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 obtener más información sobre la Encuesta sobre la Comunidad de Puerto Rico, vaya a nuestra página en la internet: http://www.census.gov/acs.

For more information

This questionnaire is available in either English or Spanish.

Este cuestionario está disponible en español o en inglés.

CENSUS USE ONLY

How was this form completed?

☐ English ☐ Spanish

OMB No. 0607-0810
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: 
MI: 
Area Code + Number: 
Today’s Date: Month Day Year:

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. Print numbers in boxes.

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.
- Some other race – Print race.
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on.

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.

Are you a citizen of the United States?

- Yes, born in Puerto Rico – SKIP to question 9a
- Yes, born in a U.S. State, District of Columbia, 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 Puerto Rico?

- 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? 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)
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
☐ 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)

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 Verdian, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Taiwanese, Ukrainian, and so on.)

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 Nutritional Assistance Program benefits or a Nutritional Assistance Program benefit card? Do NOT include WIC or the National School Lunch Program.

☐ Yes
☐ No

a. Did you live at this address 1 year ago?
☐ Yes
☐ No ➔ SKIP to question 14a
b. Where did you live 1 year ago?
☐ Person is under 1 year old ➔ SKIP to question 16
☐ Yes, at this address ➔ SKIP to question 15
☐ No, at a different address in the United States or Puerto Rico
☐ Yes, at a different address in Puerto Rico and the United States – Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below, then SKIP to question 15

The 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)

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

12th grade – NO DIPLOMA

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### Question 17: Are you deaf or do you have serious difficulty hearing?
- Yes
- No

### Question 18a: Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?
- Yes
- No

### Question 18b: Are you blind or do you have serious difficulty seeing even when wearing glasses?
- Yes
- No

### Question 19: 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

### Question 20: What is your marital status?
- Now married
- Widowed
- Divorced
- Separated
- Never married → SKIP to 25

### Question 21: 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

### Question 22: In the PAST 12 MONTHS did you get –
- Married?
- Widowed?
- Divorced?

### Question 23: How many times have you been married?
- Once
- Two times
- Three or more times

### Question 24: Have you given birth to any children in the past 12 months?
- Yes
- No

### Question 25a: Do you have any of your own grandchildren under the age of 18 living in this place?
- Yes
- No

### Question 25b: 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

### Question 25c: 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

### Question 26: Have you ever served on active duty in the U.S. Armed Forces?
- Yes
- No

### Question 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
- August 1990 to August 2001 (including Persian Gulf War)
- May 1975 to August 1980
- Vietnam era (August 1964 to April 1975)
- March 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

### Question 28a: Do you have a VA service-connected disability rating?
- Yes
- No

### Question 28b: What is your VA 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
   - No ➔ SKIP to question 35a

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
   - 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.

   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 municipio in Puerto Rico or U.S. county

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

   f. ZIP Code ➔ SKIP to question 39a

29. 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.
   - Car, truck, or van
   - Bus or trolley bus
   - Carro público
   - Subway or elevated
   - Railroad
   - Motorcycle
   - Bicycle
   - Walked
   - Ferryboat
   - Taxicab
   - Other method

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

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

Answer questions 35 – 38 if you did NOT work last week. Otherwise, SKIP to question 39a.

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

36. 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 36
   - No ➔ SKIP to question 36

37. 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

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

40. 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.)

41. 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

42. 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

43. 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

44. On the PAST 12 MONTHS WORKED, how many hours did you usually work each WEEK?
   - Answer the question for the 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.

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.

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?

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

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

Total amount - Dollars

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Yes → What was the amount?
Thank you very much for your participation.

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

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Reason (code 219 or 243):

I have reviewed the questionnaire for completeness.

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