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 $599
- $600 to $699

9. WHAT WAS THE TOTAL 1995 INCOME FOR THIS HOUSEHOLD? Fill the 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 $59,999
- $60,000 to $69,999

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 Vehicles:

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 TOOWNED BY MEMBERS OF THIS HOUSEHOLD?

- Number of Phones:

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

- Number of Computers:

- Number of Modems:

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

- Number of Persons:

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

<table>
<thead>
<tr>
<th>Area</th>
<th>Prince George County</th>
<th>Other Maryland Counties</th>
<th>Washington, D.C.</th>
<th>Northern Virginia</th>
<th>Other Counties</th>
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<tbody>
<tr>
<td>Food/Groceries</td>
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<td>Other Purchases</td>
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</tbody>
</table>

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

3-00194-2-2405

2-2405
8. IS THIS PERSON CURRENTLY ENROLLED IN SCHOOL? Fill one oval for each person
- Yes, full-time
- Yes, part-time
- Not currently enrolled

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)
- Public school/college (outside of Prince George's County)
- Private or parochial school/college (in Prince George's County)
- Private or parochial school/college (outside of Prince George's County)
- Home schooling
- Other

10. WHERE DID THIS PERSON LIVE IN APRIL 1990? Fill one oval for each person
- Prince George's County
- Maryland (other than Prince George's County)
- District of Columbia
- Virginia
- Other location
- Born after April 1990

11. WHAT IS THIS PERSON'S PRIMARY EMPLOYMENT STATUS? Fill one oval for each person
- Armed forces
- Employed full-time (15 hours or more per week)
- Employed part-time (less than 35 hours per week)
- Unemployed, but seeking work
- Not employed and not seeking work, or retired

12. IS THIS PERSON:
- An employee of a private for-profit company or business
- An employee of a private non-profit organization
- A local government employee
- A State government employee
- A Federal government employee
- Self-employed
- Working without pay in a family business or farm

13. FOR EACH EMPLOYED PERSON, WHAT IS THEIR WORK LOCATION? Fill one oval for each person
- Prince George's County
- Maryland (other than Prince George's County)
- District of Columbia
- Virginia
- Other location
- Zip code of work location for each employed person

14. HOW MUCH INCOME DID THIS PERSON RECEIVE IN 1995 FROM ALL SOURCES (SALARIES, WAGES, BUSINESS, INTEREST, RETIREMENT) BEFORE TAXES AND DEPRECIATIONS? Fill one oval for each person
- Person 1
- Person 2
- Person 3
- Person 4

15. DOES THIS PERSON SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME? Fill one oval for each person
- No
- Yes, Spanish
- Yes, French
- Yes, Asian or Pacific Island
- Other

16. HOW WELL DOES THIS PERSON SPEAK ENGLISH? Fill one oval for each person
- Very well
- Well
- Not well
- Not at all

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
- Paid care provided in another home
- Paid care provided at a day care center
- Unpaid care provided, paid care not needed
- Unpaid care provided, additional paid care needed
- No care needed

18. DOES THIS PERSON HAVE A PERMANENT DISABILITY THAT LIMITS THEM IN WORK AND/OR SELF-CARE ACTIVITIES? Fill all ovals that apply to each person
- Yes, physical impairment
- Yes, mental impairment
- Yes, hearing impairment
- Yes, visual impairment

19. IN GENERAL, HOW IS THIS PERSON'S HEALTH? Fill one oval for each person
- Excellent
- Very good
- Good
- Fair
- Poor
- Not applicable

20. WHERE DOES THIS PERSON MOST OFTEN GO FOR HEALTH CARE? Fill one oval for each person
- Private doctor
- HMO or a health plan
- Community health center
- Hospital clinic
- Hospital emergency room
- Other

21. HOW DOES THIS PERSON GENERALLY GET TO THEIR HEALTH CARE PROVIDER? Fill one oval for each person
- Private vehicle
- Taxi/cab
- Public transportation
- Private/association bus
- Walk
- Other

22. WHAT IS THIS PERSON'S CURRENT HEALTH INSURANCE COVERAGE? Fill one oval for each person
- Currently uninsured
- Group plan
- Individual policy
- MEDICARE/MEDICAID
- Military
- Other

23. IF THIS PERSON IS FEMALE, HOW MANY BABIES HAS SHE EVER HAD? DO NOT COUNT STILLBIRTHS, STEPCOCHILDREN OR CHILDREN SHE HAS ADOPTED. Fill in one oval indicating the number of babies for each female
- Person 1 (if female): 0
- Person 2 (if female): 0
- Person 3 (if female): 0
- Person 4 (if female): 0
- Person 5 (if female): 0
- Person 6 (if female): 0
- Person 7 (if female): 0

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 multiunit)
- 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 bedrooms

3. HOW MANY PERSONS LIVE AT THIS ADDRESS? Number of persons

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
- Since 1990
- 1990 to 1991
- 1990 to 1990
- 1970 to 1979

6. WHEN WAS THIS BUILDING FIRST BUILT? Fill one oval
- Since 1990
- 1990 to 1989
- 1970 to 1979

7. HOW MUCH WOULD THIS HOUSE AND LOT OR CONDOMINIUM SELL FOR IF IT WERE FOR SALE? Fill one oval
- Less than $20,000
- $20,000 to $29,999
- $30,000 to $39,999
- $40,000 to $49,999
- $50,000 to $59,999
- $60,000 to $69,999
- $70,000 to $79,999
- $80,000 to $89,999
- $90,000 to $99,999
- $100,000 to $124,999
- Other