This booklet shows the content of the American Community Survey questionnaire.

This questionnaire is available in either English or Spanish. Este cuestionario está disponible en español o en inglés.

To complete the English questionnaire, begin on page 2. To complete the Spanish questionnaire, flip this over and complete the green side.

Please complete this form as soon as possible. Place it in the envelope provided and HOLD it for a census representative to return to pick it up.

If you need help or have questions about completing this form, call the number that our census representative has given you.

For more information about the American Community Survey, visit our web site at: http://www.census.gov/acs.

CENSUS USE ONLY

How was this form completed?

☐ English

☐ Spanish

This questionnaire is available in either English or Spanish. Este cuestionario está disponible en español o en inglés.

Para completar cuestionario en inglés, comience en la página 2. Para completar el cuestionario en español, vírelo y complete el lado verde.

Por favor, complete este cuestionario tan pronto sea posible. Colóquelo en el sobre que se provee y GUARDELO hasta que un representante del censo lo venga a recoger.

Si necesita ayuda o tiene preguntas sobre cómo completar este cuestionario, llame al número de teléfono que le ha dado nuestro representante del censo.

Para obtener más información sobre la Encuesta sobre la Comunidad Estadounidense, vaya a nuestra página en la Internet: http://www.census.gov/acs.
What is your name? Please print your name. Include your telephone number, and today’s date so we can contact you if there is a question.

- Last Name
- First Name

What is your sex? Mark (✓) ONE box.
- Male
- Female

What is your age and what is your date of birth? Please report babies as age 0 when the child is less than 1 year old.

- Age (in years)
- Month Day Year of birth

What is your race? Mark (✓) one or more boxes.
- White
- Black, African Am., or Negro
- American Indian or Alaska Native – Print name of enrolled or principal tribe.
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.
- Native Hawaiian or Guamanian or Chamorro
- Samoan
- Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on.
- Some other race – Print race.

Are you a citizen of the United States?
- Yes, born in the United States ➔ SKIP to question 9a
- Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas
- Yes, born abroad of U.S. citizen parent or parents
- Yes, U.S. citizen by naturalization – Print year of naturalization
- No, not a U.S. citizen

When did you come to live in the United States? Print numbers in boxes.

- Year

A. At any time IN THE LAST 3 MONTHS, have you attended school or college? Include only nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.

- No, have not attended in the last 3 months ➔ SKIP to question 10
- Yes, public school, public college
- Yes, private school, private college, home school

B. What grade or level were you attending?

- Kindergarten
- Grade 1 through 12 – Specify grade 1 - 12
- College undergraduate years (freshman to senior)
- Graduate or professional school beyond a bachelor’s degree (for example: MBA or PhD program, or medical or law school)
What is the highest degree or level of school you have COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received. 

NO SCHOOLING COMPLETED
- No schooling completed
- Nursery school
- Kindergarten
- Grade 1 through 11 – Specify grade 1 – 11
- 12th grade – NO DIPLOMA

HIGH SCHOOL GRADUATE
- Regular high school diploma
- GED or alternative credential

COLLEGE OR SOME COLLEGE
- Some college credit, but less than 1 year of college credit
- 1 or more years of college credit, no degree
- Associate’s degree (for example: AA, AS)
- Bachelor’s degree (for example: BA, BS)

AFTER BACHELOR’S DEGREE
- Master’s degree (for example: MA, MS, MEng, MEc, MSW, MBA)
- Professional degree beyond a bachelor’s degree (for example: MD, DDS, DVM, LLB, JD)
- Doctorate degree (for example: PhD, EdD)

Answer question 11 if you have a bachelor’s degree or higher. Otherwise, SKIP to question 12.

This question focuses on your BACHELOR’S DEGREE. Please print below the specific major(s) of any BACHELOR’S DEGREES you have received. (For example: chemical engineering, elementary teacher education, organizational psychology)

What is your ancestry or ethnic origin? 

(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)

a. Do you speak a language other than English at home? 
- Yes 
- No – SKIP to question 14a

b. What is this language? 
For example: Korean, Italian, Spanish, Vietnamese

c. How well do you speak English? 
- Very well
- Well
- Not well
- Not at all

Are you CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark “Yes” or “No” for EACH type of coverage in items a – h.

a. Insurance through a current or former employer or union (of yours or another family member)
- Yes
- No

b. Insurance purchased directly from an insurance company (by you or another family member)
- Yes
- No

c. Medicare, for people 65 and older, or people with certain disabilities
- Yes
- No

d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability
- Yes
- No

e. TRICARE or other military health care
- Yes
- No

f. VA (including if you have ever used or enrolled for VA health care)
- Yes
- No

g. Indian Health Service
- Yes
- No

h. Any other type of health insurance or health coverage plan – Specify
- Yes
- No

IN THE PAST 12 MONTHS, did you receive Food Stamps or a Food Stamp benefit card? Include government benefits from the Supplemental Nutrition Assistance Program (SNAP). Do NOT include WIC or the National School Lunch Program.
- Yes
- No

INFORMATIONAL COPY
17. a. Are you deaf or do you have serious difficulty hearing?
   - Yes
   - No

   b. Are you blind or do you have serious difficulty seeing even when wearing glasses?
   - Yes
   - No

19. a. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?
   - Yes
   - No

   b. Do you have serious difficulty walking or climbing stairs?
   - Yes
   - No

   c. Do you have difficulty dressing or bathing?
   - Yes
   - No

20. What is your marital status?
   - Now married
   - Widowed
   - Divorced
   - Separated
   - Never married → SKIP to 21

22. In the PAST 12 MONTHS did you get –
   a. Married?
   - Yes
   - No

   b. Widowed?
   - Yes
   - No

   c. Divorced?
   - Yes
   - No

23. How many times have you been married?
   - Once
   - Two times
   - Three or more times

24. In what year did you last get married?
   - Year

25. Have you given birth to any children in the past 12 months?
   - Yes
   - No → SKIP to 26

26. Have you ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.
   - Yes, now on active duty
   - Yes, on active duty during the last 12 months, but not now
   - Yes, on active duty in the past, but not during the last 12 months
   - No, training for Reserves or National Guard only → SKIP to question 28a
   - No, never served in the military → SKIP to question 29a

27. When did you serve on active duty in the U.S. Armed Forces? Mark (✓) a box for EACH period in which you served, even if just for part of the period.
   - September 2001 or later
   - September 1980 to July 1990
   - May 1975 to August 1980
   - Vietnam era (August 1964 to April 1975)
   - June 1961 to July 1964
   - February 1955 to February 1961
   - Korean War (July 1950 to January 1955)
   - January 1947 to June 1950
   - World War II (December 1941 to December 1946)
   - November 1941 or earlier

28. a. Do you have a VA service-connected disability rating?
   - Yes (such as 0%, 10%, 20%, ..., 100%)
   - No → SKIP to question 29a

   b. What is your service-connected disability rating?
   - 0 percent
   - 10 or 20 percent
   - 30 or 40 percent
   - 50 or 60 percent
   - 70 percent or higher
a. LAST WEEK, did you work for pay at a job (or business)?
   - Yes
   - No – Did not work (or retired)

b. LAST WEEK, did you do ANY work for pay, even for as little as one hour?
   - Yes
   - No – SKIP to question 35a

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 name)
   - If the exact address is not known, give a description of the location such as the building
   name or the nearest street or intersection.

b. Name of city, town, post office, military installation, or base

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

d. Name of county

e. Name of U.S. state or foreign country

f. ZIP Code

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

- Car, truck, or van
- Public or trolley bus
- Streetcar or trolley car
- Subway or elevated train
- Railroad
- Motorcycle
- Bicycle
- Walked
- Worked at this address – SKIP to question 39a
- Taxicab
- Other method

Answer question 32 if you marked “Car, truck, or van” in question 31. Otherwise,
SKIP to question 33.

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

Person(s)

What time did you usually leave this address to go to work LAST WEEK?

Hour: ___  Minute: ___  a.m. ___  p.m. ___

How many minutes did it usually take you to get to work LAST WEEK?

Minutes

Answer questions 35 – 38 if you marked “Car, truck, or van” in question 31. Otherwise,
SKIP to question 39a.

a. LAST WEEK, were you on layoff from a job?
   - Yes – SKIP to question 35c
   - No

b. LAST WEEK, were you TEMPORARILY absent from a job or business?
   - Yes, on vacation, temporary illness, maternity leave, other family/personal
   reasons, bad weather, etc. – SKIP to question 38
   - No – SKIP to question 36

c. Have you been informed that you will be recalled to work within the next 6 months
   OR been given a date to return to work?
   - Yes – SKIP to question 37
   - No

During the LAST 4 WEEKS, have you been ACTIVELY looking for work?

- Yes
- No – SKIP to question 38

During the LAST WEEK, could you have started a job if offered one, or returned to work if recalled?

- Yes, could have gone to work
- No, because of own temporary illness
- No, because of all other reasons (in school, etc.)

When did you last work, even for a few days?

- Within the past 12 months
- 1 to 5 years ago – SKIP to H
- Over 5 years ago or never worked – SKIP to question 47

a. DURING THE PAST 12 MONTHS (52 weeks), did you work 50 or more weeks? Count
paid time off as work.

- Yes – SKIP to question 40
- No

b. How many weeks DID you work, even for a few hours, including
paid vacation, paid sick leave, and military service?

- 50 to 52 weeks
- 48 to 49 weeks
- 40 to 47 weeks
- 27 to 39 weeks
- 14 to 26 weeks
- 13 weeks or less

During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did you usually
work EACH WEEK?

Usual hours worked each WEEK
**41-46 CURRENT OR MOST RECENT JOB ACTIVITY**

Describe clearly your chief job activity or business last week. If you had more than one job, describe the one at which you worked the most hours. If you did not have a job or business last week, give information for your last job or business.

**Were you –**

- Mark (✓) ONE box.
  - an employee of a PRIVATE FOR-PROFIT company or business, or of an individual, for wages, salary, or commissions?
  - an employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization?
  - a local GOVERNMENT employee (city, county, etc.)?
  - a state GOVERNMENT employee?
  - a Federal GOVERNMENT employee?
  - SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?
  - SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?
  - working WITHOUT PAY in family business or farm?

**For whom did you work?**

If now on active duty in the Armed Forces, mark (✓) this box ➔

Name of company, business, or other employer

**What kind of business or industry was this?**

Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank)

**Is this mainly –** Mark (✓) ONE box.

- manufacturing?
- wholesale trade?
- retail trade?
- other (agriculture, construction, service, government, etc.)?

**What kind of work were you doing?** (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)

**What were your most important activities or duties?** (For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)

**INCOME IN THE PAST 12 MONTHS**

Mark (✓) the "Yes" box for each type of income you received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from today's date one year ago up through today.)

- Mark (✓) the "No" box to show types of income NOT received.
- If your net income was a loss, mark the "Loss" box to the right of the dollar amount.

For income received jointly, report only your share of the amount received or earned.

a. Did you receive any wages, salary, commissions, bonuses, or tips in the PAST 12 MONTHS?
   - Yes ➔ What was the amount?
   - Total amount - Dollars
   - $

b. Did you have any self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships, in the PAST 12 MONTHS?
   - Yes ➔ What was the net income after business expenses?
   - Total amount - Dollars
   - Loss

- No

c. Did you receive any interest, dividends, net rental income, royalty income, or income from estates and trusts in the PAST 12 MONTHS? Report even small amounts credited to an account.
   - Yes ➔ What was the amount?
   - Total amount - Dollars
   - Loss

- No

d. Did you receive any Social Security or Railroad Retirement income in the PAST 12 MONTHS?
   - Yes ➔ What was the amount?
   - Total amount - Dollars
   - $

- No

e. Did you receive any Supplemental Security Income (SSI) in the PAST 12 MONTHS?
   - Yes ➔ What was the amount?
   - Total amount - Dollars
   - $

- No

f. Did you receive any public assistance or welfare payments from the state or local welfare office in the PAST 12 MONTHS?
   - Yes ➔ What was the amount?
   - Total amount - Dollars
   - $

- No

g. Did you receive any retirement, survivor, or disability pensions in the PAST 12 MONTHS? Do NOT include Social Security.
   - Yes ➔ What was the amount?
   - Total amount - Dollars
   - $

- No

h. Did you have any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony in the PAST 12 MONTHS?
   - Yes ➔ What was the amount?
   - Total amount - Dollars
   - $

- No

What was your total income during the PAST 12 MONTHS? Add entries 47a–47h; subtract any losses. If net income was a loss, enter the amount and mark (✓) the "Loss" box next to the dollar amount.

Total amount - Dollars

$
Thank you very much for your participation.

Place the questionnaire in the envelope and HOLD for your Census Bureau Representative to pick up.