

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

THE American Community Survey

Start Here

Respond online today at: https://respond.census.gov/acs

OR

Complete this form and mail it back as soon as possible.

This form asks for information about the people who are living or staying at the address on the mailing label and about the house, apartment, or mobile home located at the address on the mailing label.



If you need help or have questions about completing this form, please call 1-800-354-7271.

The telephone call is free.

Telephone Device for the Deaf (TDD): Call 1–800–582–8330. The telephone call is free.

¿NECESITA AYUDA? Si usted habla español y necesita ayuda para completar su cuestionario, llame sin cargo alguno al 1-877-833-5625. Usted también puede completar su entrevista por teléfono con un entrevistador que habla español. O puede responder por Internet en: https://respond.census.gov/acs

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

Month Day	Year			
Please print t				
person who i you if there is		t this fo	rm. We ma	y contact
Last Name	a question.			
First Name				
Area Code + N	lumber			
1.50 5505				
How many pe	•	_	, .	
 INCLUDE even more than 2 		is living	or staying h	ere for
• INCLUDE yo		are livin	g here for m	ore than
2 months.INCLUDE ar	vone else st	avina he	re who does	not have
another place				
or less. DO NOT INC	I LIDE anvo	ne who i	e livina eom	awhara als
for more than	n 2 months, s	such as a	college stud	dent living
away or som	eone in the A	Armed Fo	rces on dep	loyment.
Number of pe	ople			

OMB No. 0607-0936 Approval Expires 12/31/2012

FORM **ACS-1(X)QD85** (07-19-2012) Draft 10

Person 1	Person 2		
(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	What is Person 2's name? Last Name (Please print) First Name MI		
of any adult living or staying here.)	Mark (X) ONE box.		
1 What is Person 1's name? Last Name (Please print) First Name MI 2 How is this person related to Person 1? Mark (X) ONE box.	date of birth? Please report babies as age 0 when the child is less than 1 year old. Print numbers in boxes. Age (in years) Month Day Year of birth NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races. Is Person 2 of Hispanic, Latino, or Spanish origin No, not of Hispanic, Latino, or Spanish origin Yes, Mexican, Mexican Am., Chicano Yes, Puerto Rican Yes, Cuban Yes, another Hispanic, Latino, or Spanish origin − Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on. Possible of the children in the children is print origin − Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on. Possible of the children is print origin − Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on. Possible of the children is print origin − Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on. Possible of the children is print origin − Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on. Possible of the children is print origin − Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on. Possible of the children is print origin − Print origin ← Print		
☐ American Indian or Alaska Native – Print name of enrolled or principal tribe.	American Indian or Alaska Native – Print name of enrolled or principal tribe.		
Asian Indian Chinese Korean Filipino Vietnamese Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.	Asian Indian Chinese Korean Filipino Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.		
☐ Some other race – Print race. 承	Some other race – Print race. 📈		

Person 3		Person 4		
What is Person 3's name? Last Name (Please print) Fin	rst Name MI	What is Person 4's name? Last Name (Please print) First Name MI		
How is this person related to Mark (X) ONE box.	Person 1?	How is this person related to Person 1? Mark (X) ONE box.		
Husband or wife Biological son or daughter Adopted son or daughter Stepson or stepdaughter Brother or sister Father or mother Grandchild Parent-in-law What is Person 3's sex? Mark Male Female What is Person 3's age and w date of birth? Please report ba child is less than 1 year old.	what is Person 3's abies as age 0 when the int numbers in boxes.	Husband or wife Biological son or daughter Adopted son or daughter Stepson or stepdaughter Brother or sister Father or mother Grandchild Parent-in-law What is Person 4's sex? Mark (X) ONE box. Male Female What is Person 4's age and what is Person 4's date of birth? Please report babies as age 0 when the child is less than 1 year old. Print numbers in boxes. Age (in years) Month Day Year of birth		
survey, Hispanic origins are not ls Person 3 of Hispanic, Latin No, not of Hispanic, Latino, of Yes, Mexican, Mexican Am., Yes, Puerto Rican Yes, Cuban Yes, another Hispanic, Latino Print origin, for example, Argenti Nicaraguan, Salvadoran, Spaniar	no, or Spanish origin? or Spanish origin Chicano o, or Spanish origin – inean, Colombian, Dominican,	survey, Hispanic origins are not races. Is Person 4 of Hispanic, Latino, or Spanish origin? No, not of Hispanic, Latino, or Spanish origin Yes, Mexican, Mexican Am., Chicano Yes, Puerto Rican Yes, Cuban Yes, another Hispanic, Latino, or Spanish origin – Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.		
What is Person 3's race? Mark White Black, African Am., or Negro American Indian or Alaska Na enrolled or principal tribe. □		What is Person 4's race? Mark (X) one or more boxes. White Black, African Am., or Negro American Indian or Alaska Native – Print name of enrolled or principal tribe.		
Asian Indian Japane Chinese Korean Filipino Vietnar Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.	Guamanian or Chamorro	Asian Indian Chinese Korean Guamanian or Chamorro Samoan Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.		
Some other race – Print race.	. 7	Some other race – Print race.		

Person 5 What is Person 5's name? Last Name (Please print) First Name	If there are more than five people living or staying here, print their names in the spaces for Person 6 through Person 12. We may call you for more information about them.
	Person 6
How is this person related to Person 1? Mark (X) ONE box.	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 Roomer or boarder Housemate or roomm Unmarried partner Foster child Other nonrelative	Sex Male Female Age (in years) Person 7 Last Name (Please print) First Name MI
What is Person 5's sex? Mark (X) ONE box.	
☐ Male ☐ Female	Sex Male Female Age (in years)
What is Person 5's age and what is Person 5's date of birth? Please report babies as age 0 when the child is less than 1 year old.	Person 8
Age (in years) Print numbers in boxes. Month Day Year of birth	Last Name (Please print) First Name MI
NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races.	Sex Male Female Age (in years)
Is Person 5 of Hispanic, Latino, or Spanish origin? No, not of Hispanic, Latino, or Spanish origin Yes, Mexican, Mexican Am., Chicano Yes, Puerto Rican	Person 9 Last Name (Please print) First Name MI
Yes, Cuban Yes, another Hispanic, Latino, or Spanish origin – Print origin, for example, Argentinean, Colombian, Dominican Nicaraguan, Salvadoran, Spaniard, and so on.	Sex Male Female Age (in years)
What is Person 5's race? Mark (X) one or more boxes. White	Person 10 Last Name (Please print) First Name MI
 □ Black, African Am., or Negro □ American Indian or Alaska Native – Print name of enrolled or principal tribe. 	Sex Male Female Age (in years)
☐ Asian Indian ☐ Japanese ☐ Native Hawai ☐ Chinese ☐ Korean ☐ Guamanian o	
Filipino Other Asian – Print race, for example, Hmong, Laotian, Thai, Vietnamese Samoan Other Pacific Islander – Print race, for example	
Pakistani, Cambodian, Fijian, Tongan, and so on.	Person 12 Last Name (Please print) First Name MI
Some other race – <i>Print race.</i>	
	Sex Male Female Age (in years)

Housing

Please answer the following questions about the house, apartment, or mobile home at the address on the mailing label.	Answer questions 4 – 6 if this is a HOUSE OR A MOBILE HOME; otherwise, SKIP to question 7a.
Mhich 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 Boat, RV, van, etc. About when was this building first built? 2000 or later - Specify year 1990 to 1999 1980 to 1989 1970 to 1979 1960 to 1969 1950 to 1959 1940 to 1949 1939 or earlier When did PERSON 1 (listed on page 2) move into this house, apartment, or mobile home? Month Year	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 10 or more acres 10 or more acres 10 or more acres 10 or more acres 10 or more acres 10 or more acres 10 or more acres 10 or more acres 10 or more acres 10 or more acres 10 or more acres 10 or more acres 10 or more acres 10 or more acres 10 or more acres 10 or more acres 10 or more acres



Housing (continued)

Does this house, apartment, or mo	bile h	ome	12	
have –	Yes	No	T	one-ton capacity or less are kept at home for use by members of this household?
a. hot and cold running water?				None
b. a flush toilet?				□ 1
c. a bathtub or shower?				_ 2
d. a sink with a faucet?	П			□ 3
e. a stove or range?				□ 4
_				5
f. a refrigerator?	Ш			6 or more
g. telephone service from which you can both make and receive calls? <i>Include cell phones.</i>			13	Which FUEL is used MOST for heating this house, apartment, or mobile home?
At this house, apartment, or mobile do you or any member of this hous own or use any of the following co	ehold	l		Gas: from underground pipes serving the neighborhood
EXCLUDE GPS devices, digital mus	•			Gas: bottled, tank, or LP
devices with only limited computing for example: household appliances.	g capa	bilities,		☐ Electricity
· · · · · · · · · · · · · · · · · · ·	Yes	No		Fuel oil, kerosene, etc.
a. Desktop, laptop, netbook, or notebook computer				Coal or coke
b. Handheld computer,				Wood
smart mobile phone, or other handheld wireless computer				Solar energy
c. Some other type of computer	П			Other fuel No fuel used
Specify 🗸				
			14	a. LAST MONTH, what was the cost of electricity
				for this house, apartment, or mobile home? Last month's cost – Dollars
At this house, apartment, or mobil do you or any member of this hous				Last Month's Cost – Donars
the Internet?	enoiu	access		\$.00
Yes, with a subscription to an Inte	rnet s	ervice		OR
Yes, without a subscription to an				Included in rent or condominium fee
service → SKIP to question 12				No charge or electricity not used
 No Internet access at this house, a or mobile home → SKIP to question 	apartm	nent,		
of mobile nome 7 3Kii to questio)II 12			b. LAST MONTH, what was the cost of gas for th house, apartment, or mobile home?
At this house, apartment, or mobil				Last month's cost – Dollars
do you or any member of this hous subscribe to the Internet using –				\$.00
_	Yes	No		,
a. Dial-up service?		Ш		OR
b. DSL service?				Included in rent or condominium fee
c. Cable modem service?				☐ Included in electricity payment entered above
d. Fiber-optic service?				No charge or gas not used
e. Mobile broadband plan for a computer or a cell phone?				
f. Satellite Internet service?				
g. Some other service? Specify service				

Housing (continued)

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.	Is this house, apartment, or mobile home – Mark (X) ONE box.
Past 12 months' cost – <i>Dollars</i>	Owned by you or someone in this household with a mortgage or loan? <i>Include home</i> equity loans.
\$.00	Owned by you or someone in this household free and clear (without a mortgage or loan)?
OR	☐ Rented?
☐ Included in rent or condominium fee	☐ Occupied without payment of rent? → SKIP to C
☐ 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.	Answer questions 18a and b if this house, apartment, or mobile home is RENTED. Otherwise, SKIP to question 19.
Past 12 months' cost – Dollars	a. What is the monthly rent for this house, apartment, or mobile home?
\$.00	Monthly amount – <i>Dollars</i>
OR	\$.00
Included in rent or condominium fee	
No charge or these fuels not used	b. Does the monthly rent include any meals?
IN THE PAST 12 MONTHS, did you or any member of this household receive benefits from	☐ Yes ☐ No
the Food Stamp Program or SNAP (the Supplemental Nutrition Assistance Program)?	1 10 00 11
Do NOT include WIC, the School Lunch Program, or assistance from food banks.	C Answer questions 19 – 23 if you or any member of this household OWNS or IS BUYING this
Yes	house, apartment, or mobile home. Otherwise, SKIP to E on the next page.
□ No	
	About how much do you think this house and lot
Is this house, apartment, or mobile home part of a condominium?	apartment, or mobile home (and lot, if owned) would sell for if it were for sale?
Yes → What is the monthly condominium fee?	Amount – <i>Dollars</i>
For renters, answer only if you pay the condominium fee in addition to your rent; otherwise, mark the "None" box.	\$,
Monthly amount – Dollars	What are the annual real estate taxes on THIS property?
\$.00	Annual amount – Dollars
OR	\$.00
None	OR
	None
No	
∐ No	What is the annual payment for fire, hazard, and flood insurance on THIS property?
L No	What is the annual payment for fire, hazard, and flood insurance on THIS property? Annual amount – Dollars
□ No	flood insurance on THIS property?
No	flood insurance on THIS property? Annual amount – Dollars

Housing (continued)

purchase, or similar debt on THIS property?	Answer question 24 if this is a MOBILE HOME. Otherwise, SKIP to E .
Yes, mortgage, deed of trust, or similar debt	
Yes, contract to purchase	
☐ No → SKIP to question 23a	What are the total annual costs for personal property taxes, site rent, registration fees, and
b. How much is the regular monthly mortgage payment on THIS property? Include payment only on FIRST mortgage or contract to purchase. Monthly amount – Dollars OR No regular payment required → SKIP to question 23a	license fees on THIS mobile home and its site? Exclude real estate taxes. Annual costs – Dollars .00
c. Does the regular monthly mortgage payment include payments for real estate taxes on THIS property?	Answer questions about PERSON 1 on the next page if you listed at least one person on page 2. Otherwise, SKIP to page 44 for the mailing instructions.
Yes, taxes included in mortgage payment	
No, taxes paid separately or taxes not required	
d. Does the regular monthly mortgage payment include payments for fire, hazard, or flood insurance on THIS property?	
Yes, insurance included in mortgage payment	
No, insurance paid separately or no insurance	
a. Do you or any member of this household have a second mortgage or a home equity loan on THIS property? ☐ Yes, home equity loan ☐ Yes, second mortgage ☐ Yes, second mortgage and home equity loan ☐ No → SKIP to □	
b. How much is the regular monthly payment on all second or junior mortgages and all home equity loans on THIS property?	
Monthly amount – <i>Dollars</i>	
\$.00	
OR	
☐ No regular payment required	
□ No regular payment required	

Person 1

Last Name	nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.
First Name MI	No, has not attended in the last 3 months → SKIP to question 13
	Yes, public school, public college
	Yes, private school, private college, home school
Where was this person born?	b. What grade or level was this person attending Mark (X) ONE box.
☐ In the United States – Print name of state.	☐ Nursery school, preschool
	Kindergarten
	Grade 1 through 12 - Specify
Untside the United States – Print name of foreign country, or Puerto Rico, Guam, etc.	grade 1 – 12 –
dodnity, or rubito riibo, duam, etc.	K
	College undergraduate years (freshman to senior)
Is this person a citizen of the United States?	Graduate or professional school beyond a bachelor's degree (for example: MA or PhD
Yes, born in the United States → SKIP to question 10a	program, or medical or law school)
Yes, born in Puerto Rico, Guam, the U.S. Virgin	What is the highest degree or level of school th
Islands, or Northern Marianas Yes, born abroad of U.S. citizen parent or parents	person has COMPLETED? Mark (X) ONE box.
Yes, U.S. citizen by naturalization – <i>Print year</i>	If currently enrolled, mark the previous grade or highest degree received.
of naturalization —	NO SCHOOLING COMPLETED
<u> </u>	☐ No schooling completed
	NURSERY OR PRESCHOOL THROUGH GRADE 12
No, not a U.S. citizen	Nursery school
	☐ Kindergarten
	☐ Grade 1 through 11 – Specify
When did this person come to live in the United States? Print numbers in boxes.	grade 1 – 11 –
Year	
	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)

Answer question 12 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 13.	a. Did this person live in this house or apartment 1 year ago?
	☐ Person is under 1 year old → SKIP to question 16
This was at its factor of the same of	Yes, this house → SKIP to question 16
This question focuses on this person's BACHELOR'S DEGREE. Please print below the specific major(s) of any BACHELOR'S DEGREES this person has received. (For example: chemical engineering, elementary teacher education, organizational psychology)	No, outside the United States and Puerto Rico – Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 16
	No, different house in the United States or Puerto Rico
	b. Where did this person live 1 year ago?
	Address (Number and street name)
What is this person's ancestry or ethnic origin?	
	Name of city, town, or post office
(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican,	
Taiwanese, Ukrainian, and so on.)	Name of U.S. county or
a. Does this person speak a language other	municipio in Puerto Rico
than English at home?	
YesNo → SKIP to question 15a	Name of U.S. state or Puerto Rico ZIP Code
b. What is this language?	
b. What is this language.	
	16 Is this person CURRENTLY covered by any of the
For example: Korean, Italian, Spanish, Vietnamese	following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type
c. How well does this person speak English?	of coverage in items a – h.
☐ Very well ☐ Well	a. Insurance through a current or former employer or union (of this person or another family member)
□ Not well □ Not at all	b. Insurance purchased directly from an insurance company (by this person or another family member)
	c. Medicare, for people 65 and older, or people with certain disabilities
	d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability
	e. TRICARE or other military health care
	f. VA (including those who have ever used or enrolled for VA health care)
	g. Indian Health Service
	h. Any other type of health insurance or health coverage plan – Specify



a. Is this person deaf or does he/she have serious difficulty hearing? Yes No	Answer question 19 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 2 on page 16.
 b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses? Yes No 	Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping? Yes No
Answer question 18a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 2 on page 16.	What is this person's marital status? Now married Widowed
a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?	 □ Divorced □ Separated □ Never married → SKIP to 1 on the next page
☐ Yes ☐ No	In the PAST 12 MONTHS did this person get – Yes No
 b. Does this person have serious difficulty walking or climbing stairs? Yes No 	a. Married?
c. Does this person have difficulty dressing or bathing? Yes No	How many times has this person been married? Once Two times Three or more times
	In what year did this person last get married? Year

	Answer question 24 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 25a.	Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box.
24	Has this person given birth to any children in the past 12 months? Yes	 Never served in the military → SKIP to question 29a Only on active duty for training in the Reserves or National Guard → SKIP to question 28a Now on active duty On active duty in the past, but not now
25		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) May 1975 to July 1990 Vietnam Era (August 1964 to April 1975)
	apartment? ☐ Yes ☐ No → SKIP to question 26 c. How long has this grandparent been responsible for these grandchildren? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.	February 1955 to July 1964 Korean War (July 1950 to January 1955) January 1947 to June 1950 World War II (December 1941 to December 1946) November 1941 or earlier a. Does this person have a VA service-connected disability rating? Yes (such as 0%, 10%, 20%,, 100%)
	Less than 6 months 6 to 11 months 1 or 2 years 3 or 4 years 5 or more years	 No → SKIP to question 29a b. What is this person's service-connected disability rating? □ 0 percent □ 10 or 20 percent □ 30 or 40 percent □ 50 or 60 percent □ 70 percent or higher



job (or b	EEK, did this persousiness)? SKIP to question 3	n work for pay at a	J	Answer question 32 if you marked "Car, truck, or van" in question 31. Otherwise, SKIP to question 33.
b. LAST WI pay, eve	Did not work (or retiem of the person of the	n do ANY work for e hour?	32	How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK? Person(s)
WEEK? If the location, proweek.	cation did this per nis person worked at nt where he or she to (Number and stree	more than one vorked most last	33	What time did this person usually leave home to go to work LAST WEEK? Hour Minute a.m. p.m.
of the loc nearest s	ct address is not kno ation such as the bu treet or intersection. city, town, or pos	J	34	How many minutes did it usually take this person to get from home to work LAST WEEK? Minutes
city or to	ork location inside own? outside the city/town		K	Answer questions 35 – 38 if this person did NOT work last week. Otherwise, SKIP to question 39a.
d. Name of	U.S. state or fore	ign country	35	 a. LAST WEEK, was this person on layoff from a job? ☐ Yes → SKIP to question 35c ☐ No
f. ZIP Code	9			 b. LAST WEEK, was this person TEMPORARILY absent from a job or business? Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 38 No → SKIP to question 36
WEEK? If the method of t	is person usually g his person usually us ransportation during ne used for most of	ed more than one the trip, mark (X) the		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?
_	rolley bus ar or trolley car or elevated d at	Motorcycle Bicycle Walked Worked at home → SKIP to question 39a Other method		Yes → SKIP to question 37No



36	During the LAST 4 WEEKS, has this person been ACTIVELY looking for work? ☐ Yes ☐ No → SKIP to question 38	Answer questions 41 – 46 if this person worked in the past 5 years. Otherwise, SKIP to question 47. 41 – 46 CURRENT OR MOST RECENT JOB
37	LAST WEEK, could this person have started a job if offered one, or returned to work if recalled? Yes, could have gone to work No, because of own temporary illness No, because of all other reasons (in school, etc.)	ACTIVITY. Describe clearly this person's chief job activity or business last week. If this person had more than one job, describe the one at which this person worked the most hours. If this person had no job or business last week, give information for his/her last job or business.
38	When did this person last work, even for a few days?	Was this person - Mark (X) ONE box. □ an employee of a PRIVATE FOR-PROFIT an employee of a private for individual for
	 Within the past 12 months 1 to 5 years ago → SKIP to Over 5 years ago or never worked → SKIP to 	company or business, or of an individual, for wages, salary, or commissions? an employee of a PRIVATE NOT-FOR-PROFIT,
39	question 47 a. During the PAST 12 MONTHS (52 weeks), did	tax-exempt, or charitable organization? a local GOVERNMENT employee (city, county, etc.)? a state GOVERNMENT employee?
	this person work 50 or more weeks? Count paid time off as work. ☐ Yes → SKIP to question 40 ☐ No	a state GOVERNMENT employee? a Federal GOVERNMENT employee? SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm? SELF-EMPLOYED in own INCORPORATED
	b. How many weeks DID this person work, even for a few hours, <u>including</u> paid vacation, paid sick leave, and military service?	business, professional practice, or farm? working WITHOUT PAY in family business or farm?
	 □ 50 to 52 weeks □ 48 to 49 weeks □ 40 to 47 weeks □ 27 to 39 weeks □ 14 to 26 weeks □ 13 weeks or less 	For whom did this person work? If now on active duty in the Armed Forces, mark (X) this box → and print the branch of the Armed Forces. Name of company, business, or other employer
40	During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK? Usual hours worked each WEEK	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)
		Is this mainly – Mark (X) ONE box. manufacturing? wholesale trade? retail trade? other (agriculture, construction, service, government, etc.)?

45	What kind of work was this person doing? (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)	d. Social Security or Railroad Retirement. ☐ Yes → \$.00 No TOTAL AMOUNT for past 12 months
46	What were this person's most important activities or duties? (For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)	e. Supplemental Security Income (SSI). ☐ Yes → \$.00 No TOTAL AMOUNT for past 12 months
4	INCOME IN THE PAST 12 MONTHS Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the	f. Any public assistance or welfare payments from the state or local welfare office. ☐ Yes → \$.00
	TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from today's date one year ago up through today.) Mark (X) the "No" box to show types of income NOT received.	TOTAL AMOUNT for past 12 months g. Retirement, survivor, or disability pensions. Do NOT include Social Security.
	If net income was a loss, mark the "Loss" box to the right of the dollar amount. For income received jointly, report the appropriate share for each person – or, if that's not possible, report the whole amount for only one person and	Yes → \$.00 No TOTAL AMOUNT for past 12 months h. Any other sources of income received
	a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.	regularly such as Veterans' (VA) payments, unemployment compensation, child support or alimony. Do NOT include lump sum payments such as money from an inheritance or the sale of a home.
	☐ Yes → \$.00 ☐ No TOTAL AMOUNT for past 12 months	Yes → \$.00 No TOTAL AMOUNT for past 12 months What was this person's total income during the
	b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.	What was this person's total income during the PAST 12 MONTHS? Add entries in questions 47a to 47h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.
	Yes → \$.00 Loss TOTAL AMOUNT for past 12 months	OR S OOD Loss TOTAL AMOUNT for past 12 months
	c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.	
	Yes → \$.00 Loss TOTAL AMOUNT for past 12 months	
		Continue with the questions for Person 2 on the next page. If no one is listed as Person 2 on page 2, SKIP to page 44 for mailing instructions.



Person 2

_ast Name	nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.
First Name MI	 No, has not attended in the last 3 months → SKIP to question 13
	Yes, public school, public college
	Yes, private school, private college, home school
Where was this person born?	b. What grade or level was this person attending Mark (X) ONE box.
☐ In the United States – <i>Print name of state.</i>	Nursery school, preschool
	Kindergarten
	Grade 1 through 12 – Specify
Outside the United States – Print name of foreign	grade 1 – 12 ₇
country, or Puerto Rico, Guam, etc.	
	College undergraduate years (freshman to
	senior)
s this person a citizen of the United States?	Graduate or professional school beyond a bachelor's degree (for example: MA or PhD
Yes, born in the United States → SKIP to question 10a	program, or medical or law school)
Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas	What is the highest degree or level of school th
Yes, born abroad of U.S. citizen parent or parents	person has COMPLETED? Mark (X) ONE box.
Yes, U.S. citizen by naturalization – <i>Print year</i>	If currently enrolled, mark the previous grade or highest degree received.
of naturalization —	NO SCHOOLING COMPLETED
K	☐ No schooling completed
	NURSERY OR PRESCHOOL THROUGH GRADE 12
No, not a U.S. citizen	☐ Nursery school
	☐ Kindergarten
All and the second of the second	Grade 1 through 11 – Specify
When did this person come to live in the United States? Print numbers in boxes.	grade 1 – 11 –
Year	
	☐ 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)

F	Answer question 12 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 13.	15		Did this person live in this h I year ago?	ouse or a	partn	nent
H				Person is under 1 year old question 16	→ SKIP to)	
2	This question focuses on this person's			☐ Yes, this house → SKIP to	question 1	16	
	BACHELOR'S DEGREE. Please print below the specific major(s) of any BACHELOR'S DEGREES this person has received. (For example: chemical engineering, elementary teacher education, organizational psychology)			No, outside the United Sta Print name of foreign cour Islands, Guam, etc., below question 16	ntry, or U.S	S. Virg	
				No, different house in the or Puerto Rico	United Sta	tes	
			b. 1	Where did this person live 1	year ago	?	
h	What is this person's ancestry or ethnic origin?		4	Address (Number and stree	t name)		
۲	what is this person's ancestry of ethnic origin:						
			_				
	(For example: Italian, Jamaican, African Am., Cambodiar Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican,			Name of city, town, or post	office		
	Taiwanese, Ukrainian, and so on.)		i	Name of U.S. county or			
A	a. Does this person speak a language other			nunicipio in Puerto Rico			
	than English at home?						
	YesNo → SKIP to question 15a			Name of U.S. state or Puerto Rico	ZIP Co	ode	
	b. What is this language?						
	For example: Korean, Italian, Spanish, Vietnamese c. How well does this person speak English?	16	fol	this person CURRENTLY cov lowing types of health insulverage plans? Mark "Yes" or to coverage in items a – h.	rance or l	nealth	1
	Very well			nsurance through a current or		Yes	No
	☐ Well		f	ormer employer or union (of this person or another family member)			
	□ Not well□ Not at all		b. l	nsurance purchased directly from an insurance company (by this person or another family member)			
				Medicare, for people 65 and older, or people with certain disabilities			
			d. I	Medicaid, Medical Assistance, or any kind of government-assistance olan for those with low incomes	e		П
				or a disability	oro		
				FRICARE or other military health c			
			1.	/A (including those who have eve used or enrolled for VA health care	e)		
			g. I	ndian Health Service			
			h. /	Any other type of health insurance or health coverage plan – <i>Specify</i>	7		
							- 1



a. Is this person deaf or does he/she have serious difficulty hearing? Yes No	Answer question 19 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 3 on page 23.
b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses? Yes No	Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping? Yes No
Answer question 18a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 3 on page 23.	What is this person's marital status? Now married Widowed
a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?	 □ Divorced □ Separated □ Never married → SKIP to
☐ Yes ☐ No	In the PAST 12 MONTHS did this person get – Yes No
 b. Does this person have serious difficulty walking or climbing stairs? Yes No 	a. Married?
c. Does this person have difficulty dressing or bathing? Yes No	How many times has this person been married? Once Two times Three or more times
	In what year did this person last get married? Year

	Answer question 24 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 25a.	Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box.
24	Has this person given birth to any children in the past 12 months? Yes	 Never served in the military → SKIP to question 29a Only on active duty for training in the Reserves or National Guard → SKIP to question 28a Now on active duty On active duty in the past, but not now
25		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) May 1975 to July 1990 Vietnam Era (August 1964 to April 1975)
	apartment? ☐ Yes ☐ No → SKIP to question 26 c. How long has this grandparent been responsible for these grandchildren? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.	February 1955 to July 1964 Korean War (July 1950 to January 1955) January 1947 to June 1950 World War II (December 1941 to December 1946) November 1941 or earlier a. Does this person have a VA service-connected disability rating? Yes (such as 0%, 10%, 20%,, 100%)
	Less than 6 months 6 to 11 months 1 or 2 years 3 or 4 years 5 or more years	 No → SKIP to question 29a b. What is this person's service-connected disability rating? □ 0 percent □ 10 or 20 percent □ 30 or 40 percent □ 50 or 60 percent □ 70 percent or higher



a. LAST WEEK, did this person work for pay at a job (or business)?	Answer question 32 if you marked "Car, truck, or van" in question 31. Otherwise, SKIP to
Yes → SKIP to question 30	question 33.
No – Did not work (or retired)	
b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?	How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?
☐ Yes	Person(s)
□ No → SKIP to question 35a	
At what location did this person work LAST	
At what location did this person work LAST WEEK? If this person worked at more than one	33 What time did this person usually leave home to
location, print where he or she worked most last	go to work LAST WEEK?
week.	Hour Minute
a. Address (Number and street name)	a.m.
If the exact address is not known, give a description	
of the location such as the building name or the	34 How many minutes did it usually take this
nearest street or intersection.	person to get from home to work LAST WEEK?
b. Name of city, town, or post office	Minutes
and the state of t	
c. Is the work location inside the limits of that	
city or town?	K Answer questions 35 – 38 if this person
	did NOT work last week. Otherwise, SKIP to
Ves	·
☐ Yes	question 39a.
☐ Yes☐ No, outside the city/town limits	·
No, outside the city/town limits	·
	question 39a. 35 a. LAST WEEK, was this person on layoff from
No, outside the city/town limits	question 39a.
No, outside the city/town limits	question 39a. 35 a. LAST WEEK, was this person on layoff from
No, outside the city/town limits	question 39a. 35 a. LAST WEEK, was this person on layoff from a job? ☐ Yes → SKIP to question 35c
☐ No, outside the city/town limits d. Name of county	question 39a. 35 a. LAST WEEK, was this person on layoff from a job?
☐ No, outside the city/town limits d. Name of county	question 39a. 35 a. LAST WEEK, was this person on layoff from a job? ☐ Yes → SKIP to question 35c ☐ No
No, outside the city/town limits d. Name of county e. Name of U.S. state or foreign country	question 39a. 35 a. LAST WEEK, was this person on layoff from a job? ☐ Yes → SKIP to question 35c
☐ No, outside the city/town limits d. Name of county	 a. LAST WEEK, was this person on layoff from a job? Yes → SKIP to question 35c No b. LAST WEEK, was this person TEMPORARILY absent from a job or business?
No, outside the city/town limits d. Name of county e. Name of U.S. state or foreign country	 a. LAST WEEK, was this person on layoff from a job? Yes → SKIP to question 35c No b. LAST WEEK, was this person TEMPORARILY absent from a job or business? Yes, on vacation, temporary illness,
No, outside the city/town limits d. Name of county e. Name of U.S. state or foreign country	 a. LAST WEEK, was this person on layoff from a job? Yes → SKIP to question 35c No b. LAST WEEK, was this person TEMPORARILY absent from a job or business?
No, outside the city/town limits d. Name of county e. Name of U.S. state or foreign country f. ZIP Code	 question 39a. a. LAST WEEK, was this person on layoff from a job? Yes → SKIP to question 35c No b. LAST WEEK, was this person TEMPORARILY absent from a job or business? Yes, on vacation, temporary illness, maternity leave, other family/personal reasons,
No, outside the city/town limits d. Name of county e. Name of U.S. state or foreign country f. ZIP Code	 a. LAST WEEK, was this person on layoff from a job? Yes → SKIP to question 35c No b. LAST WEEK, was this person TEMPORARILY absent from a job or business? Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 38
No, outside the city/town limits d. Name of county e. Name of U.S. state or foreign country f. ZIP Code How did this person usually get to work LAST	 a. LAST WEEK, was this person on layoff from a job? Yes → SKIP to question 35c No b. LAST WEEK, was this person TEMPORARILY absent from a job or business? Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 38 No → SKIP to question 36 c. Has this person been informed that he or she
Do, outside the city/town limits d. Name of county e. Name of U.S. state or foreign country f. ZIP Code 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	 a. LAST WEEK, was this person on layoff from a job? Yes → SKIP to question 35c No b. LAST WEEK, was this person TEMPORARILY absent from a job or business? Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 38 No → SKIP to question 36 c. Has this person been informed that he or she will be recalled to work within the next 6
Do, outside the city/town limits d. Name of county e. Name of U.S. state or foreign country f. ZIP Code How did this person usually get to work LAST WEEK? If this person usually used more than one	 a. LAST WEEK, was this person on layoff from a job? Yes → SKIP to question 35c No b. LAST WEEK, was this person TEMPORARILY absent from a job or business? Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 38 No → SKIP to question 36 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?
Do, outside the city/town limits d. Name of county e. Name of U.S. state or foreign country f. ZIP Code 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	 a. LAST WEEK, was this person on layoff from a job? Yes → SKIP to question 35c No b. LAST WEEK, was this person TEMPORARILY absent from a job or business? Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 38 No → SKIP to question 36 c. Has this person been informed that he or she will be recalled to work within the next 6
d. Name of county e. Name of U.S. state or foreign country f. ZIP Code 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. Car, truck, or van Motorcycle	 a. LAST WEEK, was this person on layoff from a job? Yes → SKIP to question 35c No b. LAST WEEK, was this person TEMPORARILY absent from a job or business? Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 38 No → SKIP to question 36 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?
Do, outside the city/town limits d. Name of county e. Name of U.S. state or foreign country f. ZIP Code 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. Car, truck, or van Motorcycle Bus or trolley bus Bicycle	 a. LAST WEEK, was this person on layoff from a job? Yes → SKIP to question 35c No b. LAST WEEK, was this person TEMPORARILY absent from a job or business? Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 38 No → SKIP to question 36 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 37
d. Name of county e. Name of U.S. state or foreign country f. ZIP Code 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. Car, truck, or van Motorcycle Bus or trolley bus Bicycle Streetcar or trolley car Walked	 a. LAST WEEK, was this person on layoff from a job? Yes → SKIP to question 35c No b. LAST WEEK, was this person TEMPORARILY absent from a job or business? Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 38 No → SKIP to question 36 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 37
d. Name of county e. Name of U.S. state or foreign country f. ZIP Code 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. Car, truck, or van Motorcycle Bus or trolley bus Bicycle Streetcar or trolley car Walked Subway or elevated Worked at	 a. LAST WEEK, was this person on layoff from a job? Yes → SKIP to question 35c No b. LAST WEEK, was this person TEMPORARILY absent from a job or business? Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 38 No → SKIP to question 36 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 37
d. Name of county e. Name of U.S. state or foreign country f. ZIP Code 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. Car, truck, or van Motorcycle Bus or trolley bus Bicycle Streetcar or trolley car Walked	 a. LAST WEEK, was this person on layoff from a job? Yes → SKIP to question 35c No b. LAST WEEK, was this person TEMPORARILY absent from a job or business? Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 38 No → SKIP to question 36 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 37
d. Name of county e. Name of U.S. state or foreign country f. ZIP Code 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. Car, truck, or van Motorcycle Bus or trolley bus Bicycle Streetcar or trolley car Walked Subway or elevated Worked at home → SKIP to question 39a	 a. LAST WEEK, was this person on layoff from a job? Yes → SKIP to question 35c No b. LAST WEEK, was this person TEMPORARILY absent from a job or business? Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 38 No → SKIP to question 36 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 37
Description No, outside the city/town limits d. Name of county e. Name of U.S. state or foreign country f. ZIP Code WEEK? If 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. Car, truck, or van Motorcycle Bus or trolley bus Bicycle Streetcar or trolley car Walked Subway or elevated Worked at home → SKIP to question 39a Ferryboat Other method	 a. LAST WEEK, was this person on layoff from a job? Yes → SKIP to question 35c No b. LAST WEEK, was this person TEMPORARILY absent from a job or business? Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 38 No → SKIP to question 36 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 37
d. Name of county e. Name of U.S. state or foreign country f. ZIP Code 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. Car, truck, or van Motorcycle Bus or trolley bus Bicycle Streetcar or trolley car Walked Subway or elevated Worked at home → SKIP to question 39a	 a. LAST WEEK, was this person on layoff from a job? Yes → SKIP to question 35c No b. LAST WEEK, was this person TEMPORARILY absent from a job or business? Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 38 No → SKIP to question 36 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 37

36	During the LAST 4 WEEKS, has this person been ACTIVELY looking for work? Yes		Answer questions 41 – 46 if this person worked in the past 5 years. Otherwise, SKIP to question 47.
37	No → SKIP to question 38 LAST WEEK, could this person have started a job if offered one, or returned to work if recalled? Yes, could have gone to work No, because of own temporary illness No, because of all other reasons (in school, etc.)		41 – 46 CURRENT OR MOST RECENT JOB ACTIVITY. Describe clearly this person's chief job activity or business last week. If this person had more than one job, describe the one at which this person worked the most hours. If this person had no job or business last week, give information for his/her last job or business.
38	When did this person last work, even for a	40	Was this person – Mark (X) ONE box.
	few days? ☐ Within the past 12 months ☐ 1 to 5 years ago → SKIP to L ☐ Over 5 years ago or never worked → SKIP to question 47		 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?
39	a. During the PAST 12 MONTHS (52 weeks), did this person work 50 or more weeks? Count paid time off as work.		a local GOVERNMENT employee (city, county, etc.)? a state GOVERNMENT employee?
	Yes → SKIP to question 40 No No No No No No No No No N	42	□ a Federal GOVERNMENT employee? □ SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm? □ SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm? □ working WITHOUT PAY in family business or farm? □ working without PAY in family business or farm? For whom did this person work? If now on active duty in the Armed Forces, mark (X) this box → and print the branch of the Armed Forces. Name of company, business, or other employer
40	During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK? Usual hours worked each WEEK	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)
		4	Is this mainly – Mark (X) ONE box. ☐ manufacturing? ☐ wholesale trade? ☐ retail trade? ☐ other (agriculture, construction, service, government, etc.)?

45)	What kind of work was this person doing? (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)	d. Social Security or Railroad Retirement. ☐ Yes → \$.00 ☐ No TOTAL AMOUNT for past
46	What were this person's most important activities or duties? (For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)	e. Supplemental Security Income (SSI). □ Yes → \$.00 □ No TOTAL AMOUNT for past
1	INCOME IN THE PAST 12 MONTHS	f. Any public assistance or welfare payments from the state or local welfare office.
	Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from today's date one year ago up through today.)	Yes → \$.00 No TOTAL AMOUNT for past 12 months g. Retirement, survivor, or disability pensions.
	Mark (X) the "No" box to show types of income NOT received.	Do NOT include Social Security.
	If net income was a loss, mark the "Loss" box to the right of the dollar amount. For income received jointly, report the appropriate	Ves → S .00 No TOTAL AMOUNT for past 12 months
	share for each person – or, if that's not possible, report the whole amount for only one person and mark the "No" box for the other person. a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for	h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support or alimony. Do NOT include lump sum payments such as money from an inheritance or the sale of a home.
	taxes, bonds, dues, or other items. ☐ Yes → \$.00 ☐ No TOTAL AMOUNT for past	☐ Yes → \$.00 ☐ No ☐ TOTAL AMOUNT for past 12 months
	b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.	What was this person's total income during the PAST 12 MONTHS? Add entries in questions 47a to 47h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.
	Yes → \$.00 Loss TOTAL AMOUNT for past 12 months	OR \$.00 Loss TOTAL AMOUNT for past 12 months
	c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.	
	Yes → \$.00 Loss TOTAL AMOUNT for past 12 months	
		Continue with the questions for Person 3 on the next page. If no one is listed as Person 3 on page 3, SKIP to page 44 for mailing instructions.



Person 3

Last Name	nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.
First Name MI	No, has not attended in the last 3 months → SKIP to question 13
	Yes, public school, public college
	Yes, private school, private college, home school
Where was this person born?	b. What grade or level was this person attending Mark (X) ONE box.
☐ In the United States – Print name of state.	Nursery school, preschool
	Kindergarten
	Grade 1 through 12 – Specify
Outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc.	grade 1 – 12 –
country, or ruerto riico, duam, etc.	
	College undergraduate years (freshman to
s this person a citizen of the United States?	senior) Graduate or professional school beyond a
Yes, born in the United States → SKIP to	bachelor's degree (for example: MA or PhD program, or medical or law school)
question 10a	
Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas	11 What is the highest degree or level of school th
Yes, born abroad of U.S. citizen parent or parents	person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or
Yes, U.S. citizen by naturalization – <i>Print year</i>	highest degree received.
of naturalization —	NO SCHOOLING COMPLETED
	☐ No schooling completed
	NURSERY OR PRESCHOOL THROUGH GRADE 12
No, not a U.S. citizen	☐ Nursery school
	Kindergarten
When did this person come to live in the	Grade 1 through 11 – Specify
United States? Print numbers in boxes.	grade 1 – 11 –
Year	
	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 degre
	(for example: MD, DDS, DVM, LLB, JD)

F	Answer question 12 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 13.	a. Did this p 1 year ag	person live in this hou o?	se or apartr	nent
			n is under 1 year old → ion 16	SKIP to	
D	This averagion for every on this never ye	Yes, t	his house → SKIP to que	estion 16	
	This question focuses on this person's BACHELOR'S DEGREE. Please print below the specific major(s) of any BACHELOR'S DEGREES this person has received. (For example: chemical engineering, elementary teacher education, organizational psychology)	Print i Island	utside the United States name of foreign country ls, Guam, etc., below; th ion 16	, or U.S. Vird	Rico – gin
			fferent house in the Uni erto Rico	ited States	
		b. Where di	d this person live 1 ye	ar ago?	
		Address	Number and street n	ame)	
B	What is this person's ancestry or ethnic origin?				
		Name of	city, town, or post of	fice	
	(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican,		orty, town, or poor or	1100	
	Taiwanese, Ukrainian, and so on.)	Name of	U.S. county or		
A		municipi	o in Puerto Rico		
Ψ	a. Does this person speak a language other than English at home?				
	Yes	Name of	U.S. state or		
	No → SKIP to question 15a	Puerto Ri		ZIP Code	
	h William in this law war a 2				
	b. What is this language?				
		ls this perso	CUDDENTI V account	ad b., an, a	f 4h.a
	For example: Korean, Italian, Spanish, Vietnamese	following ty	on CURRENTLY cover pes of health insuran	ice or healtl	h
	c. How well does this person speak English?	of coverage of	ans? Mark "Yes" or "No in items a – h.	" for EACH ty	ype
	☐ Very well	a. Insurance ti	hrough a current or	Yes	No
	Well	former emp	ployer or union (of this nother family member)		
	☐ Not well	b. Insurance p	ourchased directly from		
	☐ Not at all		e company (by this nother family member)		
			or people 65 and older, vith certain disabilities		
			Medical Assistance, or government-assistance		
			se with low incomes		
		e. TRICARE or	other military health care		
		f. VA (including used or enr	ng those who have ever colled for VA health care)		
		g. Indian Heal	th Service		
		h. Any other to or health co	ype of health insurance overage plan – <i>Specify</i>		



a. Is this person deaf or does he/she have serious difficulty hearing? Yes No	Answer question 19 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 4 on page 30.
b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses? Yes No	Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping? Yes No
Answer question 18a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 4 on page 30.	What is this person's marital status? Now married Widowed
a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?	 □ Divorced □ Separated □ Never married → SKIP to
☐ Yes ☐ No	In the PAST 12 MONTHS did this person get – Yes No
 b. Does this person have serious difficulty walking or climbing stairs? Yes No 	a. Married?
 c. Does this person have difficulty dressing or bathing? Yes No 	How many times has this person been married? Once Two times Three or more times
	In what year did this person last get married? Year

	Answer question 24 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 25a.	Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box.
24	Has this person given birth to any children in the past 12 months? Yes	 Never served in the military → SKIP to question 29a Only on active duty for training in the Reserves or National Guard → SKIP to question 28a Now on active duty On active duty in the past, but not now
25		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) May 1975 to July 1990 Vietnam Era (August 1964 to April 1975)
	apartment? ☐ Yes ☐ No → SKIP to question 26 c. How long has this grandparent been responsible for these grandchildren? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.	February 1955 to July 1964 Korean War (July 1950 to January 1955) January 1947 to June 1950 World War II (December 1941 to December 1946) November 1941 or earlier a. Does this person have a VA service-connected disability rating? Yes (such as 0%, 10%, 20%,, 100%)
	Less than 6 months 6 to 11 months 1 or 2 years 3 or 4 years 5 or more years	 No → SKIP to question 29a b. What is this person's service-connected disability rating? □ 0 percent □ 10 or 20 percent □ 30 or 40 percent □ 50 or 60 percent □ 70 percent or higher



29	a. LAST WEEK, did this person work for pay at a job (or business)? ☐ Yes → SKIP to question 30	Answer question 32 if you marked "Car, truck, or van" in question 31. Otherwise, SKIP to question 33.
	□ No – Did not work (or retired)	32 How many people, including this person,
	b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?	usually rode to work in the car, truck, or van LAST WEEK? Person(s)
	YesNo → SKIP to question 35a	
30	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.	What time did this person usually leave home to go to work LAST WEEK?
	a. Address (Number and street name)	Hour Minute a.m.
	If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.	How many minutes did it usually take this person to get from home to work LAST WEEK?
	b. Name of city, town, or post office	Minutes
	c. Is the work location inside the limits of that city or town? Yes No, outside the city/town limits	Answer questions 35 – 38 if this person did NOT work last week. Otherwise, SKIP to question 39a.
	d. Name of county	a. LAST WEEK, was this person on layoff from a job?
	e. Name of U.S. state or foreign country	Yes → SKIP to question 35c No
		b. LAST WEEK, was this person TEMPORARILY absent from a job or business?
	f. ZIP Code	Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 38
3	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	 No → SKIP to question 36 c. Has this person been informed that he or she will be recalled to work within the next 6
	box of the one used for most of the distance. Car, truck, or van Motorcycle	months OR been given a date to return to work? ☐ Yes → SKIP to question 37
	Bus or trolley bus Bicycle	□ No
	Streetcar or trolley carSubway or elevatedWorked at	
	home → SKIP to question 39a	
	☐ Ferryboat ☐ Other method ☐ Taxicab	
	LITURIOUD	



36	During the LAST 4 WEEKS, has this person been ACTIVELY looking for work? ☐ Yes ☐ No → SKIP to question 38		Answer questions 41 – 46 if this person worked in the past 5 years. Otherwise, SKIP to question 47. 41 – 46 CURRENT OR MOST RECENT JOB
37	LAST WEEK, could this person have started a job if offered one, or returned to work if recalled? Yes, could have gone to work No, because of own temporary illness No, because of all other reasons (in school, etc.)		ACTIVITY. Describe clearly this person's chief job activity or business last week. If this person had more than one job, describe the one at which this person worked the most hours. If this person had no job or business last week, give information for his/her last job or business.
38	When did this person last work, even for a few days?	41)	Was this person - Mark (X) ONE box. ☐ an employee of a PRIVATE FOR-PROFIT
	 Within the past 12 months 1 to 5 years ago → SKIP to L		company or business, or of an individual, for wages, salary, or commissions?
	Over 5 years ago or never worked → SKIP to question 47		an employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization?
39	a. During the PAST 12 MONTHS (52 weeks), did this person work 50 or more weeks? Count paid time off as work. ☐ Yes → SKIP to question 40		 □ a local GOVERNMENT employee (city, county, etc.)? □ a state GOVERNMENT employee? □ a Federal GOVERNMENT employee? □ SELF-EMPLOYED in own NOT INCORPORATED
	☐ No		business, professional practice, or farm? SELF-EMPLOYED in own INCORPORATED
	 b. How many weeks DID this person work, even for a few hours, <u>including</u> paid vacation, paid sick leave, and military service? 		business, professional practice, or farm? working WITHOUT PAY in family business
	 50 to 52 weeks 48 to 49 weeks 40 to 47 weeks 27 to 39 weeks 14 to 26 weeks 13 weeks or less 	42	or farm? For whom did this person work? If now on active duty in the Armed Forces, mark (X) this box → and print the branch of the Armed Forces. Name of company, business, or other employer
40	During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK? Usual hours worked each WEEK	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)
		4	Is this mainly – Mark (X) ONE box. manufacturing? wholesale trade? retail trade? other (agriculture, construction, service, government, etc.)?

45	What kind of work was this person doing? (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)	d. Social Security or Railroad Retirement. □ Yes → \$.00
		No TOTAL AMOUNT for past 12 months
46	What were this person's most important activities or duties? (For example: patient care, directing hiring	e. Supplemental Security Income (SSI).
	policies, supervising order clerks, typing and filing, reconciling financial records)	☐ Yes → \$.00 No TOTAL AMOUNT for past 12 months
47)	INCOME IN THE PAST 12 MONTHS	f. Any public assistance or welfare payments from the state or local welfare office.
T	Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT during the "is the world first the "is the second first the second first the "is the second first the "i	☐ Yes → \$.00 ☐ No ☐ TOTAL AMOUNT for past
	(NOTE: The "past 12 months" is the period from today's date one year ago up through today.) Mark (X) the "No" box to show types of income NOT received.	g. Retirement, survivor, or disability pensions. Do NOT include Social Security.
	If net income was a loss, mark the "Loss" box to the right of the dollar amount.	☐ Yes → \$.00
	For income received jointly, report the appropriate share for each person – or, if that's not possible, report the whole amount for only one person and mark the "No" box for the other person. a. Wages, salary, commissions, bonuses, or tips	h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support or alimony. Do NOT include lump sum payments such
	from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.	as money from an inheritance or the sale of a home. ☐ Yes → \$.00
	☐ Yes → \$.00 ☐ No TOTAL AMOUNT for past	No TOTAL AMOUNT for past 12 months
	b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.	What was this person's total income during the PAST 12 MONTHS? Add entries in questions 47a to 47h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.
	Yes → \$.00 □ No TOTAL AMOUNT for past 12 months	OR S .00 Loss TOTAL AMOUNT for past 12 months
	c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.	
	Yes → \$.00 Loss TOTAL AMOUNT for past 12 months	
		Continue with the questions for Person 4 on the next page. If no one is listed as Person 4 on page 3, SKIP to page 44 for mailing instructions.



P	e	rs	O	n	4
	_				_

Last Name	nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.
First Name MI	No, has not attended in the last 3 months → SKIP to question 13
	Yes, public school, public college
	Yes, private school, private college, home school
Where was this person born?	b. What grade or level was this person attending Mark (X) ONE box.
☐ In the United States – Print name of state.	Nursery school, preschool
	Kindergarten
	Grade 1 through 12 – Specify
Outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc.	grade 1 – 12 –
country, or ruerto nico, Guarri, etc.	
	College undergraduate years (freshman to senior)
s this person a citizen of the United States?	Graduate or professional school beyond a
Yes, born in the United States → SKIP to question 10a	bachelor's degree (for example: MA or PhD program, or medical or law school)
Ves horn in Puerto Rico Guam the U.S. Virgin	
Islands, or Northern Marianas	What is the highest degree or level of school the person has COMPLETED? Mark (X) ONE box.
Yes, born abroad of U.S. citizen parent or parents	If currently enrolled, mark the previous grade or
Yes, U.S. citizen by naturalization – <i>Print year</i>	highest degree received.
of naturalization —	NO SCHOOLING COMPLETED
	☐ No schooling completed
	NURSERY OR PRESCHOOL THROUGH GRADE 12
No, not a U.S. citizen	☐ Nursery school
	Kindergarten
When did this person come to live in the	Grade 1 through 11 – Specify grade 1 – 11 –
United States? Print numbers in boxes.	grade 1 - 11 -
Year	
	☐ 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 degre
	(for example: MD, DDS, DVM, LLB, JD)

Answer question 12 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 13.	a. Did this person live in this house or apartment 1 year ago?
	☐ Person is under 1 year old → SKIP to question 16
This was at its factor of the same of	Yes, this house → SKIP to question 16
This question focuses on this person's BACHELOR'S DEGREE. Please print below the specific major(s) of any BACHELOR'S DEGREES this person has received. (For example: chemical engineering, elementary teacher education, organizational psychology)	No, outside the United States and Puerto Rico – Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 16
	No, different house in the United States or Puerto Rico
	b. Where did this person live 1 year ago?
	Address (Number and street name)
What is this person's ancestry or ethnic origin?	
	Name of city, town, or post office
(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican,	
Taiwanese, Ukrainian, and so on.)	Name of U.S. county or
a. Does this person speak a language other	municipio in Puerto Rico
than English at home?	
YesNo → SKIP to question 15a	Name of U.S. state or Puerto Rico ZIP Code
b. What is this language?	
b. What is this language.	
	16 Is this person CURRENTLY covered by any of the
For example: Korean, Italian, Spanish, Vietnamese	following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type
c. How well does this person speak English?	of coverage in items a – h.
☐ Very well ☐ Well	a. Insurance through a current or former employer or union (of this person or another family member)
□ Not well □ Not at all	b. Insurance purchased directly from an insurance company (by this person or another family member)
	c. Medicare, for people 65 and older, or people with certain disabilities
	d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability
	e. TRICARE or other military health care
	f. VA (including those who have ever used or enrolled for VA health care)
	g. Indian Health Service
	h. Any other type of health insurance or health coverage plan – Specify



			.00000_0
	Person 4 (continued)		
	a. Is this person deaf or does he/she have serious difficulty hearing? Yes No b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses? Yes No	H	Answer question 19 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 5 on page 37. Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping? Yes No
18	old or over. Otherwise, SKIP to the questions for Person 5 on page 37.	20	What is this person's marital status? Now married Widowed Divorced Separated Never married → SKIP to I on the next page
	 Yes No b. Does this person have serious difficulty walking or climbing stairs? Yes No 	3	In the PAST 12 MONTHS did this person get – Yes No a. Married? b. Widowed? c. Divorced?
	c. Does this person have difficulty dressing or bathing? Yes No	22	How many times has this person been married? Once Two times Three or more times
		23	In what year did this person last get married? Year



ı			
	Answer question 24 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 25a.		Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box.
			Never served in the military → SKIP to question 29aOnly on active duty for training in the Reserves
24	Has this person given birth to any children in the past 12 months?		or National Guard → SKIP to question 28a
ı			Now on active duty
ı			On active duty in the past, but not now
2±	a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?		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
ı	Yes		August 1990 to August 2001 (including
ı	No → SKIP to question 26		Persian Gulf War)
ı	b. Is this grandparent currently responsible for		May 1975 to July 1990
ı	most of the basic needs of any grandchildren under the age of 18 who live in this house or		☐ Vietnam Era (August 1964 to April 1975)
ı	apartment?		February 1955 to July 1964
ı	Yes		Korean War (July 1950 to January 1955)
ı	No → SKIP to question 26		✓ January 1947 to June 1950✓ World War II (December 1941 to December 1946)
	c. How long has this grandparent been responsible for these grandchildren? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the	28) 8	November 1941 or earlier a. Does this person have a VA service-connected
ı	longest period of time.		disability rating?
ı	Less than 6 months		Yes (such as 0%, 10%, 20%,, 100%)
ı	☐ 6 to 11 months		No → SKIP to question 29a
	☐ 1 or 2 years ☐ 3 or 4 years	'	 b. What is this person's service-connected disability rating?
ı	5 or more years		0 percent
ı			10 or 20 percent
ı			30 or 40 percent
ı			50 or 60 percent
ı			70 percent or higher
ı			
ı			
ı			
ı			
ı			



2	a. LAST WEEK, did this person work for pay at a	J	Answer question 32 if you marked "Car, truck,
	job (or business)?		or van" in question 31. Otherwise, SKIP to question 33.
	Yes → SKIP to question 30	-	
	No – Did not work (or retired)		
	b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?	32	How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?
	Yes		Person(s)
	No → SKIP to question 35a		
30	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.	33	go to work LAST WEEK?
	a. Address (Number and street name)		Hour Minute
			p.m.
			p.ι.ι.
	If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.	34	How many minutes did it usually take this person to get from home to work LAST WEEK?
	b. Name of city, town, or post office		Minutes
	c. Is the work location inside the limits of that city or town?	K	Answer questions 35 – 38 if this person did NOT work last week. Otherwise, SKIP to
	∐ Yes		question 39a.
	Nia autaiala tha aitu/tauum linaita		
	No, outside the city/town limits		
	d. Name of county	35	a. LAST WEEK, was this person on layoff from
		35	a job?
	d. Name of county	35	
		35	a job?
	d. Name of county e. Name of U.S. state or foreign country	35	a job? ☐ Yes → SKIP to question 35c
	d. Name of county	35	a job? ☐ Yes → SKIP to question 35c ☐ No b. LAST WEEK, was this person TEMPORARILY
	d. Name of county e. Name of U.S. state or foreign country	35	a job? ☐ Yes → SKIP to question 35c ☐ No b. LAST WEEK, was this person TEMPORARILY absent from a job or business? ☐ Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 38
20	d. Name of county e. Name of U.S. state or foreign country f. ZIP Code	35	 a job? Yes → SKIP to question 35c No b. LAST WEEK, was this person TEMPORARILY absent from a job or business? Yes, on vacation, temporary illness, maternity leave, other family/personal reasons,
31)	d. Name of county e. Name of U.S. state or foreign country	35	a job? ☐ Yes → SKIP to question 35c ☐ No b. LAST WEEK, was this person TEMPORARILY absent from a job or business? ☐ Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 38
3	e. Name of U.S. state or foreign country f. ZIP Code 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.	35	 a job? Yes → SKIP to question 35c No b. LAST WEEK, was this person TEMPORARILY absent from a job or business? Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 38 No → SKIP to question 36 c. Has this person been informed that he or she will be recalled to work within the next 6
31)	e. Name of U.S. state or foreign country f. ZIP Code 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. Car, truck, or van Motorcycle	35	 a job? Yes → SKIP to question 35c No b. LAST WEEK, was this person TEMPORARILY absent from a job or business? Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 38 No → SKIP to question 36 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?
31)	d. Name of county e. Name of U.S. state or foreign country f. ZIP Code 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. Car, truck, or van Motorcycle Bus or trolley bus Bicycle	35	 a job? Yes → SKIP to question 35c No b. LAST WEEK, was this person TEMPORARILY absent from a job or business? Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 38 No → SKIP to question 36 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 37
31)	d. Name of county e. Name of U.S. state or foreign country f. ZIP Code 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. Car, truck, or van Motorcycle Bus or trolley bus Bicycle Streetcar or trolley car Walked	35	 a job? Yes → SKIP to question 35c No b. LAST WEEK, was this person TEMPORARILY absent from a job or business? Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 38 No → SKIP to question 36 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 37
33)	d. Name of county e. Name of U.S. state or foreign country f. ZIP Code 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. Car, truck, or van	35	 a job? Yes → SKIP to question 35c No b. LAST WEEK, was this person TEMPORARILY absent from a job or business? Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 38 No → SKIP to question 36 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 37
3	d. Name of county e. Name of U.S. state or foreign country f. ZIP Code 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. Car, truck, or van Motorcycle Bus or trolley bus Bicycle Streetcar or trolley car Walked Subway or elevated Worked at home → SKIP to question 39a	35	 a job? Yes → SKIP to question 35c No b. LAST WEEK, was this person TEMPORARILY absent from a job or business? Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 38 No → SKIP to question 36 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 37
31)	d. Name of county e. Name of U.S. state or foreign country f. ZIP Code 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. Car, truck, or van	35	 a job? Yes → SKIP to question 35c No b. LAST WEEK, was this person TEMPORARILY absent from a job or business? Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 38 No → SKIP to question 36 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 37



36	During the LAST 4 WEEKS, has this person been ACTIVELY looking for work? ☐ Yes ☐ No → SKIP to question 38	Answer questions 41 – 46 if this person worked in the past 5 years. Otherwise, SKIP to question 47.
37	LAST WEEK, could this person have started a job if offered one, or returned to work if recalled? Yes, could have gone to work No, because of own temporary illness No, because of all other reasons (in school, etc.)	41 – 46 CURRENT OR MOST RECENT JOB ACTIVITY. Describe clearly this person's chief job activity or business last week. If this person had more than one job, describe the one at which this person worked the most hours. If this person had no job or business last week, give information for his/her last job or business.
38	When did this person last work, even for a	Was this person – Mark (X) ONE box.
	few days? ☐ Within the past 12 months ☐ 1 to 5 years ago → SKIP to L ☐ Over 5 years ago or never worked → SKIP to question 47	 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
39	a. During the PAST 12 MONTHS (52 weeks), did this person work 50 or more weeks? Count paid time off as work. ☐ Yes → SKIP to question 40 ☐ No	(city, county, etc.)? a state GOVERNMENT employee? a Federal GOVERNMENT employee? SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm? SELF-EMPLOYED in own INCORPORATED
	b. How many weeks DID this person work, even for a few hours, including paid vacation, paid sick leave, and military service? 50 to 52 weeks 48 to 49 weeks 40 to 47 weeks 27 to 39 weeks 14 to 26 weeks 13 weeks or less	business, professional practice, or farm? working WITHOUT PAY in family business or farm? For whom did this person work? If now on active duty in the Armed Forces, mark (X) this box → and print the branch of the Armed Forces. Name of company, business, or other employer
40	During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK? Usual hours worked each WEEK	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)
		Is this mainly – Mark (X) ONE box. manufacturing? wholesale trade? retail trade? other (agriculture, construction, service, government, etc.)?

45	What kind of work was this person doing? (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)	d. Social Security or Railroad Retirement. ☐ Yes → \$.00 ☐ No TOTAL AMOUNT for past
46	What were this person's most important activities or duties? (For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)	e. Supplemental Security Income (SSI). ☐ Yes → \$.00 TOTAL AMOUNT for past 12 months
47)	INCOME IN THE PAST 12 MONTHS	f. Any public assistance or welfare payments from the state or local welfare office.
	Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from today's date one year ago up through today.)	☐ Yes → \$.00 ☐ No TOTAL AMOUNT for past 12 months
	Mark (X) the "No" box to show types of income NOT received.	g. Retirement, survivor, or disability pensions. Do NOT include Social Security.
	If net income was a loss, mark the "Loss" box to the right of the dollar amount.	☐ Yes → \$.00 ☐ No
	For income received jointly, report the appropriate share for each person – or, if that's not possible, report the whole amount for only one person and mark the "No" box for the other person.	h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support or
	a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.	alimony. Do NOT include lump sum payments such as money from an inheritance or the sale of a home.
	☐ Yes → \$.00 ☐ No TOTAL AMOUNT for past	No TOTAL AMOUNT for past 12 months
	b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.	What was this person's total income during the PAST 12 MONTHS? Add entries in questions 47a to 47h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.
	☐ Yes → \$.00 ☐ ☐ No TOTAL AMOUNT for past 12 months	OR \$.00 Loss TOTAL AMOUNT for past 12 months
	c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.	
	☐ Yes → \$.00 ☐ Loss TOTAL AMOUNT for past 12 months	
		Continue with the questions for Person 5 on the next page. If no one is listed as Person 5 on page 4,



SKIP to page 44 for mailing instructions.

Person 5

Last Name	nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.
First Name MI	 No, has not attended in the last 3 months → SKIP to question 13
	Yes, public school, public college
	Yes, private school, private college, home school
Where was this person born?	b. What grade or level was this person attending Mark (X) ONE box.
☐ In the United States – <i>Print name of state.</i>	Nursery school, preschool
	☐ Kindergarten
	Grade 1 through 12 – Specify
Outside the United States - Print name of foreign	grade 1 – 12 ₇
country, or Puerto Rico, Guam, etc.	
	College undergraduate years (freshman to
la di la companya di la constitue de la consti	senior)
s this person a citizen of the United States?	Graduate or professional school beyond a bachelor's degree (for example: MA or PhD
Yes, born in the United States → SKIP to question 10a	program, or medical or law school)
Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas	What is the highest degree or level of school tl
Yes, born abroad of U.S. citizen parent or parents	person has COMPLETED? Mark (X) ONE box.
Yes, U.S. citizen by naturalization – <i>Print year</i>	If currently enrolled, mark the previous grade or highest degree received.
of naturalization —	NO SCHOOLING COMPLETED
K	☐ No schooling completed
	NURSERY OR PRESCHOOL THROUGH GRADE 12
No, not a U.S. citizen	☐ Nursery school
	☐ Kindergarten
Alban did dhia nanan asan da lina in dha	Grade 1 through 11 – Specify
When did this person come to live in the United States? Print numbers in boxes.	grade 1 – 11 –
Year	
	☐ 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)

F	Answer question 12 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 13.	15		oid this person live in this ho year ago?	ouse or apa	rtment
				Person is under 1 year old - question 16	→ SKIP to	
2	This question feeting on this nevern's			Yes, this house → SKIP to q	uestion 16	
	This question focuses on this person's BACHELOR'S DEGREE. Please print below the specific major(s) of any BACHELOR'S DEGREES this person has received. (For example: chemical engineering, elementary teacher education, organizational psychology)			No, outside the United State Print name of foreign count Islands, Guam, etc., below; question 16	try, or U.S.	Virgin
				No, different house in the U or Puerto Rico	Inited State	S
			b. V	Where did this person live 1	year ago?	
3	What is this person's ancestry or ethnic origin?		A	ddress (Number and street	name)	
۲	what is this person's ancestry or ethnic origin:					
	(For example: Italian, Jamaican, African Am., Cambodiar Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican,	n,	N	lame of city, town, or post o	office	
	Taiwanese, Ukrainian, and so on.)		N	lame of U.S. county or		
4	a. Does this person speak a language other		n	nunicipio in Puerto Rico		
	than English at home?					
	YesNo → SKIP to question 15a			lame of U.S. state or uerto Rico	ZIP Code	e
	b. What is this language?					
	language.		_			
	For example: Korean, Italian, Spanish, Vietnamese c. How well does this person speak English?	16	foll cov	his person CURRENTLY covo owing types of health insura erage plans? Mark "Yes" or "I overage in items a – h.	ance or he	alth
	Very well			surance through a current or	Υ	es No
	☐ Well		fc	ormer employer or union (of this erson or another family member)		
	☐ Not well ☐ Not at all		а	nsurance purchased directly from insurance company (by this erson or another family member)		
				ledicare, for people 65 and older, r people with certain disabilities		
			d. Ma	ledicaid, Medical Assistance, or ny kind of government-assistance lan for those with low incomes r a disability		
				, RICARE or other military health ca	re	
				A (including those who have ever	,	
				sed or enrolled for VA health care) Idian Health Service	, [
			h Δ	ny other type of health incurance		
			0	r health coverage plan – Specify –	7	



T	a. Is this person deaf or does he/she have serious difficulty hearing? Yes No	Answer question 19 if this person is 15 years old or over. Otherwise, Otherwise, SKIP to the mailing instructions on page 44.
	b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses? Yes No	Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping? Yes No
G	Answer question 18a – c if this person is 5 years old or over. Otherwise, SKIP to the mailing instructions on page 44. a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?	What is this person's marital status? Now married Widowed Divorced Separated Never married → SKIP to I on the next page
	Yes No	In the PAST 12 MONTHS did this person get – Yes No
	 b. Does this person have serious difficulty walking or climbing stairs? Yes No 	a. Married?
	c. Does this person have difficulty dressing or bathing? Yes No	How many times has this person been married? Once Two times Three or more times
		In what year did this person last get married? Year

	Answer question 24 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 25a.	Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box.
24	Has this person given birth to any children in the past 12 months? Yes	 Never served in the military → SKIP to question 29a Only on active duty for training in the Reserves or National Guard → SKIP to question 28a Now on active duty On active duty in the past, but not now
25	 a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment? Yes No → SKIP to question 26 b. Is this grandparent currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this house or 	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) May 1975 to July 1990 Vietnam Era (August 1964 to April 1975)
	longest period of time.	February 1955 to July 1964 Korean War (July 1950 to January 1955) January 1947 to June 1950 World War II (December 1941 to December 1946) November 1941 or earlier a. Does this person have a VA service-connected disability rating? Yes (such as 0%, 10%, 20%,, 100%)
	Less than 6 months 6 to 11 months 1 or 2 years 3 or 4 years 5 or more years	 No → SKIP to question 29a b. What is this person's service-connected disability rating? 0 percent 10 or 20 percent 30 or 40 percent 50 or 60 percent 70 percent or higher



2	a. LAST WEEK, did this person work for pay at a job (or business)?	Answer question 32 if you marked "Car, truck, or van" in question 31. Otherwise, SKIP to
ı	☐ Yes → SKIP to question 30	question 33.
١	No – Did not work (or retired)	
	b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?	How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?
١	Yes	Person(s)
ı	No → SKIP to question 35a	
3	WEEK? If this person worked at more than one location, print where he or she worked most last	What time did this person usually leave home to go to work LAST WEEK?
١	week.	Hour Minute
	a. Address (Number and street name)	□ a.m. □ p.m.
	If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.	How many minutes did it usually take this person to get from home to work LAST WEEK?
١	b. Name of city, town, or post office	Minutes
١		
١		
١	c. Is the work location inside the limits of that city or town?	V A
١	City of town:	K Answer questions 35 – 38 if this person
		did NOT work last week. Otherwise, SKIP to
ı	Yes	did NOT work last week. Otherwise, SKIP to question 39a.
l	Yes No, outside the city/town limits	· · · · · · · · · · · · · · · · · · ·
		question 39a.
	No, outside the city/town limits	· · · · · · · · · · · · · · · · · · ·
	No, outside the city/town limits d. Name of county	question 39a. 35 a. LAST WEEK, was this person on layoff from
	No, outside the city/town limits	question 39a. a. LAST WEEK, was this person on layoff from a job?
	No, outside the city/town limits d. Name of county	question 39a. 35 a. LAST WEEK, was this person on layoff from a job? ☐ Yes → SKIP to question 35c
	No, outside the city/town limits d. Name of county	 a. LAST WEEK, was this person on layoff from a job? Yes → SKIP to question 35c No b. LAST WEEK, was this person TEMPORARILY absent from a job or business?
	No, outside the city/town limits d. Name of county e. Name of U.S. state or foreign country	 question 39a. a. LAST WEEK, was this person on layoff from a job? Yes → SKIP to question 35c No b. LAST WEEK, was this person TEMPORARILY
	No, outside the city/town limits d. Name of county e. Name of U.S. state or foreign country f. ZIP Code	 question 39a. a. LAST WEEK, was this person on layoff from a job? Yes → SKIP to question 35c No b. LAST WEEK, was this person TEMPORARILY absent from a job or business? Yes, on vacation, temporary illness, maternity leave, other family/personal reasons,
3	No, outside the city/town limits d. Name of county e. Name of U.S. state or foreign country f. ZIP Code	 a. LAST WEEK, was this person on layoff from a job? Yes → SKIP to question 35c No b. LAST WEEK, was this person TEMPORARILY absent from a job or business? Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 38
3	No, outside the city/town limits d. Name of county e. Name of U.S. state or foreign country f. ZIP Code 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.	 a. LAST WEEK, was this person on layoff from a job? Yes → SKIP to question 35c No b. LAST WEEK, was this person TEMPORARILY absent from a job or business? Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 38 No → SKIP to question 36 c. Has this person been informed that he or she will be recalled to work within the next 6
3	No, outside the city/town limits d. Name of county e. Name of U.S. state or foreign country f. ZIP Code 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. Car, truck, or van Motorcycle	 a. LAST WEEK, was this person on layoff from a job? Yes → SKIP to question 35c No b. LAST WEEK, was this person TEMPORARILY absent from a job or business? Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 38 No → SKIP to question 36 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?
3	No, outside the city/town limits d. Name of county e. Name of U.S. state or foreign country f. ZIP Code 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.	 a. LAST WEEK, was this person on layoff from a job? Yes → SKIP to question 35c No b. LAST WEEK, was this person TEMPORARILY absent from a job or business? Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 38 No → SKIP to question 36 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 37
3	No, outside the city/town limits d. Name of county e. Name of U.S. state or foreign country f. ZIP Code 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. Car, truck, or van Motorcycle Bus or trolley bus Bicycle Streetcar or trolley car Walked Subway or elevated Worked at	 a. LAST WEEK, was this person on layoff from a job? Yes → SKIP to question 35c No b. LAST WEEK, was this person TEMPORARILY absent from a job or business? Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 38 No → SKIP to question 36 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 37
3	No, outside the city/town limits d. Name of county e. Name of U.S. state or foreign country f. ZIP Code 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. Car, truck, or van Motorcycle Bus or trolley bus Bicycle Streetcar or trolley car Walked Subway or elevated Worked at home → SKIP	 a. LAST WEEK, was this person on layoff from a job? Yes → SKIP to question 35c No b. LAST WEEK, was this person TEMPORARILY absent from a job or business? Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 38 No → SKIP to question 36 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 37
3	No, outside the city/town limits Name of county	 a. LAST WEEK, was this person on layoff from a job? Yes → SKIP to question 35c No b. LAST WEEK, was this person TEMPORARILY absent from a job or business? Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 38 No → SKIP to question 36 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 37
3	No, outside the city/town limits d. Name of county e. Name of U.S. state or foreign country f. ZIP Code 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. Car, truck, or van	 a. LAST WEEK, was this person on layoff from a job? Yes → SKIP to question 35c No b. LAST WEEK, was this person TEMPORARILY absent from a job or business? Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 38 No → SKIP to question 36 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 37

36	During the LAST 4 WEEKS, has this person been ACTIVELY looking for work? Yes	Answer questions 41 – 46 if this person worked in the past 5 years. Otherwise, SKIP to question 47.
37	 No → SKIP to question 38 LAST WEEK, could this person have started a job if offered one, or returned to work if recalled? Yes, could have gone to work No, because of own temporary illness No, because of all other reasons (in school, etc.) 	41 – 46 CURRENT OR MOST RECENT JOB ACTIVITY. Describe clearly this person's chief job activity or business last week. If this person had more than one job, describe the one at which this person worked the most hours. If this person had no job or business last week, give information for his/her last job or business.
38	When did this person last work, even for a few days? ☐ Within the past 12 months ☐ 1 to 5 years ago → SKIP to L ☐ Over 5 years ago or never worked → SKIP to question 47	 Was this person – Mark (X) ONE box. an employee of a PRIVATE FOR-PROFIT company or business, or of an individual, for wages, salary, or commissions? an employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization? a local GOVERNMENT employee
39	a. During the PAST 12 MONTHS (52 weeks), did this person work 50 or more weeks? Count paid time off as work. Yes → SKIP to question 40 No b. How many weeks DID this person work, even for a few hours, including paid vacation, paid sick leave, and military service? 50 to 52 weeks 48 to 49 weeks 40 to 47 weeks 27 to 39 weeks 14 to 26 weeks 13 weeks or less	(city, county, etc.)? □ a state GOVERNMENT employee? □ a Federal GOVERNMENT employee? □ SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm? □ SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm? □ working WITHOUT PAY in family business or farm? □ working without Pay in family business or farm? 42 For whom did this person work? If now on active duty in the Armed Forces, mark (X) this box → and print the branch of the Armed Forces. Name of company, business, or other employer
40	During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK? Usual hours worked each WEEK	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) 44 Is this mainly – Mark (X) ONE box. manufacturing? wholesale trade? retail trade? other (agriculture, construction, service, government, etc.)?

45	What kind of work was this person doing? (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)	d. Social Security or Railroad Retirement. ☐ Yes → \$.00
		No TOTAL AMOUNT for past 12 months e. Supplemental Security Income (SSI).
46	What were this person's most important activities or duties? (For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)	☐ Yes → \$.00 ☐ No TOTAL AMOUNT for past 12 months
		f. Any public assistance or welfare payments from the state or local welfare office.
	INCOME IN THE PAST 12 MONTHS Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from today's date one year ago up through today.)	☐ Yes → \$.00 ☐ No TOTAL AMOUNT for past 12 months
	Mark (X) the "No" box to show types of income NOT received.	g. Retirement, survivor, or disability pensions. Do NOT include Social Security.
	If net income was a loss, mark the "Loss" box to the right of the dollar amount.	☐ Yes → \$.00
	For income received jointly, report the appropriate share for each person – or, if that's not possible, report the whole amount for only one person and mark the "No" box for the other person.	TOTAL AMOUNT for past 12 months h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support or
	a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.	alimony. Do NOT include lump sum payments such as money from an inheritance or the sale of a home.
	☐ Yes → \$.00 ☐ No TOTAL AMOUNT for past	Yes → S OOO TOTAL AMOUNT for past 12 months
	b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.	What was this person's total income during the PAST 12 MONTHS? Add entries in questions 47a to 47h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.
	☐ Yes → \$.00 ☐ Loss TOTAL AMOUNT for past 12 months	OR S .00 Loss TOTAL AMOUNT for past 12 months
	c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.	
	Yes → \$.00 No TOTAL AMOUNT for past 12 months	
		Now continue with the mailing instructions on



Mailing Instructions

Please make sure you have...

- listed all names and answered the questions on pages 2, 3, and 4
- answered all Housing questions
- answered all Person questions for each person.

Then...

 put the completed questionnaire into the postage-paid return envelope. If the envelope has been misplaced, please mail the questionnaire to:

> U.S. Census Bureau P.O. Box 5240 Jeffersonville, IN 47199-5240

 make sure the barcode above your address shows in the window of the return envelope.

Thank you for participating in the American Community Survey.

For Census Bureau Use							
POP EDIT	PHONE	JIC1	JIC2				
EDIT CLERK T	ELEPHONE CLERK	JIC3	JIC4				

The Census Bureau estimates that, for the average household, this form will take 38 minutes to complete, including the time for reviewing the instructions and answers. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Paperwork Project 0607-0810, U.S. Census Bureau, 4600 Silver Hill Road, AMSD – 3K138, Washington, D.C. 20233. You may e-mail comments to Paperwork@census.gov; use "Paperwork Project 0607-0810" as the subject. Please DO NOT RETURN your questionnaire to this address. Use the enclosed preaddressed envelope to return your completed questionnaire.

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

Form ACS-1(X)QD85 (07-19-2012)

