

a. State _____ b. County _____ c. Incorporated Place or Township _____

d. ED Number _____ f. Date Sheet Started _____ g. Enumerator Name _____

Line number	Street name	FOR HEAD OF HOUSEHOLD					FOR ALL PERSONS								
		House (& apartment) no.	Serial no. of unit	Is house on a farm or ranch? (Y/N)	Is house on 3 or more acres? (Y/N)	Agricultural Questionnaire No.	Name of head of household and names of all other persons who live here Last name first	Relationship to head of the household	Race	Sex (M/F)	How old was he on his last birthday?	Is he now married, widowed, etc.?	What state (or foreign country) was he born in?	If foreign-born, is he naturalized?	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															

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Line number	FOR PERSONS 14 YEARS OF AGE AND OLDER							
	What was this person doing most of last work week?	Did this person do any work at all last week? (if H or Ot to #15)	Was this person looking for work? (if No to #16; Y/N)	Does he have a job or business? (if No to #17; Y/N)	How many hours did he work last week?	What kind of work was he doing? (Occupation)	What kind of business or industry was he working in? (Industry)	Class of worker
	15	16	17	18	19	20a	20b	20c
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

Census Abbreviations

Q9: RACE

- *Chi*: Chinese
- *Fil*: Filipino
- *Ind*: American Indian
- *Jap*: Japanese
- *Neg*: Black
- *W*: White

Q10: SEX

- *F*: Female
- *M*: Male

Q12: MARITAL STATUS

- *D*: Divorced
- *Mar*: Married
- *Nev*: Never married (and/or under age 14)
- *Sep*: Separated (but not divorced)
- *Wd*: Widowed

Q14: NATURALIZATION STATUS

- *AB*: Child of American parents born abroad or at sea

Q15: WORK STATUS IN PAST WEEK

- *H*: Keeping house (i.e., housework in one's own home)
- *Ot*: Other work, including school attendance, temporary illness, or job vacation
- *U*: Unable to work because of long-term illness or disability
- *Wk*: Work for which you are paid or that supports a family business

Q20C: CLASS OF WORKER

- *G*: Works for any branch of government, including civilian parts of the military
- *O*: Works for own business, firm, shop, etc.
- *NP*: Works for no pay on a farm or business operated by another family member
- *P*: Works for private employer

