This booklet shows the content of the Puerto Rico Community Survey questionnaire.

This questionnaire is available in either English or Spanish.

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 Encuesta sobre la Comunidad de Puerto Rico, vaya a nuestra página en la Internet: http://www.census.gov/acs
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: 
   - Initial: 
   - Area Code: 
   - Number: 

2. What is your sex? Mark (X) 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. Print numbers in boxes.
   - Age (in years): 
   - Month: 
   - Day: 
   - Year of birth: 

4. Are you of Hispanic, Latino, or Spanish origin?
   - No, not of Hispanic, Latino, or Spanish origin
   - Yes, Mexican, Mexican American, 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.

5. What is your race? Mark (X) one or more boxes.
   - White
   - Black or African American
   - 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, Fijian, Tongan, and so on.
   - Native Hawaiian or Chamorro
   - Samoan
   - Other Pacific Islander – Print race, for example, Māori, Tongan, and so on.
   - Native Hawaiian
   - Guamanian or Chamorro
   - Samoan
   - Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on.

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
   - 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? If you came to live in Puerto Rico 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
   - Yes, public school, public college
   - Yes, private school, private college, home school
   - Yes, U.S. citizen by naturalization – Print year of naturalization
   - No, not a U.S. citizen

   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)
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

☐ 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)

AFTER BACHELOR’S DEGREE

☐ 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)

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, Mexican, Taiwanese, Ukrainian, and so on.

☐ Yes
☐ No

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

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

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)

Name of major

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☐ Yes
☐ No

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.

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☐ Yes
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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)

Name of major
13286042

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

Answer question 18a – c if you are 5 years
old or over. Otherwise, SKIP to 1 on page 7 for further instructions; do not
answer any more questions.

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

19. Because of a physical, mental, or emotional
condition, do you have difficulty doing
eccrands alone such as visiting a doctor’s
office or shopping?

Yes
No

20. What is your marital status?

Now married
Widowed
Divorced
Separated
Never married → SKIP to 21

21. In the PAST 12 MONTHS did you get –

a. Married?

b. Widowed?

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

23 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 (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
   - Ferryboat
   - Taxi	
   - 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 been 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
   - Over 5 years ago or never worked ➔ SKIP to question 47

39 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
   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

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

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

Answer questions 33 – 35 if you did NOT work last week. Otherwise, SKIP to question 39a.

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

Answer questions 33 – 35 if you did NOT work last week. Otherwise, SKIP to question 39a.

Answer questions 33 – 35 if you did NOT work last week. Otherwise, SKIP to question 39a.
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.

Were you – Mark (X) 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 (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 you worked. (For example: hospital, newspaper, publishing, mail order house, auto engine manufacturing, bank)

Is this mainly – Mark (X) 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 (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.

a. Did you receive any wages, salary, commissions, bonuses, or tips in the PAST 12 MONTHS?
------------------
☐ Yes 
☐ No

What was the amount from all jobs before deductions for taxes, bonds, dues, or other items?

Total amount - Dollars

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 
☐ No

What was the net income after business expenses?

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 
☐ No

What was the amount?

Total amount - Dollars

Loss

d. Did you receive any Social Security or Railroad Retirement income in the PAST 12 MONTHS?
------------------
☐ Yes 
☐ No

What was the amount?

Total amount - Dollars

Loss

e. Did you receive any Supplemental Security Income (SSI) in the PAST 12 MONTHS?
------------------
☐ Yes 
☐ No

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 
☐ No

What was the amount?

Total amount - Dollars

Loss

g. Did you receive any retirement, survivor, or disability pensions in the PAST 12 MONTHS?
------------------
☐ Yes 
☐ No

What was the amount?

Total amount - Dollars

Loss

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 
☐ No

What was the amount?

Total amount - Dollars

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 (X) the “Loss” box next to the dollar amount.

None

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.
CENSUS USE ONLY

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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<tr>
<th>Interview</th>
<th>Noninterview</th>
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<td>Other – Specify</td>
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Reason (code 219 or 243):

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