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, vírelo y complete el lado amarillo.

Por favor, complete este cuestionario tan pronto sea posible. Colóquelo en el sobre que se provee y GUÁRDELO 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

CENSUS USE ONLY

How was this form completed?

☐ English  ☐ Spanish

OMB No. 0607-0810
1. 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.

Last Name
First Name
MI
Area Code + Number
Today’s Date
Month Day Year

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.

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 Am., Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, another Hispanic, Latino, or Spanish origin – Print origin, for example, Argentinean, Colombion, Dominican, Nicaraguan, Salvadorean, Spaniard, and so on.

5. 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.

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 ➔ 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

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 ➔ 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 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)
- Master's degree (for example: MA, MS, MEng, Med, MSW, MBA)
- Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LHR, JD)
- Doctorate degree (for example: PhD, EdD)

12. What is your ancestry or ethnic origin?

(For example: Italian, Jamaican, African American, Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)

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

- Yes
- No – SKIP to question 14a

b. What is this language?

(for example: Korean, Italian, Spanish, Vietnamese)

c. How well do you speak English?

- 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 16
- Yes, at this address – SKIP to question 15
- 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

b. Where did you live 1 year ago?

- 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

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.

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

- 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 (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

17. a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs.

- Yes
- No – SKIP to question 18a

b. Do you or another family member receive a tax credit or subsidy based on family income to help pay the premium?

- Yes
- No

18. Answer question 17a if you are covered by health insurance. Otherwise, SKIP to question 18a.
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 19a – 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. 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 20 if you are 15 years old or over. Otherwise, SKIP to page 7 for further instructions; do not answer any more questions.

20 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 ➔ SKIP to 21

In the PAST 12 MONTHS, did you get –
- Married?
- Widowed?
- Divorced?

Answer question 25 if you are female and 15 – 50 years old. Otherwise, SKIP to question 26a.

25 In the PAST 12 MONTHS, have you given birth to any children?
- Yes
- No

26 a. Do you have any of your own grandchildren under the age of 18 living in this place?
- Yes
- No ➔ SKIP to question 27

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 27

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

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 30a
- Only on active duty for training in the Reserves or National Guard ➔ SKIP to question 29a
- 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

28 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.

29 a. Do you have a VA service-connected disability rating?
- Yes (such as 0%, 10%, 20%, ..., 100%)
- No ➔ SKIP to question 30a

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

27 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 30a
- Only on active duty for training in the Reserves or National Guard ➔ SKIP to question 29a
- Now on active duty
- On active duty in the past, but not now
a. LAST WEEK, did you work for pay at a job (or business)?

   [ ] Yes ➔ SKIP to question 31
   [ ] 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 36a

31 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

32 How did you usually get to work LAST WEEK? Mark ONE box for the method of transportation used for most of the distance.

   [ ] Car, truck, or van
   [ ] Bus
   [ ] Subway or elevated rail
   [ ] Long-distance train or commuter rail
   [ ] Carro público
   [ ] Ferryboat
   [ ] Taxicab
   [ ] Motorcycle
   [ ] Bicycle
   [ ] Walked
   [ ] Worked from this address ➔ SKIP to question 40a

33 How many people, including yourself, usually rode to work in the car, truck, or van LAST WEEK?

   Person(s)

34 LAST WEEK, what time did your trip to work usually begin?

   Hour: [ ] a.m. [ ] p.m.

35 How many minutes did it usually take you to get from this address to work LAST WEEK?

   Minutes

36 a. LAST WEEK, were you on layoff from a job?
   [ ] Yes ➔ SKIP to question 36c
   [ ] 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 39
   [ ] No ➔ SKIP to question 37

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 38
   [ ] No

37 During the LAST 4 WEEKS, have you been ACTIVELY looking for work?
   [ ] Yes
   [ ] No ➔ SKIP to question 39

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 days?
   [ ] Within the past 12 months
   [ ] 1 to 5 years ago ➔ SKIP to question 43
   [ ] Over 5 years ago or never worked ➔ SKIP to question 43

40 a. During the PAST 12 MONTHS (52 weeks), did you work EVERY week? Count paid vacation, paid sick leave, and military service as work.
   [ ] Yes ➔ SKIP to question 41
   [ ] No

b. During the PAST 12 MONTHS (52 weeks), how many WEEKS did you work? Include paid time off and include weeks when you only worked for a few hours.

   Weeks

41 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 38 – 39 if you marked “Car, truck, or van” in question 32. Otherwise, SKIP to question 34.

Answer question 33 if you marked “Car, truck, or van” in question 32. Otherwise, SKIP to question 34.
Answer questions 42a – 42f if you worked in the past 5 years. Otherwise, SKIP to question 43.

**DESCRIPTION OF EMPLOYMENT**

The next series of questions is about the type of employment you had last week. If you had more than one job, describe the one at which the most hours were worked. If you did not work last week, describe the most recent employment in the past five years.

a. Which one of the following best describes your employment last week or the most recent employment in the past 5 years? Mark (X) ONE box.

- Private Sector Employee
- Government Employee
- Self-Employed or Other

b. What was the name of your employer, for example: elementary school, retail trade?

c. Did you receive any wages, salary, commissions, bonuses, or tips in the PAST 12 MONTHS?

- Yes
- No

Mark (X) the “Yes” box for each type of income received. Include income from all jobs before deductions for taxes, bonds, dues, or other items. Add entries 43a to 43h; subtract any losses. If net income was a loss, mark the “Loss” box to the right of the dollar amount.

- Did you receive any wages, salary, commissions, bonuses, or tips in the PAST 12 MONTHS?

  - Yes ➔ What was the amount?
  - Total amount - Dollars

  - No

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

  - Yes ➔ What was the net income after business expenses?
  - Total amount - Dollars

  - No

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

  - Yes ➔ What was the amount?
  - Total amount - Dollars

  - No

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

  - Yes ➔ What was the amount?
  - Total amount - Dollars

  - No

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

  - Yes ➔ What was the amount?
  - Total amount - Dollars

  - No

- 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

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

  - Yes ➔ What was the amount?
  - Total amount - Dollars

  - No

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

  - Yes ➔ What was the amount?
  - Total amount - Dollars

  - No

What was your total income during the PAST 12 MONTHS? Add entries 43a to 43h; subtract any losses. If net income was a loss, enter the amount and mark (X) the “Loss” box next to the dollar amount.

- None
- OR

**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.

For income received jointly, report only your share of the amount received or earned.

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

- Yes ➔ What was the amount?
  - Total amount - Dollars

- No

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

- Yes ➔ What was the amount?
  - Total amount - Dollars

- No

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 income, pensions, survivor or disability income in the PAST 12 MONTHS?

- Yes ➔ What was the amount?
  - Total amount - Dollars

- No

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

- Yes ➔ What was the amount?
  - Total amount - Dollars

- No

What was your total income during the PAST 12 MONTHS? Add entries 43a to 43h; subtract any losses. If net income was a loss, enter the amount and mark (X) the “Loss” box next to the dollar amount.

- None
- OR
Thank you very much for your participation.

Place the questionnaire in the envelope and HOLD for your Census Bureau Representative to pick up.
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>
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I have reviewed the questionnaire for completeness.
FR’s name: [ ]
Username: [ ]
Date of interview: [ ]