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

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 Estadounidense, vaya a nuestra página en la Internet: http://www.census.gov/acs
<table>
<thead>
<tr>
<th>Question</th>
<th>Details</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>What is your name? Please print your name. Include your telephone number, and today’s date. We will only contact you if needed for official Census Bureau business.</td>
</tr>
<tr>
<td>2</td>
<td>What is your sex? Mark (X) ONE box.</td>
</tr>
<tr>
<td>3</td>
<td>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.</td>
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<tr>
<td>4</td>
<td>Are you of Hispanic, Latino, or Spanish origin?</td>
</tr>
<tr>
<td>5</td>
<td>What is your race? Mark (X) one or more boxes.</td>
</tr>
<tr>
<td>6</td>
<td>Where were you born?</td>
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<tr>
<td>7</td>
<td>Are you a citizen of the United States?</td>
</tr>
<tr>
<td>8</td>
<td>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.</td>
</tr>
</tbody>
</table>

**NOTE:** Please answer BOTH Questions about Hispanic origin and Questions about race. For this survey, Hispanic origins are not races.
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
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)
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 Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.

Do you speak a language other than English at home?
Yes
No ➔ SKIP to question 14a
What is this language?
For example: Korean, Italian, Spanish, Vietnamese

Very well
Well
Not well
Not at all

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

Where did you live 1 year ago?
Address (Number and street name)
Name of city, town, post office, military installation, or base
Name of U.S. county or municipio in Puerto Rico
Name of U.S. state or Puerto Rico ZIP Code

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

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
13 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

   c. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?
   [ ] Yes
   [ ] No

   Answer question 18a – c if you are 5 years old or over. Otherwise, SKIP to E 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 walking or climbing stairs?
   [ ] Yes
   [ ] No

   b. Do you have serious difficulty dressing or bathing?
   [ ] Yes
   [ ] No

   Answer question 19 if you are 15 years old or over. Otherwise, SKIP to question 25a. Otherwise, SKIP to E on page 7 for further instructions; do not answer any more questions.

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

What is your marital status?
   [ ] Now married
   [ ] Widowed
   [ ] Divorced
   [ ] Separated
   [ ] Never married

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

How many times have you been married?
   [ ] Once
   [ ] Two times
   [ ] Three or more times

In what year did you last get married?
   [ ]

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

24 In the PAST 12 MONTHS, have you given birth to any children?
   [ ] 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

   [ ] SKIP to question 26

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

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

27 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
25. **LAST WEEK, did you work for pay at a job (or business)?**
   - Yes ➔ SKIP to question 30
   - No ➔ SKIP (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

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)
   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

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 H
   - 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 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 –

42. For whom did you work?

43. What kind of business or industry was this?

44. Is this mainly –

45. What kind of work were you doing?

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.

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.

a. Did you receive any wages, salary, commissions, bonuses, or tips in the PAST 12 MONTHS?
   Yes ➔ What was the amount?
   Total amount - Dollars
   ➔ $ .00
   No

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 ➔ What was the net income after business expenses?
   Total amount - Dollars
   ➔ $ .00
   Loss
   ➔ $ .00
   No

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

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
   ➔ $ .00
   No

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

Was your net income a loss?
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.

a. Did you receive any wages, salary, commissions, bonuses, or tips in the PAST 12 MONTHS?
   Yes ➔ What was the amount?
   Total amount - Dollars
   ➔ $ .00
   No

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 ➔ What was the net income after business expenses?
   Total amount - Dollars
   ➔ $ .00
   Loss
   ➔ $ .00
   No

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

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
   ➔ $ .00
   No

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

Was your net income a 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 (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.

<table>
<thead>
<tr>
<th>Interview</th>
<th>Noninterview</th>
</tr>
</thead>
<tbody>
<tr>
<td>201</td>
<td>213</td>
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<tr>
<td>203</td>
<td>214</td>
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<td>241</td>
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</tbody>
</table>

Out of scope

Other – Specify

Reason (code 219 or 243):

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I have reviewed the questionnaire for completeness.

FR’s name: [ ]
Username: [ ]
Date of interview: [ ]

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