



Your Guide for

THE
American
Community
Survey

Group Quarters

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

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

ACS-30(GQ)(2008) (5-5-2007)

This guide gives helpful information on completing your survey form. This guide is bilingual. The Spanish text begins on the back cover of this booklet. If you need more help, call the number that the Census Field Representative provided for you. After you have completed your survey form, **please place the form in the envelope** provided. A Census Field Representative will return to pick it up.

Ésta guía está disponible en español e inglés. Para la versión en español, vire la guía y comience en la parte posterior.

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Your Answers are Confidential and Required by Law.

The law, Title 13, Sections 9, 141, 143, 193, 214, and 221 requires that your answers are kept confidential. No one except Census Bureau employees may see your completed form and they can be fined and/or imprisoned for any disclosure of your answers.

The same law that protects the confidentiality of your answers **requires** that you provide the information asked for in this survey to the best of your knowledge.

What the Survey is About – Some Questions and Answers

Why are we taking a survey?

The Census Bureau is conducting the American Community Survey to provide more timely data than data we typically collect only once every 10 years during the 10 year or decennial census.

What does the Census Bureau do with the information I provide?

The American Community Survey will be the source of data that we make available to Federal, state, and local governments, and also to the public. The data will enable your community leaders from government, businesses and non-profit organizations to plan more effectively.

Why did you select this GQ facility and how did I get selected?

This GQ was selected from a list of all GQs in your area. The GQs and individuals are randomly selected from this list each year, so we cannot substitute another GQ for this one. One of the advantages of a random sample is that we can use it to measure the whole population without having to actually interview every person at every GQ. But in order for it to work, we cannot substitute sampled facilities or individuals — the sample has to be truly random. Your participation is very important if we're going to be able to produce accurate statistics from this survey.

Why the Census Bureau Asks Certain Questions

Here are other reasons we ask some of the questions on the survey.

Name

Names help make sure that we don't duplicate persons selected at this place for the survey. Individual identities are kept confidential.

Place of birth

This question provides information used to study long-term trends about where people move and to study migration patterns and differences in growth patterns.

Job

Answers to the questions about the employments people hold provide information on the extent and types of employment in different areas of the country. From this information, communities can develop training programs, and businesses and local governments can determine the need for new employment opportunities.

Income

Income helps determine how well families or persons live. Income information makes it possible to compare the economic levels of different areas and how economic levels for a community change over time. Funding for many government programs is based on the answers to these questions.

Education

Responses to the education questions help to determine the number of new public schools, education programs, and daycare services required in a community.

Disability

Questions about disability provide the means to allocate Federal funding for healthcare services and new hospitals in many communities.

How to Fill Out the Survey Form

Please mark the category or categories as they apply to you. Some questions ask you to print the information. See **Examples** below.

Make sure you answer all the questions that apply to you. Read these Instructions and also follow the instructions provided throughout the questionnaire. These instructions will help you understand the questions and to answer them correctly. If you need assistance, call the number that the field representative has provided to you.

Examples of Printed and Marked Entries

6. Where were you born?
 In the United States – *Print name of state.* ↗
OHIO

32. What time did you usually leave this address to go to work LAST WEEK?
Hour Minute a.m. p.m.
06 : 10

Instructions for Completing the Survey Questions

The questionnaire is a bilingual form. One side is in English the other is Spanish.

Qt. 1. Print your last name, first name, and middle initial in the space provided.

Enter your telephone number, including area code, and today's date. Print the numbers in the boxes provided.

Qt. 2. Mark one box to indicate if you are male or female.

Qt. 3. Print your age in years at your last birthday. (Print "00" for babies less than 1 year old.) Print the month, day, and year of your birth.

NOTE: PLEASE ANSWER BOTH QUESTIONS 4 ABOUT HISPANIC ORIGIN AND QUESTION 5 ABOUT RACE. FOR THIS SURVEY HISPANIC ORIGINS ARE NOT RACES.

Qt. 4. You are of Hispanic, Latino, or Spanish origin if your origin is Mexican, Mexican-American, Chicano, Puerto Rican, Cuban, Argentinean, Colombian, Costa Rican, Dominican, Ecuatoran, Guatemalan, Honduran, Nicaraguan, Peruvian, Salvadoran, from other Spanish-speaking countries of the Caribbean or Central or South America, or from Spain.

The term **Mexican-Am.** refers to persons of Mexican origin or ancestry.

If you mark the **"Yes, another Hispanic, Latino or Spanish origin" box** category, print the name of the specific group.

If you are not of Spanish/Hispanic/Latino origin, answer this question by marking the **"No, not or Hispanic, Latino, or Spanish origin" box.**

Answer this question regardless of your citizenship status.

Qt. 5. Mark one or more categories what you consider yourself to be.

If you mark the **"American Indian or Alaska Native"** box, also print the name of the tribe in which you are enrolled. If you are not enrolled in a tribe, print the name of the principal tribe.

If you mark the **"Other Asian"** or the **"Other Pacific Islander"** category, print the name of the specific group(s) in the space provided.

The category **"Other Asian"** includes persons who identify themselves as Burmese, Hmong, Indonesian, Laotian, Pakistani, Thai, Cambodian, Sri Lankan, and so on.

The category **"Other Pacific Islander"** includes persons who identify themselves as Fijian, Tongan, Polynesian, Tahitian, and so on.

If you mark **"Some other race,"** print the race(s) or group(s) in the space provided.

Answer this question regardless of your citizenship status.

Qt. 6. *For persons born in the United States:*

Mark the "**In the United States**" box and then print the name of the state in which you were born. If you were born in Washington, D.C., print District of Columbia.

For persons born outside the United States:

Mark the "**Outside the United States**" box, and then print the name of the foreign country or area where you were born. Use current boundaries, not boundaries at the time of your birth. For example, specify whether Northern Ireland or the Republic of Ireland (Eire); North or South Korea; England, Scotland, or Wales (not Great Britain or United Kingdom). Specify the particular country or island in the Caribbean (for example, Jamaica, not West Indies).

Qt. 7. If you were born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas, mark the "**YES, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas**" box. If you were born outside the United States (or at sea) and have at least one American parent, mark the "**Yes, born abroad of American parent or parents**" box. Mark the "**Yes, U.S. citizen by naturalization**" box only if you have completed the naturalization process and are now a United States citizen.

Qt. 8. If you entered the United States (that is, the 50 states and the District of Columbia) more than once, enter the latest year you came to live in the United States.

Qt. 9a. *A public school* is any school or college that is controlled and supported primarily by a local, county, state, or Federal government. Schools are *private* if supported and controlled primarily by religious organizations or other private groups. Home schooling is included with the private school category.

Qt. 9b. Answer this question only if you were attending school or college in the last 3 months. Mark the box that corresponds to the grade level or college level you were attending.

Qt. 10. **Mark only one** box to indicate the highest grade or level of schooling you have **completed** or the **highest degree** you received.

Report schooling completed in foreign or ungraded schools as the equivalent level of schooling in the regular American school system.

If you completed high school by passing an equivalency test, such as the General Educational Development (GED) examination, and did not attend college, mark the category for "**High School Graduate**." box.

Some of the examples of *Professional school degrees* include medicine, dentistry, chiropractic, optometry, osteopathic medicine, pharmacy, podiatry, veterinary medicine, law, and theology.

DO NOT include certificates, diplomas, or degrees for training on specific trades, such as computer and electronics technology, auto repair, medical assistant, cosmetology, and other fields at vocational, technical, or business schools.

DO NOT include honorary degrees awarded by colleges and universities to individuals for their accomplishments. Include only "earned" degrees.

Qt. 11. Print the ancestry group(s). Ancestry refers to your ethnic origin or descent, "roots," or heritage. Ancestry also may refer to your country of birth or your parents or ancestors before their arrival in the United States. Answer this question regardless of your citizenship status.

If you have more than one origin and cannot identify with a single ancestry group, report two ancestry groups (for example, German-Irish).

Do not report a religious group as your ancestry.

Qt. 12a. Mark the **"Yes"** box if you sometimes or always speak a language other than English at home.

Mark the **"No"** box if you speak only English, or if a non-English language is spoken only at school or is limited to a few expressions or slang.

Qt. 12b. Print the name of the language spoken. If you speak more than one non-English language and cannot determine which is spoken more often, report the one you first learned to speak.

Qt. 12a. Mark one box to indicate how well you speak English.

Qt. 13a. If the person is a baby under 1 year of age, mark the **"Person is under 1 year old"** box. Do not complete any more questions for the baby and skip to item **H** on page 5.

If you lived at this address, mark the **"Yes, at this address"** box and then skip to question **15**.

If you did not live in the United States 1 year ago, mark the **"No, outside the United States and Puerto Rico"** box and print the name of the foreign country, or Puerto Rico, Guam, etc., where you lived. Be specific when printing the name of foreign country, for example, specify whether Northern Ireland or the Republic of Ireland (Eire); North or South Korea; England, Scotland or Wales (not Great Britain or United Kingdom). Specify the particular country or island in the Caribbean. Then skip to question **15**.

If you lived somewhere else in the United States 1 year ago, mark the **"No, at a different address in the United States or Puerto Rico"** box.

Qt. 13b. Print the street address, city, county, state, and ZIP code where you lived 1 year ago.

Qt. 14. Mark the **"Yes"** or **"No"** box to indicate whether you received Food Stamps or Food Stamps benefit card during the past 12 months.

Qt. 15. Mark the **"Yes"** or **"No"** box for each part of question 15. Mark **"Yes"** if this person currently has the type of health insurance or health coverage listed. Mark **"No"** if this person does not have the type of health insurance or health coverage listed. These categories include health insurance obtained through a job, and insurance company, or governmental health care plans that only cover a person in case of an accident or disability.

If the person reports another type of coverage plan in 15h, specify the type of coverage or name of plan in the write-in box.

ANSWER QUESTION 17 ONLY IF YOU ARE 5 YEARS OLD OR OVER.

Qt. 16. Mark the **"Yes"** or **"No"** box for both parts a and b of question 16 to indicate whether you have any of the conditions listed.

Qt. 17. Mark the **"Yes"** or **"No"** box for parts a, b, and c of question 17 to indicate whether you have any difficulty doing any of the activities listed.

ANSWER QUESTION 18 ONLY IF YOU ARE 15 YEARS OLD OR OVER.

- Qt. 18.** Mark the **"Yes"** or **"No"** box for question 18 to indicate if you have any difficulty doing any of the activities listed.
- Qt. 19.** Mark one box to indicate your current marital status. If you have never been married, SKIP to question 23.
- Qt. 20.** Mark the **"Yes"** or **"No"** box for parts a, b, and c of question 20.
- Qt. 21.** Indicate whether this person has been married once, twice, or three or more times. Do not count marriages that ended in annulment.
- Qt. 22.** Write the four-digit year when the person last got married, even if the person is now widowed, divorced, or separated.
- Qt. 23.** Answer this question if you are a female who is at least 15 years old and younger than 51 years old. Mark the **"Yes"** box if you have given birth to at least one child born alive in the past 12 months, even if the child died or no longer lives with the mother. Do not include miscarriages, or stillborn children, or any adopted, foster, or step-children.
- Qt. 24a.** Mark the **"Yes"** box if you have at least one of your own grandchildren younger than 18 years old living in this place.
- Qt. 24b.** Answer this question if you have at least one of your own grandchildren younger than 18 years old living in this place. Mark the **"Yes"** box if you are currently responsible for the basic needs of the grandchild or grandchildren.
- Qt. 24c.** Mark one box to indicate the length of time you have been providing for the basic needs of your grandchild(ren).
- Qt. 25.** If you served in the U.S. Armed forces, Military Reserves, or National Guard, mark the **"Yes"** category that applies only if you have ever been called up for active duty other than for training. If your only service was as a civilian employee or civilian volunteer for the Red Cross, USO, Public Health Service, or War or Defense Department, mark **"No, never served in the military"** box. Count **World War II** Merchant Marine service as active duty; **DO NOT** count other Merchant Marine service as active duty.
- Qt. 26.** Mark a box for **EACH** period served, even if service in the period was brief.
- Qt. 27a.** If this person has a Department of Veteran Affairs (VA) service-connected disability rating, mark the **"Yes"** box.
- Qt. 27b.** Mark one box that shows the person's service-connected disability rating. Mark the **"0 percent"** box if the person has received a service-connected disability rate of zero. Do not mark the box showing "0 percent to indicate no rating.
- Qt. 28.** *Count as work* – Mark the **"Yes"** box if you performed —
- Work for someone else for wages, salary, piece rate, commission, tips, or payments "in kind" (for example, food or lodging received as payment for work performed).
 - Work in own business, professional practice, or farm.
 - Any work in a family business or farm, paid or not.
 - Any part-time work including babysitting, paper routes, etc.
 - Active duty in Armed Forces.
- Do not count as work* – Mark the **"No"** box if you performed —
- Housework or yard work at home.
 - Unpaid volunteer work.
 - School work done as a student.
 - Work done as a resident or inmate of an institution.

Qt. 29. Include the building or structure number, street name; street type (for example, St., Road, Ave.) and the street direction (if a direction such as "North" is part of the address). For example, print 1239 N. Main St. or 1239 Main St., N.W. not just 1239 Main.

If the only known address is a post office box, give a description of the work location (such as building number, building name, nearest street or intersection). For example, print the name of the building or shopping center where you work, the nearest intersection, or the nearest street where the workplace is located, etc. DO NOT GIVE A POST OFFICE BOX NUMBER.

If you worked at a military installation or military base that has no street address, report the name of the military installation or base, and a description of the work location (such as nearest street or intersection).

If you worked at several locations, but reported to the same location each day to begin work, print the street address of the location where you reported. If you did not report to the same location each day to begin work, print the address of the location where you worked most of the time last week.

If your employer operates in more than one location (such as a grocery store chain or public school system), print the street address of the location or branch where you worked. If the street address of a school is not known, print the name of the school, and a description of the location (such as the nearest street intersection).

If you worked on a college or university campus and the street address of the workplace is not known, print the name of the building where you worked and a description of the location (such as the nearest street or intersection).

*If you worked in a foreign country or Puerto Rico, Guam, etc., print the name of the country and then go to question **30**.*

Qt. 30. *If you usually used more than one type of transportation to get to work (for example, drove to public transportation), mark the category of the one method of transportation that you used for most of the distance during the trip.*

ANSWER QUESTION 31 ONLY IF YOU MARKED 'CAR, TRUCK, OR VAN' IN QUESTION 30

Qt. 31. If you were driven to work by someone who then drove back home or to a non-work destination, enter "**1**" in the box labeled "**Person(s)**."

DO NOT include persons who rode to school or some other non-work destination in the count of persons who rode in the vehicle.

Qt. 32. Give the time of day you usually *left to go to work*. **DO NOT** give the time that you usually began your work.

*If you usually left to go to work sometime between 12:00 o'clock midnight and 12:00 o'clock noon, mark "**a.m.**"*

*If you usually left to go to work sometime between 12:00 o'clock noon and 12:00 o'clock midnight, mark "**p.m.**"*

Qt. 33. Travel time is from door to door. Include time waiting for public transportation or picking up passengers in a carpool.

ANSWER QUESTIONS 34a THROUGH 37 ONLY IF YOU DID NOT WORK LAST WEEK.

- Qt. 34a.** You are on layoff if you are waiting to be recalled to a job from which you were temporarily separated for business-related reasons.
- Qt. 34b.** If you work only during certain seasons or on a day-by-day basis when work is available, mark the **"No"** box.
- Qt. 34c.** If you were informed by your employer, either formally or informally, that you will be recalled within the next 6 months, mark the **"Yes"** box. Also mark the **"Yes"** box if you have been given formally or informally, a specific date to return to work, even if that date is more than 6 months away.
- Qt. 35.** Mark the **"Yes"** box if you tried to get a job or start a business or professional practice at any time in the last 4 weeks; for example, registered at an employment office, went to a job interview, placed or answered ads, or did anything toward starting a business or professional practice.
- Qt. 36.** If you expected to report to a job within 30 days, mark the **"Yes, could have gone to work"** box.
Mark the **"No, because of own temporary illness"** box only if you expected to be to work within 30 days.
If you could not have gone to work because you were going to school, taking care of children, etc., mark the **"No, because of all other reasons"** box.
- Qt. 37.** Refer to the instructions for question **28** for what to count as work. Mark the **"Over 5 years ago or never worked"** box if you: (1) never worked at any kind of job or business, either full or part time, (2) never worked, with or without pay, in a family business or farm, and (3) never served on active duty in the Armed Forces.
- Qt. 38a.** Refer to the instructions for question **28** to determine what to count as work. Include paid vacation, paid sick leave, and military service. Count every week in which you worked at all, even for an hour.
- Qt. 38b.** Count every week in which you worked at all, even for an hour.
- Qt. 39.** If the hours worked each week varied considerably in the past 12 months, give an approximate average of the hours worked each week.

ANSWER QUESTIONS 40 THROUGH 45 ONLY IF YOU WORKED IN THE PAST 5 YEARS; OTHERWISE, SKIP TO QUESTION 46.

- Qt. 40.** Mark the **"an employee of a PRIVATE NOT-FOR-PROFIT . . . organization"** box if you worked for a cooperative, credit union, mutual insurance company, or similar organization.
Employees of foreign governments, the United Nations, U.S. Armed Forces, and other international organizations should mark the **"a Federal GOVERNMENT employee"** box.
If you worked at a public school, college, or university, mark the appropriate *government* category; for example, mark the **"a state GOVERNMENT employee"** box for a state university, or mark the **"a local GOVERNMENT employee"** box for a county-run community college or a city-run public school.
- Qt. 41.** If you worked for a company, business, or government agency, print the name of the company, not the name of your supervisor. If you worked for an individual or a business that had no company name, print the name of the individual you worked for. If you worked in your own business, print "self-employed."

Qt. 42. Print one or more words to describe the business, industry, or individual employer named in question **41**. If there is more than one activity, describe only the major activity at the place where you worked. Enter what is made, what is sold, or what service is given.

Enter descriptions like the following: Metal furniture manufacturing, Retail grocery store, Petroleum refining, Cattle ranch.

Do not enter: Furniture company, Grocery store, Oil company, Ranch.

Qt. 43. Mark one box to indicate the main type of business or industry where you work.

Qt. 44. Print one or more words to describe the kind of work you did. If you were a trainee, apprentice, or helper, include that in the description.

Enter descriptions like the following: Registered nurse, Personnel manager, High school teacher.

Do not enter single words such as: Nurse, Manager, Teacher.

ANSWER QUESTIONS 46 AND 47 ONLY IF YOU ARE 15 YEARS OLD OR OVER.

Mark the "**Yes**" or "**No**" category for each part of the income questions and enter the amount received in the past 12 months for each "Yes" response.

If income from any source was received jointly, report the amount you earned or received, not the total amount you and the other person received jointly.

Qt. 46a. Include wages and salaries before deductions from **ALL** jobs. Be sure to include any tips, commissions, or bonuses. Owners of incorporated businesses should enter their salary here. Military personnel should include base pay plus cash housing and/or subsistence allowance, flight pay, uniform allotments, and re-enlistment bonuses.

Qt. 46b. Include **NONFARM** profit (or loss) from self-employment in sole proprietorships and partnerships. Exclude profit (or loss) of incorporated businesses you own.

Include **FARM** profit (or loss) from self-employment in sole proprietorships and partnerships. Exclude profit (or loss) of incorporated farm businesses you own. Also, exclude amounts from land rented for cash but include amounts from land rented for shares.

Qt. 46c. Include interest received or credited to checking and saving accounts, money market funds, certificates of deposit (CDs), IRAs, KEOGHs, and government bonds.

Include dividends received, credited, or reinvested from ownership of stocks or mutual funds.

Include profit (or loss) from royalties and the rental of land, buildings, or real estate, or from roomers or boarders. Income received by self-employed persons whose primary source of income is from renting property or from royalties should be included in question **46b** above. Include regular payments from an estate or trust fund.

- Qt. 46d.** Include amounts, before Medicare deductions, of Social Security and/or Railroad Retirement payments you received as a retired person, as a dependent of a deceased insured worker, and as a disabled worker.
- Qt. 46e.** Include Supplemental Security Income (SSI) received as an elderly, blind, or disabled person.
- Qt. 46f.** Include any public assistance or welfare payments you receive from the state or county welfare office. Do not include assistance received from private charities. Do not include assistance to pay heating or cooling costs.
- Qt. 46g.** Include retirement, survivor, or disability benefits received from companies and unions, Federal, state, and local governments, and the U.S. military. Include regular income from annuities and IRA or KEOGH retirement plans.
- Qt. 46h.** Include Veterans' (VA) disability compensation and educational assistance payments (VEAP); unemployment compensation, child support or alimony; and all other regular payments such as Armed Forces transfer payments, assistance from private charities, and regular contributions from persons not living in the household.

Do Not include the following as income in any item:

- Refunds or rebates of any kind
 - Withdrawals from savings of any kind
 - Capital gains or losses from the sale of homes, or shares of stock, etc.
 - Inheritances or insurance settlements
 - Any type of loan
 - Pay in-kind such as food, free rent
- Qt. 47.** Add the total entries (subtracting losses) for **46a** through **46h** for the past 12 months and enter that number in the space provided. Mark the loss box if there is a loss. Print the total amount in dollars.