

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

1201 East 10th Street
Jeffersonville IN 47132-0001

OFFICIAL BUSINESS
Penalty for Private Use \$300

ACS-46(2010)(Ver. U)

AN EQUAL OPPORTUNITY EMPLOYER

PRESORTED
FIRST-CLASS MAIL
POSTAGE & FEES PAID
U.S. Census Bureau
Permit No. G-58

U.S. Census Bureau
THE American Community Survey

The American Community Survey
Form Enclosed

YOUR RESPONSE
IS REQUIRED BY LAW

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

Dear Resident:

About three weeks ago, the U.S. Census Bureau sent an American Community Survey questionnaire to your address. If you have already completed and mailed your questionnaire, thank you very much. If you have not mailed the questionnaire, please send it soon. I have included another questionnaire with this letter.

We realize that you may have recently answered the 2010 Census. Some households, including yours, will receive both the 2010 Census and the American Community Survey this year. **Answering both is important and also required by U.S. law.** Your response is so important that a Census Bureau representative may attempt to contact you by telephone or personal visit if we do not receive your questionnaire. The Census Bureau is required by U.S. law to keep your answers confidential.

The information collected in the American Community Survey will help decide where new schools, hospitals, and fire stations are needed. The information also is used to develop programs to reduce traffic congestion, provide job training, and plan for the healthcare needs of the elderly.

The enclosed brochure answers frequently asked questions about the American Community Survey. If you need help filling out the questionnaire, please use the enclosed guide or call our toll-free number (1-800-354-7271).

Thank you.

Sincerely,

Steve H. Murdock
Director, U.S. Census Bureau

Enclosures

ACS-14(L)

www.census.gov/acs/www

1-800-354-7271

Frequently Asked Questions



AMERICAN
COMMUNITY
SURVEY



AMERICAN
COMMUNITY
SURVEY

Si necesita ayuda para completar su cuestionario,
llame sin cargo alguno al: 1-877-833-5625

U.S. Department of Commerce
Economics and Statistics Administration
U.S. CENSUS BUREAU

ACS-10SM(2005)
(5-05)

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

Helping You Make Informed Decisions



Frequently Asked Questions

What is the American Community Survey?

Every 10 years, the U.S. Census Bureau conducts a census. During Census 2000, the population of the United States was counted, and additional information was collected to describe the characteristics of the nation's population and housing.

The next census in 2010 will count the population, while the American Community Survey collects the information about population and housing characteristics throughout the decade. Based on the American Community Survey, the Census Bureau can provide data about our rapidly changing country more often than every 10 years.

Why don't you use the information I provided on my Census 2000 questionnaire?

We need your response even if you completed a Census 2000 questionnaire, because the characteristics of your household may have changed since Census 2000. As we move further away from 2000, information provided in Census 2000 becomes outdated.

How do I benefit by answering the American Community Survey?

The American Community Survey provides up-to-date information for the nation, states, cities, counties, metropolitan areas, and communities. By responding to

the American Community Survey questionnaire, you are helping your community to establish goals, identify problems and solutions, and measure the performance of programs.

Communities need data about the well-being of children, families, and the elderly to provide services to them. The data also are used to decide where to locate new highways, schools, hospitals, and community centers; to show a large corporation that a town has the workforce the company needs; and in many other ways.

Do I have to answer the questions on the American Community Survey?

Yes, your response to this survey is required by law (Title 13, United States Code, Sections 141 and 193). Title 13, as changed by Title 18, imposes a penalty for not responding. The survey is approved by the Office of Management and Budget. We estimate this survey will take about 38 minutes to complete.

How will the Census Bureau use the information that I provide?

The Census Bureau can use the information you provide for statistical purposes only and cannot publish or release information that would identify you and your household. Your information will be used in combination with information from other households to produce data for

your community. Similar data will be produced for communities across the United States.

We may combine your answers with information that you gave to other agencies to enhance the statistical uses of these data. This information will be given the same protections as your survey information. Based on the information that you provide, you may be asked to participate in other Census Bureau surveys that are voluntary.

Will the Census Bureau keep my information confidential?

Yes. All of the information the Census Bureau collects for this survey about you and your household is confidential by law (Title 13, United States Code, Section 9). By law, every Census Bureau employee—including the Director as well as every field representative—has taken an oath and is subject to a jail term, a fine, or both if he or she discloses ANY information that could identify you or your household.

Where can I find more information about the American Community Survey or get assistance?

You may visit our Web site www.census.gov/acs/www, or call 1-800-354-7271 if you need assistance or more information.



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

THE American Community Survey

Please complete this form and return it as soon as possible after receiving it in the mail.

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 pedir un cuestionario en español o completar su entrevista por teléfono con un entrevistador que habla español.

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

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



Start Here

➔ **Please print today's date.**

Month Day Year

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➔ **Please print the name and telephone number of the person who is filling out this form.** We may contact you if there is a question.

Last Name

First Name

MI

Area Code + Number

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➔ **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.**

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?

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.
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 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, 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. ↘

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.

- | | |
|---|--|
| <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 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.
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 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, 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. ↘



Person 3

Person 4

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, 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. ↘

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, 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. ↘



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.

- | | |
|---|--|
| <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 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)

→ **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, 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. ↘
-

→ 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)



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

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A Answer questions 4 – 6 if this is a HOUSE OR A MOBILE HOME; otherwise, SKIP to question 7a.

4 How many acres is this house or mobile home on?

- Less than 1 acre → SKIP to question 6
- 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 Is there a business (such as a store or barber shop) or a medical office on this property?

- Yes
- No

7 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

--	--

8 Does this house, apartment, or mobile home have –

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. hot and cold running water? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. a flush toilet? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. a bathtub or shower? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. a sink with a faucet? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. a stove or range? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. a refrigerator? | <input type="checkbox"/> | <input type="checkbox"/> |
| g. telephone service from which you can both make and receive calls? Include cell phones. | <input type="checkbox"/> | <input type="checkbox"/> |

9 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

10 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



Housing (continued)

- 11 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

- 12 IN THE PAST 12 MONTHS, did anyone in this household receive Food Stamps or a Food Stamp benefit card?**

- Yes
 No

- 13 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

- 14 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**

- B** Answer questions 15a and b if this house, apartment, or mobile home is **RENTED**. Otherwise, **SKIP** to question 16.

- 15 a. What is the monthly rent for this house, apartment, or mobile home?**

Monthly amount – Dollars

\$.00
----	--	--	--	--	--	--	--	--	--	-----

- b. Does the monthly rent include any meals?**

- Yes
 No

- C** Answer questions 16 – 20 if you or someone else in this household **OWNS** or **IS BUYING** this house, apartment, or mobile home. Otherwise, **SKIP** to **E** on the next page.

- 16 About how much do you think this house and lot, apartment, or mobile home (and lot, if owned) would sell for if it were for sale?**

Amount – Dollars

\$.00
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- 17 What are the annual real estate taxes on THIS property?**

Annual amount – Dollars

\$.00
----	--	--	--	--	--	--	--	--	--	-----

OR

- None

- 18 What is the annual payment for fire, hazard, and flood insurance on THIS property?**

Annual amount – Dollars

\$.00
----	--	--	--	--	--	--	--	--	--	-----

OR

- None



Housing (continued)

- 19 a. Do you or any member of this household have a mortgage, deed of trust, contract to purchase, or similar debt on THIS property?**

- Yes, mortgage, deed of trust, or similar debt
- Yes, contract to purchase
- No → SKIP to question 20a

- b. How much is the regular monthly mortgage payment on THIS property?**

Include payment only on FIRST mortgage or contract to purchase.

Monthly amount – Dollars

\$.00
----	--	--	--	--	--	--	--	--	--	--	--	-----

OR

- No regular payment required → SKIP to question 20a

- c. Does the regular monthly mortgage payment include payments for real estate taxes on THIS property?**

- Yes, taxes included in mortgage payment
- No, taxes paid separately or taxes not required

- d. Does the regular monthly mortgage payment include payments for fire, hazard, or flood insurance on THIS property?**

- Yes, insurance included in mortgage payment
- No, insurance paid separately or no insurance

- 20 a. Do you or any member of this household have a second mortgage or a home equity loan on THIS property?**

- Yes, home equity loan
- Yes, second mortgage
- Yes, second mortgage and home equity loan
- No → SKIP to **D**

- b. How much is the regular monthly payment on all second or junior mortgages and all home equity loans on THIS property?**

Monthly amount – Dollars

\$.00
----	--	--	--	--	--	--	--	--	--	--	--	-----

OR

- No regular payment required

- D** Answer question 21 if this is a MOBILE HOME. Otherwise, SKIP to **E**.

- 21 What are the total annual costs for personal property taxes, site rent, registration fees, and license fees on THIS mobile home and its site?**

Exclude real estate taxes.

Annual costs – Dollars

\$.00
----	--	--	--	--	--	--	--	--	--	--	--	-----

- E** Answer questions about PERSON 1 on the next page if you listed at least one person on page 2. Otherwise, SKIP to page 28 for the mailing instructions.



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 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? Print numbers in boxes.

Year

- 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 (for example: MA or PhD program, or medical or law school)

- 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

- No schooling completed

NURSERY OR PRESCHOOL THROUGH GRADE 12

- Nursery school
- Kindergarten
- Grade 1 through 11 – Specify grade 1 – 11

- 12th grade – NO DIPLOMA

HIGH SCHOOL GRADUATE

- Regular high school diploma
- GED or alternative credential

COLLEGE OR SOME COLLEGE

- Some college credit, but less than 1 year of college credit
- 1 or more years of college credit, no degree
- Associate's degree (for example: AA, AS)
- Bachelor's degree (for example: BA, BS)

AFTER BACHELOR'S DEGREE

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

- 12 What is this person's ancestry or ethnic origin?

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

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

- Yes
- No → SKIP to question 14a

- b. What is this language?

For example: Korean, Italian, Spanish, Vietnamese

- c. How well does this person speak English?

- Very well
- Well
- Not well
- Not at all

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

- Person is under 1 year old → SKIP to question 15
- Yes, this house → SKIP to question 15
- No, outside the United States and Puerto Rico – Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 15

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

- b. Where did this person live 1 year ago?

Address (Number and street name)

Name of city, town, or post office

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

Name of U.S. state or Puerto Rico

ZIP Code

- 15 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.

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Insurance through a current or former employer or union (of this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Insurance purchased directly from an insurance company (by this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicare, for people 65 and older, or people with certain disabilities | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability | <input type="checkbox"/> | <input type="checkbox"/> |
| e. TRICARE or other military health care | <input type="checkbox"/> | <input type="checkbox"/> |
| f. VA (including those who have ever used or enrolled for VA health care) | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Indian Health Service | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Any other type of health insurance or health coverage plan – Specify | <input type="checkbox"/> | <input type="checkbox"/> |



Person 1 (continued)

- 16** a. Is this person deaf or does he/she have serious difficulty hearing?

Yes
 No

- b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?

Yes
 No

F Answer question 17a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 2 on page 12.

- 17** a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?

Yes
 No

- b. Does this person have serious difficulty walking or climbing stairs?

Yes
 No

- c. Does this person have difficulty dressing or bathing?

Yes
 No

G Answer question 18 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 2 on page 12.

- 18** 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?

Yes
 No

- 19** What is this person's marital status?

Now married
 Widowed
 Divorced
 Separated
 Never married → SKIP to **H**

- 20** In the PAST 12 MONTHS did this person get –

Yes No

- a. Married?
b. Widowed?
c. Divorced?

- 21** How many times has this person been married?

- Once
 Two times
 Three or more times

- 22** In what year did this person last get married?

Year

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H Answer question 23 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 24a.

- 23** Has this person given birth to any children in the past 12 months?

Yes
 No

- 24** a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?

Yes
 No → SKIP to question 25

- b. Is this grandparent currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment?

Yes
 No → SKIP to question 25

- c. How long has this grandparent been responsible for the(se) grandchild(ren)?
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

- 25** Has this person ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard? *Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.*

Yes, now on active duty
 Yes, on active duty during the last 12 months, but not now
 Yes, on active duty in the past, but not during the last 12 months
 No, training for Reserves or National Guard only → SKIP to question 27a
 No, never served in the military → SKIP to question 28a

- 26** 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)
 September 1980 to July 1990
 May 1975 to August 1980
 Vietnam era (August 1964 to April 1975)
 March 1961 to July 1964
 February 1955 to February 1961
 Korean War (July 1950 to January 1955)
 January 1947 to June 1950
 World War II (December 1941 to December 1946)
 November 1941 or earlier

- 27** a. Does this person have a VA service-connected disability rating?

Yes (such as 0%, 10%, 20%, ... , 100%)
 No → SKIP to question 28a

- 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



Person 1 (continued)

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

Yes → *SKIP* to question 29
 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 34a

- 29** **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)**

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**

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

Yes
 No, outside the city/town limits

- d. **Name of county**

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

- f. **ZIP Code**

- 30** **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.*

<input type="checkbox"/> Car, truck, or van	<input type="checkbox"/> Motorcycle
<input type="checkbox"/> Bus or trolley bus	<input type="checkbox"/> Bicycle
<input type="checkbox"/> Streetcar or trolley car	<input type="checkbox"/> Walked
<input type="checkbox"/> Subway or elevated	<input type="checkbox"/> Worked at home → <i>SKIP</i> to question 38a
<input type="checkbox"/> Railroad	<input type="checkbox"/> Other method
<input type="checkbox"/> Ferryboat	
<input type="checkbox"/> Taxicab	

I Answer question 31 if you marked "Car, truck, or van" in question 30. Otherwise, *SKIP* to question 32.

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

Person(s)

- 32** **What time did this person usually leave home to go to work LAST WEEK?**

Hour Minute a.m.
 p.m.

 :

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

Minutes

J Answer questions 34 – 37 if this person did *NOT* work last week. Otherwise, *SKIP* to question 38a.

- 34** a. **LAST WEEK, was this person on layoff from a job?**

Yes → *SKIP* to question 34c
 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 37
 No → *SKIP* to question 35

- 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 36
 No

- 35** **During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?**

Yes
 No → *SKIP* to question 37

- 36** **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.)

- 37** **When did this person last work, even for a few days?**

Within the past 12 months
 1 to 5 years ago → *SKIP* to **K**
 Over 5 years ago or never worked → *SKIP* to question 46

- 38** 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 39
 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

- 39** **During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?**

Usual hours worked each WEEK



Person 2

- ➔ Please copy the name of Person 2 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 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? Print numbers in boxes.

Year

- 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 (for example: MA or PhD program, or medical or law school)

- 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

 No schooling completed

NURSERY OR PRESCHOOL THROUGH GRADE 12

 Nursery school

 Kindergarten

 Grade 1 through 11 – Specify grade 1 – 11

 12th grade – NO DIPLOMA

HIGH SCHOOL GRADUATE

 Regular high school diploma

 GED or alternative credential

COLLEGE OR SOME COLLEGE

 Some college credit, but less than 1 year of college credit

 1 or more years of college credit, no degree

 Associate's degree (for example: AA, AS)

 Bachelor's degree (for example: BA, BS)

AFTER BACHELOR'S DEGREE

 Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)

 Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)

 Doctorate degree (for example: PhD, EdD)

- 12 What is this person's ancestry or ethnic origin?

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

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

 Yes

 No → SKIP to question 14a

- b. What is this language?

For example: Korean, Italian, Spanish, Vietnamese

- c. How well does this person speak English?

 Very well

 Well

 Not well

 Not at all

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

 Person is under 1 year old → SKIP to question 15

 Yes, this house → SKIP to question 15

 No, outside the United States and Puerto Rico – Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 15

 No, different house in the United States or Puerto Rico

- b. Where did this person live 1 year ago?

Address (Number and street name)

Name of city, town, or post office

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

Name of U.S. state or Puerto Rico

ZIP Code

- 15 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.

	Yes	No
a. Insurance through a current or former employer or union (of this person or another family member)	<input type="checkbox"/>	<input type="checkbox"/>
b. Insurance purchased directly from an insurance company (by this person or another family member)	<input type="checkbox"/>	<input type="checkbox"/>
c. Medicare, for people 65 and older, or people with certain disabilities	<input type="checkbox"/>	<input type="checkbox"/>
d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability	<input type="checkbox"/>	<input type="checkbox"/>
e. TRICARE or other military health care	<input type="checkbox"/>	<input type="checkbox"/>
f. VA (including those who have ever used or enrolled for VA health care)	<input type="checkbox"/>	<input type="checkbox"/>
g. Indian Health Service	<input type="checkbox"/>	<input type="checkbox"/>
h. Any other type of health insurance or health coverage plan – Specify	<input type="checkbox"/>	<input type="checkbox"/>



Person 2 (continued)

- 16** a. Is this person deaf or does he/she have serious difficulty hearing?

Yes
 No

- b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?

Yes
 No

F Answer question 17a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 3 on page 16.

- 17** a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?

Yes
 No

- b. Does this person have serious difficulty walking or climbing stairs?

Yes
 No

- c. Does this person have difficulty dressing or bathing?

Yes
 No

G Answer question 18 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 3 on page 16.

- 18** 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?

Yes
 No

- 19** What is this person's marital status?

Now married
 Widowed
 Divorced
 Separated
 Never married → SKIP to **H**

- 20** In the PAST 12 MONTHS did this person get –

Yes No

- a. Married?
b. Widowed?
c. Divorced?

- 21** How many times has this person been married?

- Once
 Two times
 Three or more times

- 22** In what year did this person last get married?

Year

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H Answer question 23 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 24a.

- 23** Has this person given birth to any children in the past 12 months?

Yes
 No

- 24** a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?

Yes
 No → SKIP to question 25

- b. Is this grandparent currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment?

Yes
 No → SKIP to question 25

- c. How long has this grandparent been responsible for the(se) grandchild(ren)?
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

- 25** Has this person ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard? *Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.*

Yes, now on active duty
 Yes, on active duty during the last 12 months, but not now
 Yes, on active duty in the past, but not during the last 12 months
 No, training for Reserves or National Guard only → SKIP to question 27a
 No, never served in the military → SKIP to question 28a

- 26** 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)
 September 1980 to July 1990
 May 1975 to August 1980
 Vietnam era (August 1964 to April 1975)
 March 1961 to July 1964
 February 1955 to February 1961
 Korean War (July 1950 to January 1955)
 January 1947 to June 1950
 World War II (December 1941 to December 1946)
 November 1941 or earlier

- 27** a. Does this person have a VA service-connected disability rating?

Yes (such as 0%, 10%, 20%, ... , 100%)
 No → SKIP to question 28a

- 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



Person 2 (continued)

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

Yes → SKIP to question 29
 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 34a

- 29** **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)**

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**

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

Yes
 No, outside the city/town limits

- d. **Name of county**

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

- f. **ZIP Code**

- 30** **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.*

<input type="checkbox"/> Car, truck, or van	<input type="checkbox"/> Motorcycle
<input type="checkbox"/> Bus or trolley bus	<input type="checkbox"/> Bicycle
<input type="checkbox"/> Streetcar or trolley car	<input type="checkbox"/> Walked
<input type="checkbox"/> Subway or elevated	<input type="checkbox"/> Worked at home → SKIP to question 38a
<input type="checkbox"/> Railroad	<input type="checkbox"/> Other method
<input type="checkbox"/> Ferryboat	
<input type="checkbox"/> Taxicab	

I Answer question 31 if you marked "Car, truck, or van" in question 30. Otherwise, SKIP to question 32.

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

Person(s)

- 32** **What time did this person usually leave home to go to work LAST WEEK?**

Hour Minute a.m.
 p.m.

 :

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

Minutes

J Answer questions 34 – 37 if this person did NOT work last week. Otherwise, SKIP to question 38a.

- 34** a. **LAST WEEK, was this person on layoff from a job?**

Yes → SKIP to question 34c
 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 37
 No → SKIP to question 35

- 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 36
 No

- 35** **During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?**

Yes
 No → SKIP to question 37

- 36** **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.)

- 37** **When did this person last work, even for a few days?**

Within the past 12 months
 1 to 5 years ago → SKIP to **K**
 Over 5 years ago or never worked → SKIP to question 46

- 38** 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 39
 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

- 39** **During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?**

Usual hours worked each WEEK



Person 2 (continued)

K Answer questions 40 – 45 if this person worked in the past 5 years. Otherwise, SKIP to question 46.

40 – 45 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.

40 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?

41 For whom did this person work?

If now on active duty in the Armed Forces, mark (X) this box →

Name of company, business, or other employer

42 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)

43 Is this mainly – Mark (X) one box.

- manufacturing?
- wholesale trade?
- retail trade?
- other (agriculture, construction, service, government, etc.)?

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

45 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)

46 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 → \$.00

No

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 → \$.00

No

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 → \$.00

No

TOTAL AMOUNT for past 12 months

Loss

d. Social Security or Railroad Retirement.

Yes → \$.00

No

TOTAL AMOUNT for past 12 months

e. Supplemental Security Income (SSI).

Yes → \$.00

No

TOTAL AMOUNT for past 12 months

f. Any public assistance or welfare payments from the state or local welfare office.

Yes → \$.00

No

TOTAL AMOUNT for past 12 months

g. Retirement, survivor, or disability pensions. Do NOT include Social Security.

Yes → \$.00

No

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 → \$.00

No

TOTAL AMOUNT for past 12 months

47 What was this person's total income during the PAST 12 MONTHS? Add entries in questions 46a to 46h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.

None OR \$.00 Loss

TOTAL AMOUNT for past 12 months

→ Continue with the questions for Person 3 on the next page. If only 2 people are listed on page 2, SKIP to page 28 for mailing instructions.



Person 3

- ➔ Please copy the name of Person 3 from page 3, 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 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? Print numbers in boxes.

Year

- 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 (for example: MA or PhD program, or medical or law school)

- 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

 No schooling completed

NURSERY OR PRESCHOOL THROUGH GRADE 12

 Nursery school

 Kindergarten

 Grade 1 through 11 – Specify grade 1 – 11

 12th grade – NO DIPLOMA

HIGH SCHOOL GRADUATE

 Regular high school diploma

 GED or alternative credential

COLLEGE OR SOME COLLEGE

 Some college credit, but less than 1 year of college credit

 1 or more years of college credit, no degree

 Associate's degree (for example: AA, AS)

 Bachelor's degree (for example: BA, BS)

AFTER BACHELOR'S DEGREE

 Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)

 Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)

 Doctorate degree (for example: PhD, EdD)

- 12 What is this person's ancestry or ethnic origin?

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

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

 Yes

 No → SKIP to question 14a

- b. What is this language?

For example: Korean, Italian, Spanish, Vietnamese

- c. How well does this person speak English?

 Very well

 Well

 Not well

 Not at all

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

 Person is under 1 year old → SKIP to question 15

 Yes, this house → SKIP to question 15

 No, outside the United States and Puerto Rico – Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 15

 No, different house in the United States or Puerto Rico

- b. Where did this person live 1 year ago?

Address (Number and street name)

Name of city, town, or post office

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

Name of U.S. state or Puerto Rico

ZIP Code

- 15 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.

	Yes	No
a. Insurance through a current or former employer or union (of this person or another family member)	<input type="checkbox"/>	<input type="checkbox"/>
b. Insurance purchased directly from an insurance company (by this person or another family member)	<input type="checkbox"/>	<input type="checkbox"/>
c. Medicare, for people 65 and older, or people with certain disabilities	<input type="checkbox"/>	<input type="checkbox"/>
d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability	<input type="checkbox"/>	<input type="checkbox"/>
e. TRICARE or other military health care	<input type="checkbox"/>	<input type="checkbox"/>
f. VA (including those who have ever used or enrolled for VA health care)	<input type="checkbox"/>	<input type="checkbox"/>
g. Indian Health Service	<input type="checkbox"/>	<input type="checkbox"/>
h. Any other type of health insurance or health coverage plan – Specify	<input type="checkbox"/>	<input type="checkbox"/>



Person 3 (continued)

- 16** a. Is this person deaf or does he/she have serious difficulty hearing?

Yes
 No

- b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?

Yes
 No

F Answer question 17a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 4 on page 20.

- 17** a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?

Yes
 No

- b. Does this person have serious difficulty walking or climbing stairs?

Yes
 No

- c. Does this person have difficulty dressing or bathing?

Yes
 No

G Answer question 18 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 4 on page 20.

- 18** 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?

Yes
 No

- 19** What is this person's marital status?

Now married
 Widowed
 Divorced
 Separated
 Never married → SKIP to **H**

- 20** In the PAST 12 MONTHS did this person get –

Yes No

- a. Married?
b. Widowed?
c. Divorced?

- 21** How many times has this person been married?

Once
 Two times
 Three or more times

- 22** In what year did this person last get married?

Year

--	--	--	--	--

H Answer question 23 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 24a.

- 23** Has this person given birth to any children in the past 12 months?

Yes
 No

- 24** a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?

Yes
 No → SKIP to question 25

- b. Is this grandparent currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment?

Yes
 No → SKIP to question 25

- c. How long has this grandparent been responsible for the(se) grandchild(ren)?
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

- 25** Has this person ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard? *Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.*

Yes, now on active duty
 Yes, on active duty during the last 12 months, but not now
 Yes, on active duty in the past, but not during the last 12 months
 No, training for Reserves or National Guard only → SKIP to question 27a
 No, never served in the military → SKIP to question 28a

- 26** 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)
 September 1980 to July 1990
 May 1975 to August 1980
 Vietnam era (August 1964 to April 1975)
 March 1961 to July 1964
 February 1955 to February 1961
 Korean War (July 1950 to January 1955)
 January 1947 to June 1950
 World War II (December 1941 to December 1946)
 November 1941 or earlier

- 27** a. Does this person have a VA service-connected disability rating?

Yes (such as 0%, 10%, 20%, ... , 100%)
 No → SKIP to question 28a

- 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



Person 3 (continued)

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

- Yes → SKIP to question 29
 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 34a

- 29** **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)**

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**

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

- Yes
 No, outside the city/town limits

- d. **Name of county**

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

- f. **ZIP Code**

- 30** **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.*

- | | |
|---|--|
| <input type="checkbox"/> Car, truck, or van | <input type="checkbox"/> Motorcycle |
| <input type="checkbox"/> Bus or trolley bus | <input type="checkbox"/> Bicycle |
| <input type="checkbox"/> Streetcar or trolley car | <input type="checkbox"/> Walked |
| <input type="checkbox"/> Subway or elevated | <input type="checkbox"/> Worked at home → SKIP to question 38a |
| <input type="checkbox"/> Railroad | <input type="checkbox"/> Other method |
| <input type="checkbox"/> Ferryboat | |
| <input type="checkbox"/> Taxicab | |

I Answer question 31 if you marked "Car, truck, or van" in question 30. Otherwise, SKIP to question 32.

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

Person(s)

- 32** **What time did this person usually leave home to go to work LAST WEEK?**

Hour Minute a.m.
 p.m.

 :

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

Minutes

J Answer questions 34 – 37 if this person did NOT work last week. Otherwise, SKIP to question 38a.

- 34** a. **LAST WEEK, was this person on layoff from a job?**

- Yes → SKIP to question 34c
 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 37
 No → SKIP to question 35

- 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 36
 No

- 35** **During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?**

- Yes
 No → SKIP to question 37

- 36** **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.)

- 37** **When did this person last work, even for a few days?**

- Within the past 12 months
 1 to 5 years ago → SKIP to **K**
 Over 5 years ago or never worked → SKIP to question 46

- 38** 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 39
 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

- 39** **During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?**

Usual hours worked each WEEK



Person 3 (continued)

K Answer questions 40 – 45 if this person worked in the past 5 years. Otherwise, SKIP to question 46.

40 – 45 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.

40 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?

41 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

42 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)

43 Is this mainly – Mark (X) one box.

- manufacturing?
- wholesale trade?
- retail trade?
- other (agriculture, construction, service, government, etc.)?

44 What kind of work was this person doing?

(For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)

45 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)

46 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 → \$.00

No

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 → \$.00 Loss

No

TOTAL AMOUNT for past 12 months

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

Yes → \$.00 Loss

No

TOTAL AMOUNT for past 12 months

d. Social Security or Railroad Retirement.

Yes → \$.00

No

TOTAL AMOUNT for past 12 months

e. Supplemental Security Income (SSI).

Yes → \$.00

No

TOTAL AMOUNT for past 12 months

f. Any public assistance or welfare payments from the state or local welfare office.

Yes → \$.00

No

TOTAL AMOUNT for past 12 months

g. Retirement, survivor, or disability pensions. Do NOT include Social Security.

Yes → \$.00

No

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 → \$.00

No

TOTAL AMOUNT for past 12 months

47 What was this person's total income during the PAST 12 MONTHS? Add entries in questions 46a to 46h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.

None OR \$.00 Loss

TOTAL AMOUNT for past 12 months

→ Continue with the questions for Person 4 on the next page. If only 3 people are listed on pages 2 and 3, SKIP to page 28 for mailing instructions.



Person 4

- ➔ Please copy the name of Person 4 from page 3, 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 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? Print numbers in boxes.

Year

- 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 (for example: MA or PhD program, or medical or law school)

- 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

- No schooling completed

NURSERY OR PRESCHOOL THROUGH GRADE 12

- Nursery school
- Kindergarten
- Grade 1 through 11 – Specify grade 1 – 11

- 12th grade – NO DIPLOMA

HIGH SCHOOL GRADUATE

- Regular high school diploma
- GED or alternative credential

COLLEGE OR SOME COLLEGE

- Some college credit, but less than 1 year of college credit
- 1 or more years of college credit, no degree
- Associate's degree (for example: AA, AS)
- Bachelor's degree (for example: BA, BS)

AFTER BACHELOR'S DEGREE

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

- 12 What is this person's ancestry or ethnic origin?

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

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

- Yes
- No → SKIP to question 14a

- b. What is this language?

For example: Korean, Italian, Spanish, Vietnamese

- c. How well does this person speak English?

- Very well
- Well
- Not well
- Not at all

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

- Person is under 1 year old → SKIP to question 15
- Yes, this house → SKIP to question 15
- No, outside the United States and Puerto Rico – Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 15

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

- b. Where did this person live 1 year ago?

Address (Number and street name)

Name of city, town, or post office

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

Name of U.S. state or Puerto Rico

ZIP Code

- 15 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.

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Insurance through a current or former employer or union (of this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Insurance purchased directly from an insurance company (by this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicare, for people 65 and older, or people with certain disabilities | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability | <input type="checkbox"/> | <input type="checkbox"/> |
| e. TRICARE or other military health care | <input type="checkbox"/> | <input type="checkbox"/> |
| f. VA (including those who have ever used or enrolled for VA health care) | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Indian Health Service | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Any other type of health insurance or health coverage plan – Specify | <input type="checkbox"/> | <input type="checkbox"/> |



Person 4 (continued)

- 16** a. Is this person deaf or does he/she have serious difficulty hearing?

Yes
 No

- b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?

Yes
 No

F Answer question 17a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 5 on page 24.

- 17** a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?

Yes
 No

- b. Does this person have serious difficulty walking or climbing stairs?

Yes
 No

- c. Does this person have difficulty dressing or bathing?

Yes
 No

G Answer question 18 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 5 on page 24.

- 18** 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?

Yes
 No

- 19** What is this person's marital status?

Now married
 Widowed
 Divorced
 Separated
 Never married → SKIP to **H**

- 20** In the PAST 12 MONTHS did this person get –

Yes No

a. Married?
b. Widowed?
c. Divorced?

- 21** How many times has this person been married?

Once
 Two times
 Three or more times

- 22** In what year did this person last get married?

Year

--	--	--	--	--

H Answer question 23 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 24a.

- 23** Has this person given birth to any children in the past 12 months?

Yes
 No

- 24** a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?

Yes
 No → SKIP to question 25

- b. Is this grandparent currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment?

Yes
 No → SKIP to question 25

- c. How long has this grandparent been responsible for the(se) grandchild(ren)?
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

- 25** Has this person ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard? *Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.*

Yes, now on active duty
 Yes, on active duty during the last 12 months, but not now
 Yes, on active duty in the past, but not during the last 12 months
 No, training for Reserves or National Guard only → SKIP to question 27a
 No, never served in the military → SKIP to question 28a

- 26** 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)
 September 1980 to July 1990
 May 1975 to August 1980
 Vietnam era (August 1964 to April 1975)
 March 1961 to July 1964
 February 1955 to February 1961
 Korean War (July 1950 to January 1955)
 January 1947 to June 1950
 World War II (December 1941 to December 1946)
 November 1941 or earlier

- 27** a. Does this person have a VA service-connected disability rating?

Yes (such as 0%, 10%, 20%, ... , 100%)
 No → SKIP to question 28a

- 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



Person 4 (continued)

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

Yes → SKIP to question 29
 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 34a

- 29** **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)**

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**

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

Yes
 No, outside the city/town limits

- d. **Name of county**

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

- f. **ZIP Code**

- 30** **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.*

<input type="checkbox"/> Car, truck, or van	<input type="checkbox"/> Motorcycle
<input type="checkbox"/> Bus or trolley bus	<input type="checkbox"/> Bicycle
<input type="checkbox"/> Streetcar or trolley car	<input type="checkbox"/> Walked
<input type="checkbox"/> Subway or elevated	<input type="checkbox"/> Worked at home → SKIP to question 38a
<input type="checkbox"/> Railroad	<input type="checkbox"/> Other method
<input type="checkbox"/> Ferryboat	
<input type="checkbox"/> Taxicab	

I Answer question 31 if you marked "Car, truck, or van" in question 30. Otherwise, SKIP to question 32.

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

Person(s)

- 32** **What time did this person usually leave home to go to work LAST WEEK?**

Hour Minute a.m.
 p.m.

 :

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

Minutes

J Answer questions 34 – 37 if this person did NOT work last week. Otherwise, SKIP to question 38a.

- 34** a. **LAST WEEK, was this person on layoff from a job?**

Yes → SKIP to question 34c
 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 37
 No → SKIP to question 35

- 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 36
 No

- 35** **During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?**

Yes
 No → SKIP to question 37

- 36** **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.)

- 37** **When did this person last work, even for a few days?**

Within the past 12 months
 1 to 5 years ago → SKIP to **K**
 Over 5 years ago or never worked → SKIP to question 46

- 38** 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 39
 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

- 39** **During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?**

Usual hours worked each WEEK



Person 5

- ➔ Please copy the name of Person 5 from page 4, 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 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? Print numbers in boxes.

Year

- 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 (for example: MA or PhD program, or medical or law school)

- 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

- No schooling completed

NURSERY OR PRESCHOOL THROUGH GRADE 12

- Nursery school
- Kindergarten
- Grade 1 through 11 – Specify grade 1 – 11

- 12th grade – NO DIPLOMA

HIGH SCHOOL GRADUATE

- Regular high school diploma
- GED or alternative credential

COLLEGE OR SOME COLLEGE

- Some college credit, but less than 1 year of college credit
- 1 or more years of college credit, no degree
- Associate's degree (for example: AA, AS)
- Bachelor's degree (for example: BA, BS)

AFTER BACHELOR'S DEGREE

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

- 12 What is this person's ancestry or ethnic origin?

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

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

- Yes
- No → SKIP to question 14a

- b. What is this language?

For example: Korean, Italian, Spanish, Vietnamese

- c. How well does this person speak English?

- Very well
- Well
- Not well
- Not at all

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

- Person is under 1 year old → SKIP to question 15
- Yes, this house → SKIP to question 15
- No, outside the United States and Puerto Rico – Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 15

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

- b. Where did this person live 1 year ago?

Address (Number and street name)

Name of city, town, or post office

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

Name of U.S. state or Puerto Rico

ZIP Code

- 15 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.

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Insurance through a current or former employer or union (of this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Insurance purchased directly from an insurance company (by this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicare, for people 65 and older, or people with certain disabilities | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability | <input type="checkbox"/> | <input type="checkbox"/> |
| e. TRICARE or other military health care | <input type="checkbox"/> | <input type="checkbox"/> |
| f. VA (including those who have ever used or enrolled for VA health care) | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Indian Health Service | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Any other type of health insurance or health coverage plan – Specify | <input type="checkbox"/> | <input type="checkbox"/> |



Person 5 (continued)

- 16** a. Is this person deaf or does he/she have serious difficulty hearing?

Yes
 No

- b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?

Yes
 No

F Answer question 17a – c if this person is 5 years old or over. Otherwise, SKIP to the mailing instructions on page 28.

- 17** a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?

Yes
 No

- b. Does this person have serious difficulty walking or climbing stairs?

Yes
 No

- c. Does this person have difficulty dressing or bathing?

Yes
 No

G Answer question 18 if this person is 15 years old or over. Otherwise, SKIP to the mailing instructions on page 28.

- 18** 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?

Yes
 No

- 19** What is this person's marital status?

Now married
 Widowed
 Divorced
 Separated
 Never married → SKIP to **H**

- 20** In the PAST 12 MONTHS did this person get –

Yes No

a. Married?
b. Widowed?
c. Divorced?

- 21** How many times has this person been married?

Once
 Two times
 Three or more times

- 22** In what year did this person last get married?

Year

--	--	--	--	--

H Answer question 23 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 24a.

- 23** Has this person given birth to any children in the past 12 months?

Yes
 No

- 24** a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?

Yes
 No → SKIP to question 25

- b. Is this grandparent currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment?

Yes
 No → SKIP to question 25

- c. How long has this grandparent been responsible for the(se) grandchild(ren)?
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

- 25** Has this person ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard? *Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.*

Yes, now on active duty
 Yes, on active duty during the last 12 months, but not now
 Yes, on active duty in the past, but not during the last 12 months
 No, training for Reserves or National Guard only → SKIP to question 27a
 No, never served in the military → SKIP to question 28a

- 26** 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)
 September 1980 to July 1990
 May 1975 to August 1980
 Vietnam era (August 1964 to April 1975)
 March 1961 to July 1964
 February 1955 to February 1961
 Korean War (July 1950 to January 1955)
 January 1947 to June 1950
 World War II (December 1941 to December 1946)
 November 1941 or earlier

- 27** a. Does this person have a VA service-connected disability rating?

Yes (such as 0%, 10%, 20%, ... , 100%)
 No → SKIP to question 28a

- 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



Person 5 (continued)

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

- Yes → SKIP to question 29
 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 34a

- 29** **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)**

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**

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

- Yes
 No, outside the city/town limits

- d. **Name of county**

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

- f. **ZIP Code**

- 30** **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.*

- | | |
|---|--|
| <input type="checkbox"/> Car, truck, or van | <input type="checkbox"/> Motorcycle |
| <input type="checkbox"/> Bus or trolley bus | <input type="checkbox"/> Bicycle |
| <input type="checkbox"/> Streetcar or trolley car | <input type="checkbox"/> Walked |
| <input type="checkbox"/> Subway or elevated | <input type="checkbox"/> Worked at home → SKIP to question 38a |
| <input type="checkbox"/> Railroad | <input type="checkbox"/> Other method |
| <input type="checkbox"/> Ferryboat | |
| <input type="checkbox"/> Taxicab | |

I Answer question 31 if you marked "Car, truck, or van" in question 30. Otherwise, SKIP to question 32.

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

Person(s)

- 32** **What time did this person usually leave home to go to work LAST WEEK?**

Hour Minute a.m.
 p.m.

 :

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

Minutes

J Answer questions 34 – 37 if this person did NOT work last week. Otherwise, SKIP to question 38a.

- 34** a. **LAST WEEK, was this person on layoff from a job?**

- Yes → SKIP to question 34c
 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 37
 No → SKIP to question 35

- 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 36
 No

- 35** **During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?**

- Yes
 No → SKIP to question 37

- 36** **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.)

- 37** **When did this person last work, even for a few days?**

- Within the past 12 months
 1 to 5 years ago → SKIP to **K**
 Over 5 years ago or never worked → SKIP to question 46

- 38** 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 39
 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

- 39** **During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?**

Usual hours worked each WEEK



Person 5 (continued)

K Answer questions 40 – 45 if this person worked in the past 5 years. Otherwise, SKIP to question 46.

40 – 45 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.

- 40 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?

- 41 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

- 42 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)

- 43 Is this mainly – Mark (X) one box.
[] manufacturing?
[] wholesale trade?
[] retail trade?
[] other (agriculture, construction, service, government, etc.)?

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

- 45 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)

46 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 → \$ [][][][][][][][][][][] .00
[] No 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 → \$ [][][][][][][][][][] .00 [] Loss
[] No TOTAL AMOUNT for past 12 months

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

[] Yes → \$ [][][][][][][][][][] .00 [] Loss
[] No TOTAL AMOUNT for past 12 months

d. Social Security or Railroad Retirement.

[] Yes → \$ [][][][][][][][][][] .00
[] No TOTAL AMOUNT for past 12 months

e. Supplemental Security Income (SSI).

[] Yes → \$ [][][][][][][][][][] .00
[] No TOTAL AMOUNT for past 12 months

f. Any public assistance or welfare payments from the state or local welfare office.

[] Yes → \$ [][][][][][][][][][] .00
[] No TOTAL AMOUNT for past 12 months

g. Retirement, survivor, or disability pensions. Do NOT include Social Security.

[] Yes → \$ [][][][][][][][][][] .00
[] No 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 → \$ [][][][][][][][][][] .00
[] No TOTAL AMOUNT for past 12 months

47 What was this person's total income during the PAST 12 MONTHS? Add entries in questions 46a to 46h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.

[] None OR \$ [][][][][][][][][][] .00 [] Loss
TOTAL AMOUNT for past 12 months

Now continue with the mailing instructions on page 28.



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.**

For Census Bureau Use

POP

EDIT

PHONE

JIC1

JIC2

EDIT CLERK

TELEPHONE CLERK

JIC3

JIC4

The Census Bureau estimates that, for the average household, this form will take 38 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, U.S. Census Bureau, 4600 Silver Hill Road, AMSD – 3K138, Washington, D.C. 20233. You may e-mail comments to Paperwork@census.gov; use "Paperwork Project 0607-0810" 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(2008)KFI (07-31-2007)



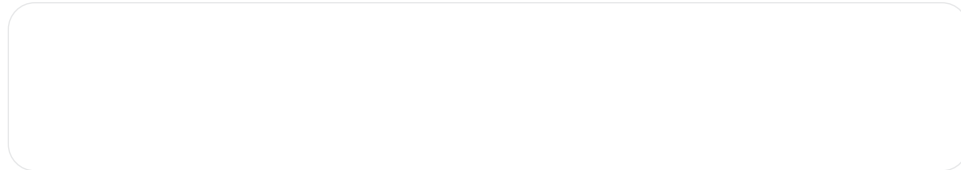
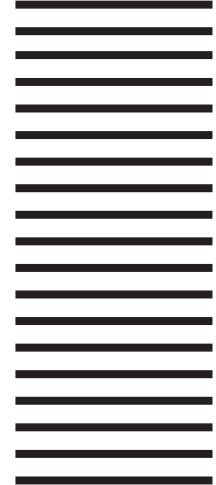
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4719952409

Your Guide for

THE American Community Survey

This guide gives helpful information on completing your survey form. If you need more help, call 1-800-354-7271. The telephone call is free. After you have completed your survey form, **please return it in the postage-paid envelope** we have provided.

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(2009)
(8-2008)

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YOUR ANSWERS ARE CONFIDENTIAL AND REQUIRED BY LAW

The law, Title 13, Sections 141, 193, and 221 of the U.S. Code, authorizing the American Community Survey, also provides that your answers are 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 in this survey to the best of your knowledge.

HOW TO FILL OUT THE AMERICAN COMMUNITY SURVEY FORM

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

Make sure you answer questions for each person in this household. If anyone in the household, such as a roomer or boarder, does not want to give you his or her personal information, print at least the person's name and answer questions 2 and 3. **An interviewer may telephone to get the information from that person.**

There may be a question you cannot answer exactly. For example, you may not know the age of an older person or the price for which your house would sell. Ask someone else in your household; if no one knows, give your best estimate.

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 **1-800-354-7271**. The telephone call is free.

EXAMPLES OF PRINTED AND MARKED ENTRIES

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

Yes
 No → SKIP to question 15a

b. What is this language?

Korean

For example: Korean, Italian, Spanish, Vietnamese

23 In what year did this person last get married?

Year

1 9 9 8

INSTRUCTIONS FOR COMPLETING THE SURVEY QUESTIONS

List the name of each person who lives at this address. If you are not sure if you should list a person, see the guidelines on the front page of the form. If you are still not sure, call **1-800-354-7271** for help.

In the space labeled **Person 1**, print the name of the household member living or staying here in whose name the house or apartment is owned, being bought, or rented.

If there is no such person, any adult household member can be **Person 1**.

If there are more than 5 people in your household, please provide the name of each additional person on page 4. For each additional person listed on page 4, you should also provide this person's sex and age. Complete this form for the first five people listed on pages 2, 3, and 4, and mail it back in the enclosed envelope as soon as possible. An interviewer may telephone to obtain information for the additional persons.

If no one is living or staying at this address for more than 2 months, do not list any names on pages 2, 3, and 4. Complete only pages 5, 6, and 7, and return the form.

ANSWER PERSON QUESTIONS 1 THROUGH 6 FOR THE FIRST FIVE PEOPLE LISTED ON PAGES 2, 3, AND 4 OF THE QUESTIONNAIRE.

1. Print the person's Last Name, First Name, and Middle Initial (MI) in the spaces provided.
2. If the person is related to Person 1 by birth, marriage, or adoption, but is not the **Husband or wife, Biological son or daughter, Adopted son or daughter, Stepson or stepdaughter, Brother or sister, Father or mother, Grandchild, Parent-in-law, Son-in-law or daughter-in-law**, of Person 1, mark the **"Other relative"** box. Therefore, a niece or nephew of Person 1 would be categorized as **"Other relative."**

If a person is **not** related to Person 1, mark the applicable box. A **"Roomer or boarder"** is someone who occupies room(s) and makes cash or non-cash payment(s). A **"Housemate or roommate"** is someone sharing the house/apartment (but who is not romantically involved) with Person 1. A **"Housemate or roommate"** is also 15 years old or over and who shares living quarters primarily to share expenses. An **"Unmarried partner,"** also known as a domestic partner, is a person who shares a close personal relationship with Person 1. A **"Foster child"** is someone under the age of 21 who is involved in the formal foster care system. For all other people who are not related to person 1, mark the **"Other nonrelative"** box.

3. Mark one box to indicate this person's biological sex.
4. For each person, print this person's age and month, day, and year of birth. Print the age at the last birthday. Do not round the age up if this person is close to having a birthday. If the exact age is not known, provide an estimate. Print "0" for babies less than 1 year old.

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

5. A person is of Hispanic, Latino, or Spanish origin if the person's origin (ancestry) is Mexican, Mexican American, Chicano, Puerto Rican, Cuban, Argentinean, Colombian, Costa Rican, Dominican, Ecuadoran, 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-American origin or ancestry.

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

If a person is not of Hispanic, Latino, or Spanish origin, answer this question by marking the **"No, not of Hispanic, Latino, or Spanish origin"** box.

This question should be answered for **ALL** persons.

6. Mark all boxes for the appropriate races.

The concept of race, as used by the Census Bureau, reflects self-identification by individuals according to the race or races with which they identify.

The instruction before question 5, "For this survey, Hispanic origins are not races" reflects the federal government's treatment of Hispanic origin and race as separate and distinct concepts. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

People may choose to provide two or more races either by marking two or more race response boxes, by providing multiple write-in responses, or by some combination of marking boxes and writing in responses.

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

If you mark the "**Other Asian**" box, print the name of the specific race(s) or group(s) in the space provided. The category "**Other Asian**" includes persons who identify themselves as Burmese, Hmong, Indonesian, Laotian, Thai, Pakistani, Cambodian, Sri Lankan, and so on.

If you mark the "**Other Pacific Islander**" box, print the name of the specific race(s) or group(s) in the space provided. The category "**Other Pacific Islander**" includes persons who identify themselves as Fijian, Tongan, Polynesian, Tahitian, and so on.

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

This question should be answered for **ALL** persons.

ANSWER HOUSING QUESTIONS 1 THROUGH 21 FOR THE HOUSE, APARTMENT, OR MOBILE HOME AT THE ADDRESS ON THE MAILING LABEL.

1. Mark only one category.

Count both occupied and vacant apartments in the house or building. Do not count stores or office space.

Detached means there is open space on all sides, or the house is joined only to a shed or garage. *Attached* means that the house is joined to another house or building by at least one wall that goes from ground to roof. An example of **A one-family house attached to one or more houses** is a house in a row of houses attached to one another, sometimes referred to as a townhouse.

A mobile home that has had one or more rooms added or built onto it should be considered as **A one-family house detached from any other house**. If only a porch or shed has been added to a mobile home, it should be considered as a mobile home.

Towable RVs, such as travel trailers or fifth-wheel trailers, should be considered as **A mobile home**. Self-propelling RVs or motorhomes should be considered as a **Boat, RV, van, etc.**

2. Mark the box that corresponds to the year in which the original construction was completed, not the time of any later remodeling, additions, or conversions.

If the building was first built in 2000 or later, enter the exact year it was built.

If you live on a boat or in a mobile home, enter the year corresponding to the model year in which it was manufactured.

If you do not know the year the building was first built, enter your best estimate.

3. Enter the month and year that **Person 1** listed on page 2 last moved into this house, apartment, or mobile home.

4. Complete this question if you live in a one-family house or in a mobile home; include only land that you own or rent.

The number of acres is the acreage on which the house or mobile home is located; include adjoining land you rent for your use.

6. Complete this question if you live in a one-family house or mobile home. A *business*, such as a grocery store or barber shop, is easily recognized from the outside and usually has a separate entrance. A *medical office* is a doctor's or dentist's office regularly visited by patients.

- 7b.** Include all rooms intended to be used as bedrooms in this house, apartment, or mobile home, even if they are currently being used for other purposes.

Print "0" for an efficiency or studio apartment that does not have a separate bedroom. Your response to this question (7b) should be smaller than the number of rooms reported in question 7a.

- 8a.** Mark **"Yes"** to **"hot and cold running water"** even if the unit has hot water only part of the time.
- 8d.** Mark **"Yes"** to **"sink with a faucet"** if the sink is inside the house, apartment or mobile home and the water can be turned on and off with a faucet.
- 8e.** Mark **"Yes"** to **"a stove or range"** if the stove or range is inside the house, apartment or mobile home. Portable cooking equipment is not considered a stove or range.
- 8g.** Mark **"Yes"** to **"telephone service ..."** if (1) there is a telephone in working order, and someone receives service at this house, apartment, or mobile home; or (2) if someone has a cell phone from which you can both make and receive calls. If service has been discontinued because of nonpayment or any other reason, mark the **"No"** box.
- 9.** Include company cars, vans or SUVs (including police cars and taxicabs) and company trucks of one-ton (2,000 pounds) capacity or less that are regularly kept at home and used by household members for nonbusiness purposes. **DO NOT** count (1) cars or trucks permanently out of working order, or (2) motorcycles or other recreational vehicles.
- 10.** Mark ONE category for the fuel used **MOST** to heat this house, apartment, or mobile home. In buildings containing more than one apartment, you may obtain this information from the owner, manager, or janitor.

Solar energy is provided by a system that collects, stores, and distributes heat from the sun. **Other fuel** includes any fuel not listed separately, such as purchased steam, fuel briquettes, and waste material.

11a-11d.

If your house, apartment, or mobile home is rented, enter the costs for utilities and fuels **only if you pay for them in addition to the monthly rent.**

If you live in a condominium, enter the costs for utilities and fuels **only if you pay for them in addition to your condominium fee.**

If your fuel and utility costs are included in your rent or condominium fee, mark the **"Included in rent or condominium fee"** box. **DO NOT** enter any dollar amounts.

For items **11a** and **11b**, report LAST MONTH'S COSTS. For items **11c** and **11d**, report total costs for the PAST 12 MONTHS.

Estimate as closely as possible if you do not know exact costs. If you have lived in this house, apartment, or mobile home less than one year, estimate the costs for the PAST 12 MONTHS in **11c** and **11d**.

Report amounts even if your bills are unpaid or paid by someone else. If the bills include utilities or fuel used also by another apartment or a business establishment, estimate the amounts for your house or apartment only. If gas and electricity are billed together, enter the combined amount in **11a** and mark the **"Included in electricity payment entered above"** box in item **11b**.

- 13.** A *condominium* is housing in which the apartments, houses, or mobile homes in a building or development are individually owned, but the common areas, such as lobbies and halls, are jointly owned. Occupants of a cooperative should mark the **"No"** box.

A *condominium fee* is normally assessed by the condominium owners' association for the purpose of improving and maintaining the common areas. Enter a monthly amount even if it is unpaid or paid by someone else. If the amount is paid on some other periodic basis, see the instruction for question **15a** below on how to change it to a monthly amount.

- 14.** Housing is owned if the owner or co-owner lives in it.

If the house, apartment, or mobile home is mortgaged or there is a contract to purchase, mark the **"Owned by you or someone in this household with a mortgage or loan? Include home equity loans."** box. If there is no mortgage or other debt, mark the **"Owned by you or someone in this household free and clear (without a mortgage or loan)?"** box. If the house, apartment, or mobile home is owned but the land is rented, mark one of the "owned" categories. If the mobile home is owned without an installment loan, but there is a mortgage on the land, mark the **"Owned by you or someone in this household with a mortgage or loan? Include home equity loans."** box.

If any money rent is paid, even if the rent is paid by people who are not members of your household, or paid by a federal, state, or local government agency, mark the **"Rented?"** box.

If the unit **is not** owned or being bought by a member of this household and if money rent **is not** paid or contracted, mark the **"Occupied without payment of rent?"** box. The unit may be owned by friends or relatives who live elsewhere and who allow you to occupy this house, apartment, or mobile home without charge. A house or apartment may be provided as part of wages or salary. Examples are: caretaker's or janitor's house or apartment; parsonages; tenant farmer or sharecropper houses for which the occupants do not pay rent; or military housing.

- 15a.** Report the rent agreed to or contracted for, even if the rent for your house, apartment, or mobile home is unpaid or paid by someone else.

If rent is paid:	Multiply rent by:	If rent is paid:	Divide rent by:
By the day	30	4 times a year	3
By the week	4	2 times a year	6
Every other week	2	Once a year	12

- 15b.** If meals are included in the monthly rent payment, or you must contract for meals or a meal plan in order to live in this house, apartment, or mobile home, mark the **"Yes"** box.

ANSWER HOUSING QUESTIONS 16 THROUGH 20 IF YOU OR ANY MEMBER OF THIS HOUSEHOLD OWNS OR IS BUYING THIS HOUSE, APARTMENT, OR MOBILE HOME.

- 16.** Enter your best estimate of the value of the property; that is, how much you think the property would sell for if it were on the market. If this is a house, include the value of the house, the land it is on, and any other structures on the same property. If the house is owned but the land is rented, estimate the combined value of the house and the land. If this is a condominium unit, estimate the value for the condominium, including your share of the common elements. If this is a mobile home, include the value of the mobile home **and the value of the land only if you own the land.**

- 17.** Report taxes for all taxing jurisdictions (city or town, county, state, school district, etc.) even if they are included in your mortgage payment, not yet paid or paid by someone else, or are delinquent. **DO NOT** include taxes past due from previous years.
- 18.** When premiums are paid other than on a yearly basis, convert to a yearly basis. Enter the yearly amount even if no payment was made during the past year.
- 19a.** The word *mortgage* indicates all types of loans secured by real estate.
- 19b.** Enter a monthly amount even if it is unpaid or paid by someone else. If the amount is paid on some other periodic basis, see the instructions for **15a** to change it to a monthly amount.
- Include payments on first mortgages and contracts to purchase only. Report payments for second or junior mortgages and home equity loans in **20b**.
- If this is a mobile home, report payments on installment loans but **DO NOT** include personal property taxes, site rent, registration fees, and license fees on the mobile home and site. Report these fees in item **21**.
- 20a.** A second mortgage or home equity loan is also secured by real estate. You must have a first mortgage in order to have a second mortgage. You may have a home equity loan and other mortgages on the property or the home equity loan may be the only mortgage.
- 20b.** Enter a monthly amount even if it is unpaid or paid by someone else. If the amount is paid on some other periodic basis, see instructions for **15a** to change it to a monthly amount. Include payments on all second or junior mortgages or home equity loans.

ANSWER HOUSING QUESTION 21 IF THIS IS A MOBILE HOME THAT YOU OWN OR ARE BUYING.

- 21.** Report an amount even if your bills are unpaid or are paid by someone else.
- Include payments for personal property taxes, land or site rent, registration fees and license fees. **DO NOT** include real estate taxes already reported in **17**. Report the total annual amount even if you make payments in two or more installments. Estimate as closely as possible when you don't know exact costs.

ANSWER PERSON QUESTIONS 7 THROUGH 16 FOR ALL PERSONS ON PAGES 2, 3, AND 4.

Questions 7-48 are a continuation of the questions for each person. (Questions 1-6 appear on pages 2, 3, and 4 of the questionnaire.)

7. For people born in the United States:

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

For people born outside the United States:

Mark the "**Outside the United States**" box, and then print the name of the foreign country or Puerto Rico, Guam, etc. where the person was born. Use current boundaries, not boundaries at the time of the person's birth. For example, specify either 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).

8. If the person was born in the United States (50 states and the District of Columbia), mark the **"Yes, born in the United States"** box. If the person was 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 the person was born outside the United States (50 states and the District of Columbia) or at sea and had at least one parent who was a U.S. citizen at the time of the person's birth, mark the **"Yes, born abroad of U.S. citizen parent or parents"** box. Mark the **"Yes, U.S. citizen by naturalization"** box only if this person was born outside the United States (50 states and the District of Columbia) and has completed the naturalization process and is now a United States citizen. In the boxes below "Print year of naturalization," print the four-digit year this person completed the formal naturalization process. If this person is not a U.S. citizen, mark the **"No, not a U.S. citizen"** box. Legal Permanent Residents (LPRs) or "green card" holders, or other non-naturalized immigrants or visitors to the U.S. are not citizens of the United States and therefore should mark the **"No, not a U.S. citizen"** box.
9. If the person came to live in the United States (that is, the 50 states and the District of Columbia) more than once, enter the latest year he or she came to live in the United States.
- 10a. 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 school* applies to parental guided education outside of a public or private school for grades 1–12.
11. **Mark only one box** to indicate the highest grade or level of schooling the person has **COMPLETED** or the **highest degree** the person received.
- Report schooling completed in foreign or ungraded schools as the equivalent level of schooling in the regular American school system.
- Mark the **"GED or alternative credential"** box for persons who did not receive a regular high school diploma but completed high school by receiving a GED or other formal recognition of high school completion from a school or governmental authority.
- If the person has not completed any college courses for credit, mark the highest level completed below the college level. If the person has not completed enough credit to be counted as a sophomore, mark the **"Some college credit, but less than 1 year of college credit"** box.
- For the **"Professional degree beyond a bachelor's degree"** category, **DO NOT** include certificates or diplomas for training in specific trades or occupations such as computer and electronics technology, medical assistant, or cosmetology. **DO NOT** include post-bachelor's certificates that are related to occupational training in such fields as teaching, accounting, or engineering.
12. Answer this question only if the person has a bachelor's degree or higher and print the specific major of this person's **bachelor's degree**. If this person has more than one bachelor's degree or more than one major, print the names of the specific majors for all of this person's bachelor's degree(s).
13. Print the ancestry group(s). *Ancestry* refers to the person's ethnic origin or descent, "roots," or heritage. *Ancestry* may also refer to the country of birth of the person or the person's parents or ancestors before their arrival in the United States. Answer this question for **ALL** persons, regardless of citizenship status.
- Do not report a religious group as a person's ancestry.
- Persons who have more than one origin and cannot identify with a single ancestry group may report two ancestry groups (for example: German, Irish).
- 14a. Mark the **"Yes"** box if the person sometimes or always speaks a language other than English at home.
- Mark the **"No"** box if the person speaks only English, or if a non-English language is spoken only at school or is limited to a few expressions or slang.
- 14b. If this person speaks more than one non-English language and cannot determine which is spoken more often, report the one the person first learned to speak.

- 15a.** If the person did not live in the United States or Puerto Rico one year ago, mark the **"No, outside the United States and Puerto Rico"** box and print the name of the foreign country, or U.S. Virgin Islands, Guam, etc., where the person lived. Be specific when printing the name of the 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 (not, for example, West Indies). Then SKIP to question 16.

If the person lived somewhere else in the United States or Puerto Rico one year ago, mark the **"No, different house in the United States or Puerto Rico"** box.

- 15b.** Include the house 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 person lived in Puerto Rico, the address should also include the name of the development or condominium.

If the only known address is a post office box, give a description of the residence location. For example, print the name of the building where the person lived, the nearest intersection, the name of a military base or installation, or the nearest street where the residence was located, etc. DO NOT GIVE A POST OFFICE BOX NUMBER.

Print the name of the U.S. county or the name of the municipio in Puerto Rico. If the person lived in Louisiana, print the parish name in the **"Name of U.S. county or municipio in Puerto Rico"** space. If the person lived in Alaska, print the borough or census area name, if known. If the person lived in New York City and the county name is not known, print the borough name. If the person lived in an independent city (not in any county) or in Washington, D.C., leave the **"Name of U.S. county or municipio in Puerto Rico"** space blank.

- 16.** Mark the **"Yes"** or **"No"** box for each part of question 16.

If the person reports any other type of coverage plan in 16h, specify the type of coverage or name of the plan in the write-in box. **DO NOT** include plans that cover only one type of health care (such as dental plans) or plans that only cover a person in case of an accident or disability.

ANSWER PERSON QUESTIONS 18a THROUGH 18c IF THIS PERSON IS 5 YEARS OLD OR OVER.

18a-18c.

Mark the **"Yes"** or **"No"** box to indicate if the person has serious difficulty with any of the activities listed in parts a, b, and c because of a physical, mental, or emotional condition.

ANSWER PERSON QUESTIONS 19 THROUGH 48 IF THIS PERSON IS 15 YEARS OLD OR OVER.

- 20.** Mark the **"Now married"** box for a married person regardless of whether his or her spouse is living in the household unless they are separated. If the person's only marriage was annulled, mark the "Never married" box.
- 22.** Do not count marriages that ended in annulment.
- 23.** Write the four-digit year when the person last got married, even if the person is now widowed, divorced, or separated.

ANSWER QUESTION 24 IF THIS PERSON IS FEMALE AND IS 15-50 YEARS OLD.

- 24.** Mark the **"Yes"** box if the person has 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 consider miscarriages, or stillborn children, or any adopted, foster, or stepchildren.

26. For a person with service in the military Reserves, or National Guard, mark a **"Yes"** category only if the person has ever been called up for active duty other than for training. For a person whose only service was as a civilian employee or civilian volunteer for the Red Cross, USO, Public Health Service, or War or Defense Department, mark the **"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.

27. Mark as many responses as apply.

28a. Mark the **"Yes"** box if the person has a Department of Veterans Affairs (VA) service-connected disability rating.

28b. Mark the **"0 percent"** box if the person has received a service-connected disability rating of zero. **DO NOT** mark the box showing **"0 percent"** to indicate no rating.

29a–29b.

*Count as work – Mark the **"Yes"** box if this person 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 the Armed Forces.

*Do not count as work – Mark the **"No"** box if this person's activities were limited to the following:*

- 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.

30. 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. For example, print the name of the building or shopping center where the person works, the nearest intersection, or the nearest street where the workplace is located, etc. DO NOT GIVE A POST OFFICE BOX NUMBER.

If the person 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 building number, building name, nearest street or intersection).

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

If the person's 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 the person 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 nearest street or intersection).

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

If the person worked in a foreign country or Puerto Rico, Guam, etc., print the name of the country on the state or foreign country line.

ANSWER PERSON QUESTION 32 IF YOU MARKED "CAR, TRUCK, OR VAN" IN QUESTION 31.

- 32.** If the person was 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.

- 33.** Give the time of day the person usually *left home to go to work*. **DO NOT** give the time that the person usually began his or her work.

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

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

- 34.** Travel time is from door to door. Enter a one-way commute time for this person's usual daily commute from home to work last week. Include time waiting for public transportation or picking up passengers in a carpool.

ANSWER PERSON QUESTIONS 35a THROUGH 38 IF THE PERSON DID NOT WORK LAST WEEK.

- 35a.** Persons are *on layoff* if they are waiting to be recalled to a job from which they were temporarily separated for business-related reasons.

- 35b.** If the person works only during certain seasons or on a day-by-day basis when work is available, mark the "**No**" box.

- 35c.** If the person was informed by his or her employer, either formally or informally, that they will be recalled within the next 6 months, mark the "**Yes**" box. Also mark the "**Yes**" box if the person has been given, formally or informally, a specific date to return to work, even if that date is more than 6 months away.

- 36.** Mark the "**Yes**" box if the person tried to get a job or start a business or professional practice at any time in the last 4 weeks; for example, registered at a public or private employment office, went to a job interview, placed or answered employment ads, or did anything toward starting a business or professional practice.

- 37.** If the person was expecting 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 the person expects to be able to work within 30 days.

If the person could not have gone to work because he or she was going to school, taking care of children, etc., mark the "**No, because of all other reasons (in school, etc.)**" box.

- 38.** Refer to the instructions for questions **29a–29b** to determine what to count as work. Mark the "**Over 5 years ago or never worked**" box if the person: (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.

39a–39b.

Refer to the instructions for questions **29a–29b** to determine what to count as work. Include paid vacation, paid sick leave, and military service. Count every week in which the person worked at all, even for an hour.

- 40.** If the hours worked each week varied considerably in the past 12 months, give an approximate average of the hours worked each week.

ANSWER PERSON QUESTIONS 41 THROUGH 46 IF THE PERSON WORKED IN THE PAST 5 YEARS.

- 41.** Mark the "**an employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization?**" box if the person worked for a cooperative, credit union, mutual insurance company, or similar organization.

Employees of foreign governments, the United Nations, and other international organizations should mark the "**a Federal GOVERNMENT employee?**" box.

If the person 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 (city, county, etc.)?**" box for a county-run community college or a city-run public school.

- 42.** If the person worked for a company, business, or government agency, print the name of the company, not the name of the person's supervisor. If the person worked for an individual or a business that had no company name, print the name of the individual this person worked for. If the person worked in his or her own un-named business, print "self-employed."
- 43.** Print one or more words to describe the business, industry, or individual employer named in question **42**. If there is more than one activity, describe only the major activity at the place where the person worked. Enter what is made, what is sold, or what service is given.

Enter descriptions like the following: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank.

Do not enter: newspaper, order house, engine.

- 44.** Mark one box to indicate the main type of business or industry where this person works.
- 45.** Print one or more words to describe the kind of work the person did. If the person was a trainee, apprentice, or helper, include that in the description.

Enter descriptions like the following: registered nurse, personnel manager, supervisor of order department, secretary, accountant, high school teacher, etc.

Do not enter single words such as: nurse, manager, teacher, etc.

- 46.** Describe the most important activities or duties the person performed.

Enter descriptions like the following: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records, etc.

ANSWER PERSON QUESTIONS 47 THROUGH 48 IF THIS PERSON IS 15 YEARS OLD OR OVER.

Mark the "Yes" or "No" box for each type of income, and enter the amount received IN THE PAST 12 MONTHS for each "Yes" response.

If income from any source was received jointly by household members, report, if possible, the appropriate share for each person; otherwise, report the whole amount for only one person and mark the "No" box for the other person.

When reporting income received jointly, **DO NOT** include the amount for a person not listed on pages 2, 3, or 4.

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, shares of stock, etc.
- Inheritances or insurance settlements
- Any type of loan
- Pay in-kind such as food, free rent

47a. 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, reenlistment bonuses.

47b. Include **NONFARM** profit (or loss) from self-employment in sole proprietorships and partnerships. Exclude profit (or loss) of incorporated businesses the person owns.

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

47c. 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 **47b** above. Include regular payments from an estate or trust fund.

47d. Include amounts, before Medicare deductions, of Social Security and/or Railroad Retirement payments to retired persons, to dependents of deceased insured workers, and to disabled workers.

47e. Include Supplemental Security Income (SSI) received by elderly, blind, or disabled persons.

47f. Include any public assistance or welfare payments the person received 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.

- 47g.** 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.
- 47h.** 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, regular contributions from persons not living in the household.
- 48.** Add the total entries (subtracting losses) for 47a through 47h 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.

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 decennial census.

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

The American Community Survey will be the source of summarized 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, business, and non-profit organizations to plan more effectively.

How was this address selected?

Your address was scientifically selected to represent a cross section of other households in your community. Households in the sample are required to complete the survey form. Please return it in the postage-paid envelope as soon as possible.

Why the Census Bureau Asks Certain Questions --

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

Name

Names help make sure that everyone in a household is included, but that no one is listed twice.

Value or rent

Government and planning agencies use answers to these questions in combination with other information to develop housing programs to meet the needs of people at different economic levels.

Plumbing and Kitchen facilities

This question helps provide information on the quality of housing. The data are used with other statistics to show how the "level of living" compares in various areas and how it changes over time.

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 jobs 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 business 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 in the survey 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.

Journey to work

Answers to these questions help communities plan road improvements, develop public transportation services, and design programs to ease traffic problems.