8. IF YOU OR SOMEONE IN THE HOUSEHOLD IS RET THIS HOUSE OR APARTMENT, WHAT IS THE TOTA MONTHLY RENT? Fill one oval		L	IOW MANY AU ESS THAN ON WELLING BY	E-TON CAPAC	ITY) ARE KEI	T AT THIS
Less than \$100		11. D	O YOU HAVE OUSE OR APA O No O Yes, with a lis O Yes, with an u	A WORKING TARTMENT? File  Steed phone number of the phone	TELEPHONE I Il one oval Der umber CELLULAR PH	ONES ARE
<ul> <li>\$650 to \$699</li> <li>WHAT WAS THE TOTAL 1995 INCOME FOR THIS HOUSEHOLD? Fill the one oval which best corresponto the total 1995 pre-tax income of <u>all</u> persons in this household (family members and others). Include incomfrom all sources.</li> </ul>		13. H	Number of Outputs of Outputs of Outputs Output	RSONAL COM		MODEMS ARE
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 \$44,999 \$55,000 to \$44,999 \$55,000 to \$54,999 \$55,000 to \$59,999 \$200,000 to \$174,999 \$45,000 to \$49,999 \$55,000 to \$59,999 \$55,000 to \$59,999 \$200,000 to \$149,999 \$55,000 to \$59,999 \$200,000 to \$249,999 \$55,000 to \$59,999 \$250,000 and above		14. H P S	Number of D 1 2 3 4 3 4 3 4 3 4 3 4 3 4 3 4 3 4 3 4 3	Modem(s) 6 7 8 9 1 Modem(s) 6 7 8 9 1  EMBERS OF TI GE'S COUNTY	O HIS HOUSEHO MEMORIAL LI	
15. HOW OFTEN DO YOU SHOP FOR CONSUMER GOODS IN THE FOLLOWING AREAS?	Prince C		Other Maryland	Washington D.C.	Northern	Other
Food/Groceries	Cor Alv Sor Ne	ways metimes	Counties Always Sometimes Never	O Always O Sometimes O Never	Virginia Always Sometimes Never	Locations  Always  Sometimes  Never
Restaurants	O Alv	ways metimes ver	Always Sometimes Never	Always Sometimes Never	Always Sometimes Never	Always Sometimes Never
Clothing	O Alv	metimes	<ul><li>Always</li><li>Sometimes</li><li>Never</li></ul>	<ul><li>Always</li><li>Sometimes</li><li>Never</li></ul>	<ul><li>Always</li><li>Sometimes</li><li>Never</li></ul>	Always Sometimes Never
Other Purchases	O Son	ways metimes ver	<ul><li>Always</li><li>Sometimes</li><li>Never</li></ul>	<ul><li>Always</li><li>Sometimes</li><li>Never</li></ul>	<ul><li>Always</li><li>Sometimes</li><li>Never</li></ul>	Always Sometimes Never
Thank you for taking the time to complete this survey.  Please return it in the enclosed postage-paid envelope.						
	<b>©</b>					
				3-00	194-2-2405	

Prince George's County 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 Ø Ø @ o

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## 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 3: \_\_ Person 5: \_ Person 2: Person 4: Person 6: Person 7: 5. WHAT IS THIS PERSON'S AGE? Enter the age in years for START in this column with the household member in whose each person name the house is owned or rented. If none exists, start with Person 1: any adult household member. Person 4: 1. HOW IS THIS PERSON Person 5: Person 3: **RELATED TO PERSON 1?** Person 7: Fill one oval for persons 2-7 6. WHAT IS THIS PERSON'S (if appropriate) **MARITAL STATUS?** Natural-born or adopted son/daughter 234567 Fill one oval for each person Stepson/stepdaughter Father/mother 234567 Now married 1234567 234567 Grandchild Widowed

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(1) (2) (3) (4) (5) (6) (7)

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1234567

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.

Divorced

Separated

Never married

Bachelor's degree

Professional school degree

Master's degree

Doctorate degree

Never attended school	1234567
Nursery school	1234567
Kindergarten	1234567
1st-4th grade	1234567
5th-8th grade	1234567
9th grade	1234567
10th grade	1234567
11th grade	1234567
12th grade, no diploma	1234567
High school diploma or equivalent	
(e.g., GED)	1234567
Some college, no degree	1234567
Associate degree	1234567

SPANISH/HISPANIC ORIGIN? Fill one oval for each person 1234567

No Yes (1) (2) (3) (4) (5) (6) (7)

Roomer, boarder or foster child

2. WHAT IS THIS PERSON'S SEX?

Fill one oval for each person

Black or African American

American Indian, Eskimo, Aleut

Asian or Pacific Islander

4. IS THIS PERSON OF

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

Housemate or roommate

Unmarried partner

Other nonrelative

Other relative

Male

Female

White

Other

Mark Reflex® by NCS MM205993-1 321 GS10 Printed in U.S.A.

8. IS TILIS PERSON CURRENTIX FERROLLED IN SCHOOL? Fill one oxed for each person Ves. full-time OUD 00000000 Not currently enrolled OUD 00000000 PERSON, WHAT IS THERE WOLK LOCATION FERSON CURRENTIX ENROLLED, WHAT IS THE SCHOOL SETTING? Fill one oxed for each person Public school/college (in Prince George's County) Private or pracehola school/college (in Prince George's County) Pri	0	IS THIS PERSON CURRENTLY		13. FOR EACH EMPLOYED	
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No care needed 1 2 3 4 5 6 (				additional paid care needed	
				No care needed	123456

DISABILITY THAT LIMITS THEIR WORK AND/OR SELF-CARE ACTIVITIES? Fill <u>all</u> ovals that apply to each person	POR
No impairment	1234567
Yes, physical impairment	1234567
Yes, mental impairment	1234567
Yes, hearing impairment	1234567
Yes, visual impairment	1234567
IN GENERAL, HOW IS THIS PERSON'S HEALTH? Fill one oval for each person	
Excellent	1234567
Very good	1234567
Good	1234567
Fair	1234567
Poor	1234567
WHERE DOES THIS PERSON MOST OFTEN GO FOR HEALTH CARE? Fill one oval for each person	,
Private doctor	1234567
HMO or a health plan	1234567
Community health center	1234567
Hospital clinic	1234567
Hospital emergency room	1234567
Other	1234567
Not applicable	1234567

21.	HOW DOES THIS PERSON GENERALLY GET TO THEIR HEALTH CARE PROVIDER? Fill one oval for each person	THE POLICE OF TH	
	Private vehicle	1234567	
The state of	Taxicab	1234567	
	Public transportation	1234567	
1	Private/association bus	1234567	
	Walk	1234567	
1	Other	1234567	
22.	WHAT IS THIS PERSON'S CU HEALTH INSURANCE COVEI Fill one oval for each person	RAGE?	
١.	Currently uninsured	1234567	
	Group plan	1234567	
١.	Individual policy	1234567	
	MEDICARE/MEDICAID	1234567	
	Military	1234567	
	Other	1234567	
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 fem			
	Person 1 (if female):	2345678910	
	Person 2 (if female):	2345678910	

0 1 2 3 4 5 6 7 8 9 10 0 1 2 3 4 5 6 7 8 9 10

0 1 2 3 4 5 6 7 8 9 10 012345678910

012345678910

## Section 2

Person 3 (if female):

Person 4 (if female): Person 5 (if female):

Person 6 (if female): Person 7 (if female):

in which the above persons live.

he following questions refer to the housing unit or structure is			
1.	WHAT HOUSING TYPE BEST DESCRIBES YOUR DWELLING? Fill one oval		
	<ul> <li>Single-family detached (separate from any other house)</li> <li>Single-family attached (townhouse, duplex or multiplex)</li> </ul>		
	○ Low-rise apartment		
	○ Mid-rise apartment		
	○ High-rise apartment		
	○ Mobile home		
	Other		
2.	HOW MANY BEDROOMS		
	DO YOU HAVE IN THIS Number of Bedroom(s)		
	HOUSE OR APARTMENT? 1 2 3 4 5 6 7 8 9 10		
9	HOW MANY PERSONS Number of Person(s)		
э.	LIVE AT THIS ADDRESS? 1 2 3 4 5 6 7 8 9 10		
	IIVE AT THIS ADDITION.		
4.	WHAT IS THE OWNERSHIP STATUS OF THIS DWELLING? Fill one oval		
	Owner occupied		
	C Renter occupied		

	5. WHEN DID YOU MOVE INTO THIS HOUSE OR APARTMENT? Fill one oval		
	Since 1990	○ 1960 to 1969	
	1980 to 1989	☐ 1959 or earlier	
	○ 1970 to 1979		
	6. WHEN WAS THIS BUIL	LDING FIRST BUILT? Fill one oval	
	○ Since 1990	1960 to 1969	
	1980 to 1989	1959 or earlier	
	○ 1970 to 1979		
		THIS HOUSE AND LOT OR	
	0.01.12.01.12.12.12.12.12	FOR IF IT WERE FOR SALE?	
	Fill one oval		
	Less than \$20,000	\$125,000 to \$149,999	
	\$20,000 to \$29,999	\$150,000 to \$174,999	
	○ \$30,000 to \$39,999	\$175,000 to \$199,999	
	○ \$40,000 to \$49,999	\$200,000 to \$249,999	
	○ \$50,000 to \$59,999	\$250,000 to \$299,999	
	\$60,000 to \$69,999	\$300,000 to \$399,999	
	\$70,000 to \$79,999	\$400,000 to \$499,999	
	\$80,000 to \$89,999	\$500,000 to \$749,999	
	\$90,000 to \$99,999	\$750,000 or more	
ı	\$100,000 to \$124,999	)	