



# WRITING FOR CHANGE

## Activity Items

The following items are part of this activity and appear at the end of this student version.

- Item 1: Race and Ethnicity
- Item 2: 2010 Census Questionnaire
- Item 3: American Community Survey Questionnaire
- Item 4: Measuring Race and Ethnicity Across the Decades: 1790-2010

## Student Learning Objectives

- I will cite evidence from a video to explain how students at a high school in New York City got the attention of a government agency.
- I will use persuasive writing skills to write a letter to a leader in my community with the goal of sparking change.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Before you begin Part 1, read **Item 1: Race and Ethnicity**.

## Part 1: Race and Ethnicity and the Census

Reread paragraphs 1 and 2 of **Item 1** and then answer the following question:

1. What's the difference between the U.S. government's definition of race and its definition of ethnicity? Use evidence from the text to support your answer.

Continue rereading and then pause right before the charts on Page 2 to answer the next question:

2. According to the text, who uses census data about race and ethnicity? How can people access these data?

Finish rereading the rest of the text and then answer the following question:

3. If someone asked you why census surveys and questionnaires ask about people's race and ethnicity, what would you say? Use a citation from the text to support your answer.

Now look at the copies of the 2010 Census Questionnaire (**Item 2**) and the American Community Survey Questionnaire (**Item 3**). Circle or highlight all of the questions that ask for race and ethnicity information.

## Part 2: Park East High School Video

Read questions 4 and 5 below. As your teacher plays a video about students who wrote letters to the U.S. Census Bureau, watch and listen, and write down the answers to the questions as you discover them.

4. What's an example of a problem a student wrote about in a letter?

5. What did the Census Bureau do in response to the students' honest and persuasive letters?

Before you begin Part 3, read **Item 4: Measuring Race and Ethnicity Across the Decades: 1790-2010**.

## Part 3: Classifying Race and Ethnicity Over Time

Reread the first paragraph of **Item 4** and then answer the following question:

6. What factors have led to changes in how the U.S. government and the Census Bureau classify race and ethnicity?

Continue rereading—stopping after you have reviewed the visualization and read the “What can we learn from this visualization?” section. Then answer the following question:

7. After Alaska and Hawaii became states, what changed on the census form?

Continue rereading the rest of **Item 4** and then answer the following question:

8. According to the text, what has the Census Bureau done to ensure that future census data reflect the way people in the United States identify themselves?

### Part 4: Sparking Change With Your Own Writing

You will be writing a letter to a leader in your community describing something you would like to see changed. Use the graphic organizer below to organize your thoughts before you write your letter.

Topic or issue	My Response
Argument	
Details that support your argument	
Proposed solution or call to action	



Item 1: Race and Ethnicity

Race & Ethnicity



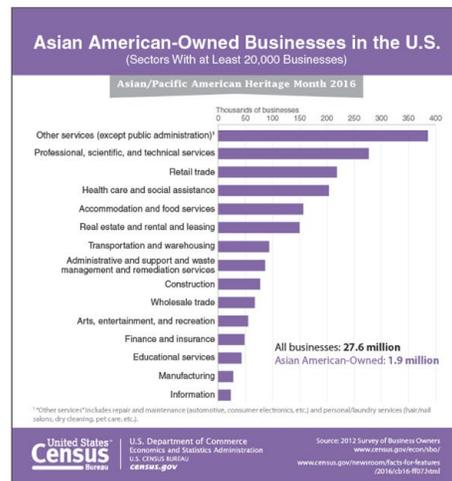
**The U.S. Census Bureau considers race and ethnicity to be two separate and distinct concepts.**

*What is race?*

The Census Bureau defines race as a person's self-identification with one or more social groups. An individual can report as White, Black or African American, Asian, American Indian and Alaska Native, Native Hawaiian and Other Pacific Islander, or some other race. Survey respondents may report multiple races.

*What is ethnicity?*

Ethnicity determines whether a person is of Hispanic origin or not. For this reason, ethnicity is broken out in two categories, Hispanic or Latino and Not Hispanic or Latino. Hispanics may report as any race.



*Can the information be used to enforce immigration laws on me or my family?*

No. The Census Bureau adheres to strict confidentiality laws that prohibit sharing of respondent information. We do not share respondent answers with immigration, law enforcement, tax collection agencies or any other organization.

*What region of origin does Census consider for each race category?*

White	Black or African American	American Indian or Alaska Native	Asian	Native Hawaiian or Other Pacific Islander
Europe	Africa	North America	Far East	Hawaii
Middle East		South America	Southeast Asia	Guam
North Africa		Central America	Indian	Samoa
				Pacific Islands

United States Census Bureau | U.S. Department of Commerce Economics and Statistics Administration U.S. CENSUS BUREAU [census.gov](http://census.gov)

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## Item 1: Race and Ethnicity (Continued)

### About the Data

#### How are race and ethnicity data collected?

We collect these data through survey respondents' answers from the completed Decennial Census and the American Community Survey.

#### Why do we collect this data?

Race and ethnicity data are critical to policy makers who use the information to make funding decisions that affect educational opportunities, assess equal employment practices, and ensure equal access to health care for everyone.

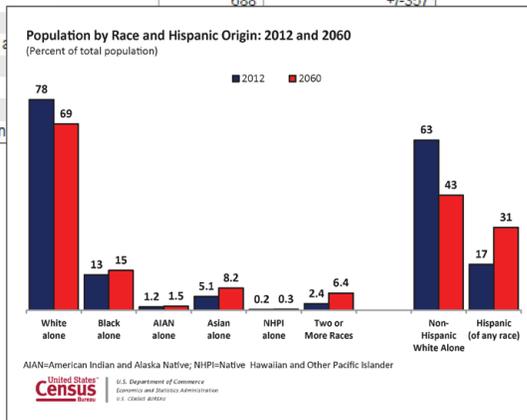
Data on race can also be found through these various programs:

- American Community Survey
- Estimates and Projections
- Decennial Census
- Economic Census
- Current Population Survey

#### How does the Census Bureau release race and ethnicity data?

These data are available in tables through the various tools, publications, working papers, and through infographics as well as new releases.

	Washington city, District of Columbia	
	Estimate	Margin of Error
Total:	633,736	*****
Not Hispanic or Latino:	571,099	*****
White alone	224,184	+/-250
Black or African American alone	308,766	+/-820
American Indian and Alaska Native alone	1,384	+/-190
Asian alone	22,512	+/-613
Native Hawaiian and Other Pacific Islander alone	186	+/-105
Some other race alone	1,311	+/-286
Two or more races:	12,756	+/-1,114
Two races including Some other race	836	+/-264
Two races excluding Some other race, and three or more races	11,920	+/-1,050
Hispanic or Latino:	62,637	*****
White alone	30,771	+/-1,988
Black or African American alone	5,372	+/-899
American Indian and Alaska Native alone	688	+/-357
Asian alone		
Native Hawaiian and Other Pacific Islander alone		
Some other race alone		
Two or more races:		
Two races including Some other race		
Two races excluding Some other race, and three or more races		



#### How can I use this information?

Race and ethnicity data can be used for:

- Developing business plans
- Understanding disparities in housing, employment, income and poverty
- Completing grants

#### Where can I find race and ethnicity data?

Various data tools are available on census.gov. To access the data tools go to: [www.census.gov/data/data-tools.html](http://www.census.gov/data/data-tools.html)

For more information about education and training go to: [www.census.gov/mso/www/training/](http://www.census.gov/mso/www/training/).

[www.census.gov/mso/www/training/pdf/race-ethnicity-onepager.pdf](http://www.census.gov/mso/www/training/pdf/race-ethnicity-onepager.pdf)

Item 2: 2010 Census Questionnaire

This is the official form for all the people at this address.  
It is quick and easy, and your answers are protected by law.

U.S. DEPARTMENT OF COMMERCE  
Economics and Statistics Administration  
U.S. CENSUS BUREAU

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**Use a blue or black pen.**

Start here

**The Census must count every person living in the United States on April 1, 2010.**

**Before you answer Question 1, count the people living in this house, apartment, or mobile home using our guidelines.**

- Count all people, including babies, who live and sleep here most of the time.

**The Census Bureau also conducts counts in institutions and other places, so:**

- Do not count anyone living away either at college or in the Armed Forces.
- Do not count anyone in a nursing home, jail, prison, detention facility, etc., on April 1, 2010.
- Leave these people off your form, even if they will return to live here after they leave college, the nursing home, the military, jail, etc. Otherwise, they may be counted twice.

**The Census must also include people without a permanent place to stay, so:**

- If someone who has no permanent place to stay is staying here on April 1, 2010, count that person. Otherwise, he or she may be missed in the census.

**1. How many people were living or staying in this house, apartment, or mobile home on April 1, 2010?**

Number of people =

**2. Were there any additional people staying here April 1, 2010 that you did not include in Question 1? Mark  all that apply.**

Children, such as newborn babies or foster children

Relatives, such as adult children, cousins, or in-laws

Nonrelatives, such as roommates or live-in baby sitters

People staying here temporarily

No additional people

**3. Is this house, apartment, or mobile home — Mark  ONE box.**

Owned by you or someone in this household with a mortgage or loan? *Include home equity loans.*

Owned by you or someone in this household free and clear (without a mortgage or loan)?

Rented?

Occupied without payment of rent?

**4. What is your telephone number? We may call if we don't understand an answer.**

Area Code + Number

-  -

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Form **D-61** (9-25-2008)

**5. Please provide information for each person living here. Start with a person living here who owns or rents this house, apartment, or mobile home. If the owner or renter lives somewhere else, start with any adult living here. This will be Person 1.**

What is Person 1's name? *Print name below.*

Last Name

First Name  MI

**6. What is Person 1's sex? Mark  ONE box.**

Male  Female

**7. What is Person 1's age and what is Person 1's date of birth? Please report babies as age 0 when the child is less than 1 year old. Print numbers in boxes.**

Age on April 1, 2010  Month  Day  Year of birth

**→ NOTE: Please answer BOTH Question 8 about Hispanic origin and Question 9 about race. For this census, Hispanic origins are not races.**

**8. Is Person 1 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, Spaniard, and so on.* ↴

**9. What is Person 1's race? Mark  one or more boxes.**

White

Black, African Am., or Negro

American Indian or Alaska Native — *Print name of enrolled or principal tribe.* ↴

Asian Indian  Japanese  Native Hawaiian

Chinese  Korean  Guamanian or Chamorro

Filipino  Vietnamese  Samoan

Other Asian — *Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.* ↴

Other Pacific Islander — *Print race, for example, Fijian, Tongan, and so on.* ↴

Some other race — *Print race.* ↴

**10. Does Person 1 sometimes live or stay somewhere else?**

No  Yes — **Mark  all that apply.**

In college housing  For child custody

In the military  In jail or prison

At a seasonal or second residence  In a nursing home

For another reason

**→ If more people were counted in Question 1, continue with Person 2.**

U S C E N S U S B U R E A U

Item 2: 2010 Census Questionnaire (Continued)

Use this section to complete information for the rest of the people you counted in Question 1 on the front page. We may call for additional information about them.

<b>Person 7</b>				
Last Name		First Name		MI
<input type="text"/>		<input type="text"/>		<input type="text"/>
Sex	Age on April 1, 2010	Date of Birth		Related to Person 1?
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/>	Month <input type="text"/>	Day <input type="text"/>	Year <input type="text"/>
				<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Person 8</b>				
Last Name		First Name		MI
<input type="text"/>		<input type="text"/>		<input type="text"/>
Sex	Age on April 1, 2010	Date of Birth		Related to Person 1?
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/>	Month <input type="text"/>	Day <input type="text"/>	Year <input type="text"/>
				<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Person 9</b>				
Last Name		First Name		MI
<input type="text"/>		<input type="text"/>		<input type="text"/>
Sex	Age on April 1, 2010	Date of Birth		Related to Person 1?
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/>	Month <input type="text"/>	Day <input type="text"/>	Year <input type="text"/>
				<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Person 10</b>				
Last Name		First Name		MI
<input type="text"/>		<input type="text"/>		<input type="text"/>
Sex	Age on April 1, 2010	Date of Birth		Related to Person 1?
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/>	Month <input type="text"/>	Day <input type="text"/>	Year <input type="text"/>
				<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Person 11</b>				
Last Name		First Name		MI
<input type="text"/>		<input type="text"/>		<input type="text"/>
Sex	Age on April 1, 2010	Date of Birth		Related to Person 1?
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/>	Month <input type="text"/>	Day <input type="text"/>	Year <input type="text"/>
				<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Person 12</b>				
Last Name		First Name		MI
<input type="text"/>		<input type="text"/>		<input type="text"/>
Sex	Age on April 1, 2010	Date of Birth		Related to Person 1?
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/>	Month <input type="text"/>	Day <input type="text"/>	Year <input type="text"/>
				<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Thank you for completing your official 2010 Census form.</b></p>				<p><b>FOR OFFICIAL USE ONLY</b></p> <p>JIC1 <input type="text"/> JIC2 <input type="text"/></p>

Item 2: 2010 Census Questionnaire (Continued)

<p><b>1. Print name of Person 2</b></p> <p>Last Name <input type="text"/></p> <p>First Name <input type="text"/> MI <input type="checkbox"/></p> <p><b>2. How is this person related to Person 1? Mark <input checked="" type="checkbox"/> ONE box.</b></p> <p><input type="checkbox"/> Husband or wife      <input type="checkbox"/> Parent-in-law  <input type="checkbox"/> Biological son or daughter      <input type="checkbox"/> Son-in-law or daughter-in-law  <input type="checkbox"/> Adopted son or daughter      <input type="checkbox"/> Other relative  <input type="checkbox"/> Stepson or stepdaughter      <input type="checkbox"/> Roomer or boarder  <input type="checkbox"/> Brother or sister      <input type="checkbox"/> Housemate or roommate  <input type="checkbox"/> Father or mother      <input type="checkbox"/> Unmarried partner  <input type="checkbox"/> Grandchild      <input type="checkbox"/> Other nonrelative</p> <p><b>3. What is this person's sex? Mark <input checked="" type="checkbox"/> ONE box.</b></p> <p><input type="checkbox"/> Male    <input type="checkbox"/> Female</p> <p><b>4. What is this person's age and what is this person's date of birth?</b>  Please report babies as age 0 when the child is less than 1 year old.  Print numbers in boxes.</p> <p>Age on April 1, 2010    Month    Day    Year of birth</p> <p><input type="text"/> <input type="text"/></p> <p>→ NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this census, Hispanic origins are not races.</p> <p><b>5. Is this person of Hispanic, Latino, or Spanish origin?</b></p> <p><input type="checkbox"/> No, not of Hispanic, Latino, or Spanish origin  <input type="checkbox"/> Yes, Mexican, Mexican Am., Chicano  <input type="checkbox"/> Yes, Puerto Rican  <input type="checkbox"/> Yes, Cuban  <input type="checkbox"/> Yes, another Hispanic, Latino, or Spanish origin — Print origin, for example, Argentinian, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on. ↴</p> <p><input type="text"/></p> <p><b>6. What is this person's race? Mark <input checked="" type="checkbox"/> one or more boxes.</b></p> <p><input type="checkbox"/> White  <input type="checkbox"/> Black, African Am., or Negro  <input type="checkbox"/> American Indian or Alaska Native — Print name of enrolled or principal tribe. ↴</p> <p><input type="text"/></p> <p><input type="checkbox"/> Asian Indian    <input type="checkbox"/> Japanese    <input type="checkbox"/> Native Hawaiian  <input type="checkbox"/> Chinese    <input type="checkbox"/> Korean    <input type="checkbox"/> Guamanian or Chamorro  <input type="checkbox"/> Filipino    <input type="checkbox"/> Vietnamese    <input type="checkbox"/> Samoan  <input type="checkbox"/> Other Asian — Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on. ↴  <input type="checkbox"/> Other Pacific Islander — Print race, for example, Fijian, Tongan, and so on. ↴</p> <p><input type="text"/></p> <p><input type="checkbox"/> Some other race — Print race. ↴</p> <p><input type="text"/></p> <p><b>7. Does this person sometimes live or stay somewhere else?</b></p> <p><input type="checkbox"/> No    <input type="checkbox"/> Yes — Mark <input checked="" type="checkbox"/> all that apply.</p> <p><input type="checkbox"/> In college housing    <input type="checkbox"/> For child custody  <input type="checkbox"/> In the military    <input type="checkbox"/> In jail or prison  <input type="checkbox"/> At a seasonal or second residence    <input type="checkbox"/> In a nursing home or second residence    <input type="checkbox"/> For another reason</p> <p>→ If more people were counted in Question 1 on the front page, continue with Person 3.</p>	<p><b>1. Print name of Person 3</b></p> <p>Last Name <input type="text"/></p> <p>First Name <input type="text"/> MI <input type="checkbox"/></p> <p><b>2. How is this person related to Person 1? Mark <input checked="" type="checkbox"/> ONE box.</b></p> <p><input type="checkbox"/> Husband or wife      <input type="checkbox"/> Parent-in-law  <input type="checkbox"/> Biological son or daughter      <input type="checkbox"/> Son-in-law or daughter-in-law  <input type="checkbox"/> Adopted son or daughter      <input type="checkbox"/> Other relative  <input type="checkbox"/> Stepson or stepdaughter      <input type="checkbox"/> Roomer or boarder  <input type="checkbox"/> Brother or sister      <input type="checkbox"/> Housemate or roommate  <input type="checkbox"/> Father or mother      <input type="checkbox"/> Unmarried partner  <input type="checkbox"/> Grandchild      <input type="checkbox"/> Other nonrelative</p> <p><b>3. What is this person's sex? Mark <input checked="" type="checkbox"/> ONE box.</b></p> <p><input type="checkbox"/> Male    <input type="checkbox"/> Female</p> <p><b>4. What is this person's age and what is this person's date of birth?</b>  Please report babies as age 0 when the child is less than 1 year old.  Print numbers in boxes.</p> <p>Age on April 1, 2010    Month    Day    Year of birth</p> <p><input type="text"/> <input type="text"/></p> <p>→ NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this census, Hispanic origins are not races.</p> <p><b>5. Is this person of Hispanic, Latino, or Spanish origin?</b></p> <p><input type="checkbox"/> No, not of Hispanic, Latino, or Spanish origin  <input type="checkbox"/> Yes, Mexican, Mexican Am., Chicano  <input type="checkbox"/> Yes, Puerto Rican  <input type="checkbox"/> Yes, Cuban  <input type="checkbox"/> Yes, another Hispanic, Latino, or Spanish origin — Print origin, for example, Argentinian, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on. ↴</p> <p><input type="text"/></p> <p><b>6. What is this person's race? Mark <input checked="" type="checkbox"/> one or more boxes.</b></p> <p><input type="checkbox"/> White  <input type="checkbox"/> Black, African Am., or Negro  <input type="checkbox"/> American Indian or Alaska Native — Print name of enrolled or principal tribe. ↴</p> <p><input type="text"/></p> <p><input type="checkbox"/> Asian Indian    <input type="checkbox"/> Japanese    <input type="checkbox"/> Native Hawaiian  <input type="checkbox"/> Chinese    <input type="checkbox"/> Korean    <input type="checkbox"/> Guamanian or Chamorro  <input type="checkbox"/> Filipino    <input type="checkbox"/> Vietnamese    <input type="checkbox"/> Samoan  <input type="checkbox"/> Other Asian — Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on. ↴  <input type="checkbox"/> Other Pacific Islander — Print race, for example, Fijian, Tongan, and so on. ↴</p> <p><input type="text"/></p> <p><input type="checkbox"/> Some other race — Print race. ↴</p> <p><input type="text"/></p> <p><b>7. Does this person sometimes live or stay somewhere else?</b></p> <p><input type="checkbox"/> No    <input type="checkbox"/> Yes — Mark <input checked="" type="checkbox"/> all that apply.</p> <p><input type="checkbox"/> In college housing    <input type="checkbox"/> For child custody  <input type="checkbox"/> In the military    <input type="checkbox"/> In jail or prison  <input type="checkbox"/> At a seasonal or second residence    <input type="checkbox"/> In a nursing home or second residence    <input type="checkbox"/> For another reason</p> <p>→ If more people were counted in Question 1 on the front page, continue with Person 4.</p>	<p><b>1. Print name of Person 4</b></p> <p>Last Name <input type="text"/></p> <p>First Name <input type="text"/> MI <input type="checkbox"/></p> <p><b>2. How is this person related to Person 1? Mark <input checked="" type="checkbox"/> ONE box.</b></p> <p><input type="checkbox"/> Husband or wife      <input type="checkbox"/> Parent-in-law  <input type="checkbox"/> Biological son or daughter      <input type="checkbox"/> Son-in-law or daughter-in-law  <input type="checkbox"/> Adopted son or daughter      <input type="checkbox"/> Other relative  <input type="checkbox"/> Stepson or stepdaughter      <input type="checkbox"/> Roomer or boarder  <input type="checkbox"/> Brother or sister      <input type="checkbox"/> Housemate or roommate  <input type="checkbox"/> Father or mother      <input type="checkbox"/> Unmarried partner  <input type="checkbox"/> Grandchild      <input type="checkbox"/> Other nonrelative</p> <p><b>3. What is this person's sex? Mark <input checked="" type="checkbox"/> ONE box.</b></p> <p><input type="checkbox"/> Male    <input type="checkbox"/> Female</p> <p><b>4. What is this person's age and what is this person's date of birth?</b>  Please report babies as age 0 when the child is less than 1 year old.  Print numbers in boxes.</p> <p>Age on April 1, 2010    Month    Day    Year of birth</p> <p><input type="text"/> <input type="text"/></p> <p>→ NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this census, Hispanic origins are not races.</p> <p><b>5. Is this person of Hispanic, Latino, or Spanish origin?</b></p> <p><input type="checkbox"/> No, not of Hispanic, Latino, or Spanish origin  <input type="checkbox"/> Yes, Mexican, Mexican Am., Chicano  <input type="checkbox"/> Yes, Puerto Rican  <input type="checkbox"/> Yes, Cuban  <input type="checkbox"/> Yes, another Hispanic, Latino, or Spanish origin — Print origin, for example, Argentinian, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on. ↴</p> <p><input type="text"/></p> <p><b>6. What is this person's race? Mark <input checked="" type="checkbox"/> one or more boxes.</b></p> <p><input type="checkbox"/> White  <input type="checkbox"/> Black, African Am., or Negro  <input type="checkbox"/> American Indian or Alaska Native — Print name of enrolled or principal tribe. ↴</p> <p><input type="text"/></p> <p><input type="checkbox"/> Asian Indian    <input type="checkbox"/> Japanese    <input type="checkbox"/> Native Hawaiian  <input type="checkbox"/> Chinese    <input type="checkbox"/> Korean    <input type="checkbox"/> Guamanian or Chamorro  <input type="checkbox"/> Filipino    <input type="checkbox"/> Vietnamese    <input type="checkbox"/> Samoan  <input type="checkbox"/> Other Asian — Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on. ↴  <input type="checkbox"/> Other Pacific Islander — Print race, for example, Fijian, Tongan, and so on. ↴</p> <p><input type="text"/></p> <p><input type="checkbox"/> Some other race — Print race. ↴</p> <p><input type="text"/></p> <p><b>7. Does this person sometimes live or stay somewhere else?</b></p> <p><input type="checkbox"/> No    <input type="checkbox"/> Yes — Mark <input checked="" type="checkbox"/> all that apply.</p> <p><input type="checkbox"/> In college housing    <input type="checkbox"/> For child custody  <input type="checkbox"/> In the military    <input type="checkbox"/> In jail or prison  <input type="checkbox"/> At a seasonal or second residence    <input type="checkbox"/> In a nursing home or second residence    <input type="checkbox"/> For another reason</p> <p>→ If more people were counted in Question 1 on the front page, continue with Person 5.</p>
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Item 2: 2010 Census Questionnaire (Continued)

**1. Print name of Person 5**

Last Name

First Name  MI

**2. How is this person related to Person 1? Mark  ONE box.**

<input type="checkbox"/> Husband or wife	<input type="checkbox"/> Parent-in-law
<input type="checkbox"/> Biological son or daughter	<input type="checkbox"/> Son-in-law or daughter-in-law
<input type="checkbox"/> Adopted son or daughter	<input type="checkbox"/> Other relative
<input type="checkbox"/> Stepson or stepdaughter	<input type="checkbox"/> Roomer or boarder
<input type="checkbox"/> Brother or sister	<input type="checkbox"/> Housemate or roommate
<input type="checkbox"/> Father or mother	<input type="checkbox"/> Unmarried partner
<input type="checkbox"/> Grandchild	<input type="checkbox"/> Other nonrelative

**3. What is this person's sex? Mark  ONE box.**

Male  Female

**4. What is this person's age and what is this person's date of birth?**  
Please report babies as age 0 when the child is less than 1 year old.  
Print numbers in boxes.

Age on April 1, 2010  Month  Day  Year of birth

→ NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this census, Hispanic origins are not races.

**5. Is this person 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, Spaniard, and so on. ↴

**6. What is this person's race? Mark  one or more boxes.**

White

Black, African Am., or Negro

American Indian or Alaska Native — Print name of enrolled or principal tribe. ↴

<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Native Hawaiian
<input type="checkbox"/> Chinese	<input type="checkbox"/> Korean	<input type="checkbox"/> Guamanian or Chamorro
<input type="checkbox"/> Filipino	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Samoan
<input type="checkbox"/> Other Asian — Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on. ↴	<input type="checkbox"/> Other Pacific Islander — Print race, for example, Fijian, Tongan, and so on. ↴	

Some other race — Print race. ↴

**7. Does this person sometimes live or stay somewhere else?**

No  Yes — Mark  all that apply.

<input type="checkbox"/> In college housing	<input type="checkbox"/> For child custody
<input type="checkbox"/> In the military	<input type="checkbox"/> In jail or prison
<input type="checkbox"/> At a seasonal or second residence	<input type="checkbox"/> In a nursing home
	<input type="checkbox"/> For another reason

→ If more people were counted in Question 1 on the front page, continue with Person 6.

**1. Print name of Person 6**

Last Name

First Name  MI

**2. How is this person related to Person 1? Mark  ONE box.**

<input type="checkbox"/> Husband or wife	<input type="checkbox"/> Parent-in-law
<input type="checkbox"/> Biological son or daughter	<input type="checkbox"/> Son-in-law or daughter-in-law
<input type="checkbox"/> Adopted son or daughter	<input type="checkbox"/> Other relative
<input type="checkbox"/> Stepson or stepdaughter	<input type="checkbox"/> Roomer or boarder
<input type="checkbox"/> Brother or sister	<input type="checkbox"/> Housemate or roommate
<input type="checkbox"/> Father or mother	<input type="checkbox"/> Unmarried partner
<input type="checkbox"/> Grandchild	<input type="checkbox"/> Other nonrelative

**3. What is this person's sex? Mark  ONE box.**

Male  Female

**4. What is this person's age and what is this person's date of birth?**  
Please report babies as age 0 when the child is less than 1 year old.  
Print numbers in boxes.

Age on April 1, 2010  Month  Day  Year of birth

→ NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this census, Hispanic origins are not races.

**5. Is this person 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, Spaniard, and so on. ↴

**6. What is this person's race? Mark  one or more boxes.**

White

Black, African Am., or Negro

American Indian or Alaska Native — Print name of enrolled or principal tribe. ↴

<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Native Hawaiian
<input type="checkbox"/> Chinese	<input type="checkbox"/> Korean	<input type="checkbox"/> Guamanian or Chamorro
<input type="checkbox"/> Filipino	<input checked="" type="checkbox"/> Vietnamese	<input type="checkbox"/> Samoan
<input type="checkbox"/> Other Asian — Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on. ↴	<input type="checkbox"/> Other Pacific Islander — Print race, for example, Fijian, Tongan, and so on. ↴	

Some other race — Print race. ↴

**7. Does this person sometimes live or stay somewhere else?**

No  Yes — Mark  all that apply.

<input type="checkbox"/> In college housing	<input type="checkbox"/> For child custody
<input type="checkbox"/> In the military	<input type="checkbox"/> In jail or prison
<input type="checkbox"/> At a seasonal or second residence	<input type="checkbox"/> In a nursing home
	<input type="checkbox"/> For another reason

→ If more than six people were counted in Question 1 on the front page, turn the page and continue.



111102

→ If more people live here, turn the page and continue.

[www.census.gov/history/pdf/2010questionnaire.pdf](http://www.census.gov/history/pdf/2010questionnaire.pdf)

Item 3: American Community Survey Questionnaire

13197017



U.S. DEPARTMENT OF COMMERCE  
Economics and Statistics Administration  
U.S. CENSUS BUREAU

# THE American Community Survey

This booklet shows the content of the American Community Survey questionnaire.

## Start Here

Respond online today at:  
<https://respond.census.gov/acs>  
OR

Complete this form and mail it back as soon as possible.

This form asks for information about the people who are living or staying at the address on the mailing label and about the house, apartment, or mobile home located at the address on the mailing label.



If you need help or have questions about completing this form, please call 1-800-354-7271. The telephone call is free.

**Telephone Device for the Deaf (TDD):**  
Call 1-800-582-8330. The telephone call is free.

**¿NECESITA AYUDA?** Si usted habla español y necesita ayuda para completar su cuestionario, llame sin cargo alguno al **1-877-833-5625**. Usted también puede completar su entrevista por teléfono con un entrevistador que habla español. O puede responder por Internet en: <https://respond.census.gov/acs>

For more information about the American Community Survey, visit our web site at: <http://www.census.gov/acs>

➔ Please print today's date.

Month Day Year

➔ Please print the name and telephone number of the person who is filling out this form. We will only contact you if needed for official Census Bureau business.

Last Name

First Name MI

Area Code + Number

-

➔ How many people are living or staying at this address?

- **INCLUDE** everyone who is living or staying here for more than 2 months.
- **INCLUDE** yourself if you are living here for more than 2 months.
- **INCLUDE** anyone else staying here who does not have another place to stay, even if they are here for 2 months or less.
- **DO NOT INCLUDE** anyone who is living somewhere else for more than 2 months, such as a college student living away or someone in the Armed Forces on deployment.

Number of people

➔ Fill out pages 2, 3, and 4 for everyone, including yourself, who is living or staying at this address for more than 2 months. Then complete the rest of the form.

FORM **ACS-1(INFO)(2017)**  
(03-14-2016)

OMB No. 0607-0810  
OMB No. 0607-0936



Item 3: American Community Survey Questionnaire (Continued)

13197025

### Person 1

(Person 1 is the person living or staying here in whose name this house or apartment is owned, being bought, or rented. If there is no such person, start with the name of any adult living or staying here.)

**1 What is Person 1's name?**  
Last Name (Please print) First Name MI

**2 How is this person related to Person 1?** Mark (X) ONE box.  
 Person 1

**3 What is Person 1's sex?** Mark (X) ONE box.  
 Male  Female

**4 What is Person 1's age and what is Person 1's 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 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races.

**5 Is Person 1 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, Spaniard, and so on.

**6 What is Person 1's 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  Japanese  Native Hawaiian  
 Chinese  Korean  Guamanian or Chamorro  
 Filipino  Vietnamese  Samoan  
 Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.  
 Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on.  
 Some other race – Print race.

### Person 2

**1 What is Person 2's name?**  
Last Name (Please print) First Name MI

**2 How is this person related to Person 1?** Mark (X) ONE box.  
 Husband or wife  Son-in-law or daughter-in-law  
 Biological son or daughter  Other relative  
 Adopted son or daughter  Roomer or boarder  
 Stepson or stepdaughter  Housemate or roommate  
 Brother or sister  Unmarried partner  
 Father or mother  Foster child  
 Grandchild  Other nonrelative  
 Parent-in-law

**3 What is Person 2's sex?** Mark (X) ONE box.  
 Male  Female

**4 What is Person 2's age and what is Person 2's 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 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races.

**5 Is Person 2 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, Spaniard, and so on.

**6 What is Person 2's 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  Japanese  Native Hawaiian  
 Chinese  Korean  Guamanian or Chamorro  
 Filipino  Vietnamese  Samoan  
 Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.  
 Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on.  
 Some other race – Print race.



Item 3: American Community Survey Questionnaire (Continued)

13197033

### Person 3

**1 What is Person 3's name?**  
 Last Name (Please print) First Name MI

**2 How is this person related to Person 1? Mark (X) ONE box.**

<input type="checkbox"/> Husband or wife	<input type="checkbox"/> Son-in-law or daughter-in-law
<input type="checkbox"/> Biological son or daughter	<input type="checkbox"/> Other relative
<input type="checkbox"/> Adopted son or daughter	<input type="checkbox"/> Roomer or boarder
<input type="checkbox"/> Stepson or stepdaughter	<input type="checkbox"/> Housemate or roommate
<input type="checkbox"/> Brother or sister	<input type="checkbox"/> Unmarried partner
<input type="checkbox"/> Father or mother	<input type="checkbox"/> Foster child
<input type="checkbox"/> Grandchild	<input type="checkbox"/> Other nonrelative
<input type="checkbox"/> Parent-in-law	

**3 What is Person 3's sex? Mark (X) ONE box.**  
 Male  Female

**4 What is Person 3's age and what is Person 3's 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

→ **NOTE:** Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races.

**5 Is Person 3 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, Spaniard, and so on. ↴

**6 What is Person 3's race? Mark (X) one or more boxes.**

White  
 Black or African Am.  
 American Indian or Alaska Native — Print name of enrolled or principal tribe. ↴

<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Native Hawaiian
<input type="checkbox"/> Chinese	<input type="checkbox"/> Korean	<input type="checkbox"/> Guamanian or Chamorro
<input type="checkbox"/> Filipino	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Samoan
<input type="checkbox"/> Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on. ↴	<input type="checkbox"/> Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on. ↴	

Some other race – Print race. ↴

### Person 4

**1 What is Person 4's name?**  
 Last Name (Please print) First Name MI

**2 How is this person related to Person 1? Mark (X) ONE box.**

<input type="checkbox"/> Husband or wife	<input type="checkbox"/> Son-in-law or daughter-in-law
<input type="checkbox"/> Biological son or daughter	<input type="checkbox"/> Other relative
<input type="checkbox"/> Adopted son or daughter	<input type="checkbox"/> Roomer or boarder
<input type="checkbox"/> Stepson or stepdaughter	<input type="checkbox"/> Housemate or roommate
<input type="checkbox"/> Brother or sister	<input type="checkbox"/> Unmarried partner
<input type="checkbox"/> Father or mother	<input type="checkbox"/> Foster child
<input type="checkbox"/> Grandchild	<input type="checkbox"/> Other nonrelative
<input type="checkbox"/> Parent-in-law	

**3 What is Person 4's sex? Mark (X) ONE box.**  
 Male  Female

**4 What is Person 4's age and what is Person 4's 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

→ **NOTE:** Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races.

**5 Is Person 4 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, Spaniard, and so on. ↴

**6 What is Person 4's race? Mark (X) one or more boxes.**

White  
 Black or African Am.  
 American Indian or Alaska Native — Print name of enrolled or principal tribe. ↴

<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Native Hawaiian
<input type="checkbox"/> Chinese	<input type="checkbox"/> Korean	<input type="checkbox"/> Guamanian or Chamorro
<input type="checkbox"/> Filipino	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Samoan
<input type="checkbox"/> Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on. ↴	<input type="checkbox"/> Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on. ↴	

Some other race – Print race. ↴



Item 3: American Community Survey Questionnaire (Continued)

13197041

**Person 5**

**1 What is Person 5's name?**  
Last Name (Please print) First Name MI

**2 How is this person related to Person 1? Mark (X) ONE box.**  
 Husband or wife  Son-in-law or daughter-in-law  
 Biological son or daughter  Other relative  
 Adopted son or daughter  Roomer or boarder  
 Stepson or stepdaughter  Housemate or roommate  
 Brother or sister  Unmarried partner  
 Father or mother  Foster child  
 Grandchild  Other nonrelative  
 Parent-in-law

**3 What is Person 5's sex? Mark (X) ONE box.**  
 Male  Female

**4 What is Person 5's age and what is Person 5's 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

→ **NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races.**

**5 Is Person 5 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, Spaniard, and so on.

**6 What is Person 5's 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  Japanese  Native Hawaiian  
 Chinese  Korean  Guamanian or Chamorro  
 Filipino  Vietnamese  Samoan  
 Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.  
 Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on.

Some other race – Print race.

→ **If there are more than five people living or staying here, print their names in the spaces for Person 6 through Person 12. We may call you for more information about them.**

**Person 6**

Last Name (Please print) First Name MI  
Sex  Male  Female Age (in years)

**Person 7**

Last Name (Please print) First Name MI  
Sex  Male  Female Age (in years)

**Person 8**

Last Name (Please print) First Name MI  
Sex  Male  Female Age (in years)

**Person 9**

Last Name (Please print) First Name MI  
Sex  Male  Female Age (in years)

**Person 10**

Last Name (Please print) First Name MI  
Sex  Male  Female Age (in years)

**Person 11**

Last Name (Please print) First Name MI  
Sex  Male  Female Age (in years)

**Person 12**

Last Name (Please print) First Name MI  
Sex  Male  Female Age (in years)



Item 3: American Community Survey Questionnaire (Continued)

13197058

**Housing**

**→ Please answer the following questions about the house, apartment, or mobile home at the address on the mailing label.**

- 1 Which best describes this building?**  
*Include all apartments, flats, etc., even if vacant.*
- A mobile home
  - A one-family house detached from any other house
  - A one-family house attached to one or more houses
  - A building with 2 apartments
  - A building with 3 or 4 apartments
  - A building with 5 to 9 apartments
  - A building with 10 to 19 apartments
  - A building with 20 to 49 apartments
  - A building with 50 or more apartments
  - Boat, RV, van, etc.

- 2 About when was this building first built?**
- 2000 or later – *Specify year*
  - 1990 to 1999
  - 1980 to 1989
  - 1970 to 1979
  - 1960 to 1969
  - 1950 to 1959
  - 1940 to 1949
  - 1939 or earlier

- 3 When did PERSON 1 (listed on page 2) move into this house, apartment, or mobile home?**
- Month  Year

**A** Answer questions 4 – 5 if this is a HOUSE OR A MOBILE HOME; otherwise, SKIP to question 6a.

- 4 How many acres is this house or mobile home on?**
- Less than 1 acre → *SKIP to question 6a*
  - 1 to 9.9 acres
  - 10 or more acres

- 5 IN THE PAST 12 MONTHS, what were the actual sales of all agricultural products from this property?**
- None
  - \$1 to \$999
  - \$1,000 to \$2,499
  - \$2,500 to \$4,999
  - \$5,000 to \$9,999
  - \$10,000 or more

- 6 a. How many separate rooms are in this house, apartment, or mobile home?**  
*Rooms must be separated by built-in archways or walls that extend out at least 6 inches and go from floor to ceiling.*
- INCLUDE bedrooms, kitchens, etc.
  - EXCLUDE bathrooms, porches, balconies, foyers, halls, or unfinished basements.
- Number of rooms

- b. How many of these rooms are bedrooms?**  
*Count as bedrooms those rooms you would list if this house, apartment, or mobile home were for sale or rent. If this is an efficiency/studio apartment, print "0".*
- Number of bedrooms

- 7 Does this house, apartment, or mobile home have –**
- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| a. hot and cold running water?   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. a bathtub or shower?  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. a sink with a faucet?   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. a stove or range?   | <input type="checkbox"/> | <input type="checkbox"/> |
| e. a refrigerator?   | <input type="checkbox"/> | <input type="checkbox"/> |
| f. telephone service from which you can both make and receive calls? <i>Include cell phones.</i> | <input type="checkbox"/> | <input type="checkbox"/> |

- 8 At this house, apartment, or mobile home – do you or any member of this household own or use any of the following types of computer?**
- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| a. Desktop or laptop  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Smartphone   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Tablet or other portable wireless computer                             | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Some other type of computer<br><i>Specify</i> <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 

- 9 At this house, apartment, or mobile home – do you or any member of this household have access to the Internet?**
- Yes, by paying a cell phone company or Internet service provider
  - Yes, without paying a cell phone company or Internet service provider → *SKIP to question 11*
  - No access to the Internet at this house, apartment, or mobile home → *SKIP to question 11*

- 10 Do you or any member of this household have access to the Internet using a –**
- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| a. cellular data plan for a smartphone or other mobile device?   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. broadband (high speed) Internet service such as cable, fiber optic, or DSL service installed in this household? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. satellite Internet service installed in this household?   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. dial-up Internet service installed in this household?   | <input type="checkbox"/> | <input type="checkbox"/> |
| e. some other service?<br><i>Specify service</i> <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
- 



Item 3: American Community Survey Questionnaire (Continued)

13197066

Housing (continued)

11 How many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use by members of this household?

- None
1
2
3
4
5
6 or more

12 Which FUEL is used MOST for heating this house, apartment, or mobile home?

- Gas: from underground pipes serving the neighborhood
Gas: bottled, tank, or LP
Electricity
Fuel oil, kerosene, etc.
Coal or coke
Wood
Solar energy
Other fuel
No fuel used

13 a. LAST MONTH, what was the cost of electricity for this house, apartment, or mobile home?

Last month's cost - Dollars

\$ [ ] [ ] [ ] [ ] [ ] [ ] .00

OR

- Included in rent or condominium fee
No charge or electricity not used

b. LAST MONTH, what was the cost of gas for this house, apartment, or mobile home?

Last month's cost - Dollars

\$ [ ] [ ] [ ] [ ] [ ] [ ] .00

OR

- Included in rent or condominium fee
Included in electricity payment entered above
No charge or gas not used

c. IN THE PAST 12 MONTHS, what was the cost of water and sewer for this house, apartment, or mobile home? If you have lived here less than 12 months, estimate the cost.

Past 12 months' cost - Dollars

\$ [ ] [ ] [ ] [ ] [ ] [ ] .00

OR

- Included in rent or condominium fee
No charge

d. IN THE PAST 12 MONTHS, what was the cost of oil, coal, kerosene, wood, etc., for this house, apartment, or mobile home? If you have lived here less than 12 months, estimate the cost.

Past 12 months' cost - Dollars

\$ [ ] [ ] [ ] [ ] [ ] [ ] .00

OR

- Included in rent or condominium fee
No charge or these fuels not used

14 IN THE PAST 12 MONTHS, did you or any member of this household 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

15 Is this house, apartment, or mobile home part of a condominium?

- Yes -> What is the monthly condominium fee? For renters, answer only if you pay the condominium fee in addition to your rent; otherwise, mark the "None" box.

Monthly amount - Dollars

\$ [ ] [ ] [ ] [ ] [ ] [ ] .00

OR

- None
No

16 Is this house, apartment, or mobile home - Mark (X) ONE box.

- Owned by you or someone in this household with a mortgage or loan? Include home equity loans.
Owned by you or someone in this household free and clear (without a mortgage or loan)?
Rented?
Occupied without payment of rent? -> SKIP to C on the next page





Item 3: American Community Survey Questionnaire (Continued)

13197082

Person 1

Please copy the name of Person 1 from page 2, then continue answering questions below.

Last Name

First Name MI

7 Where was this person born?

- In the United States - Print name of state.
Outside the United States - Print name of foreign country, or Puerto Rico, Guam, etc.

8 Is this person a citizen of the United States?

- Yes, born in the United States - SKIP to question 10a
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

9 When did this person come to live in the United States? If this person came to live in the United States more than once, print latest year.

Year input field

10 a. At any time IN THE LAST 3 MONTHS, has this person 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, has not attended in the last 3 months - SKIP to question 11
Yes, public school, public college
Yes, private school, private college, home school

b. What grade or level was this person 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

11 What is the highest degree or level of school this person has 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
HIGH SCHOOL GRADUATE
COLLEGE OR SOME COLLEGE
AFTER BACHELOR'S DEGREE

F Answer question 12 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 13.

12 This question focuses on this person's BACHELOR'S DEGREE. Please print below the specific major(s) of any BACHELOR'S DEGREES this person has received.

Printed major(s) input field

13 What is this person's ancestry or ethnic origin?

Ancestry or ethnic origin input field

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

14 a. Does this person speak a language other than English at home?

- Yes
No - SKIP to question 15a

b. What is this language?

Language input field

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

c. How well does this person speak English?

- Very well
Well
Not well
Not at all

15 a. Did this person live in this house or apartment 1 year ago?

- Person is under 1 year old - SKIP to question 16
Yes, this house - SKIP to question 16
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 16

Name of foreign country input field

- No, different house in the United States or Puerto Rico

b. Where did this person live 1 year ago? Address (Number and street name)

Address input field

Name of city, town, or post office

City, town, or post office input field

Name of U.S. county or municipio in Puerto Rico

County or municipio input field

Name of U.S. state or Puerto Rico

State or Puerto Rico input field

ZIP Code

ZIP Code input field



Item 3: American Community Survey Questionnaire (Continued)

13197090

Person 1 (continued)

16 Is this person 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... b. Insurance purchased directly from an insurance company... c. Medicare, for people 65 and older... d. Medicaid, Medical Assistance, or any kind of government-assistance plan... e. TRICARE or other military health care... f. VA (including those who 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. Is this person deaf or does he/she have serious difficulty hearing? b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?

G Answer question 18a - c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 2 on page 12.

- 18 a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions? b. Does this person have serious difficulty walking or climbing stairs? c. Does this person have difficulty dressing or bathing?

H Answer question 19 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 2 on page 12.

- 19 Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping? 20 What is this person's marital status? 21 In the PAST 12 MONTHS did this person get married?

- 22 How many times has this person been married? 23 In what year did this person last get married? I Answer question 24 if this person is female and 15 - 50 years old. Otherwise, SKIP to question 25a.

- 24 In the PAST 12 MONTHS, has this person given birth to any children? 25 a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment? b. Is this grandparent currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment?

c. How long has this grandparent been responsible for these grandchildren? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has 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 Has this person 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 this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which this person 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. Does this person have a VA service-connected disability rating?

- Yes (such as 0%, 10%, 20%, ... , 100%) No -> SKIP to question 29a

b. What is this person's service-connected disability rating?

- 0 percent 10 or 20 percent 30 or 40 percent 50 or 60 percent 70 percent or higher



Item 3: American Community Survey Questionnaire (Continued)

13197108

Person 1 (continued)

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

- Yes -> SKIP to question 30
No - Did not work (or retired)

b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?

- Yes
No -> SKIP to question 35a

30 At what location did this person work LAST WEEK? If this person worked at more than one location, print where he or she worked most last week.

a. Address (Number and street name)

Address input field

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, or post office

City name input field

c. Is the work location inside the limits of that city or town?

- Yes
No, outside the city/town limits

d. Name of county

County name input field

e. Name of U.S. state or foreign country

State name input field

f. ZIP Code

ZIP code input field

31 How did this person usually get to work LAST WEEK? If this person 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; Motorcycle; Bus or trolley bus; Bicycle; Streetcar or trolley car; Walked; Subway or elevated; Worked at home -> SKIP to question 39a; Railroad; Ferryboat; Other method; Taxicab

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

32 How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?

Person(s)

Number of people input field

33 What time did this person usually leave home to go to work LAST WEEK?

Hour and Minute input fields with a.m./p.m. options

34 How many minutes did it usually take this person to get from home to work LAST WEEK?

Minutes input field

K Answer questions 35 - 38 if this person did NOT work last week. Otherwise, SKIP to question 39a.

35 a. LAST WEEK, was this person on layoff from a job?

- Yes -> SKIP to question 35c
No

b. LAST WEEK, was this person 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. Has this person been informed that he or she 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, has this person been ACTIVELY looking for work?

- Yes
No -> SKIP to question 38

37 LAST WEEK, could this person 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 this person last work, even for a few days?

- Within the past 12 months
1 to 5 years ago -> SKIP to L
Over 5 years ago or never worked -> SKIP to question 47

39 a. During the PAST 12 MONTHS (52 weeks), did this person work 50 or more weeks? Count paid time off as work.

- Yes -> SKIP to question 40
No

b. How many weeks DID this person 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 this person usually work each WEEK?

Usual hours worked each WEEK

Usual hours worked input field



Item 3: American Community Survey Questionnaire (Continued)

13197116

Person 1 (continued)

L Answer questions 41 – 46 if this person worked in the past 5 years. Otherwise, SKIP to question 47.

41 – 46 CURRENT OR MOST RECENT JOB ACTIVITY. Describe clearly this person's chief job activity or business last week. If this person had more than one job, describe the one at which this person worked the most hours. If this person had no job or business last week, give information for his/her last job or business.

- 41 Was this person – 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, 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?

42 For whom did this person 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

43 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)

- 44 Is this mainly – Mark (X) ONE box.
manufacturing?
wholesale trade?
retail trade?
other (agriculture, construction, service, government, etc.)?

45 What kind of work was this person doing? (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)

46 What were this person's most important activities or duties? (For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)

47 INCOME IN THE PAST 12 MONTHS
Mark (X) the "Yes" box for each type of income this person 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 net income was a loss, mark the "Loss" box to the right of the dollar amount.
For income received jointly, report the appropriate share for each person – or, if that's not possible, report the whole amount for only one person and mark the "No" box for the other person.

a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.

Yes/No boxes and TOTAL AMOUNT for past 12 months

b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.

Yes/No boxes and TOTAL AMOUNT for past 12 months Loss

c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.

Yes/No boxes and TOTAL AMOUNT for past 12 months Loss

d. Social Security or Railroad Retirement. Yes/No boxes and TOTAL AMOUNT for past 12 months

e. Supplemental Security Income (SSI). Yes/No boxes and TOTAL AMOUNT for past 12 months

f. Any public assistance or welfare payments from the state or local welfare office. Yes/No boxes and TOTAL AMOUNT for past 12 months

g. Retirement, survivor, or disability pensions. Do NOT include Social Security. Yes/No boxes and TOTAL AMOUNT for past 12 months

h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support or alimony. Do NOT include lump sum payments such as money from an inheritance or the sale of a home. Yes/No boxes and TOTAL AMOUNT for past 12 months

48 What was this person's total income during the PAST 12 MONTHS? Add entries in questions 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. OR None Loss

Continue with the questions for Person 2 on the next page. If no one is listed as Person 2 on page 2, SKIP to page 28 for mailing instructions.



Item 3: American Community Survey Questionnaire (Continued)

13197280

# Mailing Instructions

➔ Please make sure you have...

- listed all names and answered the questions on pages 2, 3, and 4
- answered all Housing questions
- answered all Person questions for each person.

➔ Then...

- put the completed questionnaire into the postage-paid return envelope. If the envelope has been misplaced, please mail the questionnaire to:  
**U.S. Census Bureau**  
**P.O. Box 5240**  
**Jeffersonville, IN 47199-5240**
- make sure the barcode above your address shows in the window of the return envelope.

**Thank you for participating in the American Community Survey.**

INFORMATIONAL COPY

### For Census Bureau Use

POP <input type="checkbox"/>	EDIT <input type="checkbox"/>	PHONE <input type="checkbox"/>	JIC1 <input type="checkbox"/>	JIC2 <input type="checkbox"/>
EDIT CLERK <input type="checkbox"/>	TELEPHONE CLERK <input type="checkbox"/>	JIC3 <input type="checkbox"/>	JIC4 <input type="checkbox"/>	

The Census Bureau estimates that, for the average household, this form will take 40 minutes to complete, including the time for reviewing the instructions and answers. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Paperwork Project 0607-0810 and 0607-0936, U.S. Census Bureau, 4600 Silver Hill Road, AMSD – 3K138, Washington, D.C. 20233. You may e-mail comments to AMSD.Paperwork@census.gov; use "Paperwork Project 0607-0810 and 0607-0936" as the subject. Please DO NOT RETURN your questionnaire to this address. Use the enclosed preaddressed envelope to return your completed questionnaire.

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.

Form ACS-1(INFO)(2017) (03-14-2016)

28



[www2.census.gov/programs-surveys/acs/methodology/questionnaires/2017/quest17.pdf](http://www2.census.gov/programs-surveys/acs/methodology/questionnaires/2017/quest17.pdf)

## Item 4: Measuring Race and Ethnicity Across the Decades: 1790-2010

### Measuring Race And Ethnicity Across The Decades: 1790-2010

Mon Nov 02 2015

Written By: Beverly M. Pratt, Lindsay Hixson and Nicholas A. Jones



Over the years, the U.S. Census Bureau has collected information on race and ethnicity. The census form has always reflected changes in society, and shifts have occurred in the way the Census Bureau classifies race and ethnicity. Historically, the changes have been influenced by social, political and economic factors including emancipation, immigration and civil rights. Today, the Census Bureau collects race and ethnic data according to U.S. Office of Management and Budget guidelines, and these data are based on self-identification.

A new interactive visualization released today shows how race and ethnicity categories have changed over time since the first census in 1790. This allows us to better understand the relationship between historical classifications and the present time. A static version of this same visualization was presented in April 2015 at the [Population Association of America's](#) annual meeting.

We created this interactive timeline to establish a starting point for the public — including community stakeholders, academics and data users — to understand how race and ethnicity categories have changed over 220 years in the decennial census. This understanding is important as we interpret results from the [2010 Census Race and Hispanic Origin Alternative Questionnaire Experiment](#) [PDF] and the current middecade testing of race and ethnicity questions, including the [2015 National Content Test](#). The National Content Test will inform design changes for collecting data on race and ethnicity in the 2020 Census and other ongoing demographic and economic surveys conducted by the Census Bureau.

# 1800

Slaves

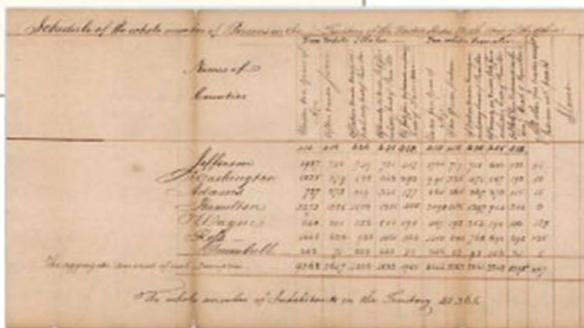
Free White Females & Males

All Other Free Persons



The racial categorization in the first decennial census of 1790 was a reflection of Article 1, Sect. 2, of the newly ratified U.S. Constitution.

Data on race were recorded via enumerator observation.



## Item 4: Measuring Race and Ethnicity Across the Decades: 1790-2010 (Continued)

### What can we learn from this visualization?

Some categories appeared, were removed from the census form and then reappeared throughout history. For example, the “other race” category existed in some form from 1790 through 1840, then disappeared between 1850 and 1900, and then reappeared in 1910. In addition, the visualization shows that detailed Asian groups first became part of the census form in 1860 and that more detailed Asian groups were added, such as “Hindu,” in the 1920, 1930 and 1940 censuses. We can also see when the Hispanic/Latino ethnicity category first appeared on the 1970 census sample form, while showing that in 1930, the category “Mexican” was used as a race.

Some race categories have changed while others have remained the same. The term “white” has been used since the very first census. In comparison, the descriptions of all other categories have changed and/or have been added over time.

Finally, our nation’s changing history is reflected in the categories. For example, after Alaska and Hawaii each received statehood in 1959, the 1960 Census saw the addition of the terms “Aleut,” “Eskimo” and “Hawaiian” for the first time.

### How will the census form change in 2020 and beyond?

The Census Bureau is [continually updating its approach](#) to collecting, processing and categorizing all types of responses representing ethnic origins from nations around the world. The [2015 National Content Test](#), which is currently being conducted, will have dedicated areas so that people can report their specific nationality or ethnic origins in addition to providing responses to the standard OMB race and ethnic categories. This research and testing, along with continued input from our advisory committees and stakeholders, will ensure the 2020 Census form reflects how the U.S. population identify themselves.

Note: The terms displayed on the visualization have not been modified from their historical use.

This entry was posted on Mon Nov 02 2015 and filed under [Ethnicity](#), [Population](#) and [Race](#).

[www.census.gov/newsroom/blogs/random-samplings/2015/11/measuring-race-and-ethnicity-across-the-decades-1790-2010.html](http://www.census.gov/newsroom/blogs/random-samplings/2015/11/measuring-race-and-ethnicity-across-the-decades-1790-2010.html)