THE Puerto Rico Community Survey

This booklet shows the content of the Puerto Rico 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 yellow 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 Puerto Rico Community Survey, visit our web site at: http://www.census.gov/acs.

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

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 Comunidad de Puerto Rico, vaya a nuestra página en la Internet: http://www.census.gov/acs.

CENSUS USE ONLY

How was this form completed?

☐ English  ☐ Spanish
1. 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: 

2. What is your sex? Mark (✓) ONE box.

   Male  Female

3. 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

4. Are you of Hispanic, Latino, or Spanish origin?

   □ No, not of Hispanic, Latino, or Spanish origin
   □ Yes, not of Hispanic, Latino, or Spanish origin – Print origin, for example, Mexican, Mexican American, Chicano
   □ Yes, Puerto Rican
   □ Yes, Cuban
   □ Yes, another Hispanic, Latino, or Spanish origin – Print origin, for example, Argentinian, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.

5. 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.
   □ Some other race – Print race.

6. Where were you born?

   □ In the United States – Print name of state.
   □ Outside the United States – Print Puerto Rico or name of foreign country, or U.S. Virgin Islands, Guam, etc.

7. Are you a citizen of the United States?

   □ Yes, born in Puerto Rico → SKIREFER to question 9a
   □ Yes, born in a U.S. State, District of Columbia, Guam, the U.S. Virgin Islands, or Northern Mariana Islands
   □ 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

8. When did you come to live in Puerto Rico?

   Year

9. 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 → SKIREFER to question 10
   □ Yes, public school, public college
   □ Yes, private school, private college, home school

   b. What grade or level were you attending? Mark (✓) ONE box.

   □ Nursery school, preschool
   □ 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: MA or PhD program, or medical or law school)
### Question 10
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.

<table>
<thead>
<tr>
<th>NO SCHOOLING COMPLETED</th>
<th>Nursery school</th>
<th>Kindergarten</th>
</tr>
</thead>
<tbody>
<tr>
<td>No schooling completed</td>
<td>Grade 1 through 11 – Specify grade 1 – 11</td>
<td></td>
</tr>
<tr>
<td>High school diploma</td>
<td>Regular high school diploma</td>
<td></td>
</tr>
<tr>
<td>GED or alternative credential</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>College or Some College</th>
<th>Master’s degree (for example: MA, MS, MEng, MEd, MSW, MBA)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Some college credit, but less than 1 year of college credit</td>
<td>Professional degree beyond a bachelor’s degree (for example: MD, DDS, DVM, LLB, JD)</td>
</tr>
<tr>
<td>1 or more years of college credit, no degree</td>
<td>Doctorate degree (for example: PhD, EdD)</td>
</tr>
</tbody>
</table>

### Question 11
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)

### Question 12
What is your ancestry or ethnic origin?

*Note: Use English or the language of the respondent.

### Question 13
IN THE PAST 12 MONTHS, did you receive Nutritional Assistance Program benefits or a Nutritional Assistance Program benefit card? Do NOT include WIC or the National School Lunch Program.

- Yes
- No

### Question 14
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.

- Insurance through a current or former employer or union (of yours or another family member)
- Insurance purchased directly from an insurance company (by you or another family member)
- Medicare, for people 65 and older, or people with certain disabilities
- Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability
- TRICARE or other military health care
- Indian Health Service
- Any other type of health insurance or health coverage plan – Specify

### Question 15
b. Where did you live 1 year ago?

Address

- Development or condominium name
- Number and street name

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

Name of municipio in Puerto Rico or U.S. County

Enter Puerto Rico or name of U.S. state

ZIP Code
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

Answer question 17a – c if you are 5 years old or over. Otherwise, SKIP to page 7 for further instructions; do not answer any more questions.

Because of a physical, mental, or emotional condition, do you have difficulty concentrating, remembering, or making decisions?
  [ ] Yes
  [ ] No

Do you have serious difficulty walking or climbing stairs?
  [ ] Yes
  [ ] No

Do you have difficulty dressing or bathing?
  [ ] Yes
  [ ] No

Answer question 19 if you are 15 years old or over. Otherwise, SKIP to page 7 for further instructions; do not answer any more questions.

Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor’s office or shopping?
  [ ] Yes
  [ ] No

What is your marital status?
  [ ] Married
  [ ] Widowed
  [ ] Divorced
  [ ] Separated
  [ ] Never married → SKIP to question 18

In the PAST 12 MONTHS did you get –
  a. Married?
  [ ] Yes
  [ ] No
  b. Widowed?
  [ ] Yes
  [ ] No
  c. Divorced?
  [ ] Yes
  [ ] No

How many times have you been married?
  [ ] Once
  [ ] Two times
  [ ] Three or more times

In what year did you last get married?

Have you given birth to any children in the past 12 months?
  [ ] Yes
  [ ] No → SKIP to question 25

Do you have any of your own grandchildren under the age of 18 living in this place?
  [ ] Yes
  [ ] No

Are you deaf or do you have serious difficulty hearing?
  [ ] Yes
  [ ] No

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

Answer question 19 if you are 15 years old or over. Otherwise, SKIP to page 7 for further instructions; do not answer any more questions.

Do you have serious difficulty walking or climbing stairs?
  [ ] Yes
  [ ] No

Do you have difficulty dressing or bathing?
  [ ] Yes
  [ ] No

a. Do you have serious difficulty doing errands alone such as visiting a doctor’s office or shopping?
  [ ] Yes
  [ ] No

Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor’s office or shopping?
  [ ] Yes
  [ ] No

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

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
  [ ] No, training for Reserves or National Guard only → SKIP to question 29
  [ ] No, never served in the military → SKIP to question 29

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
  [ ] March 1961 to July 1964
  [ ] February 1955 to February 1961
  [ ] January 1947 to June 1950
  [ ] November 1941 or earlier

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

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. Married?
  [ ] Yes
  [ ] No

b. Widowed?
  [ ] Yes
  [ ] No

c. Divorced?
  [ ] Yes
  [ ] No

In the PAST 12 MONTHS did you get –
  a. Married?
  [ ] Yes
  [ ] No
  b. Widowed?
  [ ] Yes
  [ ] No
  c. Divorced?
  [ ] Yes
  [ ] No

How many times have you been married?
  [ ] Once
  [ ] Two times
  [ ] Three or more times

In what year did you last get married?

Have you given birth to any children in the past 12 months?
  [ ] Yes
  [ ] No → SKIP to question 25

Do you have any of your own grandchildren under the age of 18 living in this place?
  [ ] Yes
  [ ] No

Are you deaf or do you have serious difficulty hearing?
  [ ] Yes
  [ ] No

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

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

Answer question 19 if you are 15 years old or over. Otherwise, SKIP to page 7 for further instructions; do not answer any more questions.

Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor’s office or shopping?
  [ ] Yes
  [ ] No

What is your marital status?
  [ ] Married
  [ ] Widowed
  [ ] Divorced
  [ ] Separated
  [ ] Never married → SKIP to question 18

In the PAST 12 MONTHS did you get –
  a. Married?
  [ ] Yes
  [ ] No
  b. Widowed?
  [ ] Yes
  [ ] No
  c. Divorced?
  [ ] Yes
  [ ] No

How many times have you been married?
  [ ] Once
  [ ] Two times
  [ ] Three or more times

In what year did you last get married?

Have you given birth to any children in the past 12 months?
  [ ] Yes
  [ ] No → SKIP to question 25

Do you have any of your own grandchildren under the age of 18 living in this place?
  [ ] Yes
  [ ] No → SKIP to question 26

b. Are you currently responsible for most of the basic needs of any grandchildren under the age of 18 who lives in this place?
  [ ] Yes
  [ ] No → SKIP to question 26

c. How long have you been responsible for these grandchildren? If you are financially responsible for more than one grandchild, answer the question for the grandchild for whom you have been responsible for the longest period of time.
  [ ] Less than 6 months
  [ ] 6 to 11 months
  [ ] 1 or 2 years
  [ ] 3 or 4 years
  [ ] 5 or more years

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
  [ ] No, training for Reserves or National Guard only → SKIP to question 29
  [ ] No, never served in the military → SKIP to question 29

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
  [ ] March 1961 to July 1964
  [ ] February 1955 to February 1961
  [ ] January 1947 to June 1950
  [ ] November 1941 or earlier
29. a. LAST WEEK, did you work for pay at a job (or business)?
   - Yes ➔ SKIP to question 30
   - No ➔ SKIP (Did not work or retired)

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

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

30a. Address

   Development or condominium name

   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.

30b. Name of city, town, post office, military installation, or base

30c. Is the work location inside the limits of that city or town?
   - Yes
   - No, outside the city/town limits

30d. Name of municipio in Puerto Rico or U.S. county

30e. Enter Puerto Rico or name of U.S. state or foreign country

30f. ZIP Code

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

   - Car, truck, or van
   - Carro público
   - Subway or elevated
   - Motorcycle
   - Bicycle
   - Walked
   - Ferryboat
   - Taxicab
   - Other method

32. How many people, including yourself, usually rode to work in the car, truck, or van LAST WEEK?
   - Person(s)

33. What time did you usually leave this address to go to work LAST WEEK?
   - Hour
   - Minute
   - a.m.
   - p.m.

34. How many minutes did it usually take you to get from this address to work LAST WEEK?
   - Minutes

35. 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 given a date to return to work?
      - Yes ➔ SKIP to question 37
      - No

36. During the LAST 4 WEEKS, have you been ACTIVELY looking for work?
   - Yes
   - No ➔ SKIP to question 38

37. 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.)

38. When did you last work, even for a few days?
   - Within the past 12 months
   - 1 to 5 years ago ➔ SKIP to question 47
   - Over 5 years ago or never worked ➔ SKIP

39a. Address

   Development or condominium name

   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.

39b. Name of city, town, post office, military installation, or base

39c. Is the work location inside the limits of that city or town?
   - Yes
   - No, outside the city/town limits

39d. Name of municipio in Puerto Rico or U.S. county

39e. Enter Puerto Rico or name of U.S. state or foreign country

39f. ZIP Code

   ➔ SKIP to question 40 if you marked “Car, truck, or van” in question 31. Otherwise, SKIP to question 33.

40. 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

41. 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

42. 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

43. During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did you usually work each WEEK?
   - Usual hours worked each WEEK
   - 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

44. 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

45. During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did you usually work 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, municipio, 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 and print the branch of the Armed Forces.

Name of company, business, or other employer

What kind of business or industry was this?

Describe the activity at the location where you were 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?

☐ No

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?

☐ No

c. Did you receive any interest, dividends, net rental income, royalty income, or income from estates and trusts in the PAST 12 MONTHS?

☐ Yes → What was the amount?

☐ No

d. Did you receive any Social Security or Railroad Retirement income in the PAST 12 MONTHS?

☐ Yes → What was the amount?

☐ No

e. Did you receive any Supplemental Security Income (SSI) in the PAST 12 MONTHS?

☐ Yes → What was the amount?

☐ 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?

☐ No

g. Did you receive any retirement, survivor, or disability pensions in the PAST 12 MONTHS?

☐ Yes → What was the amount?

☐ 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?

☐ 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

Loss
Thank you very much for your participation.

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