



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**.

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 |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

→ **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 | | |
| <input type="text"/> | | |
| First Name | MI | |
| <input type="text"/> | <input type="text"/> | |
| Area Code + Number | | |
| <input type="text"/> | <input type="text"/> | - <input type="text"/> |

→ **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 and 3 for everyone, including yourself, who is living or staying at this address for more than 2 months. Then complete the rest of the form.**

FORM **ACS-1(X)FOD1**
(03-27-2007)

OMB No. 0607-0936
Approval Expires 12/31/2009

List of Residents

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

2 What is this person's sex?

3 What is this person's age and what is this person's date of birth? Please report babies as age 0 when the child is less than 1 year old.

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.

Last Name (Please print)

First Name MI

Person 1

Male
 Female

Age (in years)

Print numbers in boxes.
 Month Day Year of birth

Person 2

Relationship of Person 2 to Person 1.

Last Name (Please print)

First Name MI

- 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
- Other relative
- Roomer or boarder
- Housemate or roommate
- Unmarried partner
- Other nonrelative

Male
 Female

Age (in years)

Print numbers in boxes.
 Month Day Year of birth

Person 3

Relationship of Person 3 to Person 1.

Last Name (Please print)

First Name MI

- 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
- Other relative
- Roomer or boarder
- Housemate or roommate
- Unmarried partner
- Other nonrelative

Male
 Female

Age (in years)

Print numbers in boxes.
 Month Day Year of birth

Person 4

Relationship of Person 4 to Person 1.

Last Name (Please print)

First Name MI

- 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
- Other relative
- Roomer or boarder
- Housemate or roommate
- Unmarried partner
- Other nonrelative

Male
 Female

Age (in years)

Print numbers in boxes.
 Month Day Year of birth

Person 5

Relationship of Person 5 to Person 1.

Last Name (Please print)

First Name MI

- 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
- Other relative
- Roomer or boarder
- Housemate or roommate
- Unmarried partner
- Other nonrelative

Male
 Female

Age (in years)

Print numbers in boxes.
 Month Day Year of birth

Person 6

→ 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.

Last Name (Please print)

First Name MI

Person 7

Last Name (Please print)

First Name MI

Person 8

Last Name (Please print)

First Name MI



NOTE: Please answer BOTH Question 4 about Hispanic origin and Question 5 about race. For this survey, Hispanic origins are not races.

4 Is this person of Hispanic, Latino, or Spanish origin?

- No, not of Hispanic, Latino, or Spanish origin
- Yes, Mexican, Mexican Am., Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, another Hispanic, Latino, or Spanish origin – *Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.* ↘

5 What is this person's race? Mark (X) one or more boxes.

- | | | |
|---|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Black, African Am., or Negro | <input type="checkbox"/> Chinese | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> American Indian or Alaska Native – <i>Print name of enrolled or principal tribe.</i> ↘ | <input type="checkbox"/> Filipino | <input type="checkbox"/> Samoan |
| <input type="text"/> | <input type="checkbox"/> Japanese | <input type="checkbox"/> Other Pacific Islander – <i>Print race, for example, Fijian, Tongan, and so on.</i> ↘ |
| <input type="text"/> | <input type="checkbox"/> Korean | <input type="checkbox"/> Some other race – <i>Print race.</i> ↘ |
| <input type="text"/> | <input type="checkbox"/> Vietnamese | <input type="text"/> |
| <input type="text"/> | <input type="checkbox"/> Other Asian – <i>Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.</i> → | <input type="text"/> |

- 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.* ↘

- | | | |
|---|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Black, African Am., or Negro | <input type="checkbox"/> Chinese | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> American Indian or Alaska Native – <i>Print name of enrolled or principal tribe.</i> ↘ | <input type="checkbox"/> Filipino | <input type="checkbox"/> Samoan |
| <input type="text"/> | <input type="checkbox"/> Japanese | <input type="checkbox"/> Other Pacific Islander – <i>Print race, for example, Fijian, Tongan, and so on.</i> ↘ |
| <input type="text"/> | <input type="checkbox"/> Korean | <input type="checkbox"/> Some other race – <i>Print race.</i> ↘ |
| <input type="text"/> | <input type="checkbox"/> Vietnamese | <input type="text"/> |
| <input type="text"/> | <input type="checkbox"/> Other Asian – <i>Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.</i> → | <input type="text"/> |

- 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.* ↘

- | | | |
|---|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Black, African Am., or Negro | <input type="checkbox"/> Chinese | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> American Indian or Alaska Native – <i>Print name of enrolled or principal tribe.</i> ↘ | <input type="checkbox"/> Filipino | <input type="checkbox"/> Samoan |
| <input type="text"/> | <input type="checkbox"/> Japanese | <input type="checkbox"/> Other Pacific Islander – <i>Print race, for example, Fijian, Tongan, and so on.</i> ↘ |
| <input type="text"/> | <input type="checkbox"/> Korean | <input type="checkbox"/> Some other race – <i>Print race.</i> ↘ |
| <input type="text"/> | <input type="checkbox"/> Vietnamese | <input type="text"/> |
| <input type="text"/> | <input type="checkbox"/> Other Asian – <i>Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.</i> → | <input type="text"/> |

- 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.* ↘

- | | | |
|---|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Black, African Am., or Negro | <input type="checkbox"/> Chinese | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> American Indian or Alaska Native – <i>Print name of enrolled or principal tribe.</i> ↘ | <input type="checkbox"/> Filipino | <input type="checkbox"/> Samoan |
| <input type="text"/> | <input type="checkbox"/> Japanese | <input type="checkbox"/> Other Pacific Islander – <i>Print race, for example, Fijian, Tongan, and so on.</i> ↘ |
| <input type="text"/> | <input type="checkbox"/> Korean | <input type="checkbox"/> Some other race – <i>Print race.</i> ↘ |
| <input type="text"/> | <input type="checkbox"/> Vietnamese | <input type="text"/> |
| <input type="text"/> | <input type="checkbox"/> Other Asian – <i>Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.</i> → | <input type="text"/> |

- 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.* ↘

- | | | |
|---|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Black, African Am., or Negro | <input type="checkbox"/> Chinese | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> American Indian or Alaska Native – <i>Print name of enrolled or principal tribe.</i> ↘ | <input type="checkbox"/> Filipino | <input type="checkbox"/> Samoan |
| <input type="text"/> | <input type="checkbox"/> Japanese | <input type="checkbox"/> Other Pacific Islander – <i>Print race, for example, Fijian, Tongan, and so on.</i> ↘ |
| <input type="text"/> | <input type="checkbox"/> Korean | <input type="checkbox"/> Some other race – <i>Print race.</i> ↘ |
| <input type="text"/> | <input type="checkbox"/> Vietnamese | <input type="text"/> |
| <input type="text"/> | <input type="checkbox"/> Other Asian – <i>Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.</i> → | <input type="text"/> |

Person 9

Last Name (Please print)

First Name

MI

Person 10

Last Name (Please print)

First Name

MI

Person 11

Last Name (Please print)

First Name

MI

Person 12

Last Name (Please print)

First Name

MI



➔ When you are finished, turn the page and continue with the Housing section.

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?

- 2005 or later
- 2000 to 2004
- 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 in the List of Residents on page 2) move into this house, apartment, or mobile home?

| Month | Year |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |

A Answer questions 4–6 ONLY if this is a one-family house or a mobile home; otherwise, SKIP to question 7.

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 How many rooms are in this house, apartment, or mobile home? Do NOT count bathrooms, porches, balconies, foyers, halls, or half-rooms.

- 1 room
- 2 rooms
- 3 rooms
- 4 rooms
- 5 rooms
- 6 rooms
- 7 rooms
- 8 rooms
- 9 or more rooms

8 How many bedrooms are in this house, apartment, or mobile home; that is, how many bedrooms would you list if this house, apartment, or mobile home were on the market for sale or rent?

- No bedroom
- 1 bedroom
- 2 bedrooms
- 3 bedrooms
- 4 bedrooms
- 5 or more bedrooms

9 Does this house, apartment, or mobile home have COMPLETE plumbing facilities; that is, 1) hot and cold piped water, 2) a flush toilet, and 3) a bathtub or shower?

- Yes, has all three facilities
- No

10 Does this house, apartment, or mobile home have COMPLETE kitchen facilities; that is, 1) a sink with piped water, 2) a stove or range, and 3) a refrigerator?

- Yes, has all three facilities
- No

11 Is there telephone service available in this house, apartment, or mobile home from which you can both make and receive calls?

- Yes
- No

12 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



Housing (continued)

13 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

14 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

15 At any time DURING THE PAST 12 MONTHS, did anyone in this household receive Food Stamps?

- Yes → What was the value of the Food Stamps received during the past 12 months?

Past 12 months' value – Dollars

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

- No

16 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

17 Is this house, apartment, or mobile home –

- Owned by you or someone in this household with a mortgage or loan?
- Owned by you or someone in this household free and clear (without a mortgage or loan)?
- Rented for cash rent?
- Occupied without payment of cash rent? → SKIP to **C**

B Answer questions 18a and b ONLY IF you PAY RENT for this house, apartment, or mobile home. Otherwise, SKIP to question 19.

18 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 19–23 ONLY 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.

19 What is the value of this property; that is, how much do you think this house and lot, apartment, or mobile home and lot, would sell for if it were for sale?

- Less than \$10,000
- \$10,000 to \$14,999
- \$15,000 to \$19,999
- \$20,000 to \$24,999
- \$25,000 to \$29,999
- \$30,000 to \$34,999
- \$35,000 to \$39,999
- \$40,000 to \$49,999
- \$50,000 to \$59,999
- \$60,000 to \$69,999
- \$70,000 to \$79,999
- \$80,000 to \$89,999
- \$90,000 to \$99,999
- \$100,000 to \$124,999
- \$125,000 to \$149,999
- \$150,000 to \$174,999
- \$175,000 to \$199,999
- \$200,000 to \$249,999
- \$250,000 or more – Specify ↘

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



Person 1

- 6** Please copy the name of Person 1 from the List of Residents on 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 American parent or parents

Yes, U.S. citizen by naturalization

No, not a citizen of the United States

- 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 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)

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

- 12** This question focuses on this person's **BACHELOR'S DEGREE**. In which of the following major fields did this person receive his/her **BACHELOR'S DEGREE(S)**? Mark (X) "Yes" or "No" box for each category.

| | Yes | No |
|---|--------------------------|--------------------------|
| a. Biological, Agricultural, Physical, Earth, or Other Natural Sciences | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Health, Nursing, or Medical Fields | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Engineering, Computer Sciences, or Mathematical Sciences | <input type="checkbox"/> | <input type="checkbox"/> |
| d. History, Arts, or Humanities | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Psychology, Economics, or Other Social Sciences | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Business or Management | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Education or Education Administration | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Some other major field – Specify ↘ | <input type="checkbox"/> | <input type="checkbox"/> |

- 13** 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.)

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

Yes

No → *SKIP to question 15*

- 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



Person 1 (continued)

G Answer questions 15 and 16 if this person is 5 years old or over. Otherwise, SKIP to the questions for PERSON 2 on page 10.

- 15** Does this person have any of the following long-lasting conditions:
- | | Yes | No |
|--|--------------------------|--------------------------|
| a. Blindness, deafness, or a severe vision or hearing impairment? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying? | <input type="checkbox"/> | <input type="checkbox"/> |

- 16** Because of a physical, mental, or emotional condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities:
- | | Yes | No |
|--|--------------------------|--------------------------|
| a. Learning, remembering, or concentrating? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Dressing, bathing, or getting around inside the home? | <input type="checkbox"/> | <input type="checkbox"/> |

H Answer question 17 if this person is 15 years old or over. Otherwise, SKIP to the questions for PERSON 2 on page 10.

- 17** Because of a physical, mental, or emotional condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities:
- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Going outside the home alone to shop or visit a doctor's office? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Working at a job or business? | <input type="checkbox"/> | <input type="checkbox"/> |

18 What is this person's marital status?

- Now married
 Widowed
 Divorced
 Separated
 Never married

19 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 21
 No, never served in the military → SKIP to question 21

20 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

21 LAST WEEK, did this person do ANY work for either pay or profit? Mark (X) the "Yes" box even if the person worked only 1 hour, or helped without pay in a family business or farm for 15 hours or more, or was on active duty in the Armed Forces.

- Yes
 No → SKIP to question 27a

22 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

23 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 31 |
| <input type="checkbox"/> Railroad | <input type="checkbox"/> Other method |
| <input type="checkbox"/> Ferryboat | |
| <input type="checkbox"/> Taxicab | |

I Answer question 24 if you marked "Car, truck, or van" in question 23. Otherwise, SKIP to question 25.

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

Person(s)

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

Hour Minute

 :

- a.m.
 p.m.

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

Minutes

J Answer questions 27–30 if this person did NOT work last week. Otherwise, SKIP to question 31.

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

- Yes → SKIP to question 27c
 No

b. LAST WEEK, was this person TEMPORARILY absent from a job or business?

- Yes, on vacation, temporary illness, labor dispute, etc. → SKIP to question 30
 No → SKIP to question 28

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 29
 No



Person 2

- 6** Please copy the name of Person 2 from the List of Residents on 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 American parent or parents

Yes, U.S. citizen by naturalization

No, not a citizen of the United States

- 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 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)

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

- 12** This question focuses on this person's BACHELOR'S DEGREE. In which of the following major fields did this person receive his/her BACHELOR'S DEGREE(S)? Mark (X) "Yes" or "No" box for each category.

| | Yes | No |
|---|--------------------------|--------------------------|
| a. Biological, Agricultural, Physical, Earth, or Other Natural Sciences | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Health, Nursing, or Medical Fields | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Engineering, Computer Sciences, or Mathematical Sciences | <input type="checkbox"/> | <input type="checkbox"/> |
| d. History, Arts, or Humanities | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Psychology, Economics, or Other Social Sciences | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Business or Management | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Education or Education Administration | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Some other major field – Specify ↘ | <input type="checkbox"/> | <input type="checkbox"/> |

- 13** 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.)

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

Yes

No → SKIP to question 15

- 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



Person 2 (continued)

G Answer questions 15 and 16 if this person is 5 years old or over. Otherwise, SKIP to the questions for PERSON 3 on page 13.

15 Does this person have any of the following long-lasting conditions:

- | | Yes | No |
|--|--------------------------|--------------------------|
| a. Blindness, deafness, or a severe vision or hearing impairment? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying? | <input type="checkbox"/> | <input type="checkbox"/> |

16 Because of a physical, mental, or emotional condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities:

- | | Yes | No |
|--|--------------------------|--------------------------|
| a. Learning, remembering, or concentrating? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Dressing, bathing, or getting around inside the home? | <input type="checkbox"/> | <input type="checkbox"/> |

H Answer question 17 if this person is 15 years old or over. Otherwise, SKIP to the questions for PERSON 3 on page 13.

17 Because of a physical, mental, or emotional condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities:

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Going outside the home alone to shop or visit a doctor's office? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Working at a job or business? | <input type="checkbox"/> | <input type="checkbox"/> |

18 What is this person's marital status?

- Now married
 Widowed
 Divorced
 Separated
 Never married

19 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 21
 No, never served in the military → SKIP to question 21

20 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

21 LAST WEEK, did this person do ANY work for either pay or profit? Mark (X) the "Yes" box even if the person worked only 1 hour, or helped without pay in a family business or farm for 15 hours or more, or was on active duty in the Armed Forces.

- Yes
 No → SKIP to question 27a

22 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

23 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 31 |
| <input type="checkbox"/> Railroad | <input type="checkbox"/> Other method |
| <input type="checkbox"/> Ferryboat | |
| <input type="checkbox"/> Taxicab | |

I Answer question 24 if you marked "Car, truck, or van" in question 23. Otherwise, SKIP to question 25.

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

Person(s)

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

Hour Minute

 :

- a.m.
 p.m.

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

Minutes

J Answer questions 27–30 if this person did NOT work last week. Otherwise, SKIP to question 31.

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

- Yes → SKIP to question 27c
 No

b. LAST WEEK, was this person TEMPORARILY absent from a job or business?

- Yes, on vacation, temporary illness, labor dispute, etc. → SKIP to question 30
 No → SKIP to question 28

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 29
 No



Person 3

- 6** Please copy the name of Person 3 from the List of Residents on 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 American parent or parents

Yes, U.S. citizen by naturalization

No, not a citizen of the United States

- 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 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)

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

- 12** This question focuses on this person's **BACHELOR'S DEGREE**. In which of the following major fields did this person receive his/her **BACHELOR'S DEGREE(S)**? Mark (X) "Yes" or "No" box for each category.

| | Yes | No |
|---|--------------------------|--------------------------|
| a. Biological, Agricultural, Physical, Earth, or Other Natural Sciences | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Health, Nursing, or Medical Fields | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Engineering, Computer Sciences, or Mathematical Sciences | <input type="checkbox"/> | <input type="checkbox"/> |
| d. History, Arts, or Humanities | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Psychology, Economics, or Other Social Sciences | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Business or Management | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Education or Education Administration | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Some other major field – Specify ↘ | <input type="checkbox"/> | <input type="checkbox"/> |

- 13** 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.)

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

Yes

No → *SKIP to question 15*

- 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



Person 3 (continued)

G Answer questions 15 and 16 if this person is 5 years old or over. Otherwise, SKIP to the questions for PERSON 4 on page 16.

- 15** Does this person have any of the following long-lasting conditions:
- | | Yes | No |
|--|--------------------------|--------------------------|
| a. Blindness, deafness, or a severe vision or hearing impairment? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying? | <input type="checkbox"/> | <input type="checkbox"/> |

- 16** Because of a physical, mental, or emotional condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities:
- | | Yes | No |
|--|--------------------------|--------------------------|
| a. Learning, remembering, or concentrating? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Dressing, bathing, or getting around inside the home? | <input type="checkbox"/> | <input type="checkbox"/> |

H Answer question 17 if this person is 15 years old or over. Otherwise, SKIP to the questions for PERSON 4 on page 16.

- 17** Because of a physical, mental, or emotional condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities:
- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Going outside the home alone to shop or visit a doctor's office? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Working at a job or business? | <input type="checkbox"/> | <input type="checkbox"/> |

18 What is this person's marital status?

- Now married
 Widowed
 Divorced
 Separated
 Never married

19 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 21
 No, never served in the military → SKIP to question 21

20 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

21 LAST WEEK, did this person do ANY work for either pay or profit? Mark (X) the "Yes" box even if the person worked only 1 hour, or helped without pay in a family business or farm for 15 hours or more, or was on active duty in the Armed Forces.

- Yes
 No → SKIP to question 27a

22 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

23 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 31 |
| <input type="checkbox"/> Railroad | <input type="checkbox"/> Other method |
| <input type="checkbox"/> Ferryboat | |
| <input type="checkbox"/> Taxicab | |

I Answer question 24 if you marked "Car, truck, or van" in question 23. Otherwise, SKIP to question 25.

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

Person(s)

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

Hour Minute

 :

- a.m.
 p.m.

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

Minutes

J Answer questions 27–30 if this person did NOT work last week. Otherwise, SKIP to question 31.

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

- Yes → SKIP to question 27c
 No

b. LAST WEEK, was this person TEMPORARILY absent from a job or business?

- Yes, on vacation, temporary illness, labor dispute, etc. → SKIP to question 30
 No → SKIP to question 28

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 29
 No



Person 4

- 6** Please copy the name of Person 4 from the List of Residents on 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 American parent or parents

Yes, U.S. citizen by naturalization

No, not a citizen of the United States

- 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 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)

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

- 12** This question focuses on this person's BACHELOR'S DEGREE. In which of the following major fields did this person receive his/her BACHELOR'S DEGREE(S)? Mark (X) "Yes" or "No" box for each category.

| | Yes | No |
|---|--------------------------|--------------------------|
| a. Biological, Agricultural, Physical, Earth, or Other Natural Sciences | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Health, Nursing, or Medical Fields | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Engineering, Computer Sciences, or Mathematical Sciences | <input type="checkbox"/> | <input type="checkbox"/> |
| d. History, Arts, or Humanities | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Psychology, Economics, or Other Social Sciences | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Business or Management | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Education or Education Administration | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Some other major field – Specify ↘ | <input type="checkbox"/> | <input type="checkbox"/> |

- 13** 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.)

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

Yes

No → SKIP to question 15

- 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



Person 4 (continued)

G Answer questions 15 and 16 if this person is 5 years old or over. Otherwise, SKIP to the questions for PERSON 5 on page 19.

15 Does this person have any of the following long-lasting conditions:

- | | Yes | No |
|--|--------------------------|--------------------------|
| a. Blindness, deafness, or a severe vision or hearing impairment? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying? | <input type="checkbox"/> | <input type="checkbox"/> |

16 Because of a physical, mental, or emotional condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities:

- | | Yes | No |
|--|--------------------------|--------------------------|
| a. Learning, remembering, or concentrating? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Dressing, bathing, or getting around inside the home? | <input type="checkbox"/> | <input type="checkbox"/> |

H Answer question 17 if this person is 15 years old or over. Otherwise, SKIP to the questions for PERSON 5 on page 19.

17 Because of a physical, mental, or emotional condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities:

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Going outside the home alone to shop or visit a doctor's office? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Working at a job or business? | <input type="checkbox"/> | <input type="checkbox"/> |

18 What is this person's marital status?

- Now married
 Widowed
 Divorced
 Separated
 Never married

19 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 21
 No, never served in the military → SKIP to question 21

20 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

21 LAST WEEK, did this person do ANY work for either pay or profit? Mark (X) the "Yes" box even if the person worked only 1 hour, or helped without pay in a family business or farm for 15 hours or more, or was on active duty in the Armed Forces.

- Yes
 No → SKIP to question 27a

22 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

23 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 31 |
| <input type="checkbox"/> Railroad | <input type="checkbox"/> Other method |
| <input type="checkbox"/> Ferryboat | |
| <input type="checkbox"/> Taxicab | |

I Answer question 24 if you marked "Car, truck, or van" in question 23. Otherwise, SKIP to question 25.

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

Person(s)

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

Hour Minute

 :

- a.m.
 p.m.

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

Minutes

J Answer questions 27–30 if this person did NOT work last week. Otherwise, SKIP to question 31.

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

- Yes → SKIP to question 27c
 No

b. LAST WEEK, was this person TEMPORARILY absent from a job or business?

- Yes, on vacation, temporary illness, labor dispute, etc. → SKIP to question 30
 No → SKIP to question 28

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 29
 No



Person 5

- 6** Please copy the name of Person 5 from the List of Residents on 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 American parent or parents

Yes, U.S. citizen by naturalization

No, not a citizen of the United States

- 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 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)

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

- 12** This question focuses on this person's **BACHELOR'S DEGREE**. In which of the following major fields did this person receive his/her **BACHELOR'S DEGREE(S)**? Mark (X) "Yes" or "No" box for each category.

| | Yes | No |
|---|--------------------------|--------------------------|
| a. Biological, Agricultural, Physical, Earth, or Other Natural Sciences | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Health, Nursing, or Medical Fields | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Engineering, Computer Sciences, or Mathematical Sciences | <input type="checkbox"/> | <input type="checkbox"/> |
| d. History, Arts, or Humanities | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Psychology, Economics, or Other Social Sciences | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Business or Management | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Education or Education Administration | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Some other major field – Specify ↘ | <input type="checkbox"/> | <input type="checkbox"/> |

- 13** 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.)

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

Yes

No → *SKIP to question 15*

- 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



Person 5 (continued)

G Answer questions 15 and 16 if this person is 5 years old or over. Otherwise, SKIP to the mailing instructions on page 24.

- 15** Does this person have any of the following long-lasting conditions:
- | | Yes | No |
|--|--------------------------|--------------------------|
| a. Blindness, deafness, or a severe vision or hearing impairment? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying? | <input type="checkbox"/> | <input type="checkbox"/> |

- 16** Because of a physical, mental, or emotional condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities:
- | | Yes | No |
|--|--------------------------|--------------------------|
| a. Learning, remembering, or concentrating? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Dressing, bathing, or getting around inside the home? | <input type="checkbox"/> | <input type="checkbox"/> |

H Answer question 17 if this person is 15 years old or over. Otherwise, SKIP to the mailing instructions on page 24.

- 17** Because of a physical, mental, or emotional condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities:
- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Going outside the home alone to shop or visit a doctor's office? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Working at a job or business? | <input type="checkbox"/> | <input type="checkbox"/> |

18 What is this person's marital status?

- Now married
 Widowed
 Divorced
 Separated
 Never married

19 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 21
 No, never served in the military → SKIP to question 21

20 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

21 LAST WEEK, did this person do ANY work for either pay or profit? Mark (X) the "Yes" box even if the person worked only 1 hour, or helped without pay in a family business or farm for 15 hours or more, or was on active duty in the Armed Forces.

- Yes
 No → SKIP to question 27a

22 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

23 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 31 |
| <input type="checkbox"/> Railroad | <input type="checkbox"/> Other method |
| <input type="checkbox"/> Ferryboat | |
| <input type="checkbox"/> Taxicab | |

I Answer question 24 if you marked "Car, truck, or van" in question 23. Otherwise, SKIP to question 25.

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

Person(s)

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

Hour Minute

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- Yes, on vacation, temporary illness, labor dispute, etc. → SKIP to question 30
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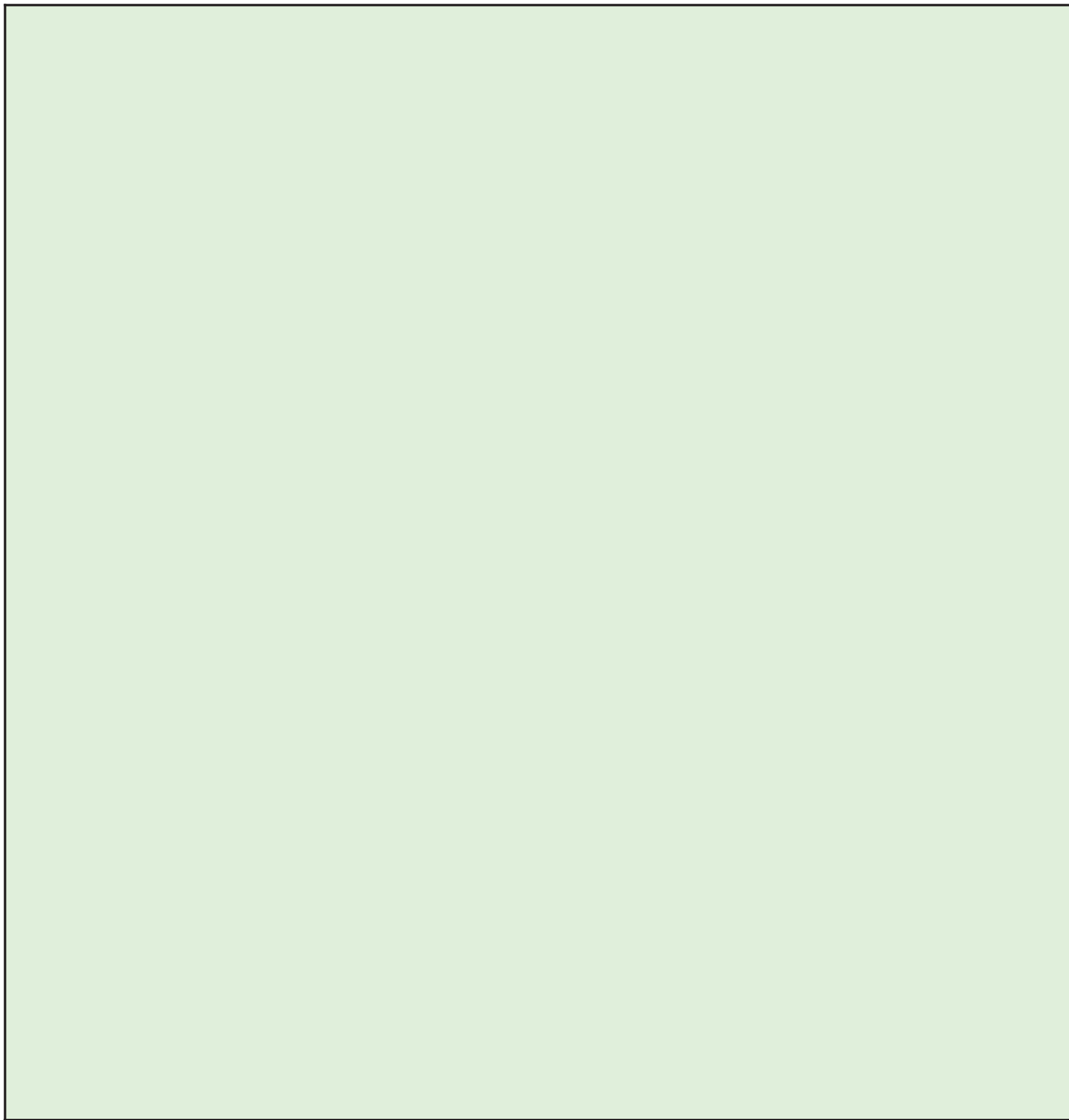
c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work?

- Yes → SKIP to question 29
 No



**Pages 22 and 23 are
intentionally left blank**





Mailing Instructions

→ Please make sure you have...

- put all names on the List of Residents and answered the questions across the top of the page
- answered all Housing questions
- answered all Person questions for each person on the List of Residents.

→ 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 0607-0936, 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 0607-0936" as the subject. Please **DO NOT RETURN** your questionnaire to this address. Use the enclosed preaddressed envelope to return your completed questionnaire.

Respondents are not required to respond to any information collection unless it displays a valid approval number from the Office of Management and Budget. This 8-digit number appears in the bottom right on the front cover of this form.

Form ACS-1(X)FOD1 (03-27-2007)

