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.

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

Por favor, complete este cuestionario tan pronto sea posible. Colóquelo en el sobre que se provee y GUÁRDENLO 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.
<table>
<thead>
<tr>
<th><strong>What is your name?</strong> Please print your name. Include your telephone number, and today’s date so we can contact you if there is a question.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Last Name</strong></td>
</tr>
<tr>
<td><strong>First Name</strong></td>
</tr>
<tr>
<td><strong>Area Code</strong> + <strong>Number</strong></td>
</tr>
</tbody>
</table>
| **Today’s Date**
  | **Month** | **Day** | **Year** |

<table>
<thead>
<tr>
<th><strong>What is your sex?</strong> Mark (✓) ONE box.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
</tr>
<tr>
<td>Female</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>What is your age and what is your date of birth?</strong> Please report babies as age 0 when the child is less than 1 year old. Print numbers in boxes.</th>
</tr>
</thead>
</table>
| **Age (in years)**
  | **Month** | **Day** | **Year of birth** |

<table>
<thead>
<tr>
<th><strong>Are you of Hispanic, Latino, or Spanish origin?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>No, not of Hispanic, Latino, or Spanish origin</td>
</tr>
<tr>
<td>Yes, Mexican, Mexican Am., Chicano</td>
</tr>
<tr>
<td>Yes, Puerto Rican</td>
</tr>
<tr>
<td>Yes, Cuban</td>
</tr>
<tr>
<td>Yes, another Hispanic, Latino, or Spanish origin – Print origin, for example, Argentinian, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th><strong>Where were you born?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>In the United States – Print name of state.</td>
</tr>
<tr>
<td>Outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Are you a citizen of the United States?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, born in the United States → SKIP to question 9a</td>
</tr>
<tr>
<td>Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas</td>
</tr>
<tr>
<td>Yes, born abroad of U.S. citizen parent or parents</td>
</tr>
<tr>
<td>Yes, U.S. citizen by naturalization – Print year of naturalization</td>
</tr>
<tr>
<td>No, not a U.S. citizen</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>When did you come to live in the United States?</strong> Print numbers in boxes.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Year</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>No, have not attended in the last 3 months → SKIP to question 10</td>
</tr>
<tr>
<td>Yes, public school, public college</td>
</tr>
<tr>
<td>Yes, private school, private college, home school</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>b. What grade or level were you attending?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursery school, preschool</td>
</tr>
<tr>
<td>Kindergarten</td>
</tr>
<tr>
<td>Grade 1 through 12 – Specify grade 1 - 12</td>
</tr>
<tr>
<td>College undergraduate years (freshman to senior)</td>
</tr>
<tr>
<td>Graduate or professional school beyond a bachelor’s degree (for example: MBA or PhD program, or medical or law school)</td>
</tr>
</tbody>
</table>
10. What is the highest degree or level of school you have COMPLETED? Mark (✓) ONE box. If currently enrolled, mark the previous grade or highest degree received.

NO SCHOOLING COMPLETED
☐ No schooling completed
NURSERY OR PRESCHOOL THROUGH GRADE 12
☐ 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)

11. 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.

12. 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.)

☐ Yes
☐ No ➔ SKIP to question 14a

13. 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

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.

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

15. What is the highest degree or level of school you have COMPLETED? Mark (✓) ONE box. If currently enrolled, mark the previous grade or highest degree received.

16. What is the highest degree or level of school you have COMPLETED? Mark (✓) ONE box. If currently enrolled, mark the previous grade or highest degree received.
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 18a – c if you are 5 years old or over. Otherwise, SKIP to question 25a. 

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  

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 question 25a. 

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 25a. 

In what year did you last get married?

☐ Year  

Answer question 24 if you are female and 15 – 50 years old. Otherwise, SKIP to question 25a. 

Have you given birth to any children in the past 12 months?

☐ Yes  ☐ No  

Have you 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?

☐ 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 28a  ☐ No, never served in the military → SKIP to question 29a  

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.


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
25. LAST WEEK, did you work for pay at a job (or business)?
   - Yes ➔ SKIP to question 30
   - No – Did not work (or retired)

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

28. 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 ➔ SKIP to question 30
      - No, outside the city/town limits
   d. Name of county
   e. Name of U.S. state or foreign country
   f. ZIP Code

30. 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
   - Bus or trolley bus
   - Streetcar or trolley car
   - Subway or elevated
   - Railroad
   - Ferryboat
   - Motorcycle
   - Bicycle
   - Walked
   - Worked at this address ➔ SKIP to question 39a
   - Other method

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

37. During the PAST 12 MONTHS (52 weeks), did you work 50 or more weeks? Count paid time off as work.
   - Yes ➔ SKIP to question 38
   - No

38. 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 38
   - No
   - Not worked (or retired)
   - Did not work (or do not know)

39. 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 ➔ SKIP to question 30
      - No, outside the city/town limits
   d. Name of county
   e. Name of U.S. state or foreign country
   f. ZIP Code

40. 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
   - Bus or trolley bus
   - Streetcar or trolley car
   - Subway or elevated
   - Railroad
   - Ferryboat
   - Motorcycle
   - Bicycle
   - Walked
   - Worked at this address ➔ SKIP to question 39a
   - Other method

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

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

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

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

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

46. 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-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 and print the branch of the Armed Forces.
Name of company, business, or other employer

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 (x) 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.

Add entries 47a to 47h; subtract any losses. If net income was a loss, enter the amount and mark (✓) the “Loss” box next to the dollar amount.

a. Did you receive any wages, salary, commissions, bonuses, or tips in the PAST 12 MONTHS?

☐ Yes → What was the amount?

☐ No

total amount — Dollars

b. Did you have any self-employment income from nonfarm businesses or farm businesses, including proprietorships and partnerships, in the PAST 12 MONTHS?

☐ Yes → What was the net income after business expenses?

☐ No

Total amount — Dollars

Loss

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?

☐ No

Total amount — Dollars

Loss

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

☐ Yes → What was the amount?

☐ No

total amount — Dollars

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

☐ Yes → What was the amount?

☐ No

total amount — Dollars

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

total amount — Dollars

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?

☐ No

total amount — Dollars

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

total amount — Dollars

What was your total income during the PAST 12 MONTHS? Add entries 47a to 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.

The Census Bureau estimates that this form will take about 25 minutes to complete, including the time for reviewing the instructions and answers. Send comments regarding this burden estimate, including suggestions for reducing this burden, to: Paperwork Reduction Project 0607-0810, U.S. Census Bureau, 4600 Silver Hill Road, AMSD-3K138, Washington, DC 20233. You may email comments to Paperwork@census.gov; use “Paperwork Project 0607-0810” as the subject.

Respondents are not required to respond to any information collection unless it displays a valid approval number from the Office of Management and Budget. This 8-digit number appears in the bottom right on the front cover of this form.
CENSUS USE ONLY

1. Who answered the questions on this form? Mark (✓) one box.
   - Sample resident
   - Proxy respondent
   - SSS individual
   - A combination of sources
   - Don't know

2. How were the questions on this form completed? Mark (✓) one box.
   - By self-response
   - By personal interview - Specify reason

3. Were administrative records used to complete any of the questions on this form? Mark (✓) one box.
   - No
   - Yes, Some administrative record information was used
   - Yes, All responses were obtained from administrative record information
   - Don't know

Final Outcome Codes
Mark (✓) ONE of the codes below to indicate the final outcome of the case. If code 219 or 243 is marked, explain reason in the space provided.

<table>
<thead>
<tr>
<th>Interview</th>
<th>Noninterview</th>
</tr>
</thead>
<tbody>
<tr>
<td>201</td>
<td>213</td>
</tr>
<tr>
<td>203</td>
<td>214</td>
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</tr>
<tr>
<td>Out of scope</td>
<td>243</td>
</tr>
<tr>
<td>Other - Specify</td>
<td>___</td>
</tr>
</tbody>
</table>

Reason (code 219 or 243):

I have reviewed the questionnaire for completeness.

<table>
<thead>
<tr>
<th>FR's name</th>
<th>FR's code</th>
<th>Date of interview</th>
</tr>
</thead>
</table>