

APPENDIX E.

Facsimile of Questionnaire Pages

OMB No. 0607-0661; Approval Expires 12/31/90

FORM **D-2A P** U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

NOTICE — Response to this inquiry is required by law (Title 13, U.S. Code). By the same law, your report to the Census Bureau is confidential. It may be seen only by persons who have sworn to uphold the confidentiality of the census and may be used only for statistical purposes.

1990 CENSUS OF POPULATION AND HOUSING PALAU

INTRODUCTION

• FOR LIST/ENUMERATE AREAS (PERSONAL VISIT)

Hello, my name is *(Your name)* and I'm an official census taker for the 1990 Census of Palau. This is my identification **(PAUSE)** and here's some information about the purpose of my visit *(Give respondent copy of Privacy Act Notice)*. For the average household, this interview should take about 47 minutes.

NEXT:

Ask the questions at the top of the listing page.
Complete a form for each housing unit.

FOR CENSUS USE

A1. DO code 3700	A2. Unit ID -	A3. ARA 	A4. Block 	B. Map spot 	C. Form type L
D. Population	E. Type of Unit Occupied Vacant 3 <input type="checkbox"/> First Form 1 <input type="checkbox"/> Regular 4 <input type="checkbox"/> Continuation 2 <input type="checkbox"/> UHE	F1. Complete after			F2. Coverage
		1 <input type="checkbox"/> LR 3 <input type="checkbox"/> MV 5 <input type="checkbox"/> TC 7 <input type="checkbox"/> P0 9 <input type="checkbox"/> SM	2 <input type="checkbox"/> P/F 4 <input type="checkbox"/> ED 6 <input type="checkbox"/> RE 8 <input type="checkbox"/> IA 0 <input type="checkbox"/> P1	1 <input type="checkbox"/> 1b 2 <input type="checkbox"/> 1a	

G. Address — Number, street, apartment number or location description

State/Hamlet	PALAU	ZIP Code 96940
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H. Method of completion — Mark (X) ONE box 1 <input type="checkbox"/> Personal visit 2 <input type="checkbox"/> Telephone	I. Respondent's name	J. Respondent's telephone number
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O. CERTIFICATION — I certify that the entries I have made on this questionnaire are true and correct to the best of my knowledge.

Enumerator's signature	Date	
Crew leader's initials	Date	CLD number

NOTES

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.

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

1 a. Please give me the name of each person living here on Sunday, April 1, including all persons staying here who have no other home. If EVERYONE is staying here temporarily and usually lives somewhere else, give me the name of each person. Begin with the household member in whose name the home is owned, being bought, or rented. If there is no such person, start with any adult household member.

Print last name, first name, and middle initial for each person.

LAST	FIRST	INITIAL	LAST	FIRST	INITIAL
1			7		
2			8		
3			9		
4			10		
5			11		
6			12		

1 b. If EVERYONE listed above is staying here only temporarily and usually lives somewhere else, mark (X) this box →
and ask — Where do these people usually live?
DO NOT PRINT THE ADDRESS LISTED IN ITEM G ON THE FRONT COVER.

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

H1a. When you told me the names of persons living here on April 1, 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 add the person(s) based on the instructions for Question 1a on page 1.

2 No

b. When you told me the names of persons living here on April 1, did you include anyone 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?

1 Yes — Determine if you should delete the person(s) based on the instructions for Question 1a on page 1.

2 No

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

1 Concrete

2 Wood pier or pilings

3 Other

H7. About when was this building first built?

1 1989 or 1990

2 1985 to 1988

3 1980 to 1984

4 1970 to 1979

5 1960 to 1969

6 1950 to 1959

7 1940 to 1949

8 1939 or earlier

9 Don't know

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

1 A mobile home or trailer

2 A one-family house detached from any other house

3 A one-family house attached to one or more houses

6 A building with 2 apartments

7 A building with 3 or 4 apartments

9 A building with 5 to 9 apartments

10 A building with 10 to 19 apartments

11 A building with 20 to 49 apartments

12 A building with 50 or more apartments

13 Other

H8. How many rooms do you have in this (house/apartment)? Count living rooms, dining rooms, kitchens, and bedrooms, but do NOT count bathrooms, balconies, foyers, or halls.

1 1 room

2 2 rooms

3 3 rooms

4 4 rooms

5 5 rooms

6 6 rooms

7 7 rooms

8 8 rooms

9 9 or more rooms

H3. When did (Person 1 listed in line 1 of question 1a on page 1) move into this (house/apartment)?

1 1989 or 1990

2 1985 to 1988

3 1980 to 1984

4 1970 to 1979

5 1960 to 1969

6 1959 or earlier

H9. How many bedrooms do you have; that is, how many bedrooms would you list if this (house/apartment) were on the market for sale or rent?

0 No bedroom

1 1 bedroom

2 2 bedrooms

3 3 bedrooms

4 4 bedrooms

5 5 or more bedrooms

H4. What is the MAIN type of material used for the outside walls of this building? Read each category and mark (X) ONE box.

1 Poured concrete

2 Concrete blocks

3 Metal

4 Wood

5 Other

6 No walls

H10a. Do you have hot and cold piped water?

1 Yes, in this unit

2 Yes, in this building

3 No, only cold piped water in this unit

4 No, only cold piped water in this building

5 No, only cold piped water outside this building

6 No piped water

} Skip to H10c

H5. What is the MAIN type of material used for the roof of this building? Read each category and mark (X) ONE box.

1 Poured concrete

2 Metal

3 Wood

4 Thatch

5 Other

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

1 Electricity

2 Gas

3 Solar

4 Other fuels

<p>H10c. Do you have a bathtub or shower?</p> <p>1 <input type="checkbox"/> Yes, in this unit 2 <input type="checkbox"/> Yes, in this building 3 <input type="checkbox"/> Yes, outside this building 4 <input type="checkbox"/> No</p>	<p>H17. Is this building connected to a public sewer?</p> <p>1 <input type="checkbox"/> Yes, connected to public sewer 2 <input type="checkbox"/> No, connected to septic tank or cesspool 3 <input type="checkbox"/> No, use other means</p>	<p>H21a. What is the average monthly cost for electricity for this (house/apartment)?</p> <p style="text-align: center;">\$.00</p> <p style="text-align: center;">Average monthly cost — Dollars</p> <p style="text-align: center;">OR</p> <p>1 <input type="checkbox"/> Included in rent or in condominium fee 2 <input type="checkbox"/> No charge or electricity not used</p>
<p>d. Do you have a flush toilet?</p> <p>1 <input type="checkbox"/> Yes, in this unit 2 <input type="checkbox"/> Yes, in this building 3 <input type="checkbox"/> Yes, outside this building 4 <input type="checkbox"/> No</p> <p style="text-align: right; margin-right: 20px;">} Skip to H11</p>	<p>H18a. Are your MAIN cooking facilities inside or outside this building?</p> <p>1 <input type="checkbox"/> Inside this building 2 <input type="checkbox"/> Outside this building 3 <input type="checkbox"/> No cooking facilities — Skip to H18c</p> <p style="text-align: right; margin-right: 20px;">} Go to H18b</p>	<p>b. What is the average monthly cost for gas for this (house/apartment)?</p> <p style="text-align: center;">\$.00</p> <p style="text-align: center;">Average monthly cost — Dollars</p> <p style="text-align: center;">OR</p> <p>1 <input type="checkbox"/> Included in rent or in condominium fee 2 <input type="checkbox"/> No charge or gas not used</p>
<p>e. What type of toilet facilities do you have?</p> <p>1 <input type="checkbox"/> Outhouse or privy 2 <input type="checkbox"/> Other or none</p>	<p>b. What type of cooking facilities are these?</p> <p>1 <input type="checkbox"/> Electric stove 2 <input type="checkbox"/> Kerosene stove 3 <input type="checkbox"/> Gas stove 4 <input type="checkbox"/> Microwave oven and non-portable burners 5 <input type="checkbox"/> Microwave oven only 6 <input type="checkbox"/> Other (fireplace, hotplate, etc.)</p>	<p>c. What is the average monthly cost for water for this (house/apartment)?</p> <p style="text-align: center;">\$.00</p> <p style="text-align: center;">Average monthly cost — Dollars</p> <p style="text-align: center;">OR</p> <p>1 <input type="checkbox"/> Included in rent or in condominium fee 2 <input type="checkbox"/> No charge</p>
<p>H11. Does this (house/apartment) have electric power?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>c. Do you have a refrigerator in this building? If "Yes," ask — What type?</p> <p>1 <input type="checkbox"/> Yes, electric 2 <input type="checkbox"/> Yes, gas 3 <input type="checkbox"/> No refrigerator</p>	<p>d. What is the average monthly cost for oil, coal, kerosene, wood, etc., for this (house/apartment)?</p> <p style="text-align: center;">\$.00</p> <p style="text-align: center;">Average monthly cost — Dollars</p> <p style="text-align: center;">OR</p> <p>1 <input type="checkbox"/> Included in rent or in condominium fee 2 <input type="checkbox"/> No charge or these fuels not used</p>
<p>H12. Do you have a telephone in this (house/apartment)?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>d. Do you have a sink with piped water in this building?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>H19. 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>0 <input type="checkbox"/> None 1 <input type="checkbox"/> 1 2 <input type="checkbox"/> 2 3 <input type="checkbox"/> 3 4 <input type="checkbox"/> 4 5 <input type="checkbox"/> 5 6 <input type="checkbox"/> 6 7 <input type="checkbox"/> 7 or more</p>
<p>H13. Do you have a battery operated radio? Count car radios, transistors, and other battery operated sets in working order or needing only new battery for operation.</p> <p>1 <input type="checkbox"/> Yes, 1 or more 2 <input type="checkbox"/> No</p>	<p>H20. Is this (house/apartment) part of a condominium?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>H15. Do you have air conditioning?</p> <p>1 <input type="checkbox"/> Yes, a 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</p>
<p>H14. Do you have a television set?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>H16. Do you get water from — Read list and mark (X) ONE box.</p> <p>1 <input type="checkbox"/> A public (government) system only 2 <input type="checkbox"/> A public (government) system and catchment? 4 <input type="checkbox"/> An individual well? 5 <input type="checkbox"/> A catchment, tanks, or drums only? 6 <input type="checkbox"/> A public standpipe or steel hydrant? 7 <input type="checkbox"/> Some other source such as a spring, river, creek, etc.?</p>	<p>H18b. What is the average monthly cost for electricity for this (house/apartment)?</p> <p style="text-align: center;">\$.00</p> <p style="text-align: center;">Average monthly cost — Dollars</p> <p style="text-align: center;">OR</p> <p>1 <input type="checkbox"/> Included in rent or in condominium fee 2 <input type="checkbox"/> No charge</p>

ALSO ASK THESE QUESTIONS FOR THIS HOUSEHOLD

H22. Is this (house/apartment) —
Read list and mark (X) ONE box.

1 Owned by you or someone in this household with a mortgage or loan?

2 Owned by you or someone in this household free and clear (without a mortgage)?

3 Rented for cash rent?

4 Occupied without payment of cash rent?

Ask only if RENT IS PAID for this (house/apartment) —

H23. What is the monthly rent?
If rent is NOT PAID BY THE MONTH, see your job instructions on how to figure a monthly rent.

\$ _____ .00
Monthly amount — Dollars

If this is a ONE-FAMILY HOUSE —

H24. Is there a business (such as a store or shop) or a medical office on this property?

1 Yes

2 No

INTERVIEWER INSTRUCTION:

Ask questions H25 to H30 if this is a one-family house, condominium or a mobile home that someone in this household OWNS OR IS BUYING; otherwise, go to page 5.

H25. What is the value of this property; that is, how much do you think this property (house and lot/condominium unit) would sell for if it were for sale?

\$ _____ .00
Value of property — Dollars

H26. What were the real estate taxes on THIS property last year?

\$ _____ .00
Yearly amount — Dollars

OR

0 None

H27. What was the annual payment for fire, hazard, and flood insurance on THIS property?

\$ _____ .00
Yearly amount — Dollars

OR

0 None

H28a. Is there a mortgage, deed of trust, contract to purchase, or similar debt on THIS property?

1 Yes, mortgage, deed of trust, or similar debt } Go to H28b

2 Yes, contract to purchase

3 No — Skip to H29a

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

\$ _____ .00
Monthly amount — Dollars

OR

0 No regular payment required — Skip to H29a

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

1 Yes, taxes included in payment

2 No, taxes paid separately or taxes not required

d. Does the regular monthly mortgage payment include payments for fire, hazard, or flood insurance on THIS property?

1 Yes, insurance included in payment

2 No, insurance paid separately or no insurance

H29a. Is there a second or junior mortgage or a home equity loan on THIS property?

1 Yes

2 No — Go to page 5 and ask population questions for Person 1 listed on line 1 of question 1a on page 1.

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

\$ _____ .00
Monthly amount — Dollars

OR

0 No regular payment required

Ask ONLY if this is a CONDOMINIUM

H30. What is the monthly condominium fee?

\$ _____ .00
Monthly amount — Dollars

Go to page 5 and ask population questions for Person 1 listed on line 1 of question 1a on page 1.

FOR ENUMERATOR USE

C1. Vacancy status

1 For rent

2 For sale only

3 Rented or sold, not occupied

4 For seas/rec/occ

5 For migrant workers

6 Other vacant

C2. Is this unit boarded up?

1 Yes

2 No

D. Months vacant

1 Less than 1

2 1 up to 2

3 2 up to 6

4 6 up to 12

5 12 up to 24

6 24 or more

PERSON 1

Last name _____ Middle initial _____

First name _____

2. HOUSEHOLDER
 START with the household member (or one of the members) in whose name the home is owned, being bought, or rented. This should be the first person listed in question 1a on page 1.
 If there is no such person, start with any adult household member.

3. Is ... male or female?
 Mark (X) ONE box.
 1 Male
 2 Female

4. What is ...'s ethnic origin or race?
 Print no more than two groups.
 For example: Chamorro, Samoan, White, Black, Carolinian, Filipino, Japanese, Korean, Palauan, Tongan, and so on.

5. Age and year of birth
 a. How old is ...? (Age should be as of April 1, 1990.)
 If unknown, say — Please give me your best estimate.
 Print the age in the boxes.
 Age

b. In what year was ... born?
 Print the year of birth in the boxes.
 Year of birth

6. Is ... now married, widowed, divorced, separated, or has ... never been married?
 Mark (X) ONE box.
 1 Now married
 2 Widowed
 3 Divorced
 4 Separated
 5 Never married

7. Where was ... born?
 Print the name of the island, U.S. State, or foreign country in the space below.

8. If the person was born in Palau, mark (X) the first box below. Otherwise, ask —
 What is ...'s citizenship?
 1 Born in Palau — Skip to 10
 2 U.S. citizen, born in the United States or another U.S. Territory or Commonwealth
 3 U.S. citizen, born elsewhere of U.S. parent or parents
 4 U.S. citizen by naturalization
 7 Other, not born in Palau and not a U.S. citizen

9. When did ... come to this area to stay? If entered the area more than once, ask — What is the latest year?
 Year

10. At any time since February 1, 1990, has ... attended regular school or college? Include only pre-kindergarten, kindergarten, elementary school, and schooling which leads to a high school diploma or a college degree.
 If "Yes," ask — Public or private?
 1 No, has not attended since February 1
 2 Yes, public school, public college
 3 Yes, private school, private college

11a. How much school has ... COMPLETED?
 Read categories if person is unsure. Mark (X) ONE box for the highest grade COMPLETED or degree RECEIVED. If currently enrolled, mark the previous grade attended or highest degree received.

30 No school completed
 31 Pre-kindergarten
 32 Kindergarten

Grades 1—11
 1 1st 4 4th 7 7th 10 10th
 2 2nd 5 5th 8 8th 11 11th
 3 3rd 6 6th 9 9th

12 12th grade, NO DIPLOMA
 13 HIGH SCHOOL GRADUATE - high school DIPLOMA or the equivalent (For example: GED)
 14 Some college but no degree
 15 Associate degree in college - Occupational program
 16 Associate degree in college - Academic program
 17 Bachelor's degree (For example: BA, AB, BS)
 18 Master's degree (For example: MA, MS, MEng, MEd, MSW, MBA)
 19 Professional school degree (For example: MD, DDS, DVM, LLB, JD)
 20 Doctorate degree (For example: PhD, EdD)

b. Has ... completed the requirements for a vocational training program at a trade school, business school, hospital, some other kind of school for occupational training, or place of work? Do not include academic college courses.
 If "Yes," ask — Was training received in this area?
 1 No
 2 Yes, in this area
 3 Yes, not in this area

12a. Where was ...'s father born?
 Print the name of the island, U.S. State, or foreign country in the space below.

b. Where was ...'s mother born?
 Print the name of the island, U.S. State, or foreign country in the space below.

13. Is ... a dependent of an active-duty or retired member of the Armed Forces of the United States or of the full-time military Reserves or National Guard? "Active duty" does NOT include training for the military Reserves or National Guard.
 1 Yes, dependent of active-duty member of the Armed Forces
 2 Yes, dependent of retired member of the Armed Forces, or dependent of an active-duty or retired member of full-time National Guard or Armed Forces Reserve
 3 No

14a. If the person was born after April 1, 1985, mark (X) box without asking 14a, and go to the next person.
 Did ... live in this house or apartment 5 years ago (on April 1, 1985)?
 1 Born after April 1, 1985 — Go to questions for the next person
 2 Yes — Skip to 15a
 3 No

b. What is the name of the island, U.S. State, or foreign country where ... lived 5 years ago?
 If outside this area, print the answer above and skip to 15a.

c. What is the name of the village where ... lived?

15a. Does ... know how to read and write in any language?
 1 Yes 2 No

b. Does ... speak a language other than English at home?
 1 Yes 2 No — Skip to 16

c. What is this language?
 For example: Chamorro, Samoan, Carolinian

d. Does ... speak this language at home more frequently than English?
 1 Yes, more frequently than English
 2 Both equally often
 3 No, less frequently than English
 4 Does not speak English

16. INTERVIEWER CHECK ITEM — Mark (X) based on question 5.
 1 Born before April 1, 1975 — Go to 17a
 2 Born April 1, 1975 or later — Go to questions for the next person

17a. Has ... ever been on active-duty military service in the Armed Forces of the United States? "Active duty" does NOT include training for the military Reserves or National Guard.
 1 Yes, now on active duty — Skip to 17c
 2 Yes, on active duty in past, but not now — Skip to 17c
 3 No

b. Has ... ever been in the United States military Reserves or National Guard?
 1 Yes, now in Reserves or National Guard
 2 Yes, in Reserves or National Guard in past, but not now
 3 No } Skip to 17e

c. Did ... serve on active duty during — Read each category and mark (X) each box for which the answer is "Yes."
 1 September 1980 or later
 2 May 1975 to August 1980
 3 Vietnam era (August 1964—April 1975)
 4 February 1955—July 1964
 5 Korean conflict (June 1950—January 1955)
 6 World War II (September 1940—July 1947)
 7 World War I (April 1917—November 1918)
 8 Any other time

d. In total, how many years of active-duty military service has ... had?
 Years

e. Is ... receiving military retirement, survivor, or disability benefits, or VA disability compensation?
 1 Yes 2 No

18. Does ... 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 ... can do at a job?
 1 Yes 2 No
 b. Prevents ... from working at a job?
 1 Yes 2 No

19. Because of a health condition that has lasted for 6 or more months, does ... have any difficulty —
 a. Going outside the home alone, for example, to shop or visit a doctor's office?
 1 Yes 2 No
 b. Taking care of his or her own personal needs, such as bathing, dressing, or getting around inside the home?
 1 Yes 2 No

20. If this person is a female, ask —
 How many babies has ... ever had, not counting stillbirths? Do not count stepchildren or children ... has adopted.
 0 None 1 1 6 6 11 11
 2 2 7 7 12 12
 3 3 8 8 13 13
 4 4 9 9 14 14
 5 5 10 10 15 15 or more

21a. Did ... work at any time LAST WEEK, either full time or part time? Work includes part-time work such as delivering papers, or helping without pay in a family business or farm; it also includes active duty in the Armed Forces. Work does NOT include own housework, school work, or volunteer work. Subsistence activity includes fishing, growing crops, etc., NOT primarily for commercial purposes.
 Read each category and mark (X) the ONE box that applies.
 1 Yes, worked full time or part time at a job or business AND did NO subsistence activity
 2 Yes, worked full time or part time at a job or business AND did subsistence activity
 3 Yes, did subsistence activity only
 4 No (did not work OR did only own housework, school work, or volunteer work) } Skip to 25

b. How many hours did ... work LAST WEEK at all jobs, excluding subsistence activity? Subtract any time off and add any overtime or extra hours worked.
 Hours

FOR PERSON 1

22. Where did . . . usually work LAST WEEK? Exclude subsistence activity. If . . . worked at more than one location, ask —
Where did . . . work most last week?
If outside the area (for example, another territory, commonwealth, or country), skip to 22b.

a. What is the name of the village?

Skip to 23a

b. What is the name of the territory, commonwealth, U.S. State, or foreign country where . . . worked?

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

- 1 Car, truck, or private van/bus
- 2 Public van/bus
- 3 Boat
- 4 Taxicab
- 5 Motorcycle
- 6 Bicycle
- 7 Walked
- 8 Worked at home — Skip to 28
- 9 Other method

Ask only if "car, truck, or private van/bus" is marked in 23a.

b. How many people, including . . . , usually rode to work together LAST WEEK?

- 1 Drove alone
- 2 2 people
- 3 3 people
- 4 4 people
- 5 5 people
- 6 6 people
- 7 7 to 9 people
- 8 10 or more people

24a. What time did . . . usually leave home to go to work LAST WEEK? "Usually" means on most days last week.

_____ 1 a.m.
_____ 2 p.m.

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

_____ Minutes — Skip to 28

25. Was . . . on layoff from a job or business LAST WEEK?

If "No," ask — Was . . . temporarily absent or on vacation from a job or business last week?

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

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

- 1 Yes
- 2 No — Skip to 27

b. 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 (in school, etc.)
- 4 Yes, could have taken a job

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

- 1 1990
 - 2 1989
 - 3 1988
 - 4 1985 to 1987
 - 5 1980 to 1984
 - 6 1979 or earlier
 - 7 Never worked; or did subsistence only
- Go to 28 (for 1-4)
Skip to 32 (for 5-7)

28-30. The following questions ask about the job worked last week. If . . . had more than one job, describe the one . . . worked the most hours. If . . . didn't work, the questions refer to the most recent job or business since 1985.

28a. For whom did . . . work?

If now on active duty in the Armed Forces or full-time military Reserves or National Guard, mark (X) this box → 1
and print the branch of service. If not the Armed Forces, print the 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, fish cannery, retail bakery.

c. Is this mainly manufacturing, wholesale trade, retail trade, or something else?

- 1 Manufacturing
- 2 Wholesale trade
- 3 Retail trade
- 4 Other (agriculture, construction, service, government, etc.)

29a. What kind of work was . . . doing? _____

For example: registered nurse, industrial machinery mechanic, cake icer.

b. What were . . . 's most important activities or duties? _____
For example: patient care, repair machines in factory, icing cakes.

30. Was . . . — Read list. Mark (X) ONE box.

- 1 Employee of a PRIVATE FOR PROFIT company or business or of an individual, for wages, salary, or commissions
- 2 Employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization
- 3 Local or territorial GOVERNMENT employee (territorial/commonwealth, etc.)
- 4 Federal GOVERNMENT employee
- 5 SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm
- 6 SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm
- 7 Working WITHOUT PAY in family business or farm

31a. Last year (1989), did . . . work, even for a few days, at a paid job or in a business or farm, excluding subsistence activity?

- 1 Yes
- 2 No — Skip to 32

b. How many weeks did . . . work in 1989, excluding subsistence activity? Count paid vacation, paid sick leave, and military service.

_____ Weeks

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

_____ Hours

32. The following questions are about income received during 1989.

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

a. Did . . . earn income from wages, salary, commissions, bonuses, or tips? Report amount before deductions for taxes, bonds, dues, or other items.

1 Yes — How much from all jobs? → \$ _____ .00
2 No Annual amount — Dollars

b. Did . . . earn any income from (his/her) own farm or nonfarm business, proprietorship, or partnership? Report net income after business expenses.

1 Yes — How much? → \$ _____ .00
2 No Annual amount — Dollars

c. Did . . . receive any interest, dividends, net rental or royalty income, or income from estates and trusts? Include even small amounts credited to an account.

1 Yes — How much? → \$ _____ .00
2 No Annual amount — Dollars

d. Did . . . receive any Social Security or Railroad Retirement payments? Include payments to retired workers, dependents, and to disabled workers.

1 Yes — How much? → \$ _____ .00
2 No Annual amount — Dollars

e. Did . . . receive any income from government programs for Supplemental Security Income (SSI), Aid to Families with Dependent Children (AFDC), or other public assistance or public welfare payments?

1 Yes — How much? → \$ _____ .00
2 No Annual amount — Dollars

f. Did . . . receive any income from retirement, survivor, or disability pensions? Include payments from companies, unions, Federal, State, and local governments, and the U.S. military. Do not include Social Security.

1 Yes — How much? → \$ _____ .00
2 No Annual amount — Dollars

g. Did . . . receive any remittances? Include money from relatives outside the household or in the military.

1 Yes — How much? → \$ _____ .00
2 No Annual amount — Dollars

h. Did . . . receive any income from Veterans' (VA) payments, unemployment compensation, child support or alimony, or any other regular source of income? Do not include lump-sum payments such as money from an inheritance or the sale of a home.

1 Yes — How much? → \$ _____ .00
2 No Annual amount — Dollars

Do not ask this question if 32a through 32h are complete. Instead, sum these entries and enter the amount below.

33. What was . . . 's total income in 1989?

0 None OR \$ _____ .00
Annual amount — Dollars

Please turn to the next page and ask the 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.