

**Section(s): Ancestry/Language/Migration/Marital History/Military (Phase 2)**

**INTRO\_CP**

Hello. I'm... from the United States Census Bureau.  
[Here is my identification card (show ID card).]

We are conducting the [American/ Puerto Rico] Community Survey to collect current population and housing information.

I have some questions to ask you. Did you receive our mailings?

1. Yes
2. No

**FN\_PG1**

I am going to be asking some questions about everyone who is living or staying at this address.

First let's create a list of the people starting with you. What is your name?/What is the name of the next person living or staying here?

□□□□□□□□

**FN\_PG2**

The following questions are to make sure this list is as complete as possible... /<blank>

“Does anyone else live or stay here, such as roommates, foster children, boarders, or live-in employees?”

□□□□□□□□

**FN\_PG3**

"Is there anyone else staying here even for a short time, such as a friend or relative?"

□□□□□□□□

**HHOLDER**

Of the people you named, who owns or rents this place?

(What name(s) are on the deed or lease? Is there anyone 15 years or older?)

□□□□□□□□

<p><b>RELP</b></p> <p><b>PRS/ESP:</b>  <b>(If CAPI)</b>  <b>Using Card A in this packet, How {is &lt;Name&gt;/ are you} related to {&lt;HHoldername&gt;/you}?</b></p>	<p>&lt;1&gt; Husband or wife          &lt;2&gt; Biological son or daughter          &lt;3&gt; Adopted son or daughter          &lt;4&gt; Stepson or stepdaughter          &lt;5&gt; Brother or sister          &lt;6&gt; Father or mother          &lt;7&gt; Grandchild          &lt;8&gt; Parent-in-law          &lt;9&gt; Son-in-law or daughter-in-law          &lt;10&gt; Other relative          &lt;11&gt; Roomer or boarder          &lt;12&gt; Housemate or roommate          &lt;13&gt; Unmarried partner          &lt;14&gt; Foster child          &lt;15&gt; Other nonrelative</p>
<p><b>RELT</b></p> <p><b>PRS/ESP:</b>  <b>How {is &lt;Name&gt;/ are you} related to {&lt;HHoldername&gt;/you}?</b></p>	<p>&lt;1&gt; Husband or wife          &lt;2&gt; Son or daughter          &lt;3&gt; Brother or sister          &lt;4&gt; Father or mother          &lt;5&gt; Grandchild          &lt;6&gt; Parent-in-law          &lt;7&gt; Son-in-law or daughter-in-law          &lt;8&gt; Other relative          &lt;9&gt; Roomer or boarder          &lt;10&gt; Housemate or roommate          &lt;11&gt; Unmarried partner          &lt;12&gt; Foster child          &lt;13&gt; Other nonrelative</p>
<p><b>DOBA</b></p> <p><b>Would you say {&lt;Name&gt; is / you are}:</b></p>	<p>&lt;1&gt; &lt;Current year - DOBY - 1&gt; years of age          &lt;2&gt; &lt;Current year - DOBY&gt; years of age          &lt;3&gt; Neither is correct</p>
<p><b>AGEASK</b></p> <p><b>What is your best estimate of {&lt;Name&gt;'s/ your} age?</b></p>	<p>□□□□□□□□</p>
<p><b>ANCW</b></p> <p><b>What is [your/&lt;Name&gt;'s] ancestry or ethnic origin?</b></p> <p><i>(Read if Necessary -          For example: Italian, Jamaican, African-American,          Cambodian, Cape Verdean, Norwegian, Dominican,          French Canadian, Haitian, Korean, Lebanese, Polish,          Nigerian, Mexican, Taiwanese, Ukrainian and so on.)</i></p>	<p>□□□□□□□□</p>
<p><b>LANX</b></p> <p><b>(Does &lt;Name&gt;/Do you) speak a language other than English at home?</b></p>	<p>1. Yes          2. No</p>

<p><b>LANW</b></p> <p>What is this language?</p> <p>(For example: Korean, Italian, Spanish, Vietnamese)</p>	<p>□□□□□□□□</p>
<p><b>ENG</b></p> <p>How well (does &lt;Name&gt;/do you) speak English - very well, well, not well, not at all?</p>	<p>&lt;1&gt; Very well &lt;2&gt; Well &lt;3&gt; Not well &lt;4&gt; Not at all</p>
<p><b>MIGA</b></p> <p>Did [you/&lt;Name&gt;] live in this (BUILDING TYPE) 1 year ago?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>MIGB</b></p> <p>Did [you/&lt;Name&gt;] live in the United States, Puerto Rico or another country?</p>	<p>1. United States 2. Puerto Rico <input type="checkbox"/> <i>goto MGW1</i> 3. Another Country</p>
<p><b>MGW1</b></p> <p>What was the foreign country?</p>	<p>□□□□□□□□</p>
<p><b>MGW1a</b></p> <p>What was the street address?</p>	<p>□□□□□□□□</p>
<p><b>MGW2</b></p> <p>What was the city or town?</p>	<p>□□□□□□□□</p>
<p><b>MGW4</b></p> <p>What was the [county / municipio]?</p>	<p>□□□□□□□□</p>
<p><b>MGST</b></p> <p>What was the state?</p>	<p>□□□□□□□□</p>
<p><b>MGW6</b></p> <p>What was the ZIP Code?</p>	<p>□□□□□□□□</p>
<p><b>MAR</b></p> <p>I will now be asking about (your/&lt;Name's&gt;) marital status.</p> <p>Is &lt;Name&gt;/ Are you} married, widowed, divorced, separated or never married?</p>	<p>&lt;1&gt; Now married &lt;2&gt; Widowed &lt;3&gt; Divorced &lt;4&gt; Separated &lt;5&gt; Never married</p>

<b>MARHIS1</b>	
In the past 12 months, did (<Name>/ you) get married?	1. Yes 2. No
<b>MARHIS2</b>	
In the past 12 months, did (<Name>/ you) become a (widow/widower)?	1. Yes 2. No
<b>MARHIS3</b>	
In the past 12 months, did (<Name>/ you) get divorced?	1. Yes 2. No
<b>NUMMAR</b>	
How many times (has <Name>/ have you) been married? Is that once, twice, or three or more times?	1. Once 2. Twice 3. Three or more times
<b>MARYR</b>	
In what year did (<Name>/ you) (get/last get) married?	□□□□□□□□
<b>FER</b> (If female, 15-50 y/o)	
(Has <Name>/have you) given birth to any children in the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>GCL</b>	
[Does <Name>/Do you] have any of <his/her/your/his or her> grandchildren under the age of 18 living in this [BUILDING TYPE]?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Goto MILA</i>
<b>GCR</b>	
{Is <Name>/Are you} currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this [BUILDING TYPE]?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Goto MILA</i>
<b>GCM</b>	
How long {has <Name>/ have you} been responsible for these grandchildren?  <i>If financially responsible for more than one grandchild, answer for the grandchild for whom the grandparent has been responsible for the longest time.</i>	<input type="checkbox"/> Menos de 6 meses <input type="checkbox"/> De 6 a 11 meses <input type="checkbox"/> 1 ó 2 años <input type="checkbox"/> 3 ó 4 años <input type="checkbox"/> 5 años o más
<b>MILA</b>	
(Has <Name> / Have you) ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard?  <i>Do not include training for the Reserves or National Guard but do include activation, for example, for the Persian Gulf War.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Goto MILC.</i>

<b>MILB</b>	
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<p><b>When (was &lt;Name&gt;/were you) on active duty?</b></p>	<p>&lt;1&gt; Now on active duty          &lt;2&gt; On active duty during the last 12 months, but not now          &lt;3&gt; On active duty in the past, but not during the last 12 months</p>
<p><b>MILC</b></p> <p><b>{Has &lt;Name&gt;/ Have you } ever been in the U.S. military Reserves or the National Guard?</b></p>	<p>&lt;1&gt; Yes          &lt;2&gt; No</p>
<p><b>MILP</b></p> <p><i>If in person:</i>  <b>Did {&lt;Name&gt;/you} serve on active duty during / Using Card F, please tell me each period in which (&lt;Name&gt;/you) served on active duty, even if it was just for part of the period.</b></p> <p><i>Enter all that apply, even if the person served for only part of the period. Separate with commas.</i></p> <p><i>By telephone:</i>  <b>Did {&lt;Name&gt;/you} serve on active duty during:</b></p> <p><i>Enter all that apply, even if the person served for only part of the period. Separate with commas.</i></p>	<p>&lt;11&gt; September 2001 or later          &lt;12&gt; August 1990 to August 2001 (including Persian Gulf War)          &lt;13&gt; September 1980 to July 1990          &lt;14&gt; May 1975 to August 1980          &lt;15&gt; Vietnam Era (August 1964 to April 1975)          &lt;16&gt; March 1961 to July 1964          &lt;17&gt; February 1955 to February 1961          &lt;18&gt; Korean War (July 1950 to January 1955)          &lt;19&gt; January 1947 to June 1950          &lt;20&gt; World War II (December 1941 to December 1946)          &lt;21&gt; November 1941 or earlier</p>
<p><b>SERVICE1</b></p> <p><b>Do you (Does &lt;NAME&gt;) have a VA service-connected disability rating?</b></p>	<p><input type="checkbox"/> Yes (such as 0%, 10%, 20%, .. , 100%)  <input type="checkbox"/> No <input type="checkbox"/> <i>Goto THANKYOU.</i></p>
<p><b>SERVICE2</b></p> <p><b>What is (your/&lt;Name's&gt;) service-connected disability rating? Is it:</b>  <i>Read all answer categories.</i></p> <p><input type="checkbox"/> 0 percent  <input type="checkbox"/> 10 or 20 percent  <input type="checkbox"/> 30 or 40 percent  <input type="checkbox"/> 50 or 60 percent  <input type="checkbox"/> 70 percent or higher</p>	<p><input type="checkbox"/> 0 percent  <input type="checkbox"/> 10 or 20 percent  <input type="checkbox"/> 30 or 40 percent  <input type="checkbox"/> 50 or 60 percent  <input type="checkbox"/> 70 percent or higher</p>
<p><b>THANKYOU</b></p> <p><b>Thank you very much for your participation in this important survey.</b></p> <p><b>You've been very helpful.</b></p>	