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# AMERICAN COMMUNITY SURVEY

Welcome to the American Community Survey. You will need the materials we mailed to you to start the survey.  
All the information that you provide will remain completely confidential.  
[Para completar en español, oprima aquí.](#)

Please Log In



ACS 999 999 999 99 999 9999 99  
SE Q999 99999

TO THE RESIDENT OF:  
101 Main St  
Anytown, MD 00043

##### ← User ID

Enter the 10-digit User ID found below the barcode on the materials we mailed to you.

User ID:  -

Login

The Census Bureau estimates that, for the average household, this survey will take 38 minutes to complete, including the time for reviewing the instructions and answers. You may email comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing burden, to: [Paperwork@census.gov](mailto:Paperwork@census.gov). Use "Paperwork Project 0607-0936" as the subject. Or you may send comments to: Paperwork Project 0607-0936, U.S. Census Bureau, 4600 Silver Hill Road, AMSD - 3K138, Washington, D.C. 20233.

Respondents are not required to respond to any information collection unless it displays a valid approval number from the Office of Management and Budget. The 8-digit number appears in the left side of the green bar at the bottom of the survey screen.

**\*\* WARNING \*\***

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OMB Number: 0607-0936 Approval Expires: 12/31/2012

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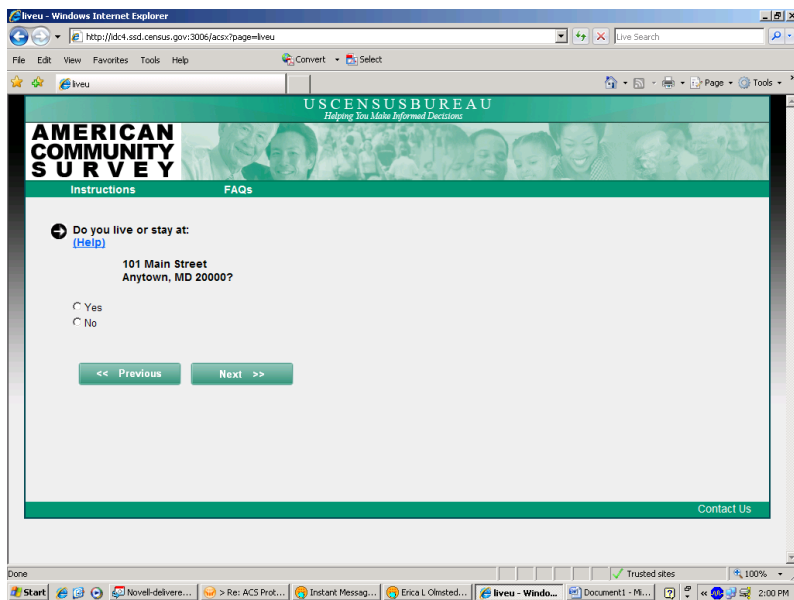
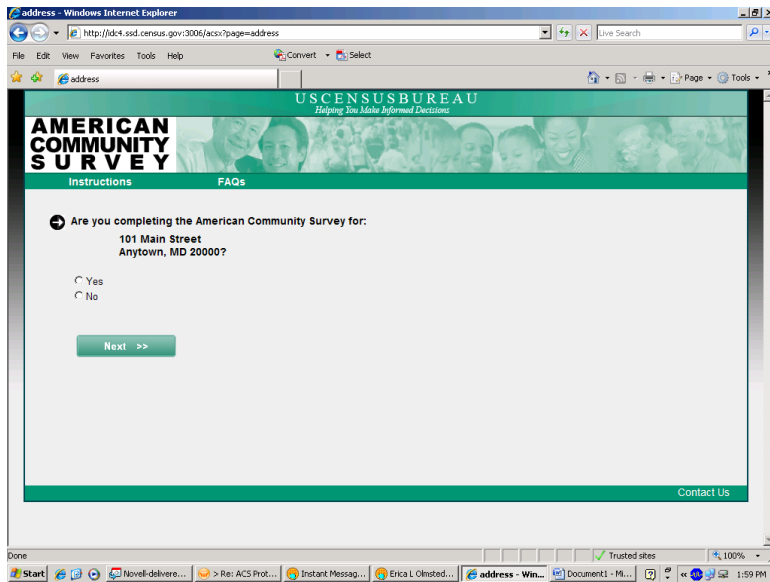
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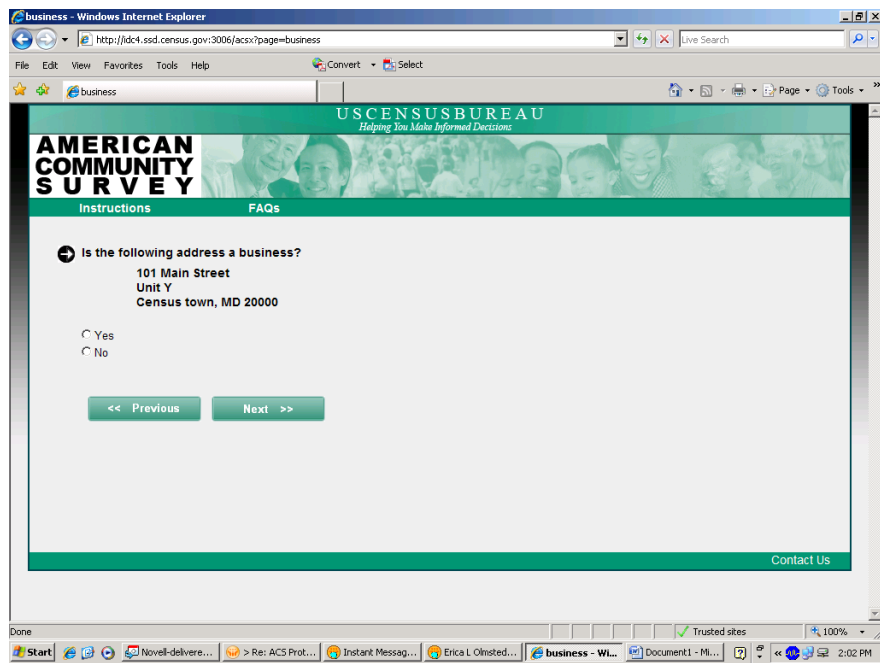
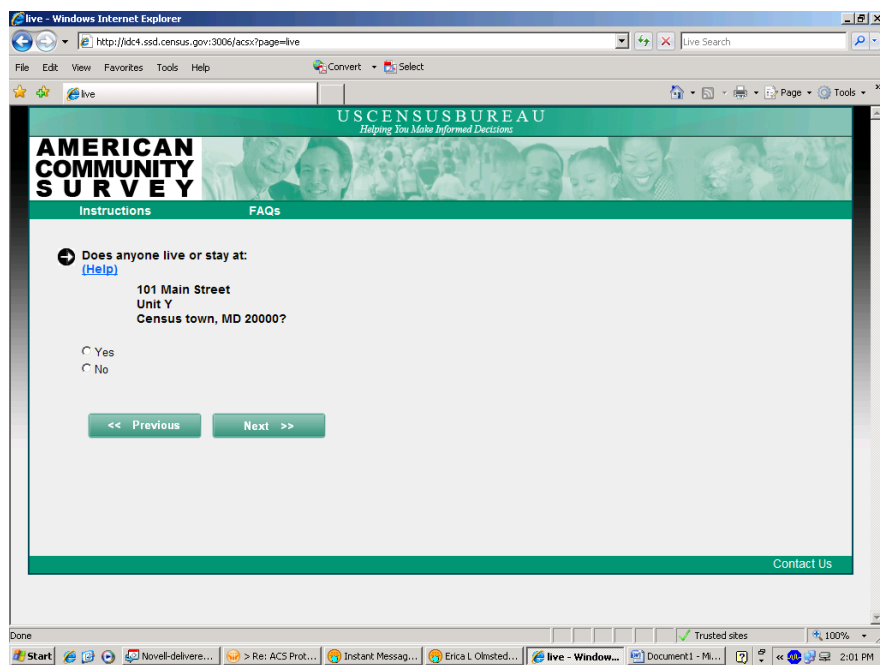
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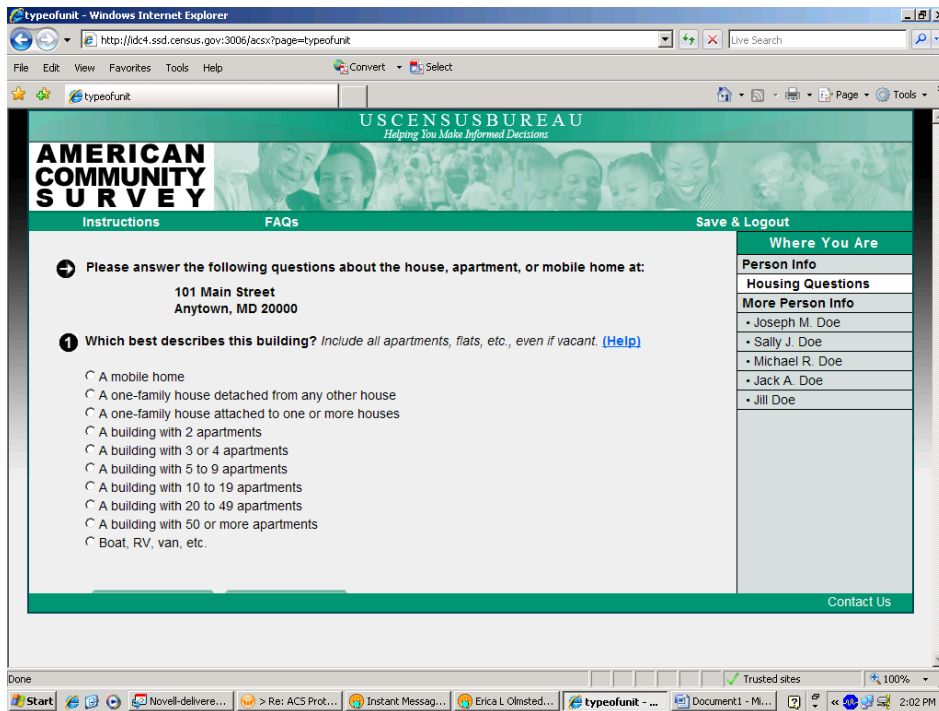
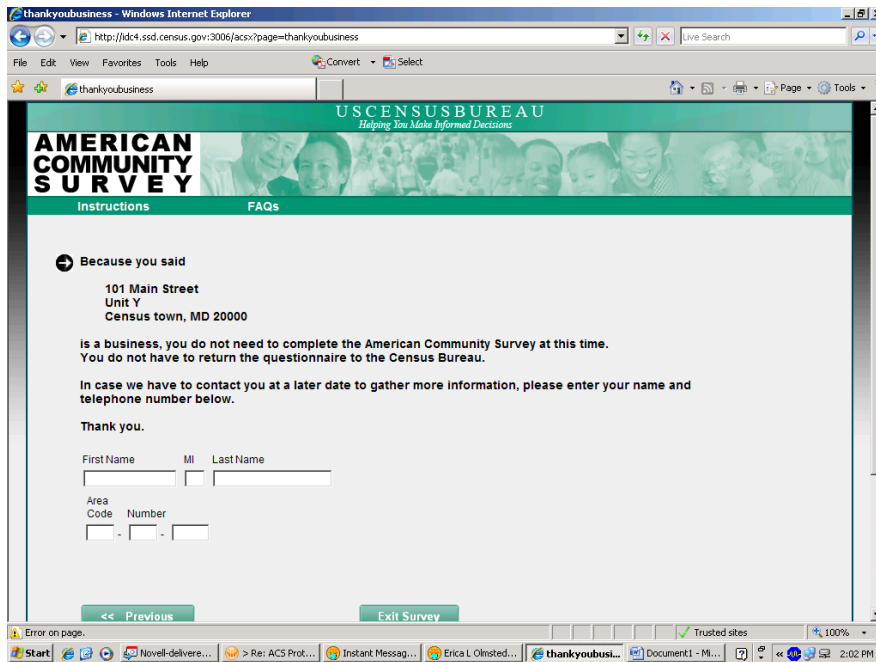
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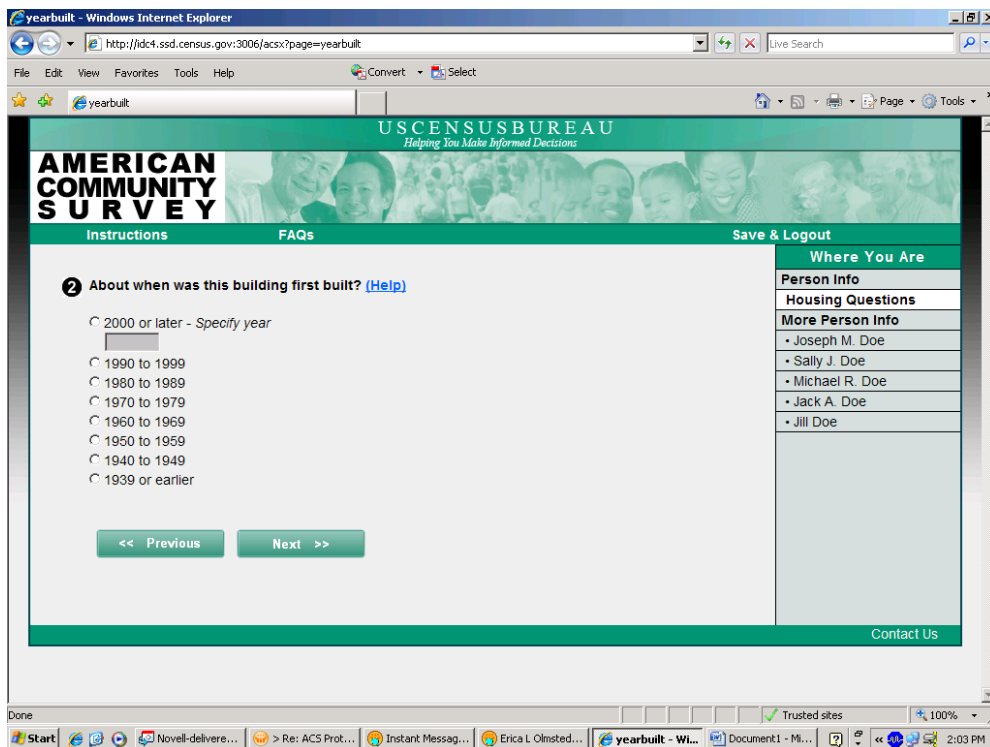
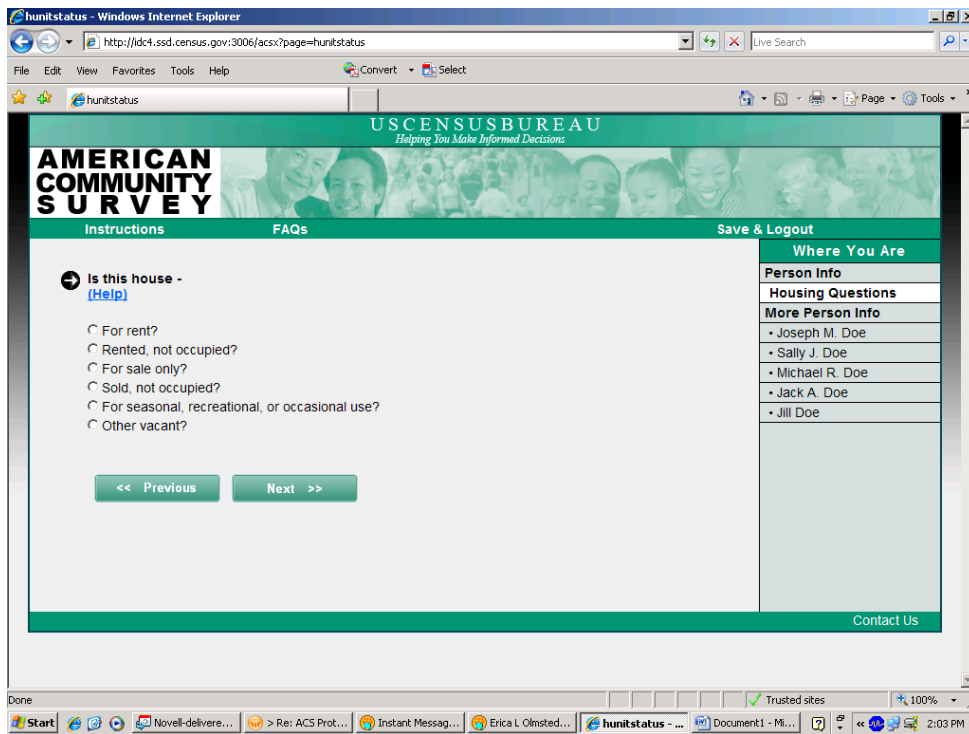
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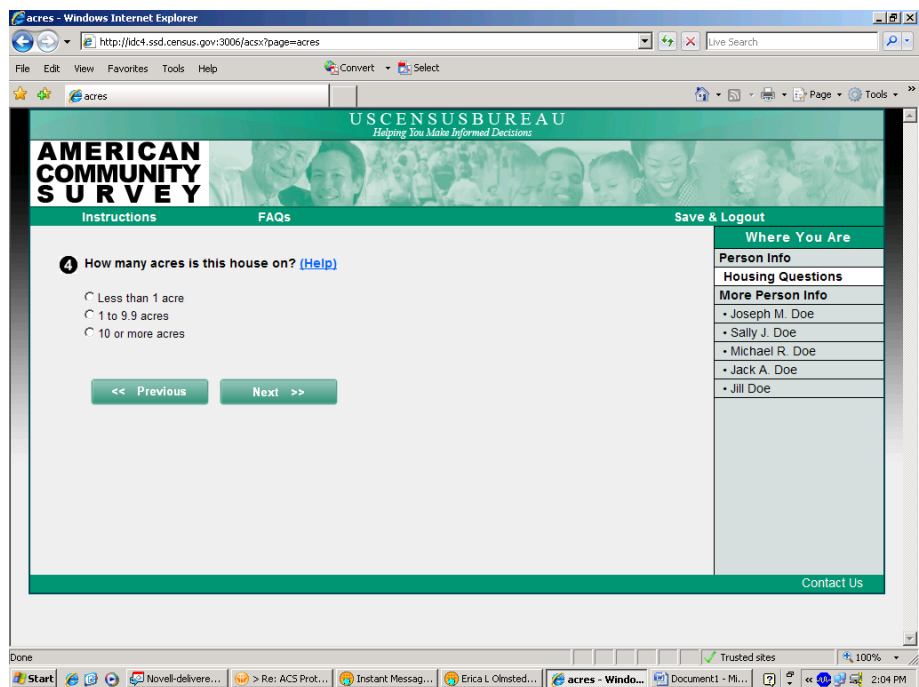
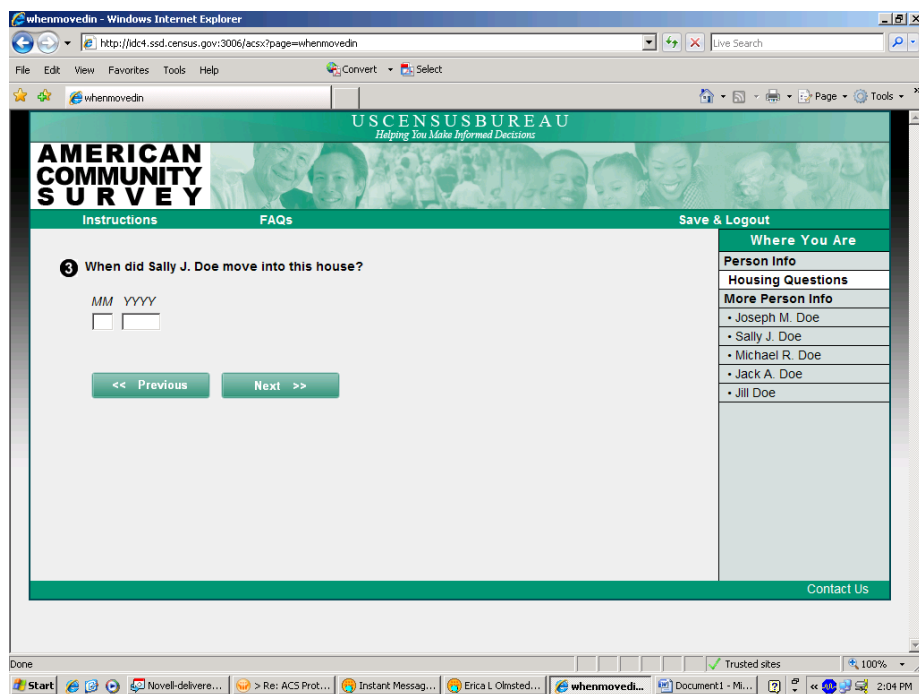












agrsales - Windows Internet Explorer

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**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

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**6** Is there a business (such as a store or barber shop) or a medical office on this property?  
[\[Help\]](#)

☐ Yes  
☐ No

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rooms - Windows Internet Explorer

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**7 a. How many separate rooms are in this house?** 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 were for sale or rent. If this is an efficiency/studio apartment, enter "0". ([Help](#))

Number of bedrooms

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**8 Does this house have -** ([Help](#))

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

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vehicles - Windows Internet Explorer

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vehicles

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9 How many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use by members of this household? ([Help](#))

☐ None  
☐ 1  
☐ 2  
☐ 3  
☐ 4  
☐ 5  
☐ 6 or more

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heatingfuel - Windows Internet Explorer

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heatingfuel

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10 Which FUEL is used MOST for heating this house? ([Help](#))

☐ 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

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elecpay - Windows Internet Explorer

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**11 a. Does anyone in this household pay for electricity? Select "Yes" if electricity and gas are billed together. (Help)**

☐ Yes  
☐ No

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elecamt - Windows Internet Explorer

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**11 a. Does anyone in this household pay for electricity? Select "Yes" if electricity and gas are billed together. (Help)**

☐ Yes  
☐ No

**LAST MONTH, what was the cost of electricity for this house? If electricity and gas are billed together, enter the combined amount here. (Help)**

Last month's cost - Dollars

\$  .00

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elecinc - Windows Internet Explorer

http://dc4.ssd.census.gov:3006/acsx?page=elecinc

File Edit View Favorites Tools Help Convert Select

elecinc

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**11 a. Does anyone in this household pay for electricity? Select "Yes" if electricity and gas are billed together. (Help)**

☐ Yes  
☐ No

**Are the electricity costs included in the rent or condominium fee or is there no charge for electricity?**

☐ Included in rent or condominium fee  
☐ No charge for electricity

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gaspay - Windows Internet Explorer

http://dc4.ssd.census.gov:3006/acsx?page=gaspay

File Edit View Favorites Tools Help Convert Select

gaspay

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**11 b. Does anyone in this household pay for gas? Select "No" if gas and electricity are billed together and you included the gas payment in the electricity question. (Help)**

☐ Yes  
☐ No

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gasuse - Windows Internet Explorer

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gasuse

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**11 b. Does this household use gas?**

☐ Yes  
☐ No

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gasamt - Windows Internet Explorer

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**11 b. Does anyone in this household pay for gas? Select "No" if gas and electricity are billed together and you included the gas payment in the electricity question. (Help)**

☐ Yes  
☐ No

LAST MONTH, what was the cost of gas for this house? (Help)

Last month's cost - Dollars

\$  .00

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gasinc - Windows Internet Explorer

http://jd44.ssd.census.gov:3006/acsx?page=gasinc

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gasinc

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**11 b. Does anyone in this household pay for gas? Select "No" if gas and electricity are billed together and you included the gas payment in the electricity question. (Help)**

☐ Yes

☐ No

**Are the gas costs included in the rent or condominium fee, or included in the electricity payment, or is there no charge for gas?**

☐ Included in rent or condominium fee

☐ Included with electricity payment

☐ No charge for gas

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waterpay

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**11 c. Does anyone in this household pay for water and sewer? (Help)**

☐ Yes

☐ No

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11 c. Does anyone in this household pay for water and sewer? [\(Help\)](#)

☐ Yes  
☐ No

IN THE PAST 12 MONTHS, what was the cost of water and sewer for this house? If you have lived there less than 12 months, estimate the cost. [\(Help\)](#)

Past 12 months' cost - Dollars

\$ .00

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11 c. Does anyone in this household pay for water and sewer? [\(Help\)](#)

☐ Yes  
☐ No

Are the water and sewer costs included in the rent or condominium fee or is there no charge for water and sewer?

☐ Included in rent or condominium fee  
☐ No charge for water and sewer

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d. Does this household use other fuels like oil, coal, kerosene, wood, or any other fuel?

☐ Yes

☐ No

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d. Does anyone in this household pay for other fuels like oil, coal, kerosene, wood, or any other fuel? [\(Help\)](#)

☐ Yes

☐ No

IN THE PAST 12 MONTHS, what was the cost of other fuels like oil, coal, kerosene, wood, or any other fuel for this house? If you have lived there less than 12 months, estimate the cost. [\(Help\)](#)

Past 12 months' cost - Dollars

\$ .00

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d. Does anyone in this household pay for other fuels like oil, coal, kerosene, wood, or any other fuel? [\(Help\)](#)

☐ Yes

☐ No

Are the costs of the other fuels like oil, coal, kerosene, wood, or any other fuel included in the rent or condominium fee, or is there no charge for other fuels?

☐ Included in rent or condominium fee

☐ No charge for other fuels

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IN THE PAST 12 MONTHS, did anyone in this household receive Food Stamps or a Food Stamp benefit card? Include government benefits from the Supplemental Nutrition Assistance Program (SNAP). Do NOT include WIC or the National School Lunch Program. [\(Help\)](#)

☐ Yes

☐ No

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Is this house part of a condominium? [\(Help\)](#)

☐ Yes

☐ No

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Is there a condominium fee? For renters, select "Yes" only if you pay the condominium fee in addition to your rent. Otherwise, select "No". [\(Help\)](#)

☐ Yes

☐ No

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Is this house -

[\(Help\)](#)

☐ 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?

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15 a. What is the monthly rent for this house? [\(Help\)](#)

Monthly amount - Dollars

\$  .00

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15 b. Does the monthly rent include any meals? [\(Help\)](#)

☐ Yes

☐ No

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16 About how much do you think this house and lot would sell for if it were for sale? (Help)

Amount - Dollars

\$ .00

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17 What are the annual real estate taxes on THIS property? (Help)

Annual amount - Dollars

\$ .00

OR

☐ None

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18 What is the annual payment for fire, hazard, and flood insurance on THIS property? [\(Help\)](#)

Annual amount - Dollars  
\$ .00  
OR  
☐ None

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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? [\(Help\)](#)

☐ Yes, mortgage, deed of trust, or similar debt  
☐ Yes, contract to purchase  
☐ No

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19 b. How much is the regular monthly mortgage payment on THIS property? Include payment only on FIRST mortgage or contract to purchase. If no regular payment required, enter "0".  
(Help)

Monthly amount - Dollars  
\$ .00

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19 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

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19 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

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20 a. Do you or any member of this household have a second mortgage or a home equity loan on THIS property? [\(Help\)](#)

☐ Yes, home equity loan  
☐ Yes, second mortgage  
☐ Yes, second mortgage and home equity loan  
☐ No

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20 b. How much is the regular monthly payment on all second or junior mortgages and all home equity loans on THIS property? If no regular payment required, enter "0". [\(Help\)](#)

Monthly amount - Dollars

\$ .00

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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. [\(Help\)](#)

Annual costs - Dollars

\$ .00

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The following questions are about everyone who is living or staying at 101 Main St, Unit Y.

First, create a list of people. Enter one person on each line. Leave any extra lines blank. Enter names until you have listed everyone who lives or stays there, then click Next. [\(Help\)](#)

First Name

MI

Last Name

Joseph

M

Doe

[Click here to add more people](#)

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The following questions are to make sure this list is as complete as possible.

Joseph M. Doe  
Sally J. Doe  
Michael R. Doe  
Jim Doe

Does anyone else live or stay there such as roommates, foster children, boarders, or live-in employees? [\(Help\)](#)

☐ Yes

☐ No

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➔ The following questions are to make sure this list is as complete as possible.

Joseph M. Doe  
Sally J. Doe  
Michael R. Doe  
Jim Doe

Does anyone else live or stay there such as roommates, foster children, boarders, or live-in employees? [\(Help\)](#)

☐ Yes  
☐ No

Enter the names and then click Next. Enter one person on each line. Leave any extra lines blank. [\(Help\)](#)

First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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➔ These are the people you have listed so far:

Joseph M. Doe  
Sally J. Doe  
Michael R. Doe  
Jim Doe  
Jack A. Doe  
Mark Smith

Is there anyone else staying there even for a short time, such as a friend or relative? Do not include overnight or weekend guests who have a residence somewhere else. [\(Help\)](#)

☐ Yes  
☐ No

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➡ These are the people you have listed so far:

Joseph M. Doe  
Sally J. Doe  
Michael R. Doe  
Jim Doe  
Jack A. Doe  
Mark Smith

Is there anyone else staying there even for a short time, such as a friend or relative? Do not include overnight or weekend guests who have a residence somewhere else. [\(Help\)](#)

☐ Yes  
☐ No

Enter the names and then click Next. Enter one person on each line. Leave any extra lines blank. [\(Help\)](#)

First NameMILast Name

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➡ The next questions are to help refine this list of names.

Joseph M. Doe  
Sally J. Doe  
Michael R. Doe  
Jim Doe  
Jack A. Doe  
Mark Smith  
Jill Doe

Are any of these people away NOW for more than two months, like college students living away at school or armed forces personnel living away? [\(Help\)](#)

☐ Yes  
☐ No

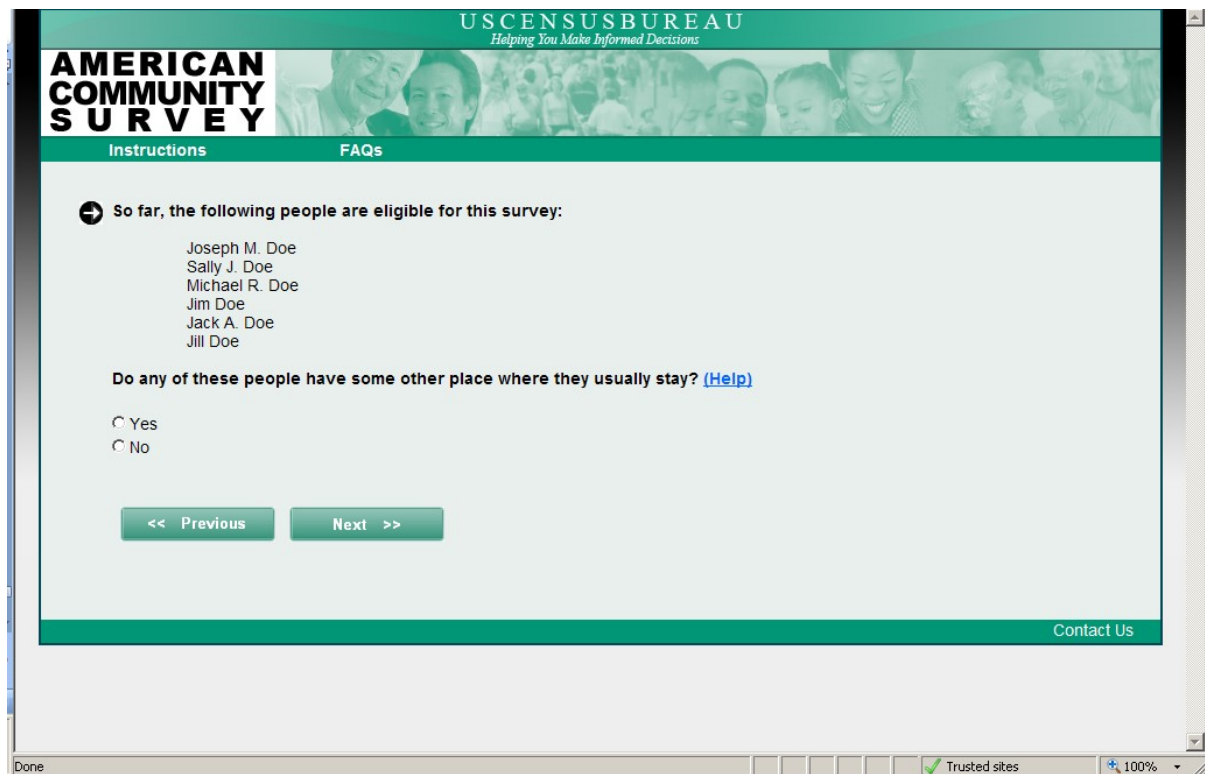
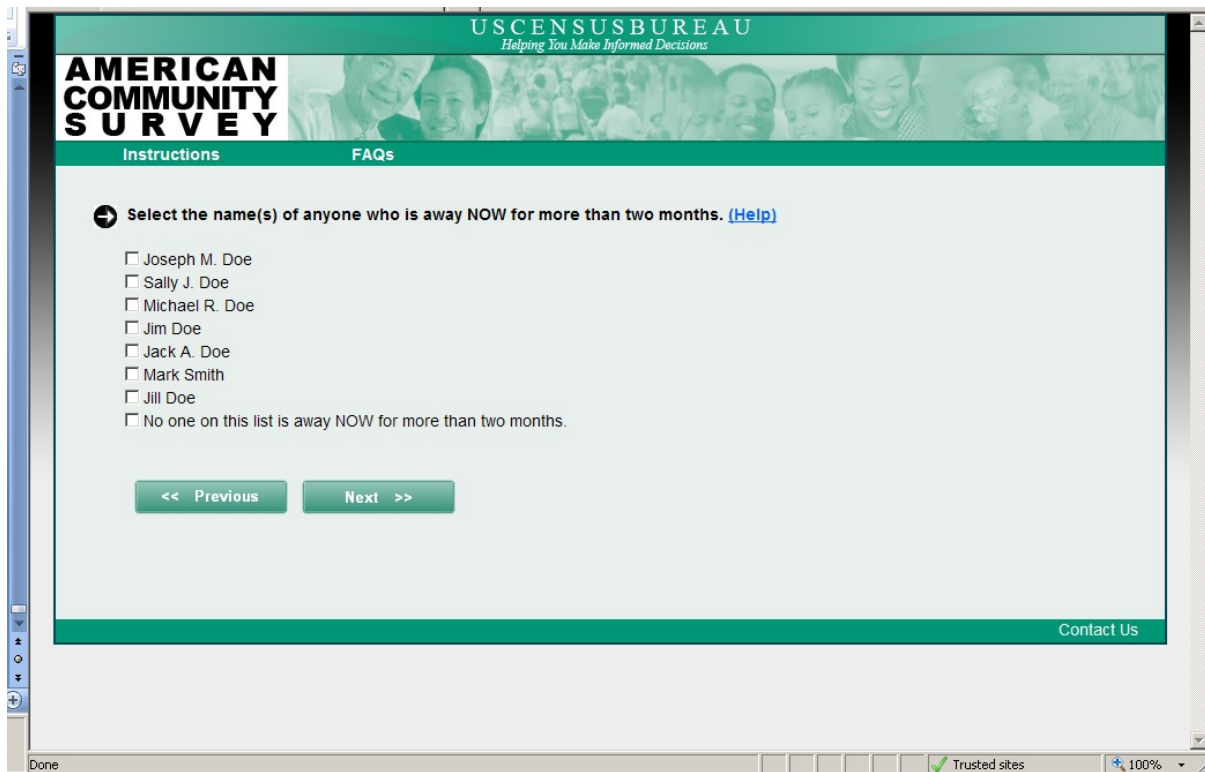
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➔

Select the name(s) of anyone who has another place where they usually stay. [\(Help\)](#)

☐ Joseph M. Doe

☐ Sally J. Doe

☐ Michael R. Doe

☐ Jim Doe

☐ Jack A. Doe

☐ Jill Doe

☐ No one on this list has another place where they usually stay.

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➔

Is Jim Doe staying at 101 Main St, Unit Y for MORE than two months? [\(Help\)](#)

☐ Yes

☐ No

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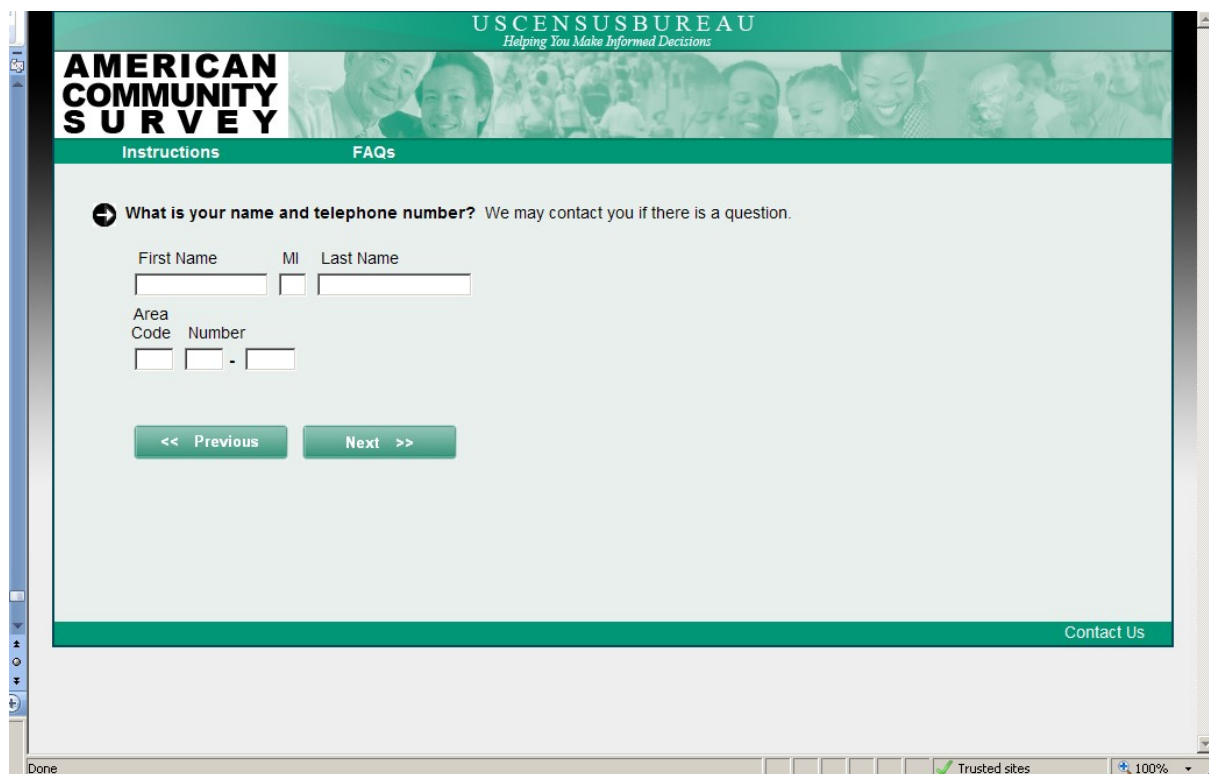
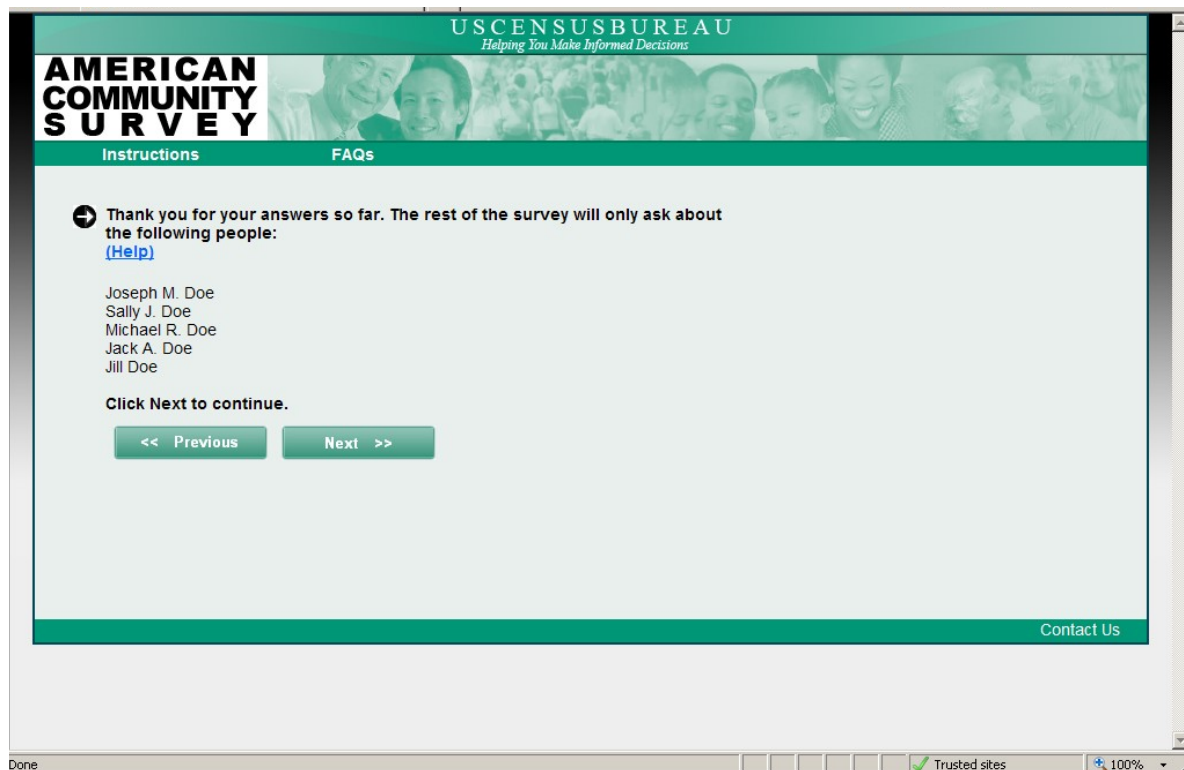
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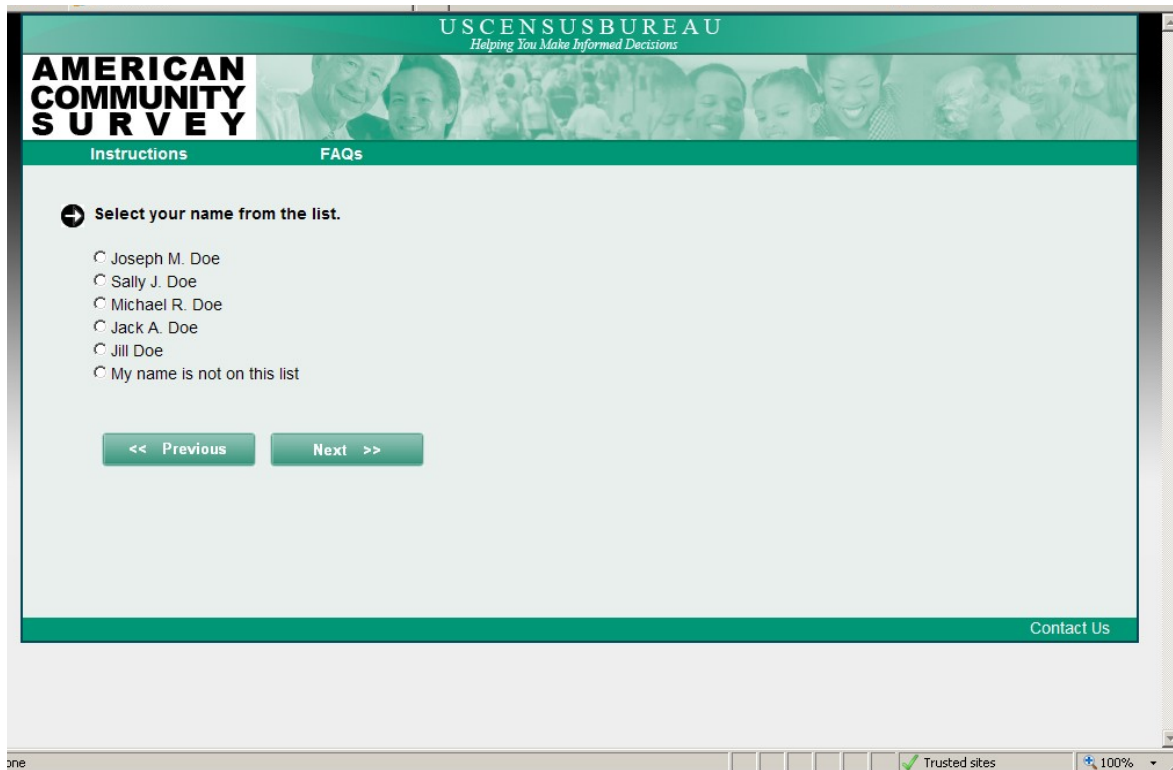
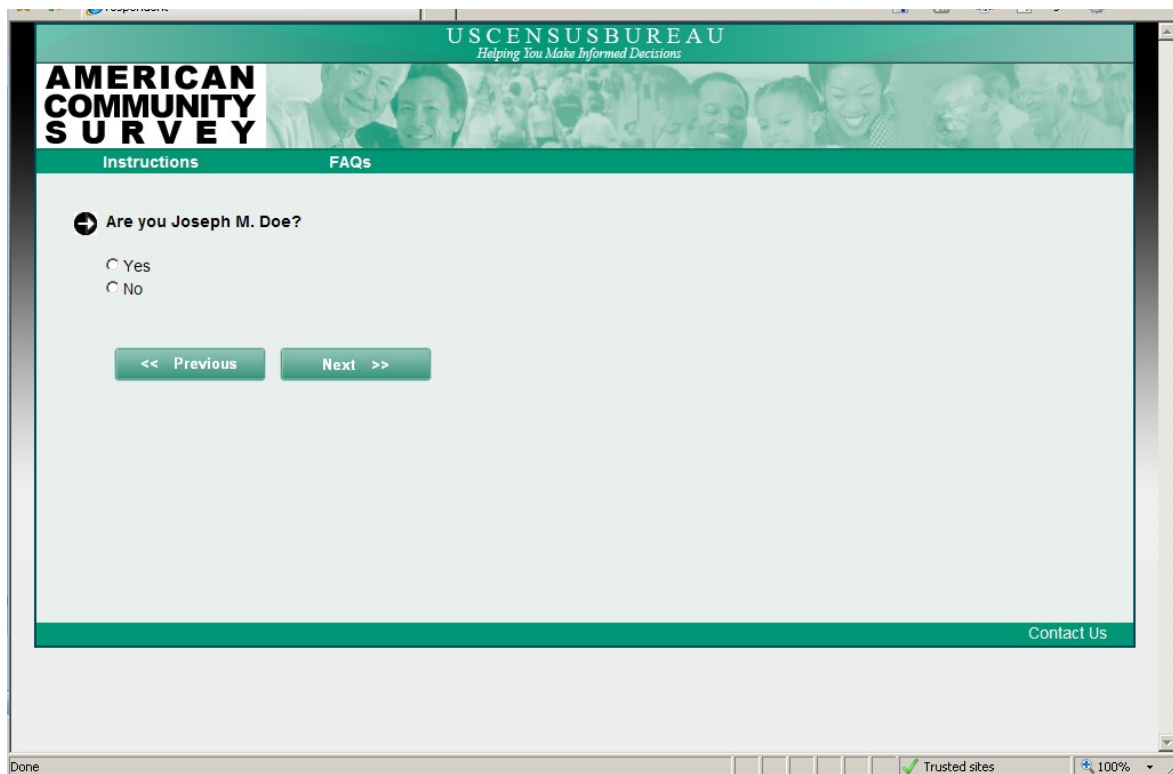
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 What is your telephone number? We may contact you if there is a question.

Area  
Code

Number

-

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http://idc4.ssd.census.gov:3006/acsx?page=phone


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 Of the people listed, who owns or rents this place? If the person who owns or pays rent on this place does NOT live here, choose any adult living or staying here.

☐ Joseph M. Doe

☐ Sally J. Doe

☐ Michael R. Doe

☐ Jack A. Doe

☐ Jill Doe

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dateofbirth

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**4** What is Sally J. Doe's date of birth and what is Sally J. Doe's age? Please report babies as age 0 when the child is less than 1 year old. [\(Help\)](#)

MM DD YYYY  
 /  /

Verify or enter correct age.

Age (in years)

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dateofbirth\_error

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**!** Please check the date of birth.

- Please enter a day between 01 and 31.
- Please enter a year between 1884 and 2010.

Please enter an age between 0 and 125. If you do not know the exact age, provide an estimate.

**4** What is Sally J. Doe's date of birth and what is Sally J. Doe's age? Please report babies as age 0 when the child is less than 1 year old. [\(Help\)](#)

MM DD YYYY  
 /  /

Verify or enter correct age.

Age (in years)

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5

Is Sally J. Doe of Hispanic, Latino, or Spanish origin? [\(Help\)](#)

☐ 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 - Enter origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.

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What is Sally J. Doe's race? Select one or more boxes. For this survey, Hispanic origins are not races. [\(Help\)](#)

☐ White

☐ Black, African Am., or Negro

☐ American Indian or Alaska Native - Enter name of enrolled or principal tribe.

☐ Asian Indian

☐ Chinese

☐ Filipino

☐ Japanese

☐ Korean

☐ Vietnamese

☐ Other Asian - Enter race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.

☐ Native Hawaiian

☐ Guamanian or Chamorro

☐ Samoan

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**Please enter a specific response in the spaces below the boxes checked.**

**6 What is Sally J. Doe's race?** *Select one or more boxes. For this survey, Hispanic origins are not races.* [\(Help\)](#)

☐ White

☐ Black, African Am., or Negro

☐ American Indian or Alaska Native - *Enter name of enrolled or principal tribe.*

☐ Asian Indian

☐ Chinese

☐ Filipino

☐ Japanese

☐ Korean

☐ Vietnamese

☐ Other Asian - *Enter race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.*

☐ Native Hawaiian

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**The following series of questions refer to Sally J. Doe.**

**7 Where was Sally J. Doe born?** [\(Help\)](#)

☐ In the United States - *Select name of state.*

☐ Outside the United States - *Enter name of foreign country, or Puerto Rico, Guam, etc.*

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Please select this person's state of birth.

The following series of questions refer to Sally J. Doe.

7

Where was Sally J. Doe born? [\(Help\)](#)

☐ In the United States - Select name of state.

Select Name

☐ Outside the United States - Enter name of foreign country, or Puerto Rico, Guam, etc.

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8

Is Sally J. Doe a citizen of the United States? [\(Help\)](#)

☐ Yes, born in the United States

☐ 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 - Enter year of naturalization

☐ No, not a U.S. citizen

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9 When did Sally J. Doe come to live in the United States? [\(Help\)](#)

YYYY

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10 a. At any time IN THE LAST 3 MONTHS, has Sally J. Doe 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.* [\(Help\)](#)

☐ No, has not attended in the last 3 months  
☐ Yes, public school, public college  
☐ Yes, private school, private college, home school

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10 b. What grade or level was Sally J. Doe attending? [\(Help\)](#)

☐ 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)

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12 This question focuses on Sally J. Doe's BACHELOR'S DEGREE. Please enter the specific major(s) of any BACHELOR'S DEGREES Sally J. Doe has received. (For example: chemical engineering, elementary teacher education, organizational psychology) [\(Help\)](#)

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14 c. How well does Sally J. Doe speak English?

☐ Very well

☐ Well

☐ Not well

☐ Not at all

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15 a. Did Sally J. Doe live in this house 1 year ago? [\(Help\)](#)

☐ Yes, this house

☐ No, outside the United States and Puerto Rico - Enter name of foreign country, or U.S. Virgin Islands, Guam, etc., below.

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

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b. Where did Sally J. Doe live 1 year ago? [\(Help\)](#)

☐ Same address as Joseph M. Doe

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  

Select Name

ZIP Code

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What is the highest degree or level of school Sally J. Doe has COMPLETED? *If currently enrolled, select the previous grade or highest degree received.* [\(Help\)](#)

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)*

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13 What is Sally J. Doe's ancestry or ethnic origin? [\(Help\)](#)

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

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14 a. Does Sally J. Doe speak a language other than English at home? [\(Help\)](#)

☐ Yes

☐ No

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**14** a. Does Sally J. Doe speak a language other than English at home? [\(Help\)](#)

☐ Yes

☐ No

b. What is this language? [\(Help\)](#)

For example: Korean, Italian, Spanish, Vietnamese

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**16** Are you CURRENTLY covered by any of the following types of health insurance or health coverage plans?

Select "Yes" or "No" for EACH type of coverage in items a - h. [\(Help\)](#)

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

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a. Is Sally J. Doe deaf or does she have serious difficulty hearing?

☐ Yes

☐ No

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b. Is Sally J. Doe blind or does she have serious difficulty seeing even when wearing glasses?

☐ Yes

☐ No

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18 a. Because of a physical, mental, or emotional condition, does Sally J. Doe have serious difficulty concentrating, remembering, or making decisions?

☐ Yes  
☐ No

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http://idc4.ssd.census.gov:3006/acsx?page=difficultyconcent

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18 b. Does Sally J. Doe have serious difficulty walking or climbing stairs?

☐ Yes  
☐ No

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18 c. Does Sally J. Doe have difficulty dressing or bathing?

☐ Yes  
☐ No

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19 Because of a physical, mental, or emotional condition, does Sally J. Doe have difficulty doing errands alone such as visiting a doctor's office or shopping?

☐ Yes  
☐ No

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**20** What is Sally J. Doe's marital status? ([Help](#))

☐ Now married  
☐ Widowed  
☐ Divorced  
☐ Separated  
☐ Never married

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**21** a. In the PAST 12 MONTHS, did Sally J. Doe get married?

☐ Yes  
☐ No

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21 b. In the PAST 12 MONTHS, did Sally J. Doe become a widow?

☐ Yes  
☐ No

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21 c. In the PAST 12 MONTHS, did Sally J. Doe get divorced?

☐ Yes  
☐ No

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numberofmarriages

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22 How many times has Sally J. Doe been married? ([Help](#))

☐ Once  
☐ Two times  
☐ Three or more times

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yearofmarriage

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23 In what year did Sally J. Doe last get married? ([Help](#))

YYYY

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24 Has Sally J. Doe given birth to any children in the past 12 months? [\(Help\)](#)

☐ Yes  
☐ No

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25 a. Does Sally J. Doe have any of her own grandchildren under the age of 18 living in this house?

☐ Yes  
☐ No

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Has Sally J. Doe 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. [\(Help\)](#)

☐ 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

☐ No, never served in the military

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When did Sally J. Doe serve on active duty in the U.S. Armed Forces? Select EACH period in which Sally J. Doe 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

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28 a. Does Sally J. Doe have a VA service-connected disability rating?

☐ Yes (such as 0%, 10%, 20%, ..., 100%)  
☐ No

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28 b. What is Sally J. Doe's service-connected disability rating? [\(Help\)](#)

☐ 0 percent  
☐ 10 or 20 percent  
☐ 30 or 40 percent  
☐ 50 or 60 percent  
☐ 70 percent or higher

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29 a. LAST WEEK, did Sally J. Doe work for pay at a job (or business)? [\(Help\)](#)

☐ Yes  
☐ No - Did not work (or retired)

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29 b. LAST WEEK, did Sally J. Doe do ANY work for pay, even for as little as one hour? [\(Help\)](#)

☐ Yes  
☐ No

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**30** At what location did Sally J. Doe work LAST WEEK? If Sally J. Doe worked at more than one location, enter where she worked most last week. ([Help](#))

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

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**31** How did Sally J. Doe usually get to work LAST WEEK? If Sally J. Doe usually used more than one method of transportation during the trip, select the one used for most of the distance. ([Help](#))

☐ Car, truck, or van  
☐ Bus or trolley bus  
☐ Streetcar or trolley car  
☐ Subway or elevated  
☐ Railroad  
☐ Ferryboat  
☐ Taxicab  
☐ Motorcycle  
☐ Bicycle  
☐ Walked  
☐ Worked at home  
☐ Other method

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32 How many people, including Sally J. Doe, usually rode to work in the car, truck, or van LAST WEEK? (Help)

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33 What time did Sally J. Doe usually leave home to go to work LAST WEEK? (Help)

Hour Minute a.m. p.m.  
 :  ☐ ☐

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34 How many minutes did it usually take Sally J. Doe to get from home to work LAST WEEK? [\(Help\)](#)

Minutes

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35 a. LAST WEEK, was Sally J. Doe on layoff from a job? [\(Help\)](#)

☐ Yes

☐ No

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b. LAST WEEK, was Sally J. Doe TEMPORARILY absent from a job or business? [\(Help\)](#)

☐ Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc.

☐ No

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c. Has Sally J. Doe been informed that she will be recalled to work within the next 6 months OR been given a date to return to work? [\(Help\)](#)

☐ Yes

☐ No

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http://idc4.ssd.census.gov:3006/work.html

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activelookforwork

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36 During the LAST 4 WEEKS, has Sally J. Doe been ACTIVELY looking for work? ([Help](#))

☐ Yes  
☐ No

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37 LAST WEEK, could Sally J. Doe have started a job if offered one, or returned to work if recalled? ([Help](#))

☐ Yes, could have gone to work  
☐ No, because of own temporary illness  
☐ No, because of all other reasons (in school, etc.)

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lastworked

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38 When did Sally J. Doe last work, even for a few days? ([Help](#))

☐ Within the past 12 months  
☐ 1 to 5 years ago  
☐ Over 5 years ago or never worked

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fiftytwo weeks

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39 a. During the PAST 12 MONTHS (52 weeks), did Sally J. Doe work 50 or more weeks? Count paid time off as work. ([Help](#))

☐ Yes  
☐ No

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b. How many weeks DID Sally J. Doe 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

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During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did Sally J. Doe usually work each WEEK? [\(Help\)](#)

Usual hours worked each WEEK

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The next series of questions are about the type of business Sally J. Doe worked for and the type of work that she did. Describe clearly Sally J. Doe's chief job activity or business last week. If Sally J. Doe had more than one job, describe the one at which she worked the most hours. If Sally J. Doe had no job or business last week, give information for her last job or business.

Was Sally J Doe --  
([Help](#))

☐ 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?

☐ an ACTIVE DUTY U.S. Armed Forces member?

☐ a Federal GOVERNMENT employee (excluding active duty military)?

☐ 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?

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Which branch of the Armed Forces does Sally J. Doe work for? ([Help](#))

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43 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)  
(Help)

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44 Is this business mainly -  
(Help)

☐ manufacturing?

☐ wholesale trade?

☐ retail trade?

☐ other (agriculture, construction, service, government, etc.)?

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45 What kind of work was Sally J. Doe doing at this job? (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant) (Help)

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f. Did Sally J. Doe receive any public assistance or welfare payments from the state or local welfare office during the PAST 12 MONTHS? [\(Help\)](#)

☐ Yes

☐ No

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f. Did Sally J. Doe receive any public assistance or welfare payments from the state or local welfare office during the PAST 12 MONTHS? [\(Help\)](#)

☐ Yes

☐ No

What was the amount? [\(Help\)](#)

TOTAL AMOUNT for  
past 12 months

\$ .00

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47 g. Did Sally J. Doe receive any retirement, survivor, or disability pensions during the PAST 12 MONTHS? Do NOT include Social Security. [\(Help\)](#)

☐ Yes  
☐ No

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47 g. Did Sally J. Doe receive any retirement, survivor, or disability pensions during the PAST 12 MONTHS? Do NOT include Social Security. [\(Help\)](#)

☐ Yes  
☐ No

What was the amount? [\(Help\)](#)

TOTAL AMOUNT for  
past 12 months

\$ .00

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h. Did Sally J. Doe receive income on a **REGULAR** basis from any other sources such as Veterans' Administration (VA) payments, unemployment compensation, child support or alimony during the **PAST 12 MONTHS**? Do **NOT** include lump sum payments such as money from an inheritance or the sale of a home. [\(Help\)](#)

☐ Yes

☐ No

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h. Did Sally J. Doe receive income on a **REGULAR** basis from any other sources such as Veterans' Administration (VA) payments, unemployment compensation, child support or alimony during the **PAST 12 MONTHS**? Do **NOT** include lump sum payments such as money from an inheritance or the sale of a home. [\(Help\)](#)

☐ Yes

☐ No

What was the amount? [\(Help\)](#)

TOTAL AMOUNT for  
past 12 months

\$ .00

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48 What is your best estimate of the total income Sally J. Doe received from all sources during the PAST 12 MONTHS?

If net income was a loss, enter the amount and select "Loss."

TOTAL AMOUNT for  
past 12 months

\$ .00

☐ Loss

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48 What is your best estimate of the total income Sally J. Doe received from all sources during the PAST 12 MONTHS?

If net income was a loss, enter the amount and select "Loss."

TOTAL AMOUNT for  
past 12 months

\$ .00

☐ Loss

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• Joseph M. Doe

• Sally J. Doe

• Michael R. Doe

• Jack A. Doe

• Jill Doe

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48 What was Sally J. Doe's total income during the PAST 12 MONTHS?

If net income was a loss, enter the amount and select "Loss."

☐ None

OR

TOTAL AMOUNT for  
past 12 months

\$ .00

☐ Loss

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# AMERICAN COMMUNITY SURVEY

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48 According to our calculations, Sally J. Doe received \$25,000 from all income sources during the PAST 12 MONTHS. Is this correct?

☐ Yes  
☐ No

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# AMERICAN COMMUNITY SURVEY

Instructions FAQs

➔ The Census Bureau needs to collect information about:

101 Main Street  
Unit Y  
Census town, MD 20000

Because you indicated that you are not completing the American Community Survey for that address, we do not need any further information at this time. You do not have to return the questionnaire to the Census Bureau.

In case we have to contact you at a later date to gather more information, please enter your name and telephone number below.

Thank you.

First Name MI Last Name  
[ ] [ ] [ ]

Area Code Number  
[ ] - [ ] - [ ]

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47g. Did Sally J. Doe receive any retirement, survivor, or disability pensions during the PAST 12 MONTHS? Do NOT include Social Security. [\(Help\)](#)

☐ Yes  
☐ No

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InstructionsFAQs

Some questions were left blank. Please make a selection below to answer skipped questions.

Housing Questions

Person Info

• Sally J. Doe

• Michael R. Doe

• Jill Doe

[Answer Now](#)

[Answer Now](#)

[Answer Now](#)

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47 e. Did Sally J. Doe receive any Supplemental Security Income (SSI) payments during the PAST 12 MONTHS? [\(Help\)](#)

☐ Yes

☐ No

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