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 website at: http://www.census.gov/acs

CENSUS USE ONLY

How was this form completed?

☐ English
☐ Spanish

OMB No. 0607-0810

FOIA M (5/07-2015)
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 (X) 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

A 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, Argentinian, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.

What is your race? Mark (X) 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.

□ Native Hawaiian

□ Guamanian or Chamorro

□ Samoan

□ Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on.

□ Some other race – Print race.

Where were you born?

□ In the United States – Print name of state.

□ Outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc.

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? If you came to live in the United States more than once, print latest year.

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 ➔ 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 (X) 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)
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.

- No schooling completed
- Nursery or preschool through grade 12
- Kindergarten
- Grade 1 through 11 – Specify grade 1 – 11
- 12th grade – NO DIPLOMA
- Regular high school diploma
- GED or alternative credential
- 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)
- Master’s degree (for example: MA, MS, MEng, MEd, MSW, MBA)
- Professional degree beyond a bachelor’s degree (for example: MD, DDS, DVM, LLB, JD)
- Doctorate degree (for example: PhD, EdD)

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)

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 a. Do you speak a language other than English at home?

- Yes
- No ➔ SKIP to question 14a

b. What is this language?

- Very well
- Well
- Not well
- Not at all

14 a. Did you live at this address 1 year ago?

- Person is under 1 year old ➔ SKIP to question 15
- Yes, at this address ➔ SKIP to question 15
- No, outside the United States and Puerto Rico – 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

b. Where did you live 1 year ago?

- Address (Number and street name)
- Name of city, town, post office, military installation, or base

15 IN THE PAST 12 MONTHS, did you receive benefits from the Food Stamp Program or SNAP (the Supplemental Nutrition 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.

- a. Insurance through a current or former employer or union (of yours or another family member)
- b. Insurance purchased directly from an insurance company (by you or another family member)
- c. Medicare, for people 65 and older, or people with certain disabilities
- d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability
- e. TRICARE or other military health care
- f. VA (including if you have ever used or enrolled for VA health care)
- g. Indian Health Service
- h. Any other type of health insurance or health coverage plan – Specify
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

18 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 18a - c if you are 5 years old or over. Otherwise, SKIP to page 7 for further instructions; do not answer any more questions.

19 a. Are you married or living as one?
   ☐ Yes
   ☐ No

b. Are you widowed, divorced, or separated?
   ☐ Yes
   ☐ No

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

20 What is your marital status?
   ☐ Now married
   ☐ Widowed
   ☐ Divorced
   ☐ Separated
   ☐ Never married → SKIP to 18

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

22 How many times have you been married?
   ☐ Once
   ☐ Two times
   ☐ Three or more times

23 In what year did you last get married?
   ☐ Year

24 Have you given birth to any children in the past 12 months?
   ☐ Yes
   ☐ No

25 a. 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 live 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

26 Have you ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box.
   ☐ Never served in the military → SKIP to question 29a
   ☐ Only on active duty for training in the Reserves or National Guard → SKIP to question 28a
   ☐ Now on active duty
   ☐ On active duty in the past, but not now

27 When did you serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which you served, even if just for part of the period.
   ☐ 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

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
29 a. LAST WEEK, did you work for pay at a job (or business)?

☐ Yes ➔ SKIP to question 30
☐ 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

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 (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

31 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
☐ Streetcar or trolley car
☐ Subway or elevated Railroad
☐ Ferryboat
☐ Taxicab

Motorcycle
☐ Bicycle
☐ Walked
☐ Worked at this address ➔ SKIP to question 39a
☐ Other method
Answer questions 41 – 46 if you worked in the past 5 years. Otherwise, SKIP to question 47.

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.

41 Were you –
Mark (X) ONE box.

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

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

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

d. a state GOVERNMENT employee?

e. a Federal GOVERNMENT employee?

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

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

h. working WITHOUT PAY in family business or farm?

For whom did you work?
If now on active duty in the Armed Forces, mark (X) 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 employed. (For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank)

Is this mainly – Mark (X) ONE box.

a. manufacturing?

b. wholesale trade?

c. retail trade?

d. 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 (X) 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.

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 from all jobs before deductions for taxes, bonds, dues, or other items?

Total amount - Dollars

Loss

No

Yes ➔ What was the amount?

Total amount - Dollars

No

Yes ➔ What was the amount?

Total amount - Dollars

Loss

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? Do NOT include lump sum payments such as money from an inheritance or sale of a home.

Yes ➔ What was the amount?

Total amount - Dollars

No

What was your total income during the PAST 12 MONTHS? Add entries 41a to 41h; subtract any losses. If net income was a loss, enter the amount and mark (X) the “Loss” box next to the dollar amount.

None

Total amount - Dollars

Loss

OR

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.
1. Who answered the questions on this form? Mark (X) 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 (X) 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 (X) 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 (X) 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>Interview</th>
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Reason (code 219 or 243):

I have reviewed the questionnaire for completeness.
FR's name ___________________________ Username ___________________________ Date of interview ____________