

8. IF YOU OR SOMEONE IN THE HOUSEHOLD IS RENTING THIS HOUSE OR APARTMENT, WHAT IS THE TOTAL MONTHLY RENT? *Fill one oval*

- Less than \$100
- \$100 to \$149
- \$150 to \$199
- \$200 to \$249
- \$250 to \$299
- \$300 to \$349
- \$350 to \$399
- \$400 to \$449
- \$450 to \$499
- \$500 to \$549
- \$550 to \$649
- \$650 to \$699
- \$700 to \$749
- \$750 to \$799
- \$800 to \$849
- \$850 to \$899
- \$900 to \$999
- \$1,000 to \$1,099
- \$1,100 to \$1,199
- \$1,200 to \$1,299
- \$1,300 to \$1,399
- \$1,400 to \$1,499
- \$1,500 or more

9. WHAT WAS THE TOTAL 1995 INCOME FOR THIS HOUSEHOLD? *Fill the one oval which best corresponds to the total 1995 pre-tax income of all persons in this household (family members and others). Include income from all sources.*

- Less than \$5,000
- \$5,000 to \$9,999
- \$10,000 to \$14,999
- \$15,000 to \$19,999
- \$20,000 to \$24,999
- \$25,000 to \$29,999
- \$30,000 to \$34,999
- \$35,000 to \$39,999
- \$40,000 to \$44,999
- \$45,000 to \$49,999
- \$50,000 to \$54,999
- \$55,000 to \$59,999
- \$60,000 to \$64,999
- \$65,000 to \$69,999
- \$70,000 to \$74,999
- \$75,000 to \$79,999
- \$80,000 to \$89,999
- \$90,000 to \$99,999
- \$100,000 to \$124,999
- \$125,000 to \$149,999
- \$150,000 to \$174,999
- \$175,000 to \$199,999
- \$200,000 to \$249,999
- \$250,000 and above

10. HOW MANY AUTOMOBILES, VANS AND TRUCKS (OF LESS THAN ONE-TON CAPACITY) ARE KEPT AT THIS DWELLING BY MEMBERS OF THE HOUSEHOLD?

Number of Vehicle(s)
 0 1 2 3 4 5 6 7 8 9 10

11. DO YOU HAVE A WORKING TELEPHONE IN THIS HOUSE OR APARTMENT? *Fill one oval*

- No
- Yes, with a listed phone number
- Yes, with an unlisted phone number

12. HOW MANY PORTABLE OR CELLULAR PHONES ARE REGISTERED TO/OWNED BY MEMBERS OF THIS HOUSEHOLD?

Number of Phone(s)
 0 1 2 3 4 5 6 7 8 9 10

13. HOW MANY PERSONAL COMPUTERS AND MODEMS ARE USED IN THIS DWELLING?

Number of Computer(s)
 0 1 2 3 4 5 6 7 8 9 10

Number of Modem(s)
 0 1 2 3 4 5 6 7 8 9 10

14. HOW MANY MEMBERS OF THIS HOUSEHOLD HAVE A PRINCE GEORGE'S COUNTY MEMORIAL LIBRARY SYSTEM CARD?

Number of Person(s)
 0 1 2 3 4 5 6 7 8 9 10

15. HOW OFTEN DO YOU SHOP FOR CONSUMER GOODS IN THE FOLLOWING AREAS?

	Prince George's County	Other Maryland Counties	Washington D.C.	Northern Virginia	Other Locations
Food/Groceries	<input type="radio"/> Always <input type="radio"/> Sometimes <input type="radio"/> Never	<input type="radio"/> Always <input type="radio"/> Sometimes <input type="radio"/> Never	<input type="radio"/> Always <input type="radio"/> Sometimes <input type="radio"/> Never	<input type="radio"/> Always <input type="radio"/> Sometimes <input type="radio"/> Never	<input type="radio"/> Always <input type="radio"/> Sometimes <input type="radio"/> Never
Restaurants	<input type="radio"/> Always <input type="radio"/> Sometimes <input type="radio"/> Never	<input type="radio"/> Always <input type="radio"/> Sometimes <input type="radio"/> Never	<input type="radio"/> Always <input type="radio"/> Sometimes <input type="radio"/> Never	<input type="radio"/> Always <input type="radio"/> Sometimes <input type="radio"/> Never	<input type="radio"/> Always <input type="radio"/> Sometimes <input type="radio"/> Never
Clothing	<input type="radio"/> Always <input type="radio"/> Sometimes <input type="radio"/> Never	<input type="radio"/> Always <input type="radio"/> Sometimes <input type="radio"/> Never	<input type="radio"/> Always <input type="radio"/> Sometimes <input type="radio"/> Never	<input type="radio"/> Always <input type="radio"/> Sometimes <input type="radio"/> Never	<input type="radio"/> Always <input type="radio"/> Sometimes <input type="radio"/> Never
Other Purchases	<input type="radio"/> Always <input type="radio"/> Sometimes <input type="radio"/> Never	<input type="radio"/> Always <input type="radio"/> Sometimes <input type="radio"/> Never	<input type="radio"/> Always <input type="radio"/> Sometimes <input type="radio"/> Never	<input type="radio"/> Always <input type="radio"/> Sometimes <input type="radio"/> Never	<input type="radio"/> Always <input type="radio"/> Sometimes <input type="radio"/> Never

Thank you for taking the time to complete this survey.
 Please return it in the enclosed postage-paid envelope.



3-00194-2-2405

300 Prince George's County
1996 Household Survey
 Prince George's County Planning Department
 The Maryland-National Capital Park & Planning Commission

MARKING INSTRUCTIONS

- Use black or blue pen or a number 2 pencil.
 - Make dark marks that fill the oval completely.
 - Do not use pens with ink that soaks through the paper.
 - Make no stray marks.
- INCORRECT MARKS CORRECT MARK

Section 1

The following questions ask for information describing each person living in your household. Place the first name or initials of every household member in the space provided below. In couple households, either spouse or partner may be listed as the householder in the first column. Please answer all questions completely, filling in the column corresponding to each resident.

Person 1: _____	Person 3: _____	Person 5: _____
Person 2: _____	Person 4: _____	Person 6: _____
		Person 7: _____

START in this column with the household member in whose name the house is owned or rented. If none exists, start with any adult household member.

1. HOW IS THIS PERSON RELATED TO PERSON 1? *Fill one oval for persons 2-7 (if appropriate)*

- Natural-born or adopted son/daughter 2 3 4 5 6 7
- Stepson/stepdaughter 2 3 4 5 6 7
- Father/mother 2 3 4 5 6 7
- Grandchild 2 3 4 5 6 7
- Roomer, boarder or foster child 2 3 4 5 6 7
- Housemate or roommate 2 3 4 5 6 7
- Unmarried partner 2 3 4 5 6 7
- Other relative 2 3 4 5 6 7
- Other nonrelative 2 3 4 5 6 7

2. WHAT IS THIS PERSON'S SEX? *Fill one oval for each person*

- Male 1 2 3 4 5 6 7
- Female 1 2 3 4 5 6 7

3. WHAT IS THIS PERSON'S RACE OR ETHNIC BACKGROUND? *Fill one oval for each person*

- White 1 2 3 4 5 6 7
- Black or African American 1 2 3 4 5 6 7
- Asian or Pacific Islander 1 2 3 4 5 6 7
- American Indian, Eskimo, Aleut 1 2 3 4 5 6 7
- Other 1 2 3 4 5 6 7

4. IS THIS PERSON OF SPANISH/HISPANIC ORIGIN? *Fill one oval for each person*

- No 1 2 3 4 5 6 7
- Yes 1 2 3 4 5 6 7

5. WHAT IS THIS PERSON'S AGE? *Enter the age in years for each person*

Person 1: _____	Person 4: _____	Person 6: _____
Person 2: _____	Person 5: _____	Person 7: _____

6. WHAT IS THIS PERSON'S MARITAL STATUS? *Fill one oval for each person*

- Now married 1 2 3 4 5 6 7
- Widowed 1 2 3 4 5 6 7
- Divorced 1 2 3 4 5 6 7
- Separated 1 2 3 4 5 6 7
- Never married 1 2 3 4 5 6 7

7. HOW MUCH SCHOOL HAS THIS PERSON COMPLETED? *Fill one oval for the highest level COMPLETED or degree RECEIVED for each person. If currently enrolled, mark the previous grade attended or highest degree received.*

- Never attended school 1 2 3 4 5 6 7
- Nursery school 1 2 3 4 5 6 7
- Kindergarten 1 2 3 4 5 6 7
- 1st-4th grade 1 2 3 4 5 6 7
- 5th-8th grade 1 2 3 4 5 6 7
- 9th grade 1 2 3 4 5 6 7
- 10th grade 1 2 3 4 5 6 7
- 11th grade 1 2 3 4 5 6 7
- 12th grade, no diploma 1 2 3 4 5 6 7
- High school diploma or equivalent (e.g., GED) 1 2 3 4 5 6 7
- Some college, no degree 1 2 3 4 5 6 7
- Associate degree 1 2 3 4 5 6 7
- Bachelor's degree 1 2 3 4 5 6 7
- Master's degree 1 2 3 4 5 6 7
- Professional school degree 1 2 3 4 5 6 7
- Doctorate degree 1 2 3 4 5 6 7

8. IS THIS PERSON CURRENTLY ENROLLED IN SCHOOL?
Fill one oval for each person
- | | |
|------------------------|---------------|
| Yes, full-time | 1 2 3 4 5 6 7 |
| Yes, part-time | 1 2 3 4 5 6 7 |
| Not currently enrolled | 1 2 3 4 5 6 7 |
9. IF THIS PERSON IS CURRENTLY ENROLLED, WHAT IS THE SCHOOL SETTING?
Fill one oval for each person
- | | |
|---|---------------|
| Public school/college (in Prince George's County) | 1 2 3 4 5 6 7 |
| Public school/college (outside of Prince George's County) | 1 2 3 4 5 6 7 |
| Private or parochial school/college (in Prince George's County) | 1 2 3 4 5 6 7 |
| Private or parochial school/college (outside of Prince George's County) | 1 2 3 4 5 6 7 |
| Home schooling | 1 2 3 4 5 6 7 |
| Other | 1 2 3 4 5 6 7 |
10. WHERE DID THIS PERSON LIVE IN APRIL 1990?
Fill one oval for each person
- | | |
|--|---------------|
| Prince George's County | 1 2 3 4 5 6 7 |
| Maryland (other than Prince George's County) | 1 2 3 4 5 6 7 |
| District of Columbia | 1 2 3 4 5 6 7 |
| Virginia | 1 2 3 4 5 6 7 |
| Other location | 1 2 3 4 5 6 7 |
| Born after April 1990 | 1 2 3 4 5 6 7 |
11. WHAT IS THIS PERSON'S PRIMARY EMPLOYMENT STATUS?
Fill one oval for each person
- | | |
|--|---------------|
| Armed forces | 1 2 3 4 5 6 7 |
| Employed full-time (35 hours or more per week) | 1 2 3 4 5 6 7 |
| Employed part-time (less than 35 hours per week) | 1 2 3 4 5 6 7 |
| Unemployed, but seeking work | 1 2 3 4 5 6 7 |
| Not employed and not seeking work, or retired | 1 2 3 4 5 6 7 |
12. IS THIS PERSON:
- | | |
|---|---------------|
| An employee of a private for-profit company or business | 1 2 3 4 5 6 7 |
| An employee of a private not-for-profit organization | 1 2 3 4 5 6 7 |
| A local government employee | 1 2 3 4 5 6 7 |
| A State government employee | 1 2 3 4 5 6 7 |
| A Federal government employee | 1 2 3 4 5 6 7 |
| Self-employed | 1 2 3 4 5 6 7 |
| Working without pay in a family business or farm | 1 2 3 4 5 6 7 |

13. FOR EACH EMPLOYED PERSON, WHAT IS THEIR WORK LOCATION?
Fill one oval for each person
- | | |
|--|---------------|
| Prince George's County | 1 2 3 4 5 6 7 |
| Maryland (other than Prince George's County) | 1 2 3 4 5 6 7 |
| District of Columbia | 1 2 3 4 5 6 7 |
| Virginia | 1 2 3 4 5 6 7 |
| Other location | 1 2 3 4 5 6 7 |
- Zip code of work location for each employed person
- Person 1 _____ Person 5 _____
 Person 2 _____ Person 6 _____
 Person 3 _____ Person 7 _____
 Person 4 _____
14. HOW MUCH INCOME DID THIS PERSON RECEIVE IN 1995 FROM ALL SOURCES (SALARIES, WAGES, BUSINESS, INTEREST, RETIREMENT) BEFORE TAXES AND DEDUCTIONS?
- Person 1 \$ _____ Person 5 \$ _____
 Person 2 \$ _____ Person 6 \$ _____
 Person 3 \$ _____ Person 7 \$ _____
 Person 4 \$ _____
15. DOES THIS PERSON SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME?
Fill one oval for each person
- | | |
|-------------------------|---------------|
| No | 1 2 3 4 5 6 7 |
| Yes, | |
| Spanish | 1 2 3 4 5 6 7 |
| French | 1 2 3 4 5 6 7 |
| Asian or Pacific Island | 1 2 3 4 5 6 7 |
| Other | 1 2 3 4 5 6 7 |
16. HOW WELL DOES THIS PERSON SPEAK ENGLISH?
Fill one oval for each person
- | | |
|------------|---------------|
| Very well | 1 2 3 4 5 6 7 |
| Well | 1 2 3 4 5 6 7 |
| Not well | 1 2 3 4 5 6 7 |
| Not at all | 1 2 3 4 5 6 7 |
17. WHAT ARE THE FULL OR PART-TIME DAY CARE NEEDS OF THIS PERSON (REGARDLESS OF AGE)?
Fill one oval for each person
- | | |
|---|---------------|
| Paid care provided in the home | 1 2 3 4 5 6 7 |
| Paid care provided in another home | 1 2 3 4 5 6 7 |
| Paid care provided at a day care center | 1 2 3 4 5 6 7 |
| Unpaid care provided; paid care not needed | 1 2 3 4 5 6 7 |
| Unpaid care provided; additional paid care needed | 1 2 3 4 5 6 7 |
| No care needed | 1 2 3 4 5 6 7 |

18. DOES THIS PERSON HAVE A PERMANENT DISABILITY THAT LIMITS THEIR WORK AND/OR SELF-CARE ACTIVITIES?
Fill all ovals that apply to each person
- | | |
|--------------------------|---------------|
| No impairment | 1 2 3 4 5 6 7 |
| Yes, physical impairment | 1 2 3 4 5 6 7 |
| Yes, mental impairment | 1 2 3 4 5 6 7 |
| Yes, hearing impairment | 1 2 3 4 5 6 7 |
| Yes, visual impairment | 1 2 3 4 5 6 7 |
19. IN GENERAL, HOW IS THIS PERSON'S HEALTH?
Fill one oval for each person
- | | |
|-----------|---------------|
| Excellent | 1 2 3 4 5 6 7 |
| Very good | 1 2 3 4 5 6 7 |
| Good | 1 2 3 4 5 6 7 |
| Fair | 1 2 3 4 5 6 7 |
| Poor | 1 2 3 4 5 6 7 |
20. WHERE DOES THIS PERSON MOST OFTEN GO FOR HEALTH CARE?
Fill one oval for each person
- | | |
|-------------------------|---------------|
| Private doctor | 1 2 3 4 5 6 7 |
| HMO or a health plan | 1 2 3 4 5 6 7 |
| Community health center | 1 2 3 4 5 6 7 |
| Hospital clinic | 1 2 3 4 5 6 7 |
| Hospital emergency room | 1 2 3 4 5 6 7 |
| Other | 1 2 3 4 5 6 7 |
| Not applicable | 1 2 3 4 5 6 7 |

21. HOW DOES THIS PERSON GENERALLY GET TO THEIR HEALTH CARE PROVIDER?
Fill one oval for each person
- | | |
|-------------------------|---------------|
| Private vehicle | 1 2 3 4 5 6 7 |
| Taxicab | 1 2 3 4 5 6 7 |
| Public transportation | 1 2 3 4 5 6 7 |
| Private/association bus | 1 2 3 4 5 6 7 |
| Walk | 1 2 3 4 5 6 7 |
| Other | 1 2 3 4 5 6 7 |
22. WHAT IS THIS PERSON'S CURRENT HEALTH INSURANCE COVERAGE?
Fill one oval for each person
- | | |
|---------------------|---------------|
| Currently uninsured | 1 2 3 4 5 6 7 |
| Group plan | 1 2 3 4 5 6 7 |
| Individual policy | 1 2 3 4 5 6 7 |
| MEDICARE/MEDICAID | 1 2 3 4 5 6 7 |
| Military | 1 2 3 4 5 6 7 |
| Other | 1 2 3 4 5 6 7 |
23. IF THIS PERSON IS FEMALE, HOW MANY BABIES HAS SHE EVER HAD? DO NOT COUNT STILLBIRTHS, STEPCHILDREN OR CHILDREN SHE HAS ADOPTED.
Fill in one oval indicating the number of babies for each female
- | | |
|-----------------------|------------------------|
| Person 1 (if female): | 0 1 2 3 4 5 6 7 8 9 10 |
| Person 2 (if female): | 0 1 2 3 4 5 6 7 8 9 10 |
| Person 3 (if female): | 0 1 2 3 4 5 6 7 8 9 10 |
| Person 4 (if female): | 0 1 2 3 4 5 6 7 8 9 10 |
| Person 5 (if female): | 0 1 2 3 4 5 6 7 8 9 10 |
| Person 6 (if female): | 0 1 2 3 4 5 6 7 8 9 10 |
| Person 7 (if female): | 0 1 2 3 4 5 6 7 8 9 10 |

Section 2

The following questions refer to the housing unit or structure in which the above persons live.

1. WHAT HOUSING TYPE BEST DESCRIBES YOUR DWELLING? Fill one oval
- Single-family detached (separate from any other house)
 - Single-family attached (townhouse, duplex or multiplex)
 - Low-rise apartment
 - Mid-rise apartment
 - High-rise apartment
 - Mobile home
 - Other
2. HOW MANY BEDROOMS DO YOU HAVE IN THIS HOUSE OR APARTMENT?
- | | |
|----------------------|----------------------|
| Number of Bedroom(s) | 1 2 3 4 5 6 7 8 9 10 |
|----------------------|----------------------|
3. HOW MANY PERSONS LIVE AT THIS ADDRESS?
- | | |
|---------------------|----------------------|
| Number of Person(s) | 1 2 3 4 5 6 7 8 9 10 |
|---------------------|----------------------|
4. WHAT IS THE OWNERSHIP STATUS OF THIS DWELLING? Fill one oval
- Owner occupied
 - Renter occupied
5. WHEN DID YOU MOVE INTO THIS HOUSE OR APARTMENT? Fill one oval
- | | |
|------------------------------------|---------------------------------------|
| <input type="radio"/> Since 1990 | <input type="radio"/> 1960 to 1969 |
| <input type="radio"/> 1980 to 1989 | <input type="radio"/> 1959 or earlier |
| <input type="radio"/> 1970 to 1979 | |
6. WHEN WAS THIS BUILDING FIRST BUILT? Fill one oval
- | | |
|------------------------------------|---------------------------------------|
| <input type="radio"/> Since 1990 | <input type="radio"/> 1960 to 1969 |
| <input type="radio"/> 1980 to 1989 | <input type="radio"/> 1959 or earlier |
| <input type="radio"/> 1970 to 1979 | |
7. HOW MUCH WOULD THIS HOUSE AND LOT OR CONDOMINIUM SELL FOR IF IT WERE FOR SALE? Fill one oval
- | | |
|--|--|
| <input type="radio"/> Less than \$20,000 | <input type="radio"/> \$125,000 to \$149,999 |
| <input type="radio"/> \$20,000 to \$29,999 | <input type="radio"/> \$150,000 to \$174,999 |
| <input type="radio"/> \$30,000 to \$39,999 | <input type="radio"/> \$175,000 to \$199,999 |
| <input type="radio"/> \$40,000 to \$49,999 | <input type="radio"/> \$200,000 to \$249,999 |
| <input type="radio"/> \$50,000 to \$59,999 | <input type="radio"/> \$250,000 to \$299,999 |
| <input type="radio"/> \$60,000 to \$69,999 | <input type="radio"/> \$300,000 to \$399,999 |
| <input type="radio"/> \$70,000 to \$79,999 | <input type="radio"/> \$400,000 to \$499,999 |
| <input type="radio"/> \$80,000 to \$89,999 | <input type="radio"/> \$500,000 to \$749,999 |
| <input type="radio"/> \$90,000 to \$99,999 | <input type="radio"/> \$750,000 or more |
| <input type="radio"/> \$100,000 to \$124,999 | |