

1990 MILITARY CENSUS REPORT

This is your official Census form. Your cooperation in carefully filling out the form will help make the census successful. If you do not know the exact answer to any question, please give your best estimate.

This census is authorized by Title 13, United States Code, and you are required by law to answer the questions to the best of your knowledge.

The same law protects the confidentiality of your answers. Census employees are subject to fine and/or imprisonment for any disclosure of your answers. The person on base collecting your information is sworn in as a census employee and is subject to these same penalties.

Thank you for your cooperation.

1. Please print your name —
Last name First name Middle initial

2a. What is the name of your unit?

b. What is the address where you usually stay at least 4 nights a week?

Building or barracks number or identification (if applicable)

House number, street name, apartment number

City County or foreign country

State ZIP Code

Names of nearest intersecting streets or roads

c. Is the above address on a military installation or base?

Yes — Give name No

d. Is the place where you usually stay family-type housing (house, apartment, etc.) or group quarters (barracks, BOQ, hospital, etc.)?

Family-type housing — How many persons, including yourself, were living at the above address on April 1, 1990?

Persons — Please complete questions 3 through 7 on page 2. Then return your form to the person in charge of distributing these reports.

Group quarters — Continue with question 3 and follow the instructions at the bottom of page 2.

24a. What time did you usually leave home to go to work LAST WEEK?

1 a.m.
2 p.m.

b. How many minutes did it usually take you to get from home to work LAST WEEK?

Minutes — Skip to 28

25

26

27

28. What is your branch of service?

- 1 Air Force
- 2 Army
- 3 Marine Corps
- 4 Navy
- 5 Coast Guard
- 6 Not in U.S. Armed Forces

29. Occupation

a. What is your primary job specialty? If you have more than one specialty, list the one at which you spend the most time.

(1) Title

(2) MOS/Rating/Designator/AFSC

b. What kind of work are you doing?

(For example: aircraft engine mechanic, electronic technician, field artillery surveyor, sonar technician, tactical intelligence officer)

c. What are your most important activities or duties?

(For example: repair seaplanes, research on electronic components, survey artillery ranges, repair sonar equipment, edit intelligence manuals)

d. What is your paygrade? Enter two-character code.

(For example: E-4, O-3)

Paygrade

30

31a. Last year (1989), did you work, even for a few days, at a paid job, business, farm or on active-duty military service?

1 Yes 2 No — Skip to 32

b. How many weeks did you work in 1989? Count paid vacation, paid sick leave, and military service.

Weeks

c. During the weeks WORKED in 1989, how many hours did you usually work each week?

Hours

32. Income in 1989 —

Mark (X) the "Yes" box below for each income source you received during 1989. Otherwise, mark (X) the "No" box. If "Yes," enter the total amount received during 1989. If exact amount is not known, please give best estimate. If net income in 32b, c, or d was a loss, write "Loss" above the dollar amount.

a. Pay as a member of the ARMED FORCES including special, incentive, and bonus pay. Also wages, salaries, tips, and commissions from CIVILIAN JOBS — Report total amount from all jobs BEFORE DEDUCTIONS for taxes, bonds, dues, or other items.

1 Yes → \$.00
2 No
Annual amount — Dollars

b. Self-employment income from own nonfarm business, including proprietorship and partnership — Report NET income after business expenses.

1 Yes → \$.00
2 No
Annual amount — Dollars

c. Farm self-employment income — Report NET income after operating expenses. Include earnings as a tenant farmer or sharecropper.

1 Yes → \$.00
2 No
Annual amount — Dollars

d. Interest, dividends, net rental income or royalty income, or income from estates and trusts — Report even small amounts credited to an account.

1 Yes → \$.00
2 No
Annual amount — Dollars

e. Any other income received regularly, such as social security, public assistance or welfare payments, child support, or unemployment compensation — Do NOT include lump-sum payments such as money from an inheritance or the sale of a home.

1 Yes → \$.00
2 No
Annual amount — Dollars

33. What was your total income in 1989?

Add entries in questions 32a through 32e; subtract any losses. If total amount was a loss, write "Loss" above amount.

\$.00
Annual amount — Dollars

OR 0 None

AFTER COMPLETING THIS FORM

- Please check it to be sure you have answered all the required questions completely.
- Then return your form to the person in charge of distributing these reports.
- Military personnel living away from this installation, but within the census area, also will receive a census form at home. To ensure that such personnel are assigned to the correct jurisdiction, it is important that YOU MAKE SURE YOU ARE INCLUDED ON BOTH FORMS — this report and the census form sent to your home.

THANK YOU FOR YOUR COOPERATION.

The Census Bureau estimates that, on average, each respondent will take either 2 minutes (first seven questions) or 7 minutes (all thirty-three questions) to complete this form, including the time for reviewing instructions and answers. Comments about these estimates should be directed to the Associate Director for Management Services, Bureau of the Census, Washington, DC 20233, Attn: CEN-90, and to the Office of Management and Budget, Paperwork Reduction Project CEN-90, Washington, DC 20503.

CENSUS '90



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FOR CENSUS USE

Add	DO	ID	ARA	Block	PN
Y	N				

FOR CENSUS USE

DO	ID	ARA	Block	PN

3. Sex — Mark (X) ONE box:
1 Male 2 Female

4. Race — Mark (X) ONE box for the race you consider yourself to be.

1 White
2 Black or Negro
3 Indian (Amer.) (Print the name of the enrolled or principal tribe.)
4 Eskimo
5 Aleut
Asian or Pacific Islander (API)
6 Chinese 11 Japanese
7 Filipino 12 Asian Indian
8 Hawaiian 13 Samoan
9 Korean 14 Guamanian
10 Vietnamese 15 Other API
16 Other race (Print race)

5. Age and year of birth

a. Age b. Year of birth

 1

6. Marital status — Mark (X) ONE box.

1 Now married 4 Separated
2 Widowed 5 Never married
3 Divorced

7. Are you of Spanish/Hispanic origin?
Mark (X) ONE box.

1 No (not Spanish/Hispanic)
2 Yes, Mexican, Mexican-Am., Chicano
3 Yes, Puerto Rican
4 Yes, Cuban
5 Yes, other Spanish/Hispanic (Print one group, for example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.)

What are the last 4 digits of your Social Security Number?
X X X — X X —

If the last four digits are 8333 or more, please continue with question 8. Persons who continue with question 8 represent a sample randomly selected on the basis of these digits. If the digits are less than 8333, stop here and return the form.

8. In what U.S. State or foreign country were you born?

(Name of State or foreign country; or Puerto Rico, Guam, etc.)

9. Are you a CITIZEN of the United States?

1 Yes, born in the United States — Skip to 11
2 Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas
3 Yes, born abroad of American parent or parents
4 Yes, U.S. citizen by naturalization
5 No, not a citizen of the United States

10. When did you come to the United States to stay?

0 1987 to 1990 5 1970 to 1974
1 1985 or 1986 6 1965 to 1969
2 1982 to 1984 7 1960 to 1964
3 1980 or 1981 8 1950 to 1959
4 1975 to 1979 9 Before 1950

11. At any time since February 1, 1990, have you attended regular school or college? Include only schooling which leads to a high school diploma or a college degree.

1 No, have not attended since February 1
2 Yes, public school, public college
3 Yes, private school, private college

12. How much school have you COMPLETED?
Mark (X) ONE box for the highest level COMPLETED or degree RECEIVED. If currently enrolled, mark the level of previous grade attended or highest degree received.

35 Less than 9th grade
36 9th grade
37 10th grade
38 11th grade
39 12th grade, NO DIPLOMA
40 HIGH SCHOOL GRADUATE — high school DIPLOMA or the equivalent (For example: GED)
41 Some college but no degree
42 Associate degree in college — Occupational program
43 Associate degree in college — Academic program
44 Bachelor's degree (For example: BA, AB, BS)
45 Master's degree (For example: MA, MS, MEng, MEd, MSW, MBA)
46 Professional school degree (For example: MD, DDS, DVM, LLB, JD)
47 Doctorate degree (For example: PhD, EdD)

13. What is your ancestry or ethnic origin?

(For example: German, Italian, Afro-Amer., Croatian, Cape Verdean, Dominican, Ecuadoran, Haitian, Cajun, French Canadian, Jamaican, Korean, Lebanese, Mexican, Nigerian, Irish, Polish, Slovak, Taiwanese, Thai, Ukrainian, etc.)

14a. Did you live at the address reported in question 2b 5 years ago (on April 1, 1985)?

1 Yes — Skip to 15a
2 No

b. Where did you live 5 years ago (on April 1, 1985)?

(1) Name of U.S. State or foreign country

(If outside U.S., print answer above and skip to 15a.)

(2) Name of county in the U.S.

(3) Name of city or town in the U.S.

(4) Did you live inside the city or town limits? Answer "Yes" if living on a base/post reported above.
1 Yes 2 No, lived outside the city/town limits

15a. Do you speak a language other than English at home?
1 Yes 2 No — Skip to 17b

b. What is this language?

(For example: Chinese, Italian, Spanish, Vietnamese)

c. How well do you speak English?
1 Very well 2 Well 3 Not well 4 Not at all

16.

17a.

17b. During which of the following periods have you served on active duty in the Armed Forces of the United States? Mark (X) a box for each period in which you served. If the only active duty was for training in the military Reserves or National Guard, mark (X) here → 0 AND skip to 20.

1 September 1980 or later
2 May 1975 to August 1980
3 Vietnam era (August 1964—April 1975)
4 February 1955—July 1964
5 Korean conflict (June 1950—January 1955)
6 World War II (September 1940—July 1947)
7 World War I (April 1917—November 1918)
8 Any other time

c. In total, how many years of active-duty military service have you had?
 Years

18.

19.

20. If you are female — How many babies have you ever had, not counting stillbirths? Do not count stepchildren or children you have adopted.

0 None 1 1 4 4 7 7 10 10
2 2 5 5 8 8 11 11
3 3 6 6 9 9 12 12 or more

21a.

21b. How many hours did you work LAST WEEK (at all jobs)? Subtract any time off; add overtime or extra hours worked.

Hours OR 0 Did not work last week — Skip to 28

22. At what location did you work LAST WEEK? If you worked at more than one location, print where you worked most last week.

a. Address (Number and street)

(If the exact address is not known, give a description of the location such as the name of the military base or post, the nearest street or intersection, etc.)

b. Name of city, town, or post office

c. Is the work location inside the limits of that city or town?
1 Yes 2 No, outside the city/town limits

d. County

e. State

f. ZIP Code

23a. How did you usually get to work LAST WEEK? If you usually used more than one method of transportation during your trip, mark (X) the box of the one used for most of the distance.

1 Car, truck, or van 8 Motorcycle
2 Bus or trolley bus 9 Bicycle
3 Streetcar or trolley car 10 Walked or marched
4 Subway or elevated 11 Worked at home
5 Railroad 12 Other method
6 Ferryboat
7 Taxicab

If "car, truck, or van" is marked in 23a, go to 23b. Otherwise, skip to 24a.

b. How many people, including yourself, usually rode to work in the car, truck, or van LAST WEEK?

1 Drove alone 4 4 people 7 7 to 9 people
2 2 people 5 5 people 8 10 or more people
3 3 people 6 6 people

28. Are you now on active duty in the U.S. Armed Forces?

- 1 Yes, Navy
- 2 Yes, Marine Corps
- 3 Yes, Coast Guard
- 4 Yes, Army
- 5 Yes, Air Force
- 6 No — Describe the kind of business of your employer →

29. Occupation

a. What kind of work are you doing?

(For example: aircraft engine mechanic, electronic technician, able seaman, sonar technician, tactical intelligence officer)

b. What are your most important activities or duties?

(For example: repair seaplanes, research on electronic components, maintain ship's gear, repair sonar equipment, edit intelligence manuals)

c. If Armed Forces:

(1) What is your primary job specialty? If you have more than one specialty, list the one at which you spend the most time.

MOS/Rating/Designator/AFSC →

(2) What is your paygrade? Enter two-character code. (For example: E-4, O-3)

Paygrade

30.

31a. Last year (1989), did you work, even for a few days, at a paid job, business, farm or on active-duty military service?

- 1 Yes
- 2 No — Skip to 32

b. How many weeks did you work in 1989? Count paid vacation, paid sick leave, and military service.

_____ Weeks

c. During the weeks WORKED in 1989, how many hours did you usually work each week?

_____ Hours

32. Income in 1989 —

Mark (X) the "Yes" box below for each income source you received during 1989. Otherwise, mark (X) the "No" box.

If "Yes," enter the total amount received during 1989. If exact amount is not known, please give best estimate.

If net income in 32b, c, or d was a loss, write "Loss" above the dollar amount.

a. Pay as a member of the ARMED FORCES including special, incentive, and bonus pay. Also wages, salaries, tips, and commissions from CIVILIAN JOBS — Report total amount from all jobs BEFORE DEDUCTIONS for taxes, bonds, dues, or other items.

1 Yes → \$ _____ .00
2 No
Annual amount — Dollars

b. Self-employment income from own nonfarm business, including proprietorship and partnership — Report NET income after business expenses.

1 Yes → \$ _____ .00
2 No
Annual amount — Dollars

c. Farm self-employment income — Report NET income after operating expenses. Include earnings as a tenant farmer or sharecropper.

1 Yes → \$ _____ .00
2 No
Annual amount — Dollars

d. Interest, dividends, net rental income or royalty income, or income from estates and trusts — Report even small amounts credited to an account.

1 Yes → \$ _____ .00
2 No
Annual amount — Dollars

e. Any other income received regularly, such as social security, public assistance or welfare payments, child support, or unemployment compensation — Do NOT include lump-sum payments such as money from an inheritance or the sale of a home.

1 Yes → \$ _____ .00
2 No
Annual amount — Dollars

33. What was your total income in 1989?

Add entries in questions 32a through 32e; subtract any losses. If total amount was a loss, write "Loss" above amount.

\$ _____ .00
Annual amount — Dollars
OR 0 None

AFTER COMPLETING THIS FORM

1. Please check it to be sure you have answered all the required questions completely.
2. Then return your form to the person in charge of distributing these reports.
3. Military personnel living away from this installation, but within the census area, also will receive a census form at home. To ensure that such personnel are assigned to the correct jurisdiction, it is important that YOU MAKE SURE YOU ARE INCLUDED ON BOTH FORMS — this report and the census form sent to your home.

THANK YOU FOR YOUR COOPERATION.

The Census Bureau estimates that, on average, each respondent will take either 2 minutes (first seven questions) or 7 minutes (all thirty-three questions) to complete this form, including the time for reviewing instructions and answers. Comments about these estimates should be directed to the Associate Director for Management Services, Bureau of the Census, Washington, DC 20233, Attn: CEN-90, and to the Office of Management and Budget, Paperwork Reduction Project CEN-90, Washington, DC 20503.

CENSUS '90



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Add	DO	ID	ARA	Block	PN
Y	N				

FORM D-23

1990 SHIPBOARD CENSUS REPORT

This is your official Census form. Your cooperation in carefully filling out the form will help make the census successful. Estimates may be made where exact answers are not known.

This census is authorized by Title 13, United States Code, and you are required by law to answer the questions to the best of your knowledge.

The same law protects the confidentiality of your answers. Census employees are subject to fine and/or imprisonment for any disclosure of your answers.

Thank you for your cooperation.

1a. Please print your name —

Last name First name Middle initial

b. What is the name of the ship where you are assigned?

c. What is the name of the operator of the ship?
If U.S. Government, specify Navy, Coast Guard, etc.

Please continue →

FOR CENSUS USE				
DO	ID	ARA	Block	PN

FOLD ALONG THIS BROKEN LINE FOR SEALING.

2a. Do you have a residence (house, apartment) where you usually stay when off duty?
 1 Yes — Go to 2b 2 No — Skip to 3

b. What is the address of that residence? Include house number, street name, city, State, and ZIP Code.

House number _____ Street name _____

Base name (if on-base) _____

City _____ State _____ ZIP Code _____

3. Sex — Mark (X) ONE box.
 1 Male 2 Female

4. Race — Mark (X) ONE box for the race you consider yourself to be.

1 White
 2 Black or Negro
 3 Indian (Amer.) (Print the name of the enrolled or principal tribe.) _____

4 Eskimo
 5 Aleut
 Asian or Pacific Islander (API)

6 Chinese 11 Japanese
 7 Filipino 12 Asian Indian
 8 Hawaiian 13 Samoan
 9 Korean 14 Guamanian
 10 Vietnamese 15 Other API _____

16 Other race (Print race) _____

5. Age and year of birth

a. Age

b. Year of birth

6. Marital status — Mark (X) ONE box.

1 Now married 3 Divorced 5 Never married
 2 Widowed 4 Separated

7. Are you of Spanish/Hispanic origin?
 Mark (X) ONE box.

1 No (not Spanish/Hispanic)
 2 Yes, Mexican, Mexican-Am., Chicano
 3 Yes, Puerto Rican
 4 Yes, Cuban
 5 Yes, other Spanish/Hispanic (Print one group, for example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.) _____

What are the last 4 digits of your Social Security Number?

— —

If the last four digits are 8333 or more, please continue with question 8. Persons who continue with question 8 represent a sample randomly selected on the basis of these digits. If the digits are less than 8333, stop here and return the form.

8. In what U.S. State or foreign country were you born?

(Name of State or foreign country; or Puerto Rico, Guam, etc.)

9. Are you a CITIZEN of the United States?

1 Yes, born in the United States — Skip to 11
 2 Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas
 3 Yes, born abroad of American parent or parents
 4 Yes, U.S. citizen by naturalization
 5 No, not a citizen of the United States

10. When did you come to the United States to stay?

0 1987 to 1990 5 1970 to 1974
 1 1985 or 1986 6 1965 to 1969
 2 1982 to 1984 7 1960 to 1964
 3 1980 or 1981 8 1950 to 1959
 4 1975 to 1979 9 Before 1950

11. At any time since February 1, 1990, have you attended regular school or college? Include only schooling which leads to a high school diploma or a college degree.

1 No, have not attended since February 1
 2 Yes, public school, public college
 3 Yes, private school, private college

12. How much school have you COMPLETED?
 Mark (X) ONE box for the highest level COMPLETED or degree RECEIVED. If currently enrolled, mark the level of previous grade attended or highest degree received.

35 Less than 9th grade
 36 9th grade
 37 10th grade
 38 11th grade
 39 12th grade, **NO DIPLOMA**
 40 **HIGH SCHOOL GRADUATE** — high school DIPLOMA or the equivalent (For example: GED)
 41 Some college but no degree
 42 Associate degree in college — Occupational program
 43 Associate degree in college — Academic program
 44 Bachelor's degree (For example: BA, AB, BS)
 45 Master's degree (For example: MA, MS, MEng, MEd, MSW, MBA)
 46 Professional school degree (For example: MD, DDS, DVM, LLB, JD)
 47 Doctorate degree (For example: PhD, EdD)

13. What is your ancestry or ethnic origin?

(For example: German, Italian, Afro-Amer., Croatian, Cape Verdean, Dominican, Ecuadoran, Haitian, Cajun, French Canadian, Jamaican, Korean, Lebanese, Mexican, Nigerian, Irish, Polish, Slovak, Taiwanese, Thai, Ukrainian, etc.)

14a. Did you live at the address reported in question 2b 5 years ago (on April 1, 1985)?

1 Yes — Skip to 15a
 2 No or no address in 2b

b. Where did you live 5 years ago? If you had no residence except on a ship, report the home port of that ship on April 1, 1985.

(1) **Name of U.S. State or foreign country** _____
 (If outside U.S., print answer above and skip to 15a.)

(2) **Name of county in the U.S.** _____

(3) **Name of city or town in the U.S.** _____

(4) **Did you live inside the city or town limits?**
 1 Yes 2 No, lived outside the city/town limits

15a. Do you speak a language other than English at home?

1 Yes 2 No — Skip to 17a

b. What is this language? _____
 (For example: Chinese, Italian, Spanish, Vietnamese)

c. How well do you speak English?

1 Very well 2 Well 3 Not well 4 Not at all

17a. Have you ever been on active-duty military service in the Armed Forces of the United States or ever been in the United States military Reserves or the National Guard? Active duty does not include training in the Reserves or National Guard.

1 Yes, now on active duty
 2 Yes, on active duty in past, but not now
 3 Yes, service in Reserves or National Guard only } Skip to 20
 4 No

b. Was active-duty military service during — Mark (X) a box for each period in which you served.

1 September 1980 or later 6 World War II (September 1940—July 1947)
 2 May 1975 to August 1980 7 World War I (April 1917—November 1918)
 3 Vietnam era (August 1964—April 1975) 8 Any other time
 4 February 1955—July 1964
 5 Korean conflict (June 1950—January 1955)

c. In total, how many years of active-duty military service have you had? _____ Years

20. If you are female — How many babies have you ever had, not counting stillbirths? Do not count stepchildren or children you have adopted.

0 None 1 1 4 4 7 7 10 10
 2 2 5 5 8 8 11 11
 3 3 6 6 9 9 12 12 or more

21a. _____

21b. How many hours did you work LAST WEEK (at all jobs)? Subtract any time off; add overtime or extra hours worked.

_____ Hours OR 0 Did not work last week — Skip to 28

22. Did you work on this ship LAST WEEK?

1 Yes } Skip to 28
 2 No, different ship }
 3 No

At what location did you work LAST WEEK? If you worked at more than one location, print where you worked most last week.

a. Address (Number and street) _____
 (If the exact address is not known, give a description of the location such as the name of the building or the nearest street or intersection, etc.)

b. Name of city, town, or post office _____

c. Is the work location inside the limits of that city or town?

1 Yes 2 No, outside the city/town limits

d. County _____

e. State _____ **f. ZIP Code** _____

23a. How did you usually get to work LAST WEEK? If you usually used more than one method of transportation during the trip, mark (X) the box of the one used for most of the distance.

1 Car, truck, or van 8 Motorcycle
 2 Bus or trolley bus 9 Bicycle
 3 Streetcar or trolley car 10 Walked
 4 Subway or elevated 11 Worked at home — Skip to 28
 5 Railroad 12 Other method
 6 Ferryboat
 7 Taxicab

If "car, truck, or van" is marked in 23a, go to 23b. Otherwise, skip to 24a.

b. How many people, including yourself, usually rode to work in the car, truck, or van LAST WEEK?

1 Drove alone 4 4 people 7 7 to 9 people
 2 2 people 5 5 people 8 10 or more people
 3 3 people 6 6 people

24a. What time did you usually leave home to go to work LAST WEEK? _____ 1 a.m.
 _____ 2 p.m.

b. How many minutes did it usually take you to get from home to work LAST WEEK? _____ Minutes — Skip to 28

25. _____
26. _____
27. _____