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 GUÁRDELÓ 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

OMB No. 0607-0810

ACS-1(GQ)(PR)(INFO)(2014)
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.

Age (in years) Month Day Year of birth

NOTE: Please answer BOTH Question 4 about Hispanic origin and Question 5 about race. For this survey, Hispanic origins are not races.

Are you of Hispanic, Latino, or Spanish origin?

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

What is your race? Mark (✗) one or more boxes.

- White
- Black or African Am.
- 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.
- Other race – Print race, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spanish, and so on.
- Native Hawaiian or Guamanian or Chamorro
- Samoan
- Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on.

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?

- Nursery school, preschool
- Kindergarten
- Grade 1 through 12 – Specify grade 1 - 12
- College undergraduate years (freshman to senior or)
- Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school)
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
- NURSERY OR PRESCHOOL THROUGH GRADE 12
- Kindergarten
- Grade 1 through 11 – Specify grade 1 – 11
- 12th grade – NO DIPLOMA

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

12. 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)

13. 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)

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

- Person is under 1 year old
- Yes, at this address
- No, outside Puerto Rico and the United States – Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 15
- No, at a different address in the United States or Puerto Rico

15. IN THE PAST 12 MONTHS, did you receive benefits from the Nutritional Assistance Program? Do NOT include WIC, the School Lunch Program, or assistance from food banks.

- Yes
- No

16. 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
- VA (including if you have ever used or enrolled for VA health care)
- Indian Health Service
- Any other type of health insurance or health coverage plan – Specify
### 1. Are you deaf or do you have serious difficulty hearing?
- Yes
- No

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

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

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

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

### 6. 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

### 7. What is your marital status?
- Married
- Widowed
- Divorced
- Separated
- Never married

### 8. In the PAST 12 MONTHS did you get –
- Married?
- Widowed?
- Divorced?

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

### 10. In what year did you last get married?

### 11. Have you given birth to any children in the past 12 months?
- Yes
- No

### 12. Do you have any of your own grandchildren under the age of 18 living in this place?
- Yes
- No

### 13. 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

### 14. Have you ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard?
- Never served in the military
- Only on active duty for training in the Reserves or National Guard
- Now on active duty
- On active duty in the past, but not now

### 15. When did you serve on active duty in the U.S. Armed Forces?
- September 2001 or later
- August 1990 to August 2001 (including Persian Gulf War)
- May 1975 to July 1990
- Vietnam Era (August 1964 to April 1975)
- February 1955 to July 1964
- Korean War (July 1950 to January 1955)
- January 1947 to June 1950
- World War II (December 1941 to December 1946)
- November 1941 or earlier

### 16. Do you have a VA service-connected disability rating?
- Yes
- No

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

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

30. 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

31. 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
   - Carro público
   - Subway or elevated
   - Railroad
   - Ferryboat
   - Taxi cab
   - Motorcycle
   - Bicycle
   - Walked
   - Worked at this address ➔ SKIP to question 39a
   - 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

35. 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

35. 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

36. 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

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

38. 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.)

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

40. 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.

I. an employee of a PRIVATE FOR-PROFIT company or business, or of an individual, for wages, salary, or commissions?

II. an employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization?

III. a local GOVERNMENT employee (city, county, municipio, etc.)?

IV. a state GOVERNMENT employee?

V. a Federal GOVERNMENT employee?

VI. SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?

VII. SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?

VIII. 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 worked. (For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank)

Is this mainly –

Mark (✓) ONE box.

I. manufacturing?

II. wholesale trade?

III. retail trade?

IV. 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.

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?

What was the amount?

Total amount - Dollars

No

Loss

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.

None

Total amount - Dollars

OR

Loss

Total amount - Dollars

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

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

Did you receive any public assistance or welfare payments from the state or local welfare office in the PAST 12 MONTHS?

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

Did you receive any other sources of income received regularly such as Veterans’ (VA) payments, unemployment compensation, child support, or alimony in the PAST 12 MONTHS?

11 Answer questions 41 – 46 if you worked in the past 5 years. Otherwise, SKIP to question 47.
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

**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.

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<th>Noninterview</th>
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I have reviewed the questionnaire for completeness.

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<tr>
<th>FR’s name</th>
<th>FR’s code</th>
<th>Date of interview</th>
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