

Appendix B

**1994**

**FSM - WIDE CENSUS**

**QUESTIONNAIRE**



**1994 CENSUS OF POPULATION AND HOUSING  
FEDERATED STATES OF MICRONESIA (FSM)  
OFFICE OF PLANNING AND STATISTICS**



**INTRODUCTION:** Hello, my name is (Your name) and I'm working for the 1994 FSM Housing and Population Census. This is my identification (PAUSE). I have some questions I need to ask you. Ask the questions on page 1. Complete a form for each household.

**GEOGRAPHIC CODES  
COMPLETE BEFORE THE INTERVIEW**

A. State: <input type="checkbox"/>	F. Municipality: <input type="checkbox"/>
B. Enumeration District: <input type="checkbox"/>	G. Village: <input type="checkbox"/>
C. Block: <input type="checkbox"/>	H. Time Interview Started: <input type="checkbox"/>
D. Map Spot: <input type="checkbox"/>	<input type="checkbox"/> AM <input type="checkbox"/> PM
E. Household Number: <input type="checkbox"/>	

I. Description of the housing unit:

**COMPLETE AFTER THE INTERVIEW**

J. Respondent's Name: \_\_\_\_\_

K. Respondent's Telephone No.: \_\_\_\_\_

L. Population: Male ☐ Female ☐ Total: ☐

M. Type of unit: ☐ Occupied ☐ Regular Vacant ☐ URE

N. Completed after: ☐ Yes ☐ No

O. Total number of households in the unit: ☐

P. This interview completed: ☐ AM ☐ PM

Q. CERTIFICATION: I certify that the entries I have made on this questionnaire are true and correct to the best of my knowledge.

Enumerator's Name (Print): \_\_\_\_\_ Enumerator's Code: ☐

Enumerator's Signature: \_\_\_\_\_ Date: ☐ / ☐ / ☐ 1994 (MM/DD/YY)

Crew Leader's Signature: \_\_\_\_\_ Date: ☐ / ☐ / ☐ 1994 (MM/DD/YY)

Crew Leader District (C/D): \_\_\_\_\_

**NOTICE:** You are required by Public Law No. 5-77 to answer the 1994 Census. Your answers will be kept confidential by that same law. Only sworn Census employees may see your answers. Your information will only be used for statistical purposes.

The 1994 Census of Population and Housing must count every person at his or her "usual residence." This means the place where the person lives and sleeps most of the time. 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.
- Students who live here while attending school/collage.
- Newborn babies born on or before September 18, 1994.
- Persons who stay here most of the week even if they have a home elsewhere.
- Persons who stay here who are staying here in a temporary place.
- Persons who stay here in a temporary place.
- Persons who are confined in a institution.
- Students who live somewhere else while attending school.
- Persons in the Armed Forces who live somewhere else.
- Persons who stay somewhere else most of the week.

OFFICE USE ONLY COVERAGE 1a ☐ 1b ☐

1a. Please give me the names of each person living here whose usual residence is this household on September 18, 1994, including all persons staying here who have no other home. Begin with the household member in whose home the home is owned, being bought, or rented. If there is no such person, start with any adult household member. If EVERYONE is staying here, temporarily and usually lives in no other place, give me the name of each person and complete 1b.

Each booklet contains one (1) up to ten (10) persons. If more than 10 persons live in this household, you must use more than one booklet.

LAST FIRST MI.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

BOOKLET ☐ 1 OF ☐

1b. When you told me the names of the persons living here on September 18, 1994, did you leave anyone out 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?

1 ☐ Yes - Determine if you should include the person(s) based on the instructions for question 1a. If so, include the person and write the person's number.

2 ☐ No

If EVERYONE listed is staying here, temporarily and usually lives in no other place, then do not list anyone else. If the usual residence is within the FSM, after the State, Municipality, or Village, list the person's name and address.

1 ☐ Yes - Determine if you should include the person(s) based on the instructions for question 1a. If so, include the person's number. If not, draw line through any entry.

2 ☐ No

If EVERYONE listed is staying here, temporarily and usually lives in no other place, then do not list anyone else. If the usual residence is within the FSM, after the State, Municipality, or Village, list the person's name and address.

1b. Where do these people usually live? If the usual residence is within the FSM, after the State, Municipality, or Village, list the person's name and address.

Name: \_\_\_\_\_

Municipality: \_\_\_\_\_

Village: \_\_\_\_\_

If the usual residence is not within the FSM, after the State, Municipality, or Village, list the person's name and address.

County: \_\_\_\_\_

**NOTES:**



## HOUSING QUESTIONS

**H1. Which best describes this building? Include all apartments even if vacant.**

1. ☐ A pre-fabricated detached house any other house
2. ☐ A one family house attached to one or more houses
3. ☐ A building with 2 apartments
4. ☐ A building with 3 or 4 apartments
5. ☐ A building with 5 to 9 apartments
6. ☐ A building with 10 to 19 apartments
7. ☐ A building with 20 or more apartments
8. ☐ Other \_\_\_\_\_
9. ☐ Don't know

**H2. When did (person 1 listed in line 1 of question 1a on page 1) move to this house/apartment?**

- |   |   |
|---|---|
| 1. <input type="checkbox"/> 1959 - 1964 | 2. <input type="checkbox"/> 1965 - 1969     |
| 3. <input type="checkbox"/> 1970 - 1974 | 4. <input type="checkbox"/> 1975 - 1979     |
| 5. <input type="checkbox"/> 1980 - 1984 | 6. <input type="checkbox"/> 1985 - 1989     |
| 7. <input type="checkbox"/> 1990 - 1994 | 8. <input type="checkbox"/> 1995 or earlier |
| 9. <input type="checkbox"/> 1996 - 1999 | 10. <input type="checkbox"/> Don't know     |

**H3. What is the MAIN type of material used for the outside walls of this building?**

- Read each category and mark (X) ONE box.**
- |   |  |
|---|--|
| 1. <input type="checkbox"/> Poured concrete | 2. <input type="checkbox"/> Tagish               |
| 3. <input type="checkbox"/> Concrete blocks | 4. <input type="checkbox"/> Local wood or bamboo |
| 5. <input type="checkbox"/> Metal/tin       | 6. <input type="checkbox"/> Other _____          |
| 7. <input type="checkbox"/> Plywood         | 8. <input type="checkbox"/> No walls             |

**H4. What is the MAIN type of material used for the roof of this building?**

- Read each category and mark (X) ONE box.**
- |   |   |
|---|---|
| 1. <input type="checkbox"/> Poured concrete | 2. <input type="checkbox"/> Thatch      |
| 3. <input type="checkbox"/> Metal/tin       | 4. <input type="checkbox"/> Bamboo      |
| 5. <input type="checkbox"/> Wood            | 6. <input type="checkbox"/> Other _____ |

**H5. What is the MAIN type of material used for the foundation of this building?**

- |   |   |
|---|---|
| 1. <input type="checkbox"/> Concrete            | 2. <input type="checkbox"/> Stone       |
| 3. <input type="checkbox"/> Wood pier or piling | 4. <input type="checkbox"/> Other _____ |
| 5. <input type="checkbox"/> Coral               |   |

**H6. What is the MAIN type of material used for the floor of this building?**

- |   |   |
|---|---|
| 1. <input type="checkbox"/> 1993 - 1994 | 2. <input type="checkbox"/> 1995 - 1999     |
| 3. <input type="checkbox"/> 1999 - 2002 | 4. <input type="checkbox"/> 2003 - 2004     |
| 5. <input type="checkbox"/> 1996 - 1999 | 6. <input type="checkbox"/> 2005 or earlier |
| 7. <input type="checkbox"/> 1999 - 1999 | 8. <input type="checkbox"/> Don't know      |
| 9. <input type="checkbox"/> 1999 - 1999 | 10. <input type="checkbox"/> 1999 - 1999    |

**H7. How many bedrooms are there in this house/apartment? Count all bedrooms including bedrooms in basements, but do NOT count bedrooms in detached garages or porches.**

- ☐ Bedroom, if 8 or more rooms enter 8

**H8. How many rooms are designed primarily for sleeping?**

- ☐ Bedroom, if 8 or more rooms enter 8

**H9. Do you have piped water?**

1. ☐ Yes, hot and cold in this unit
2. ☐ Yes, cold only in this unit
3. ☐ Yes, cold only outside this unit
4. ☐ No piped water

**H10. What type of energy does your water heater use most?**

- |   |   |
|---|---|
| 1. <input type="checkbox"/> Electricity | 2. <input type="checkbox"/> Solar power |
| 3. <input type="checkbox"/> Gas         | 4. <input type="checkbox"/> Other fuel  |

**H11. Do you have a bathtub or shower?**

- |   |  |
|---|--|
| 1. <input type="checkbox"/> Yes, in this unit     | 2. <input type="checkbox"/> Yes, outside this building |
| 3. <input type="checkbox"/> Yes, in this building | 4. <input type="checkbox"/> No                         |

**H12. Do you have a flush toilet?**

- |  |  |
|--|--|
| 1. <input type="checkbox"/> Yes, in this unit      | 2. <input type="checkbox"/> No, latrine, pit, or other |
| 3. <input type="checkbox"/> Yes, in this building  | 4. <input type="checkbox"/> No, other or none          |
| 5. <input type="checkbox"/> Yes, outside this unit |  |

**H13. Does this unit have electric power?**

- |   |  |
|---|--|
| 1. <input type="checkbox"/> Yes, public utility | 2. <input type="checkbox"/> Yes, solar power |
| 3. <input type="checkbox"/> Yes, generator      | 4. <input type="checkbox"/> No               |

**H14. Do you have a telephone or CB radio in this unit?**

- |   |  |
|---|--|
| 1. <input type="checkbox"/> Yes, both           | 2. <input type="checkbox"/> Yes, CB radio only |
| 3. <input type="checkbox"/> Yes, telephone only | 4. <input type="checkbox"/> None               |

**H15. Do you have a battery operated radio? Count car radios, translator radios, and other battery operated sets in working order or needing only new batteries for operation.**

- |  |                                |
|--|--------------------------------|
| 1. <input type="checkbox"/> Yes, 1 or more | 2. <input type="checkbox"/> No |
|--|--------------------------------|

**H16. Do you have a television set or Video Cassette Recorder (VCR)?**

- |  |   |
|--|---|
| 1. <input type="checkbox"/> Yes, both TV and VCR | 2. <input type="checkbox"/> Yes, VCR only |
| 3. <input type="checkbox"/> Yes, TV only         | 4. <input type="checkbox"/> No            |

**H17. Do you have air conditioning?**

- |  |
|--|
| 1. <input type="checkbox"/> Yes, central air conditioning system |
| 2. <input type="checkbox"/> Yes, 1 individual room unit          |
| 3. <input type="checkbox"/> Yes, 2 or more individual room units |
| 4. <input type="checkbox"/> No                                   |

**H18. What is your main source of drinking water?**

- |  |
|--|
| 1. <input type="checkbox"/> A public system only                           |
| 2. <input type="checkbox"/> A community system only                        |
| 3. <input type="checkbox"/> A public system and catchment                  |
| 4. <input type="checkbox"/> A community system and catchment               |
| 5. <input type="checkbox"/> An individual well                             |
| 6. <input type="checkbox"/> A catchment, tank, or cistern only             |
| 7. <input type="checkbox"/> A public standpipe or steel hydrant            |
| 8. <input type="checkbox"/> Purchased bottled water                        |
| 9. <input type="checkbox"/> Some other source such as spring, stream, etc. |

**H19. Is there a public sewer or public waste disposal system?**

- |  |
|--|
| 1. <input type="checkbox"/> Yes, connected to a public sewer           |
| 2. <input type="checkbox"/> No, connected to a septic tank or cesspool |
| 3. <input type="checkbox"/> No, use other means                        |

**H20. Are you using any fertilizer or other soil amendment?**

- |   |
|---|
| 1. <input type="checkbox"/> Inside this unit            |
| 2. <input type="checkbox"/> Outside this unit           |
| 3. <input type="checkbox"/> No fertilizer - STOP TO H21 |

**H21. What is the MAIN source of fuel for this unit?**

- |  |   |
|--|---|
| 1. <input type="checkbox"/> Electric range | 2. <input type="checkbox"/> Portable electric stove |
| 3. <input type="checkbox"/> Kerosene stove | 4. <input type="checkbox"/> Wood stove              |
| 5. <input type="checkbox"/> Gas stove      | 6. <input type="checkbox"/> Open fire               |
| 7. <input type="checkbox"/> Microwave oven | 8. <input type="checkbox"/> Other _____             |

**H22. Do you have a refrigerator or freezer?**

- |   |   |
|---|---|
| 1. <input type="checkbox"/> Yes, electric | 2. <input type="checkbox"/> Yes, kerosene   |
| 3. <input type="checkbox"/> Yes, gas      | 4. <input type="checkbox"/> No refrigerator |

**H23. Do you have a television set or video cassette recorder (VCR)?**

- |                                 |                                |
|---------------------------------|--------------------------------|
| 1. <input type="checkbox"/> Yes | 2. <input type="checkbox"/> No |
|---------------------------------|--------------------------------|

**H24. Do you have a sink in this unit?**

- |                                 |                                |
|---------------------------------|--------------------------------|
| 1. <input type="checkbox"/> Yes | 2. <input type="checkbox"/> No |
|---------------------------------|--------------------------------|

**H25. How many people have ever lived in this unit?**

- ☐ If 8 or more enter 8

**H26. How many people have ever lived in this household?**

- ☐ If 8 or more enter 8

**H27. What is the average monthly bill for electricity for this unit?**

- |   |   |
|---|---|
| 1. <input type="checkbox"/> \$1 - \$2       | 2. <input type="checkbox"/> \$3 - \$4       |
| 3. <input type="checkbox"/> \$5 - \$6       | 4. <input type="checkbox"/> \$7 - \$8       |
| 5. <input type="checkbox"/> \$9 - \$10      | 6. <input type="checkbox"/> \$11 - \$12     |
| 7. <input type="checkbox"/> \$13 - \$14     | 8. <input type="checkbox"/> \$15 - \$16     |
| 9. <input type="checkbox"/> \$17 - \$18     | 10. <input type="checkbox"/> \$19 - \$20    |
| 11. <input type="checkbox"/> \$21 - \$22    | 12. <input type="checkbox"/> \$23 - \$24    |
| 13. <input type="checkbox"/> \$25 - \$26    | 14. <input type="checkbox"/> \$27 - \$28    |
| 15. <input type="checkbox"/> \$29 - \$30    | 16. <input type="checkbox"/> \$31 - \$32    |
| 17. <input type="checkbox"/> \$33 - \$34    | 18. <input type="checkbox"/> \$35 - \$36    |
| 19. <input type="checkbox"/> \$37 - \$38    | 20. <input type="checkbox"/> \$39 - \$40    |
| 21. <input type="checkbox"/> \$41 - \$42    | 22. <input type="checkbox"/> \$43 - \$44    |
| 23. <input type="checkbox"/> \$45 - \$46    | 24. <input type="checkbox"/> \$47 - \$48    |
| 25. <input type="checkbox"/> \$49 - \$50    | 26. <input type="checkbox"/> \$51 - \$52    |
| 27. <input type="checkbox"/> \$53 - \$54    | 28. <input type="checkbox"/> \$55 - \$56    |
| 29. <input type="checkbox"/> \$57 - \$58    | 30. <input type="checkbox"/> \$59 - \$60    |
| 31. <input type="checkbox"/> \$61 - \$62    | 32. <input type="checkbox"/> \$63 - \$64    |
| 33. <input type="checkbox"/> \$65 - \$66    | 34. <input type="checkbox"/> \$67 - \$68    |
| 35. <input type="checkbox"/> \$69 - \$70    | 36. <input type="checkbox"/> \$71 - \$72    |
| 37. <input type="checkbox"/> \$73 - \$74    | 38. <input type="checkbox"/> \$75 - \$76    |
| 39. <input type="checkbox"/> \$77 - \$78    | 40. <input type="checkbox"/> \$79 - \$80    |
| 41. <input type="checkbox"/> \$81 - \$82    | 42. <input type="checkbox"/> \$83 - \$84    |
| 43. <input type="checkbox"/> \$85 - \$86    | 44. <input type="checkbox"/> \$87 - \$88    |
| 45. <input type="checkbox"/> \$89 - \$90    | 46. <input type="checkbox"/> \$91 - \$92    |
| 47. <input type="checkbox"/> \$93 - \$94    | 48. <input type="checkbox"/> \$95 - \$96    |
| 49. <input type="checkbox"/> \$97 - \$98    | 50. <input type="checkbox"/> \$99 - \$100   |
| 51. <input type="checkbox"/> \$101 - \$102  | 52. <input type="checkbox"/> \$103 - \$104  |
| 53. <input type="checkbox"/> \$105 - \$106  | 54. <input type="checkbox"/> \$107 - \$108  |
| 55. <input type="checkbox"/> \$109 - \$110  | 56. <input type="checkbox"/> \$111 - \$112  |
| 57. <input type="checkbox"/> \$113 - \$114  | 58. <input type="checkbox"/> \$115 - \$116  |
| 59. <input type="checkbox"/> \$117 - \$118  | 60. <input type="checkbox"/> \$119 - \$120  |
| 61. <input type="checkbox"/> \$121 - \$122  | 62. <input type="checkbox"/> \$123 - \$124  |
| 63. <input type="checkbox"/> \$125 - \$126  | 64. <input type="checkbox"/> \$127 - \$128  |
| 65. <input type="checkbox"/> \$129 - \$130  | 66. <input type="checkbox"/> \$131 - \$132  |
| 67. <input type="checkbox"/> \$133 - \$134  | 68. <input type="checkbox"/> \$135 - \$136  |
| 69. <input type="checkbox"/> \$137 - \$138  | 70. <input type="checkbox"/> \$139 - \$140  |
| 71. <input type="checkbox"/> \$141 - \$142  | 72. <input type="checkbox"/> \$143 - \$144  |
| 73. <input type="checkbox"/> \$145 - \$146  | 74. <input type="checkbox"/> \$147 - \$148  |
| 75. <input type="checkbox"/> \$149 - \$150  | 76. <input type="checkbox"/> \$151 - \$152  |
| 77. <input type="checkbox"/> \$153 - \$154  | 78. <input type="checkbox"/> \$155 - \$156  |
| 79. <input type="checkbox"/> \$157 - \$158  | 80. <input type="checkbox"/> \$159 - \$160  |
| 81. <input type="checkbox"/> \$161 - \$162  | 82. <input type="checkbox"/> \$163 - \$164  |
| 83. <input type="checkbox"/> \$165 - \$166  | 84. <input type="checkbox"/> \$167 - \$168  |
| 85. <input type="checkbox"/> \$169 - \$170  | 86. <input type="checkbox"/> \$171 - \$172  |
| 87. <input type="checkbox"/> \$173 - \$174  | 88. <input type="checkbox"/> \$175 - \$176  |
| 89. <input type="checkbox"/> \$177 - \$178  | 90. <input type="checkbox"/> \$179 - \$180  |
| 91. <input type="checkbox"/> \$181 - \$182  | 92. <input type="checkbox"/> \$183 - \$184  |
| 93. <input type="checkbox"/> \$185 - \$186  | 94. <input type="checkbox"/> \$187 - \$188  |
| 95. <input type="checkbox"/> \$189 - \$190  | 96. <input type="checkbox"/> \$191 - \$192  |
| 97. <input type="checkbox"/> \$193 - \$194  | 98. <input type="checkbox"/> \$195 - \$196  |
| 99. <input type="checkbox"/> \$197 - \$198  | 100. <input type="checkbox"/> \$199 - \$200 |
| 101. <input type="checkbox"/> \$201 - \$202 | 102. <input type="checkbox"/> \$203 - \$204 |
| 103. <input type="checkbox"/> \$205 - \$206 | 104. <input type="checkbox"/> \$207 - \$208 |
| 105. <input type="checkbox"/> \$209 - \$210 | 106. <input type="checkbox"/> \$211 - \$212 |
| 107. <input type="checkbox"/> \$213 - \$214 | 108. <input type="checkbox"/> \$215 - \$216 |
| 109. <input type="checkbox"/> \$217 - \$218 | 110. <input type="checkbox"/> \$219 - \$220 |
| 111. <input type="checkbox"/> \$221 - \$222 | 112. <input type="checkbox"/> \$223 - \$224 |
| 113. <input type="checkbox"/> \$225 - \$226 | 114. <input type="checkbox"/> \$227 - \$228 |
| 115. <input type="checkbox"/> \$229 - \$230 | 116. <input type="checkbox"/> \$231 - \$232 |
| 117. <input type="checkbox"/> \$233 - \$234 | 118. <input type="checkbox"/> \$235 - \$236 |
| 119. <input type="checkbox"/> \$237 - \$238 | 120. <input type="checkbox"/> \$239 - \$240 |
| 121. <input type="checkbox"/> \$241 - \$242 | 122. <input type="checkbox"/> \$243 - \$244 |
| 123. <input type="checkbox"/> \$245 - \$246 | 124. <input type="checkbox"/> \$247 - \$248 |
| 125. <input type="checkbox"/> \$249 - \$250 | 126. <input type="checkbox"/> \$251 - \$252 |
| 127. <input type="checkbox"/> \$253 - \$254 | 128. <input type="checkbox"/> \$255 - \$256 |
| 129. <input type="checkbox"/> \$257 - \$258 | 130. <input type="checkbox"/> \$259 - \$260 |
| 131. <input type="checkbox"/> \$261 - \$262 | 132. <input type="checkbox"/> \$263 - \$264 |
| 133. <input type="checkbox"/> \$265 - \$266 | 134. <input type="checkbox"/> \$267 - \$268 |
| 135. <input type="checkbox"/> \$269 - \$270 | 136. <input type="checkbox"/> \$271 - \$272 |
| 137. <input type="checkbox"/> \$273 - \$274 | 138. <input type="checkbox"/> \$275 - \$276 |
| 139. <input type="checkbox"/> \$277 - \$278 | 140. <input type="checkbox"/> \$279 - \$280 |
| 141. <input type="checkbox"/> \$281 - \$282 | 142. <input type="checkbox"/> \$283 - \$284 |
| 143. <input type="checkbox"/> \$285 - \$286 | 144. <input type="checkbox"/> \$287 - \$288 |
| 145. <input type="checkbox"/> \$289 - \$290 | 146. <input type="checkbox"/> \$291 - \$292 |
| 147. <input type="checkbox"/> \$293 - \$294 | 148. <input type="checkbox"/> \$295 - \$296 |
| 149. <input type="checkbox"/> \$297 - \$298 | 150. <input type="checkbox"/> \$299 - \$300 |
| 151. <input type="checkbox"/> \$301 - \$302 | 152. <input type="checkbox"/> \$303 - \$304 |
| 153. <input type="checkbox"/> \$305 - \$306 | 154. <input type="checkbox"/> \$307 - \$308 |
| 155. <input type="checkbox"/> \$309 - \$310 | 156. <input type="checkbox"/> \$311 - \$312 |
| 157. <input type="checkbox"/> \$313 - \$314 | 158. <input type="checkbox"/> \$315 - \$316 |
| 159. <input type="checkbox"/> \$317 - \$318 | 160. <input type="checkbox"/> \$319 - \$320 |
| 161. <input type="checkbox"/> \$321 - \$322 | 162. <input type="checkbox"/> \$323 - \$324 |
| 163. <input type="checkbox"/> \$325 - \$326 | 164. <input type="checkbox"/> \$327 - \$328 |
| 165. <input type="checkbox"/> \$329 - \$330 | 166. <input type="checkbox"/> \$331 - \$332 |
| 167. <input type="checkbox"/> \$333 - \$334 | 168. <input type="checkbox"/> \$335 - \$336 |
| 169. <input type="checkbox"/> \$337 - \$338 | 170. <input type="checkbox"/> \$339 - \$340 |
| 171. <input type="checkbox"/> \$341 - \$342 | 172. <input type="checkbox"/> \$343 - \$344 |
| 173. <input type="checkbox"/> \$345 - \$346 | 174. <input type="checkbox"/> \$347 - \$348 |
| 175. <input type="checkbox"/> \$349 - \$350 | 176. <input type="checkbox"/> \$351 - \$352 |
| 177. <input type="checkbox"/> \$353 - \$354 | 178. <input type="checkbox"/> \$355 - \$356 |
| 179. <input type="checkbox"/> \$357 - \$358 | 180. <input type="checkbox"/> \$359 - \$360 |
| 181. <input type="checkbox"/> \$361 - \$362 | 182. <input type="checkbox"/> \$363 - \$364 |
| 183. <input type="checkbox"/> \$365 - \$366 | 184. <input type="checkbox"/> \$367 - \$368 |
| 185. <input type="checkbox"/> \$369 - \$370 | 186. <input type="checkbox"/> \$371 - \$372 |
| 187. <input type="checkbox"/> \$373 - \$374 | 188. <input type="checkbox"/> \$375 - \$376 |
| 189. <input type="checkbox"/> \$377 - \$378 | 190. <input type="checkbox"/> \$379 - \$380 |
| 191. <input type="checkbox"/> \$381 - \$382 | 192. <input type="checkbox"/> \$383 - \$384 |
| 193. <input type="checkbox"/> \$385 - \$386 | 194. <input type="checkbox"/> \$387 - \$388 |
| 195. <input type="checkbox"/> \$389 - \$390 | 196. <input type="checkbox"/> \$391 - \$392 |
| 197. <input type="checkbox"/> \$393 - \$394 | 198. <input type="checkbox"/> \$395 - \$396 |
| 199. <input type="checkbox"/> \$397 - \$398 | 200. <input type="checkbox"/> \$399 - \$400 |
| 201. <input type="checkbox"/> \$401 - \$402 | 202. <input type="checkbox"/> \$403 - \$404 |
| 203. <input type="checkbox"/> \$405 - \$406 | 204. <input type="checkbox"/> \$407 - \$408 |
| 205. <input type="checkbox"/> \$409 - \$410 | 206. <input type="checkbox"/> \$411 - \$412 |
| 207. <input type="checkbox"/> \$413 - \$414 | 208. <input type="checkbox"/> \$415 - \$416 |
| 209. <input type="checkbox"/> \$417 - \$418 | 210. <input type="checkbox"/> \$419 - \$420 |
| 211. <input type="checkbox"/> \$421 - \$422 | 212. <input type="checkbox"/> \$423 - \$424 |
| 213. <input type="checkbox"/> \$425 - \$426 | 214. <input type="checkbox"/> \$427 - \$428 |
| 215. <input type="checkbox"/> \$429 - \$430 | 216. <input type="checkbox"/> \$431 - \$432 |
| 217. <input type="checkbox"/> \$433 - \$434 | 218. <input type="checkbox"/> \$435 - \$436 |
| 219. <input type="checkbox"/> \$437 - \$438 | 220. <input type="checkbox"/> \$439 - \$440 |
| 221. <input type="checkbox"/> \$441 - \$442 | 222. <input type="checkbox"/> \$443 - \$444 |
| 223. <input type="checkbox"/> \$445 - \$446 | 224. <input type="checkbox"/> \$447 - \$448 |
| 225. <input type="checkbox"/> \$449 - \$450 | 226. <input type="checkbox"/> \$451 - \$452 |
| 227. <input type="checkbox"/> \$453 - \$454 | 228. <input type="checkbox"/> \$455 - \$456 |
| 229. <input type="checkbox"/> \$457 - \$458 | 230. <input type="checkbox"/> \$459 - \$460 |
| 231. <input type="checkbox"/> \$461 - \$462 | 232. <input type="checkbox"/> \$463 - \$464 |
| 233. <input type="checkbox"/> \$465 - \$466 | 234. <input type="checkbox"/> \$467 - \$468 |
| 235. <input type="checkbox"/> \$469 - \$470 | 236. <input type="checkbox"/> \$471 - \$472 |
| 237. <input type="checkbox"/> \$473 - \$474 | 238. <input type="checkbox"/> \$475 - \$476 |
| 239. <input type="checkbox"/> \$477 - \$478 | 240. <input type="checkbox"/> \$479 - \$480 |
| 241. <input type="checkbox"/> \$481 - \$482 | 242. <input type="checkbox"/> \$483 - \$484 |
| 243. <input type="checkbox"/> \$485 - \$486 | 244. <input type="checkbox"/> \$487 - \$488 |
| 245. <input type="checkbox"/> \$489 - \$490 | 246. <input type="checkbox"/> \$491 - \$492 |
| 247. <input type="checkbox"/> \$493 - \$494 | 248. <input type="checkbox"/> \$495 - \$496 |
| 249. <input type="checkbox"/> \$497 - \$498 | 250. <input type="checkbox"/> \$499 - \$500 |
| 251. <input type="checkbox"/> \$501 - \$502 | 252. <input type="checkbox"/> \$503 - \$504 |





## 205



# POPULATION QUESTIONS

20a. Did ... work at any time LAST WEEK, either full-time or part-time? Work includes part-time or full-time work such as helping without pay in a family business or farm; it also includes active duty in the Armed Forces. Work does NOT include unpaid volunteer work. Read each category and mark(X) in the ONE box that applies.

- 1 ☐ Yes, worked full-time or part-time at a job or business and did NO farming or fishing
- 2 ☐ Yes, worked full-time or part-time at a job or business and did SOME farming and fishing
- 3 ☐ Yes, worked MAINLY in farming or fishing
- 4 ☐ Yes, did MAINLY housework and SOME farming, fishing, protection of livestock, etc.
- 5 ☐ No, HOUSEWORK ONLY
- 6 ☐ No, School work/Student
- 7 ☐ No, retired
- 8 ☐ No, Unpaid Volunteer work
- 9 ☐ No, other reason, specify: \_\_\_\_\_

SKIP TO 21

ASK 20b

SKIP TO 25

20b. What did ... usually do?

- 1 ☐ Gardening
- 2 ☐ Fishing
- 3 ☐ Animal raising
- 4 ☐ Gardening and fishing
- 5 ☐ Gardening and fishing
- 6 ☐ Gardening and fishing
- 7 ☐ Other
- 8 ☐ Gardening and fishing
- 9 ☐ Gardening and fishing

20c. The ... included, then ... caught, and ... killed ... were they for ... own use, family consumption, or did ... sell them?

- 1 ☐ Occasionally consumption - never sells
- 2 ☐ Occasionally consumption - never sells; sometimes give away
- 3 ☐ Occasionally sells
- 4 ☐ Regularly sells

SKIP TO 25

21. How many weeks did ... work in 1993, excluding subsistence activity? Count paid vacation, paid sick leave, and military service.

Number of weeks

Enter ANNUAL amount in dollars

22. What type of transportation did ... usually use to get to work LAST WEEK? If more than one method of transportation usually used during the trip, mark(X) for the one used for most of the distance.

- 1 ☐ Car, truck or private vehicle
- 2 ☐ Bus
- 3 ☐ Public Van or Bus
- 4 ☐ Taxi/cab
- 5 ☐ Motorcycle
- 6 ☐ Bicycle
- 7 ☐ Walked
- 8 ☐ Worked at home
- 9 ☐ Other method

SKIP TO 25

23a. What type of transportation did ... usually use to get to work LAST WEEK? If more than one method of transportation usually used during the trip, mark(X) for the one used for most of the distance.

- 1 ☐ Car, truck or private vehicle
- 2 ☐ Bus
- 3 ☐ Public Van or Bus
- 4 ☐ Taxi/cab
- 5 ☐ Motorcycle
- 6 ☐ Bicycle
- 7 ☐ Walked
- 8 ☐ Worked at home
- 9 ☐ Other method

23b. How many ... including ... usually rode to work LAST WEEK?

Persons

24a. What time did ... leave home most days to go to work LAST WEEK?

Hour Minute

24b. How many minutes did it usually take ... to get from home to work LAST WEEK?

Number of minutes

INTERVIEWER INSTRUCTIONS - If this person was working for income LAST WEEK, SKIP TO 25a.

25. Was ... on vacation, away sick, or temporarily absent from a job last week for any other reason?

- 1 ☐ Yes, Reason for temporary absence, specify: \_\_\_\_\_
- 2 ☐ No

OFFICE USE

26a. Has ... been looking for work to earn money during the last 4 weeks?

- 1 ☐ Yes
- 2 ☐ No

26b. Could ... have taken a job LAST WEEK if one had been offered?

If NO, Ask - For what reason?

- 1 ☐ No, already has a job
- 2 ☐ No, temporarily ill
- 3 ☐ No, other reasons (a school, etc.)
- 4 ☐ Yes, would have taken a job

27. When did ... last work at a job, business, or farm, even for a few days?

1 ☐ 1994

2 ☐ 1993

3 ☐ 1992

4 ☐ 1990 to 1991

5 ☐ 1988 to 1989

6 ☐ 1986 to 1987

7 ☐ 1970 or earlier

8 ☐ Never worked

or did ... subsistence only

INTERVIEWER INSTRUCTIONS FOR QUESTIONS 28 TO 30: Questions 28-30 ask about the job worked last week. If ... had more than one job, describe the one ... worked the most hours. If did not work, the questions refer to the recent job or business since 1990.

28a. For whom did ... usually work? If the name of the company, business, or employer.

28b. What kind of business or industry ... employed. Describe the activity at location where employed. For example: hospital, factory, retail bakery, etc.

OFFICE USE

29a. What kind of work was ... doing? For example: registered nurse, industrial machinery mechanic, cake baker, etc.

29b. What were ...'s most important activities or actual duties? For example: patient care, repair machines, icing cakes, etc.

OFFICE USE

30. Was ... Read Ret. Mark (X) ONE box

- 1 ☐ Employee of PRIVATE FOR PROFIT company, business or individual, for wages, salaries, or commissions
- 2 ☐ Employee of PRIVATE NOT FOR PROFIT, tax exempt, or charitable organization
- 3 ☐ Municipal GOVERNMENT employee
- 4 ☐ State GOVERNMENT employee
- 5 ☐ National GOVERNMENT employee
- 6 ☐ FOREIGN/FEDERAL employee
- 7 ☐ SELF EMPLOYED
- 8 ☐ Working WITHOUT PAY in a family business or farm

31a. Last year (1993), did ... work, even for a few days, at a paid job or in a business or a farm, excluding subsistence activity?

- 1 ☐ Yes
- 2 ☐ No SKIP TO 32a

31b. How many weeks did ... work in 1993, excluding subsistence activity? Count paid vacation, paid sick leave, and military service.

Number of weeks

The following questions are about income received in 1993.

If an exact amount not known, accept a best estimate. If not income in 32a, 32b, or question 33 was a loss, write "loss" above the dollar amount.

32a. Did ... earn income ... money, salary, commissions, bonuses or tips, honorarium amount before deductions for taxes, bonds, dues, or other items?

- 1 ☐ Yes, ask - How much?
- 2 ☐ No

Enter ANNUAL amount in dollars

32b. Did ... earn income ... money, salary, commissions, bonuses or tips, honorarium amount before deductions for taxes, bonds, dues, or other items?

- 1 ☐ Yes, ask - How much?
- 2 ☐ No

Enter ANNUAL amount in dollars

32c. Did ... earn income ... money, salary, commissions, bonuses or tips, honorarium amount before deductions for taxes, bonds, dues, or other items?

- 1 ☐ Yes, ask - How much?
- 2 ☐ No

Enter ANNUAL amount in dollars

32d. Did ... earn income ... money, salary, commissions, bonuses or tips, honorarium amount before deductions for taxes, bonds, dues, or other items?

- 1 ☐ Yes, ask - How much?
- 2 ☐ No

Enter ANNUAL amount in dollars

32e. Did ... earn income ... money, salary, commissions, bonuses or tips, honorarium amount before deductions for taxes, bonds, dues, or other items?

- 1 ☐ Yes, ask - How much?
- 2 ☐ No

Enter ANNUAL amount in dollars

32f. Did ... earn income ... money, salary, commissions, bonuses or tips, honorarium amount before deductions for taxes, bonds, dues, or other items?

- 1 ☐ Yes, ask - How much?
- 2 ☐ No

Enter ANNUAL amount in dollars

32g. Did ... earn income ... money, salary, commissions, bonuses or tips, honorarium amount before deductions for taxes, bonds, dues, or other items?

- 1 ☐ Yes, ask - How much?
- 2 ☐ No

Enter ANNUAL amount in dollars

32h. Did ... earn income ... money, salary, commissions, bonuses or tips, honorarium amount before deductions for taxes, bonds, dues, or other items?

- 1 ☐ Yes, ask - How much?
- 2 ☐ No

Enter ANNUAL amount in dollars

32i. Did ... earn income ... money, salary, commissions, bonuses or tips, honorarium amount before deductions for taxes, bonds, dues, or other items?

- 1 ☐ Yes, ask - How much?
- 2 ☐ No

Enter ANNUAL amount in dollars

32j. Did ... earn income ... money, salary, commissions, bonuses or tips, honorarium amount before deductions for taxes, bonds, dues, or other items?

- 1 ☐ Yes, ask - How much?
- 2 ☐ No

Enter ANNUAL amount in dollars

INTERVIEWER INSTRUCTIONS: If you have reached the next page and ask the question of the next person listed in question 1a, if this is the last person listed in question 1a on page 1, go to the back of the form.

### INTERVIEWER INSTRUCTIONS:

*Before you leave this housing unit, be sure you have recorded--*

- 1. Information in items A, B, C, D, E, F, G, H and I on the front cover of the questionnaire.*
- 2. The respondent's name in item J and the respondent's telephone number (if any) in item K on the front cover of the questionnaire.*
- 3. Information in items L, M, N, O and P are complete.*
- 4. Your signature (name) and the date under item Q on the front cover of the questionnaire.*

**Also, be sure you have--**

- 5. Completed as many of the census questions as possible, including the last resort questions.*
- 6. Completed the FOR VACANT UNITS section on page 3.*
- 7. Enter the required information on the Lists of Regular Households on the listing record and the ED map.*
- 8. Write all entries clearly.*

### THANK THE RESPONDENT FOR HIS/HER COOPERATION.

NOTES:
