

<b>Section(s): Place of Work/Income (Phase IV)</b>	
<p><b>INTRO_CP</b></p> <p>Hello. I'm... from the United States Census Bureau. [Here is my identification card (show ID card).]</p> <p>We are conducting the [American/ Puerto Rico] Community Survey to collect current population and housing information.</p> <p>I have some questions to ask you. Did you receive our mailings?</p>	<p>1. Yes 2. No</p>
<p><b>FN_PG1</b></p> <p>I am going to be asking some questions about everyone who is living or staying at this address.</p> <p>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?</p>	<p>□□□□□□□□</p>
<p><b>FN_PG2</b></p> <p>The following questions are to make sure this list is as complete as possible... /&lt;blank&gt;]</p> <p>“Does anyone else live or stay here, such as roommates, foster children, boarders, or live-in employees?</p>	<p>□□□□□□□□</p>
<p><b>FN_PG3</b></p> <p>"Is there anyone else staying here even for a short time, such as a friend or relative?"</p>	<p>□□□□□□□□</p>
<p><b>HHOLDER</b></p> <p>Of the people you named, who owns or rents this place?</p> <p>(What name(s) are on the deed or lease? Is there anyone 15 years or older?)</p>	<p>□□□□□□□□</p>
<p><b>RELP</b></p> <p>PRS/ESP: (If CAPI) Using Card A in this packet, How {is &lt;Name&gt;/ are you} related to {&lt;HHoldername&gt;/you}?</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>COWCP</b></p> <p>The next series of questions are about the type of business {&lt;Name&gt;/ you} {works/ work/ worked} for and the type of work that {he/ she/&lt;Name&gt;/ you} {does/ do/ did}...</p> <p>Using Card CARD H, please pick the category that best describes who {he/ she/&lt;Name&gt;/ you} {works/ work/ worked} for.</p> <p><i>(If {&lt;Name&gt;/ you} had more than 1 job, describe the one at which the most hours were worked. If {&lt;Name&gt;/ you} did not work last week, give information for the last job or business in the past five years.)</i></p>	<p>&lt;1&gt; An employee of a PRIVATE FOR PROFIT company or business, or of an individual for wages, salary, or commissions?</p> <p>&lt;2&gt; An employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization?</p> <p>&lt;3&gt; A local GOVERNMENT employee (city, county, [municipio,] etc.)?</p> <p>&lt;4&gt; A state GOVERNMENT employee?</p> <p>&lt;5&gt; An active duty U.S. Armed Forces member?</p> <p>&lt;6&gt; A federal GOVERNMENT employee (excluding active duty military)?</p> <p>&lt;7&gt; SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?</p> <p>&lt;8&gt; SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?</p> <p>&lt;9&gt; Working WITHOUT PAY in family business or farm?</p>
<p><b>COWA</b></p> <p>The next series of questions are about the type of business {&lt;Name&gt;/ you} {works/ work/ worked} for and the type of work that {he/ she/&lt;Name&gt;/ you} {does/ do/ did}...</p> <p>I am going to read 5 categories. Please pick the one that best describes who {he/ she/&lt;Name&gt;/ you} {works/ work/ worked} for - a private organization or company, government, the US Armed Forces (active duty), self-employed, or working without pay in a family business.</p> <p><i>(If {&lt;Name&gt;/ you} had more than 1 job, describe the one at which the most hours were worked. If {&lt;Name&gt;/ you} did not work last week, give information for the last job or business in the past five years.)</i></p>	<p>(1) Private organization or company</p> <p>(2) Government</p> <p>(3) US Armed Forces (active duty) – <i>goto INMIL</i></p> <p>(4) Self-employed – <i>goto COWD</i></p> <p>(5) Working without pay in a family business</p>
<p><b>COWB</b></p> <p>{Is/Was} this a non-profit organization or a for profit company?</p>	<p><input type="checkbox"/> Non-profit organization <i>goto INWL.</i></p> <p><input type="checkbox"/> For profit company <i>goto INWL.</i></p>
<p><b>COWC</b></p> <p>{Is/ Was} this for Local, State, or the Federal Government?</p>	<p><input type="checkbox"/> Local <i>goto INWL.</i></p> <p><input type="checkbox"/> State <i>goto INWL.</i></p> <p><input type="checkbox"/> Federal <i>goto INWL.</i></p>
<p><b>COWD</b></p> <p>{Is/Was} this self-employment incorporated or not incorporated?</p>	<p><input type="checkbox"/> Incorporated <i>goto INW2.</i></p> <p><input type="checkbox"/> Not incorporated <i>goto INW2.</i></p>

<p><b>INW2</b></p> <p>What {is/ was} the name of {&lt;Name&gt;'s/ your} company, business or other employer?</p>	<p>_____ <input type="checkbox"/> <i>Goto INW3</i></p>
<p><b>INMIL</b></p> <p>Which branch of the Armed Forces {does &lt;Name&gt;/ do you} work for?</p>	<p><input type="checkbox"/> U.S. Army <input type="checkbox"/> <i>Goto OCW7</i></p> <p><input type="checkbox"/> U.S. Navy <input type="checkbox"/> <i>Goto OCW7</i></p> <p><input type="checkbox"/> U.S. Air Force <input type="checkbox"/> <i>Goto OCW7</i></p> <p><input type="checkbox"/> U.S. Marine Corps <input type="checkbox"/> <i>Goto OCW7</i></p> <p><input type="checkbox"/> U.S. Coast Guard <input type="checkbox"/> <i>Goto OCW7</i></p>
<p><b>INW3</b></p> <p>What kind of business or industry {"is/ was"} this?</p> <p>(For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank)</p>	<p>_____</p>
<p><b>INX4</b></p> <p>Is this business mainly -- manufacturing, wholesale trade, retail trade or some other kind of business?</p>	<p><input type="checkbox"/> Manufacturing</p> <p><input type="checkbox"/> Wholesale trade</p> <p><input type="checkbox"/> Retail trade</p> <p><input type="checkbox"/> Other (agriculture, construction, service, government, etc.)</p>
<p><b>OCW1</b></p> <p>What kind of work {(is/was) &lt;Name&gt;/ (are/were) you} doing at this job?</p> <p>(For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)</p>	<p>_____</p>
<p><b>OCW2</b></p> <p>What {(are/were) &lt;Name&gt;'s/ (are/were) your} most important activities or duties?</p> <p>(For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)</p>	<p>_____</p>
<p><b>WAGX</b></p> <p>The next few questions are about income DURING THE PAST 12 MONTHS...</p> <p>Did [&lt;Name&gt;/you] receive any wages, salary, tips, bonuses or commissions?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No <input type="checkbox"/> <i>Goto SEMX.</i></p>

<p><b>WAG</b></p>	
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<p><b>How much did [<b>&lt;Name&gt;/you</b>] receive?</b></p> <p><i>(Report amount from all jobs before any deductions for taxes, bonds or other items.)</i></p>	<p>\$ _____ .00</p>
<p><b>SEM</b></p> <p><b>Did [<b>&lt;Name&gt;/you</b>] receive any self-employment income DURING THE PAST 12 MONTHS?</b></p> <p><i>(Report income from own businesses [farm or non-farm] including proprietorships and partnerships.)</i></p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No <b>Goto INTRX.</b></p>
<p><b>SEM</b></p> <p><b>What was the amount?</b></p> <p><i>(Report net income after operating expenses. Include earnings as a tenant farmer or sharecropper.)</i></p> <p><i>If net income was a loss precede amount with a '-'. Breakeven = 1.</i></p>	<p>\$ _____ .00</p>
<p><b>INTRX</b></p> <p><i>(The next few questions are about income during the PAST 12 MONTHS...)</i></p> <p><b>Did [<b>&lt;Name&gt;/you</b>] receive any interest, dividends, net rental income, royalty income, or income from estates and trusts [DURING THE PAST 12 MONTHS]?</b></p> <p><b>Report even small amounts credited to an account.</b></p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No <b>Goto SSX.</b></p>
<p><b>INTR</b></p> <p><b>What was the amount received?</b></p> <p><i>If income was a loss, precede amount with a '-'. Breakeven = 1.</i></p>	<p>\$ _____ .00</p>
<p><b>SSX</b></p> <p><b>Did [<b>&lt;Name&gt;/you</b>] receive any Social Security or Railroad Retirement benefits DURING THE PAST 12 MONTHS?"</b></p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No <b>Goto SSIX.</b></p>
<p><b>SS</b></p> <p><b>What was the amount?</b></p>	<p>\$ _____ .00</p>
<p><b>SSIX</b></p> <p><b>Did [<b>&lt;Name&gt;/you</b>] receive any Supplemental Security Income (SSI) payments DURING THE PAST 12 MONTHS?"</b></p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No <b>Goto PAX.</b></p>

<b>SSI</b>	
What was the amount?	\$ _____ .00
<b>PAX</b>	
Did [ <b>&lt;Name&gt;/you</b> ] receive any public assistance or public welfare payments from the state or local welfare office DURING THE PAST 12 MONTHS?	<input type="checkbox"/> Yes <input type="checkbox"/> No <b><i>Goto RETX.</i></b>
<b>PA</b>	
What was the amount?  (Do not include SSI.)	\$ _____ .00
<b>RETX</b>	
"Did [ <b>&lt;Name&gt;/you</b> ] receive any retirement, survivor, or disability pensions DURING THE PAST 12 MONTHS?"	<input type="checkbox"/> Yes <input type="checkbox"/> No <b><i>Goto OIX.</i></b>
<b>RET</b>	
What was the amount?  (Do not include Social Security.)	\$ _____ .00
<b>OIX</b>	
Did [ <b>&lt;Name&gt;/you</b> ] receive income on a REGULAR basis from any other sources such as Veteran's Administration (VA) payments, unemployment compensation, child support or alimony DURING THE PAST 12 MONTHS?"	<input type="checkbox"/> Yes <input type="checkbox"/> No <b><i>Goto TI.</i></b>
<b>OI</b>	
What was the amount from all sources?  (Do not include lump sum payments such as money from an inheritance or sale of a home.)	\$ _____ .00
<b>TI</b>	
What was [ <b>&lt;Name&gt;'s/your</b> ] TOTAL income during the PAST 12 MONTHS?"  <i>If income was a loss, precede amount with a '-'.</i>	\$ _____ .00

According to my calculations [<Name>/you have/<blank>] received \$<sum of WAG, SEM, INTR, SS, SSI, PA, RET, OI> from all income sources/<blank>]

[I have recorded that/<blank>] [<Name> has/you have/<blank>] received no income] over the PAST 12 MONTHS. Is this correct?

**THANKYOU**

Thank you very much for your participation in this important survey.

You've been very helpful.