No, included in rent
- No, these fuels not used

**H14. How are your living quarters heated?**Fill one circle for the kind of heat you use most.

- Steam or hot water system
- Central warm air furnace with ducts to the individual rooms, or central heat pump
- Built-in electric units (*permanently installed in wall, ceiling, or baseboard*)
- Floor, wall, or pipeless furnace
- Room heaters with flue or vent, burning gas, oil, or kerosene
- Room heaters without flue or vent, burning gas, oil, or kerosene (*not portable*)
- Fireplaces, stoves, or portable room heaters of any kind
- In some other way—Describe → \_\_\_\_\_
- None, unit has no heating equipment

**H15. About when was this building originally built? Mark when the building was first constructed, not when it was remodeled, added to, or converted.**

- 1969 or 1970       1950 to 1959
- 1965 to 1968       1940 to 1949
- 1960 to 1964       1939 or earlier

**H16. Which best describes this building?**

Include all apartments, flats, etc., even if vacant.

- A one-family house detached from any other house
- A one-family house attached to one or more houses
- A building for 2 families
- A building for 3 or 4 families
- A building for 5 to 9 families
- A building for 10 to 19 families
- A building for 20 to 49 families
- A building for 50 or more families
- A mobile home or trailer
- Other—  
Describe \_\_\_\_\_

**H17. Is this building—**

- On a city or suburban lot?—Skip to H19
- On a place of less than 10 acres?
- On a place of 10 acres or more?

**H18. Last year, 1969, did sales of crops, livestock, and other farm products from this place amount to—**

- Less than \$50 (or None)       \$2,500 to \$4,999
- \$50 to \$249       \$5,000 to \$9,999
- \$250 to \$2,499       \$10,000 or more

**H19. Do you get water from—**

- A public system (*city water department, etc.*) or private company?
- An individual well?
- Some other source (*a spring, creek, river, cistern, etc.*)?

**H20. Is this building connected to a public sewer?**

- Yes, connected to public sewer
- No, connected to septic tank or cesspool
- No, use other means

**H21. How many bathrooms do you have?***A complete bathroom is a room with flush toilet, bathtub or shower, and wash basin with piped water.**A half bathroom has at least a flush toilet or bathtub or shower, but does not have all the facilities for a complete bathroom.*

- No bathroom, or only a half bathroom
- 1 complete bathroom
- 1 complete bathroom, plus half bath(s)
- 2 complete bathrooms
- 2 complete bathrooms, plus half bath(s)
- 3 or more complete bathrooms

**H22. Do you have air-conditioning?**

- Yes, 1 individual room unit
- Yes, 2 or more individual room units
- Yes, a central air-conditioning system
- No

**H23. How many passenger automobiles are owned or regularly used by members of your household?**

Count company cars kept at home.

- None
- 1 automobile
- 2 automobiles
- 3 automobiles or more

The 15-percent form contains the questions shown on page 4. The 5-percent form contains the questions shown in the first column of page 4 and the questions on page 5.

15 and 5 percent

15 percent

The 15-percent form contains the questions shown on page 4. The 5-percent form contains the questions shown in the first column of page 4 and the questions on page 5.

**H24a. How many stories (floors) are in this building?**

1 to 3 stories  
 4 to 6 stories  
 7 to 12 stories  
 13 stories or more

**b. If 4 or more stories—**  
**Is there a passenger elevator in this building?**

Yes     No

**H25a. Which fuel is used most for cooking?**

Gas	{ From underground pipes serving the neighborhood. <input type="radio"/>	Coal or coke <input type="radio"/>
	{ Bottled, tank, or LP ..... <input type="radio"/>	Wood ..... <input type="radio"/>
Electricity.....	<input type="radio"/>	Other fuel .. <input type="radio"/>
Fuel oil, kerosene, etc. ....	<input type="radio"/>	No fuel used <input type="radio"/>

**b. Which fuel is used most for house heating?**

Gas	{ From underground pipes serving the neighborhood. <input type="radio"/>	Coal or coke <input type="radio"/>
	{ Bottled, tank, or LP ..... <input type="radio"/>	Wood ..... <input type="radio"/>
Electricity.....	<input type="radio"/>	Other fuel .. <input type="radio"/>
Fuel oil, kerosene, etc. ....	<input type="radio"/>	No fuel used <input type="radio"/>

**c. Which fuel is used most for water heating?**

Gas	{ From underground pipes serving the neighborhood. <input type="radio"/>	Coal or coke <input type="radio"/>
	{ Bottled, tank, or LP ..... <input type="radio"/>	Wood ..... <input type="radio"/>
Electricity.....	<input type="radio"/>	Other fuel .. <input type="radio"/>
Fuel oil, kerosene, etc. ....	<input type="radio"/>	No fuel used <input type="radio"/>

**H26. How many bedrooms do you have?**  
*Count rooms used mainly for sleeping even if used also for other purposes.*

No bedroom  
 1 bedroom  
 2 bedrooms  
 3 bedrooms  
 4 bedrooms  
 5 bedrooms or more

**H27a. Do you have a clothes washing machine?**

Yes, automatic or semi-automatic  
 Yes, wringer or separate spinner  
 No

**b. Do you have a clothes dryer?**

Yes, electrically heated  
 Yes, gas heated  
 No

**c. Do you have a dishwasher (built-in or portable)?**

Yes     No

**d. Do you have a home food freezer which is separate from your refrigerator?**

Yes     No

**H28a. Do you have a television set? Count only sets in working order.**

Yes, one set  
 Yes, two or more sets  
 No

**b. If "Yes"— Is any set equipped to receive UHF broadcasts, that is, channels 14 to 83?**

Yes     No

**H29. Do you have a battery-operated radio?**  
*Count car radios, transistors, and other battery-operated sets in working order or needing only a new battery for operation.*

Yes, one or more     No

**H30. Do you (or any member of your household) own a second home or other living quarters which you occupy sometime during the year?**

Yes     No

5 percent