

1960 Questionnaire

<p>P2. Name of this person</p> <p style="text-align: center; font-size: small;">(Enter last name first)</p>	
<p>P3. What is the relationship of this person to the head of this household?</p> <p>Head <input type="checkbox"/></p> <p>Wife of head <input type="checkbox"/></p> <p>Son or daughter of head <input type="checkbox"/></p> <p>Other—Write in:</p> <p style="font-size: x-small;">(For example: Son-in-law, mother, uncle, cousin, etc.)</p>	<p>P14. What is the highest grade (or year) of regular school this person has ever attended? (Check one box)</p> <p>If now attending a regular school or college, check the grade (or year) he is in. If it is in junior high school, check the box that stands for that grade (or year).</p> <p>Never attended school... <input type="checkbox"/></p> <p>Kindergarten <input type="checkbox"/></p> <p>Elementary school (Grade)..... <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8</p> <p>High school (Year)..... <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4</p> <p>College (Year)..... <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 or more</p>
<p>P8. Where was this person born?</p> <p><i>(If born in hospital, give residence of mother, not location of hospital)</i></p> <p>If born in the United States, write name of State. If born outside the United States, write name of country, U.S. possession, etc. Use international boundaries as now recognized by the U.S. Distinguish Northern Ireland from Ireland (Eire).</p> <p>.....</p> <p style="font-size: x-small;">(State, foreign country, U.S. possession, etc.)</p>	<p>P15. Did he finish the highest grade (or year) he attended?</p> <p>Finished this grade... <input type="checkbox"/> Did not finish this grade... <input type="checkbox"/> Never attended school... <input type="checkbox"/></p>
<p>P9. If this person was born outside the U.S.— What language was spoken in his home before he came to the United States?</p> <p>.....</p>	<p>P16. Has he attended regular school or college at any time since February 1, 1960?</p> <p>If he has attended only nursery school, business or trade school, or adult education classes, check "No".</p> <p>Yes... <input type="checkbox"/> No... <input type="checkbox"/></p>
<p>P10. What country was his father born in?</p> <p>United States... <input type="checkbox"/> OR</p> <p style="font-size: x-small;">(Name of foreign country; or Puerto Rico, Guam, etc.)</p>	<p>P17. Is it a public school or a private school?</p> <p>Public school..... <input type="checkbox"/></p> <p>Private or parochial school... <input type="checkbox"/></p>
<p>P11. What country was his mother born in?</p> <p>United States... <input type="checkbox"/> OR</p> <p style="font-size: x-small;">(Name of foreign country; or Puerto Rico, Guam, etc.)</p>	<p>P18. If this person has ever been married— Has this person been married more than once?</p> <p>Once <input type="checkbox"/> More than once <input type="checkbox"/></p>
<p>P12. When did this person move into this house (or apartment)? <i>(Check date of last move)</i></p> <p>In 1959 or 1960... <input type="checkbox"/> Jan. 1954 to March 1955... <input type="checkbox"/></p> <p>In 1958... <input type="checkbox"/> 1950 to 1953... <input type="checkbox"/></p> <p>In 1957... <input type="checkbox"/> 1940 to 1949... <input type="checkbox"/></p> <p>April 1955 to Dec. 1956... <input type="checkbox"/> 1939 or earlier... <input type="checkbox"/></p> <p>Always lived here... <input type="checkbox"/></p>	<p>P19. When did he get married? When did he get married for the first time?</p> <p>Month Month</p> <p>Year Year</p>
<p>P13. Did he live in this house on April 1, 1955? <i>(Answer 1, 2, or 3)</i></p> <p>1. Born April 1955 or later... <input type="checkbox"/></p> <p>OR</p> <p>2. Yes, this house... <input type="checkbox"/></p> <p>OR</p> <p>3. No, different house... <input type="checkbox"/></p> <p>Where did he live on April 1, 1955?</p> <p>a. City or town.....</p> <p>b. If city or town—Did he live inside the city limits?— { Yes... <input type="checkbox"/> No... <input type="checkbox"/></p> <p>c. County.....</p> <p style="font-size: x-small;">AND State, foreign country, U.S. possession, etc.</p>	<p>P20. If this is a woman who has ever been married— How many babies has she ever had, not counting stillbirths?</p> <p>Do not count her stepchildren or adopted children.</p> <p>..... OR None... <input type="checkbox"/></p> <p style="font-size: x-small;">(Number)</p>
<p>P21. When was this person born?</p> <p>Born before April 1946 <input type="checkbox"/></p> <p>Born April 1946 or later <input type="checkbox"/></p> <p>Please go on with questions P22 to P35. Answer the questions regardless of whether the person is a housewife, student, or retired person, or a part-time or full-time worker.</p> <p>Please omit questions P22 to P35 and turn the page to the next person.</p>	
<p>Space for any notes about the entries for this person</p> <p>.....</p> <p>.....</p>	

<p>P22. Did this person work at any time last week? Include part-time work such as a Saturday job, delivering papers, or helping without pay in a family business or farm. Do not count own housework.</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>P23. How many hours did he work last week (at all jobs)? (If exact figure not known, give best estimate)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1 to 14 hours <input type="checkbox"/></td> <td style="width: 50%;">40 hours <input type="checkbox"/></td> </tr> <tr> <td>15 to 29 hours <input type="checkbox"/></td> <td>41 to 48 hours <input type="checkbox"/></td> </tr> <tr> <td>30 to 34 hours <input type="checkbox"/></td> <td>49 to 59 hours <input type="checkbox"/></td> </tr> <tr> <td>35 to 39 hours <input type="checkbox"/></td> <td>60 hours or more <input type="checkbox"/></td> </tr> </table> <p>P24. Was this person looking for work, or on layoff from a job?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>P25. Does he have a job or business from which he was temporarily absent all last week because of illness, vacation, or other reasons?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>P26. When did he last work at all, even for a few days? (Check one box)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Working now <input type="checkbox"/></td> <td style="width: 50%;">1949 or earlier <input type="checkbox"/></td> </tr> <tr> <td>In 1960 <input type="checkbox"/></td> <td></td> </tr> <tr> <td>In 1959 <input type="checkbox"/></td> <td>Never worked <input type="checkbox"/></td> </tr> <tr> <td>1955 to 1958 <input type="checkbox"/></td> <td></td> </tr> <tr> <td>1950 to 1954 <input type="checkbox"/></td> <td></td> </tr> </table> <p>P27. Occupation (Answer 1, 2, or 3)</p> <p>1. This person last worked in 1949 or earlier <input type="checkbox"/> This person has never worked <input type="checkbox"/></p> <p>OR</p> <p>2. On active duty in the Armed Forces now <input type="checkbox"/></p> <p>OR</p> <p>3. Worked in 1950 or later <input type="checkbox"/> Answer a to e, below.</p> <p>Describe this person's job or business last week, if any, and write in name of employer. If this person had no job or business last week, give information for last job or business since 1950.</p> <p>a. For whom did he work?</p> <p>..... (Name of company, business, organization, or other employer)</p> <p>b. What kind of business or industry was this? Describe activity at location where employed.</p> <p>..... (For example: County junior high school, auto assembly plant, TV and radio service, retail supermarket, road construction, farm)</p> <p>c. Is this primarily: (Check one box)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">Manufacturing <input type="checkbox"/></td> <td style="width: 20%;"><input type="checkbox"/></td> </tr> <tr> <td>Wholesale trade <input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Retail trade <input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other (services, agriculture, government, construction, etc.) <input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> <p>d. What kind of work was he doing?</p> <p>..... (For example: 8th grade English teacher, paint sprayer, repairs TV sets, grocery checker, civil engineer, farmer, farm hand)</p> <p>e. Was this person: (Check one box)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">Employee of private company, business, or individual, for wages, salary, or commissions <input type="checkbox"/></td> <td style="width: 20%;"><input type="checkbox"/></td> </tr> <tr> <td>Government employee (Federal, State, county, or local) <input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Self-employed in own business, professional practice, or farm <input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Working without pay in a family business or farm <input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	1 to 14 hours <input type="checkbox"/>	40 hours <input type="checkbox"/>	15 to 29 hours <input type="checkbox"/>	41 to 48 hours <input type="checkbox"/>	30 to 34 hours <input type="checkbox"/>	49 to 59 hours <input type="checkbox"/>	35 to 39 hours <input type="checkbox"/>	60 hours or more <input type="checkbox"/>	Working now <input type="checkbox"/>	1949 or earlier <input type="checkbox"/>	In 1960 <input type="checkbox"/>		In 1959 <input type="checkbox"/>	Never worked <input type="checkbox"/>	1955 to 1958 <input type="checkbox"/>		1950 to 1954 <input type="checkbox"/>		Manufacturing <input type="checkbox"/>	<input type="checkbox"/>	Wholesale trade <input type="checkbox"/>	<input type="checkbox"/>	Retail trade <input type="checkbox"/>	<input type="checkbox"/>	Other (services, agriculture, government, construction, etc.) <input type="checkbox"/>	<input type="checkbox"/>	Employee of private company, business, or individual, for wages, salary, or commissions <input type="checkbox"/>	<input type="checkbox"/>	Government employee (Federal, State, county, or local) <input type="checkbox"/>	<input type="checkbox"/>	Self-employed in own business, professional practice, or farm <input type="checkbox"/>	<input type="checkbox"/>	Working without pay in a family business or farm <input type="checkbox"/>	<input type="checkbox"/>	<p>If this person worked last week, answer questions P28 and P29.</p> <p>P28. What city and county did he work in last week? If he worked in more than one city or county, give place where he worked most last week.</p> <p>a. City or town</p> <p>b. If city or town—Did he work inside the city limits? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. County State</p> <p>P29. How did he get to work last week? (Check one box for principal means used last week)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Railroad <input type="checkbox"/></td> <td style="width: 33%;">Taxicab <input type="checkbox"/></td> <td style="width: 33%;">Walk only <input type="checkbox"/></td> </tr> <tr> <td>Subway or elevated <input type="checkbox"/></td> <td>Private auto or car pool <input type="checkbox"/></td> <td>Worked at home <input type="checkbox"/></td> </tr> <tr> <td>Bus or streetcar <input type="checkbox"/></td> <td colspan="2">Other means—Write in:</td> </tr> </table> <p>P30. Last year (1959), did this person work at all, even for a few days?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>P31. How many weeks did he work in 1959, either full-time or part-time? Count paid vacation, paid sick leave, and military service as weeks worked. (If exact figure not known, give best estimate)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">13 weeks or less <input type="checkbox"/></td> <td style="width: 50%;">40 to 47 weeks <input type="checkbox"/></td> </tr> <tr> <td>14 to 26 weeks <input type="checkbox"/></td> <td>48 to 49 weeks <input type="checkbox"/></td> </tr> <tr> <td>27 to 39 weeks <input type="checkbox"/></td> <td>50 to 52 weeks <input type="checkbox"/></td> </tr> </table> <p>P32. How much did this person earn in 1959 in wages, salary, commissions, or tips from all jobs? Before deductions for taxes, bonds, dues, or other items. (Enter amount or check "None." If exact figure not known, give best estimate.)</p> <p>\$00 OR None <input type="checkbox"/> (Dollars only)</p> <p>P33. How much did he earn in 1959 in profits or fees from working in his own business, professional practice, partnership, or farm? Net income after business expenses. (Enter amount or check "None." If exact figure not known, give best estimate. If business or farm lost money, write "Loss" after amount.)</p> <p>\$00 OR None <input type="checkbox"/> (Dollars only)</p> <p>P34. Last year (1959), did this person receive any income from:</p> <table style="width: 100%; border: none;"> <tr><td style="width: 80%;">Social security</td><td style="width: 20%;"></td></tr> <tr><td>Pensions</td><td></td></tr> <tr><td>Veteran's payments</td><td></td></tr> <tr><td>Rent (minus expenses)</td><td></td></tr> <tr><td>Interest or dividends</td><td></td></tr> <tr><td>Unemployment insurance</td><td></td></tr> <tr><td>Welfare payments</td><td></td></tr> <tr><td>Any other source not already entered</td><td></td></tr> </table> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>What is the amount he received from these sources in 1959? (If exact figure not known, give best estimate)</p> <p>\$00 (Dollars only)</p> <p>P35. If this is a man—</p> <p>Has he ever served in the Army, Navy, or other Armed Forces of the United States?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> (Check one box on each line)</p> <p>Was it during:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 70%;">Korean War (June 1950 to Jan. 1955) <input type="checkbox"/></td> <td style="width: 15%;">Yes <input type="checkbox"/></td> <td style="width: 15%;">No <input type="checkbox"/></td> </tr> <tr> <td>World War II (Sept. 1940 to July 1947) <input type="checkbox"/></td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> <tr> <td>World War I (April 1917 to Nov. 1918) <input type="checkbox"/></td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> <tr> <td>Any other time, including present service <input type="checkbox"/></td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> </table>	Railroad <input type="checkbox"/>	Taxicab <input type="checkbox"/>	Walk only <input type="checkbox"/>	Subway or elevated <input type="checkbox"/>	Private auto or car pool <input type="checkbox"/>	Worked at home <input type="checkbox"/>	Bus or streetcar <input type="checkbox"/>	Other means—Write in:		13 weeks or less <input type="checkbox"/>	40 to 47 weeks <input type="checkbox"/>	14 to 26 weeks <input type="checkbox"/>	48 to 49 weeks <input type="checkbox"/>	27 to 39 weeks <input type="checkbox"/>	50 to 52 weeks <input type="checkbox"/>	Social security		Pensions		Veteran's payments		Rent (minus expenses)		Interest or dividends		Unemployment insurance		Welfare payments		Any other source not already entered		Korean War (June 1950 to Jan. 1955) <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	World War II (Sept. 1940 to July 1947) <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	World War I (April 1917 to Nov. 1918) <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Any other time, including present service <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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PLEASE NOTE: These housing questions begin with number H19 because the Census Taker has already obtained the answers to the earlier questions.

The term "house" or "apartment" covers your **house** or **part of the house** you occupy, or the **apartment, flat, or rooms** in which you live. Most of these questions refer to your own house or apartment **but note** that questions H20, H33, and H34 are about the **whole building** in which you live.

H19. How many bedrooms are in your house or apartment?
 Count rooms whose main use is as bedrooms even if they are occasionally used for other purposes.
 If you live in a one-room apartment without a separate bedroom, check "No bedroom."

No bedroom
 1 bedroom
 2 bedrooms
 3 bedrooms
 4 bedrooms or more

H20. About when was this house originally built?

In 1959 or 1960
 1955 to 1958
 1950 to 1954
 1940 to 1949
 1930 to 1939
 1929 or earlier

H21. How is your house or apartment heated?
 Check **ONLY** the kind of heat you use the most.

Heated by:

Steam or hot water
 Warm air furnace with individual room registers
 Floor, wall, or pipeless furnace
 Built-in electric units
 Room heater(s) connected to chimney or flue
 Room heater(s) **not** connected to chimney or flue
 Other method—Write in:

Not heated

H22. Here is a list of fuels. In the first column, check which one is used most for heating. In the second column, check the one used most for cooking. In the third column, check the fuel used most for heating water.

(Check one in each column)

List of fuels	A House heating fuel	B Cooking fuel	C Water heating fuel
Coal or coke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility gas from underground pipes serving the neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bottled, tank, or LP gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electricity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fuel oil, kerosene, etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other fuel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No fuel used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

H23. Do you have a clothes washing machine?
 Do **not** count machines shared with any other household in this building.

Machine with wringer or separate spinner
 Automatic or semi-automatic machine
 Washer-dryer combination (single unit)
 No washing machine

H24. Do you have an electric or gas clothes dryer?
 Do **not** count dryers shared with any other household in this building.

Electrically heated dryer
 Gas heated dryer
 No dryer

H25. Do you have any television sets?
 Count only sets in working order. Count floor, table, and portable television sets as well as combinations.

1 set
 2 sets or more
 No television sets

H26. Do you have any radios?
 Count only sets in working order. Count floor, table, and portable radios as well as radio combinations. Do **not** count automobile radios.

1 radio
 2 radios or more
 No radios

H27. Do you have any air conditioning?
 Count only equipment which cools the air by refrigeration.

Room unit—1 only
 Room units—2 or more
 Central air conditioning system
 No air conditioning

H28. Do you have a home food freezer which is separate from your refrigerator?

Yes
 No

H30. How many bathrooms are in your house or apartment?
 A **complete** bathroom has **both** flush toilet and bathing facilities (bathtub or shower).
 A **partial** bathroom has a flush toilet **or** bathing facilities, but not both.

No bathroom, or only a partial bathroom
 1 complete bathroom
 1 complete bathroom, plus partial bathroom(s)
 2 or more complete bathrooms

H33. Is this house built:

with a basement?
on a concrete slab?
in another way?

H34. Does this building have:

3 stories or less?
4 stories or more—
with elevator?
walk-up?

