APPENDIX E.
Facsimiles of Respondent Instructions and Questionnaire Pages

(No Respondent Instructions were provided for the long-form questionnaire.)

INTRODUCTION

• FOR PERSONAL VISIT
Hello, my name is (Your name) and I'm from the United States Census Bureau. This is my identification (PAUSE) and here's some information about the purpose of my visit. (Give respondent copy of Privacy Act Notice).

    NEXT:
    Ask the questions at the top of the listing page.
    Obtain a completed form from each address.

• FOR TELEPHONE INTERVIEW
Hello, my name is (Your name) and I'm calling for the United States Census Bureau. Have I reached (Read address)?

    If YES — We are taking the 1990 Census of Puerto Rico and our records show that we have not been able to obtain a census form for this address. I'd like to complete the form now over the telephone. For the average household, this interview should take about 31 minutes.

    If NO — Excuse me, I might have dialed the wrong number. Is this (Read phone number)?
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

**1a. 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.*

<table>
<thead>
<tr>
<th>LAST</th>
<th>FIRST</th>
<th>INITIAL</th>
<th>LAST</th>
<th>FIRST</th>
<th>INITIAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td>8</td>
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<td>3</td>
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<td>4</td>
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<tr>
<td>5</td>
<td></td>
<td></td>
<td>11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td>12</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**1b. 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.**

<table>
<thead>
<tr>
<th>House number</th>
<th>Street or road/Rural route and box number</th>
<th>Apartment number</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>State or Puerto Rico</td>
<td>ZIP Code</td>
</tr>
<tr>
<td>County/Municipio/Foreign country</td>
<td>Names of nearest intersecting streets or roads</td>
<td></td>
</tr>
</tbody>
</table>
**PLEASE ALSO ASK HOUSING QUESTIONS ON PAGE 3**

<table>
<thead>
<tr>
<th>PERSON 1</th>
<th>PERSON 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last name</td>
<td>Last name</td>
</tr>
<tr>
<td>First name</td>
<td>Middle initial</td>
</tr>
</tbody>
</table>

Do not ask for Person 1.

2. How is . . . related to (Person 1)?
   Mark (X) ONE box for each person.

   If Other relative of person in column 1, mark (X) the box and print exact relationship, such as mother-in-law, grandparent, son-in-law, niece, cousin, and so on.

   START in this column with the household member (or one of the members) in whose name the home is owned, being bought, or rented.

   If there is no such person, start in this column with any adult household member.

   If a RELATIVE of Person 1:
   1. ☐ Husband/wife
   2. ☐ Natural-born or adopted son/daughter
   3. ☐ Stepson/stepdaughter
   4. ☐ Brother/sister
   5. ☐ Father/mother
   6. ☐ Grandchild
   7. ☐ Other relative

   If NOT RELATED to Person 1:
   8. ☐ Roomer, boarder, or foster child
   9. ☐ Housemate, roommate
   10. ☐ Unmarried partner/Compañero
   11. ☐ Other nonrelative

3. Is . . . male or female?
   Mark (X) ONE box for each person.

   1. ☐ Male
   2. ☐ Female

4. 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.

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

   a. Age
   1     2

   b. Year of birth
   1     2

5. Is . . . now married, consensually married, widowed, divorced, separated, or has . . . never been married?
   Mark (X) ONE box for each person.

   1. ☐ Now married
   2. ☐ Consensually married
   3. ☐ Widowed
   4. ☐ Divorced
   5. ☐ Separated
   6. ☐ Never married

   1. ☐ Now married
   2. ☐ Consensually married
   3. ☐ Widowed
   4. ☐ Divorced
   5. ☐ Separated
   6. ☐ Never married
### PERSON 7

**Last name**  
**First name**  
**Middle initial**  

If a RELATIVE of Person 1:  
1. [ ] Husband/wife  
2. [ ] Natural-born or adopted son/daughter  
3. [ ] Stepson/stepdaughter  
4. [ ] Brother/sister  
5. [ ] Father/mother  
6. [ ] Grandchild  
7. [ ] Other relative  

If NOT RELATED to Person 1:  
8. [ ] Roommate, boarder, or foster child  
9. [ ] Housemate, roommate  
10. [ ] Unmarried partner/Companion  
11. [ ] Other not related  

1. [ ] Male  
2. [ ] Female  

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#### NOW PLEASE ASK QUESTIONS H1a—H30b FOR THIS HOUSEHOLD

**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.  
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.  
2. [ ] No  

#### 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  
4. [ ] A building with 2 apartments  
5. [ ] A building with 3 or 6 apartments  
6. [ ] A building with 5 to 9 apartments  
7. [ ] A building with 10 to 19 apartments  
8. [ ] A building with 20 to 49 apartments  
9. [ ] A building with 50 or more apartments  
10. [ ] Other  

#### H3. How many rooms do you have in this (house/apartment)?  
- Count living rooms, dining rooms, kitchens, and bedrooms, but do NOT count bathrooms, balconies, lofts, 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  

#### H4a. Is there hot and cold piped water in this (house/apartment)?  
1. [ ] Yes, hot and cold piped water  
2. [ ] No, only cold piped water  
3. [ ] No piped water — Skip to H4d  

**b.** Is there a bathtub or shower in this (house/apartment)?  
1. [ ] Yes  
2. [ ] No bathtub or shower  

**c.** Is there a flush toilet in this (house/apartment)?  
1. [ ] Yes — Skip to H5  
2. [ ] No — Go to H6d  

**d.** What type of toilet facilities do you have?  
1. [ ] Privy  
2. [ ] Other or none  

#### H5. Is this a house/apartment part of a condominium?  
A CONDOMINIUM is a building or development with individually owned apartments or houses, having commonly owned areas and grounds.  
1. [ ] Yes  
2. [ ] No  

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#### FOR ENUMERATOR USE

**C1.** Vacancy status  
1. [ ] For rent  
2. [ ] For sale only  
3. [ ] Rented or sold, not occupied  
4. [ ] For sale/rent/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

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**Page 3**

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FACSIMILES OF RESPONDENT INSTRUCTIONS AND QUESTIONNAIRE PAGES
H10a. Is this house on —
1. □ Less than 3 cuerdas?
2. □ 3 to 9 cuerdas?
3. □ 10 or more cuerdas?

b. In 1989, what were the actual sales of all agricultural products from this property?
1. □ None
2. □ $1 to $99
3. □ $100 to $499
4. □ $500 to $999
5. □ $1,000 to $2,499
6. □ $2,500 or more

H11. When did (Person listed in column 1 on page 2) 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

H12. 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

H13. Which best describes the construction material of this building?
Read categories and mark (0) only ONE box.
Concrete walls (poured concrete, concrete blocks, stone, etc.)
1. □ With concrete slab roof
2. □ With wood frame roof
Wood frame walls
3. □ With concrete foundation, poured concrete, etc.
4. □ With wood stilt foundation
5. □ Mixed concrete and wood walls
6. □ Other type of construction material

H14. Do you get water from —
1. □ A public system?
2. □ An individual well?
3. □ A cistern, tanks, or drums?
4. □ A spring or some other source, such as a river, irrigation canal, etc.?}

H15. Is this building connected to a public sewer?
1. □ Yes, connected to public sewer
2. □ No, connected to septic tank or cesspool
3. □ No, use other means

H16. 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?
1. □ No bedroom
2. □ 1 bedroom
3. □ 2 bedrooms
4. □ 3 bedrooms
5. □ 4 bedrooms
6. □ 5 or more bedrooms

H17. 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 a flush toilet AND a wash basin with piped water.
1. □ None
2. □ Only half bathrooms
3. □ 1 complete bathroom
4. □ 1 complete bathroom, plus half bath(s)
5. □ 2 or more complete bathrooms

H18. What type of water heater do you have in this (house/apartment)?
1. □ Electric — tank type
2. □ Shower
3. □ Solar
4. □ Other
5. □ None

H19. Which fuel is used MOST for cooking?
1. □ Electricity
2. □ Gas
3. □ Other

H20. Do you have COMPLETE kitchen facilities; that is, a sink with piped water, a range or cookstove, and a refrigerator?
1. □ Yes
2. □ No

H21. Do you have air conditioning?
1. □ Yes, a central air conditioning system
2. □ Yes, 1 individual room unit
3. □ Yes, 2 or more individual room units
4. □ No

H22. Do you have a telephone in this (house/apartment)?
1. □ Yes
2. □ No

H23. How many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use by members of this household?
1. □ None
2. □ 1
3. □ 2
4. □ 3
5. □ 4 or more
**QUESTIONS FOR THIS HOUSEHOLD**

<table>
<thead>
<tr>
<th>H24.</th>
<th>What is the average monthly cost for electricity for this (house/apartment)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>0.00</td>
</tr>
</tbody>
</table>

**INTERVIEWER INSTRUCTION:**

Ask questions H25 TO H29, if this is a one-family house, a condominium or a mobile home that someone in this household OWNS OR IS BUYING, otherwise go to H30.

<table>
<thead>
<tr>
<th>H25.</th>
<th>What were the real estate taxes on THIS property last year?</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>0.00</td>
</tr>
</tbody>
</table>

**INTERVIEWER INSTRUCTION:**

Ask ONLY if this is a CONDOMINIUM —

<table>
<thead>
<tr>
<th>H26.</th>
<th>What was the annual payment for fire, hazard, and flood insurance on THIS property?</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>0.00</td>
</tr>
</tbody>
</table>

**INTERVIEWER INSTRUCTION:**

Ask ONLY if this is a CONDOMINIUM —

<table>
<thead>
<tr>
<th>H27a.</th>
<th>Is there a mortgage, deed of trust, contract to purchase, or similar debt on THIS property?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes, mortgage, deed of trust, or similar debt</td>
</tr>
<tr>
<td>2</td>
<td>Yes, contract to purchase</td>
</tr>
<tr>
<td>3</td>
<td>No — Skip to H28a</td>
</tr>
</tbody>
</table>

Go to H27b

<table>
<thead>
<tr>
<th>H28a.</th>
<th>Is there a second or junior mortgage or a home equity loan on THIS property?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No — Skip to H29</td>
</tr>
</tbody>
</table>

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

| $     | 0.00                                                                     |

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

| $     | 0.00                                                                     |

**INTERVIEWER INSTRUCTION:**

Ask ONLY if this is a CONDOMINIUM —

<table>
<thead>
<tr>
<th>H29.</th>
<th>What is the monthly condominium fee?</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>0.00</td>
</tr>
</tbody>
</table>

**MARK FROM OBSERVATION**

**CONDITION OF THIS HOUSING UNIT**

**a. Original construction**

1. Adequate
2. Inadequate

**b. IF "ADEQUATE" — present condition is —**

1. Sound
2. Deteriorating
3. Dilapidated

Please turn to page 6.
ASPECTS OF RESPONDENT INSTRUCTIONS AND QUESTIONNAIRE PHASES

PERSON 1

Last name | First name | Middle initial
--- | --- | ---

6. Where was . . . born? Mark (X) the appropriate box and print the name of country, state, or foreign county.

1. Puerto Rico
2. United States
3. Elsewhere — Print name of foreign country

11b. Where was . . . mother born?

1. Puerto Rico
2. United States
3. Elsewhere — Print name of foreign country

12a. If person was born after April 1, 1985, mark (X) the box without asking 12a, and go to 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 13a
3. No

12b. Where did . . . live 5 years ago (on April 1, 1985)?

1. Puerto Rico or the name of the U.S. State or foreign country

13a. During the last 10 years did . . . live in the United States at any time for a period of 6 or more consecutive months?

1. Yes
2. No — Skip to 14

13b. How long did . . . live in the United States during the last period of 6 or more months?

1. 6 months to a year 2. 1 to 2 years 3. 2 to 3 years 4. 3 to 4 years 5. 4 to 5 years 6. 5 to 6 years 7. 6 to 7 years 8. 7 to 8 years 9. 8 to 9 years 10. 9 to 10 years 11. 10 or more years

19. Does . . . have a physical, mental, or other health condition that has lasted for 6 or more months and which is . . .

1. Yes
2. No

20. Because of a health condition that has lasted for 6 or more months, does . . . have any difficulty —

1. Yes
2. No

21a. Has . . . completed the requirements for a vocational training program at a trade school, business school, hospital or some other kind of school for occupational training? Do not include academic college courses.

1. Yes
2. No — Skip to 22a

22a. 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 U.S. Armed Forces. Work does not include own housework, school work, or volunteer work.

1. Yes
2. No — Skip to 26
23a. Where did ... usually work LAST WEEK? If ... worked at more than one location, ask - Where did ... work most last week?
1. [ ] In U.S. State or foreign country - Skip to 23b
2. [ ] In Puerto Rico - Continue with 23b

b. What is the name of the city, town, or village?

[caption]

24a. What type of transportation did ... usually use to get to work LAST WEEK? If more than one method of transportation was used during the trip, mark (X) the box of the one used for most of the distance.
1. [ ] Car, truck, or van
2. [ ] Bus
3. [ ] Plane
4. [ ] Ship
5. [ ] Taxi
6. [ ] Motorcycle

[Caption: Ask only if "car, truck, or van" is marked in 24a.]

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

[caption]

25a. What time did ... usually leave home to go to work LAST WEEK? "Usually" means on most days last week.

[caption]

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

[caption]

26. 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

27a. Has ... been looking for work during the last 4 weeks?
1. [ ] Yes
2. [ ] No - Skip to 28

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

28. When did ... last work, even for a few days?

- Go to 29

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

[caption]

29a. For whom did ... work? If now on active duty in the U.S. Armed Forces, mark (X) this box - 1 - and print the branch of the Armed Forces. If not Armed Forces, print the name of the company, business or other employer.

[caption]

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

[caption]

For example: hospital, newspaper publishing, mail order house, retail bakery.

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

[caption]

29b. If yes, what were ... most important activities or duties?

[caption]

30a. What kind of work was ... doing?

[caption]

For example: registered nurse, personnel manager, supervisor of order clerks, cake tester.

b. What were ... most important activities or duties?

[caption]

31. Was ... Read last. Mark (X) ONE box.

[caption]

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. [ ] Municipal GOVERNMENT employee (city, township, etc.)
4. [ ] Commonwealth GOVERNMENT employee
5. [ ] Federal GOVERNMENT employee
6. [ ] SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm
7. [ ] SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm
8. [ ] Working WITHOUT PAY in family business or farm

32a. Last year (1989), did ... work, even for a few days, at a paid job or in a business or farm?
1. [ ] Yes
2. [ ] No - Skip to 33

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

[caption]

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

[caption]

33. 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 of question 34 is 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?
2. [ ] No

[Caption: Annual amount - Dollar]

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

1. [ ] Yes - How much?
2. [ ] No

[Caption: Annual amount - Dollar]

e. Did ... earn any income from (his/her) own farm business? Include earnings as a tenant farmer or sharecropper. Report net income after operating expenses.

1. [ ] Yes - How much?
2. [ ] No

[Caption: Annual amount - Dollar]

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

1. [ ] Yes - How much?
2. [ ] No

[Caption: Annual amount - Dollar]

g. 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?
2. [ ] No

[Caption: Annual amount - Dollar]

h. Did ... receive any income from Veteran's (VA) payments, unemployement 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?
2. [ ] No

[Caption: Annual amount - Dollar]

34. Do not ask this question if 33a through 33h are complete. Instead, sum these entries and enter the amount below.

What was ... total income in 1989?

0. [ ] None

OR

[Caption: Annual amount - Dollar]

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

AFTER THE INTERVIEW

DID YOU —

1. □ Complete all appropriate items on the front cover?

2. □ Complete as many of the census questions as possible, including the last resort questions?

3. □ Complete the FOR ENUMERATOR USE section on page 3?

4. □ Sign (certify) the questionnaire on the front cover?

5. □ Make the necessary entries on the address listing page and map(s)?

CENSUS '90