

Enclosure 3

**American Community Survey
Cognitive Test
Interviewer-administered Survey**

Version 1 English Questions

August 9, 2012

Participant ID #: **DETAILED QUESTIONS—PERSON 1**

	NAME _____
<p>7a. I will now be asking a series of questions about you. The next few questions deal with your place of birth and citizenship...</p> <p>Where were you born?</p> <p>ENTER STATE, IF KNOWN. IF STATE NOT KNOWN, ENTER US</p>	<p>_____ State <input type="checkbox"/> <i>Go to 10a1</i></p> <p>OR</p> <p><input type="checkbox"/> Not born in the US</p>
<p>7b. In what country were you born?</p>	<p>_____ Country</p>
<p>7b-SKIP</p> <p>IF COUNTRY IN 7B IS PUERTO RICO, GUAM, THE U.S. VIRGIN ISLANDS, OR NORTHERN MARIANAS, GO TO QUESTION 9C. OTHERWISE GO TO QUESTION 8.</p>	
<p>8. Are you a citizen of the United States?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No <input type="checkbox"/> <i>Go to 9c</i></p>
<p>9a. Were you born abroad of U.S. citizen parent or parents, or did you become a citizen by naturalization?</p>	<p><input type="checkbox"/> Born abroad of U.S. citizen parent or parents <input type="checkbox"/> <i>go to 9c.</i></p> <p><input type="checkbox"/> Citizen by naturalization</p>
<p>9b. In what year did you become a naturalized citizen of the United States?</p>	<p>_____ Year</p>
<p>9c. When did you come to live in the United States?</p>	<p>_____ Year</p>
<p>10a1. The next questions are about schooling and education.</p> <p>At any time IN THE LAST 3 MONTHS, have you attended school or college? Include only nursery or preschool, kindergarten, elementary school, home school, and schooling that leads to a high school diploma or a college degree.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No <input type="checkbox"/> <i>Go to 11</i></p>
<p>10a2. Was that a public school or college, a private school or college, or home school?</p>	<p><input type="checkbox"/> Public school or college</p> <p><input type="checkbox"/> Private school or college or home school</p>

<p>10b. What grade or level were you attending?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Nursery school or preschool <input type="checkbox"/> Kindergarten <input type="checkbox"/> Grade 1 <input type="checkbox"/> Grade 2 <input type="checkbox"/> Grade 3 <input type="checkbox"/> Grade 4 <input type="checkbox"/> Grade 5 <input type="checkbox"/> Grade 6 <input type="checkbox"/> Grade 7 <input type="checkbox"/> Grade 8 <input type="checkbox"/> Grade 9 <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 12 <input type="checkbox"/> College undergraduate years, that is a college freshman to senior <input type="checkbox"/> Graduate or professional school beyond a bachelor's degree, for example a Master's or PhD program or medical or law school
<p>11. What is the highest degree or level of school you have COMPLETED?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> No schooling completed <input type="checkbox"/> Nursery school <input type="checkbox"/> Kindergarten <input type="checkbox"/> Grade 1 <input type="checkbox"/> Grade 2 <input type="checkbox"/> Grade 3 <input type="checkbox"/> Grade 4. <input type="checkbox"/> Grade 5 <input type="checkbox"/> Grade 6 <input type="checkbox"/> Grade 7. <input type="checkbox"/> Grade 8 <input type="checkbox"/> Grade 9. <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 12, no diploma <input type="checkbox"/> Regular high school diploma <input type="checkbox"/> GED or alternative credential <input type="checkbox"/> Some college, no degree <input type="checkbox"/> Associate's degree (for example: AA, AS) <input type="checkbox"/> Bachelor's degree (for example: BA, BS). <input type="checkbox"/> Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD) <input type="checkbox"/> Doctorate degree (for example: PhD, EdD) <input type="checkbox"/> Vocational or technical license
<p>Instruction F IF RESPONSE TO QUESTION 11 IS BACHELOR'S DEGREE OR HIGHER, ASK QUESTION 12. OTHERWISE GO TO QUESTION 13.</p>	

<p>12. This question focuses on your BACHELOR’S DEGREE. What was the specific major or majors of any BACHELOR’S DEGREES you have received? For example, chemical engineering, elementary teacher education, or organizational psychology.</p>	<hr/> <hr/> <hr/>
<p>IF THIS PERSON HAS MORE THAN ONE MAJOR OR BACHELOR’S DEGREE, ASK FOR ALL MAJOR FIELDS.</p>	
<p>13. What is your ancestry or ethnic origin?</p> <p>(For example: Italian, Jamaican, African-American, Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian and so on.)</p>	<hr/> <hr/>
<p>14a. Do you speak a language other than English at home?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No Go to 15a</p>
<p>14b. What is this language?</p>	<hr/>
<p>14c. How well do you speak English – very well, well, not well, not at all?</p>	<p><input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all</p>
<p>14c-SKIP IF PERSON IS LESS THAN ONE YEAR OLD, GO TO QUESTION 16A. OTHERWISE GO TO QUESTION 15A.</p>	
<p>15a. Did you live in this <house/apartment/mobile home> 1 year ago?</p>	<p><input type="checkbox"/> Yes Go to 16a <input type="checkbox"/> No</p>
<p>15b. Did you live in the United States, Puerto Rico, or another country?</p>	<p><input type="checkbox"/> United States Go to 15d <input type="checkbox"/> Puerto Rico Go to 15d <input type="checkbox"/> Another country Go to 15c</p>
<p>15c. What was the foreign country?</p>	<p>Go to 16a</p>
<p>15d. What was the street address?</p>	<p>Go to 16a</p>
<p>15e. What was the city or town?</p>	<p>Go to 16a</p>

15f. What was the [county if in United States, municipio if in Puerto Rico]?	□□□□□□□□□□□□□□□□□□□□□□□□□□□□
15g. What was the state?	□□□□□□□□□□□□□□□□□□□□□□□□□□□□
15h. What was the ZIP code?	□□□□□□□□□□□□□□□□□□□□□□□□□□□□
16a. I am now going to ask you some questions about your health insurance and health coverage. Are you currently covered by health insurance through a current or former employer or union of [yours/yours or another family member]?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16b. Are you currently covered by health insurance purchased directly from an insurance company by [you/you or another family member]?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16c. Are you currently covered by Medicare, for people age 65 or older or people with certain disabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16d. Are you currently covered by Medicaid, Medical Assistance, or any kind of government-assistance plans for those with low incomes or a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16e. Are you currently covered by TRICARE or other military health care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16f. Are you currently covered through the Veteran's Administration or have you ever used or enrolled for VA health care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16g. Are you currently covered through the Indian Health Service?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16h. Are you currently covered by any other health insurance or health coverage plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Go to 17</i>
16i. What is the name of the health care plan?	_____

Instruction G	
IF PERSON ANSWERED YES TO ANY PART OF QUESTION 16, CONTINUE WITH 17; OTHERWISE SKIP TO QUESTION 18.	
17. Is the cost of your health insurance reduced based on your family income?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18a. I am now going to ask some questions about difficulty you may have with ordinary daily activities. Are you deaf or do you have serious difficulty hearing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18b. Are you blind or do you have serious difficulty seeing even when wearing glasses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Instruction H	
IF PERSON IS 15 OR OLDER CONTINUE WITH 19; OTHERWISE SKIP TO NEXT PERSON (p. 14). IF LAST PERSON, END INTERVIEW.	
19. Because of a physical, mental, or emotional condition do you have difficulty doing errands alone such as visiting a doctor's office or shopping?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. I will now be asking about your marital status. Are you married, widowed, divorced, separated or never married?	<input type="checkbox"/> Now married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Never married <input type="checkbox"/> <i>Go to Instruction I</i>
21a. In the past 12 months, did you get married?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21b. In the past 12 months, did you become a (widow/widower)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21c. In the past 12 months, did you get divorced?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. How many times have you been married? Is that once, twice, or three or more times?	<input type="checkbox"/> Once <input type="checkbox"/> Twice <input type="checkbox"/> Three or more times
23. In what year did you (get/last get) married?	_____

Instruction I IF THIS PERSON IS MALE, GO TO QUESTION 25A. IF THIS PERSON IS FEMALE AND OVER 50 YEARS OLD, GO TO QUESTION 25A. OTHERWISE ASK QUESTION 24.	
24. Have you given birth to any children in the past 12 months? IF RESPONDENT ASKS WHETHER TO INCLUDE STILLBIRTHS, SAY “DO NOT INCLUDE STILLBIRTHS”	<input type="checkbox"/> Yes <input type="checkbox"/> No
24-SKIP IS THERE ARE NO CHILDREN UNDER 18 YEARS OLD IN THE HOUSEHOLD OR RESPONDENT IS LESS THAN 30, GO TO QUESTION 26. OTHERWISE, ASK QUESTION 25A.	
25a. Do you have any of your grandchildren under the age of 18 living in this <house/apartment/mobile home>?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>go to 26a</i>
25b. Are you currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this <house/apartment/mobile home>?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>go to 26a</i>
25c. How long have you been responsible for these grandchildren? (If financially responsible for more than one grandchild, answer for the grandchild for whom the grandparent has been responsible for the longest time.)	<input type="checkbox"/> Less than 6 months <input type="checkbox"/> 6 to 11 months <input type="checkbox"/> 1 or 2 years <input type="checkbox"/> 3 or 4 years <input type="checkbox"/> 5 or more years
26a. Have you ever served on ACTIVE DUTY in the U.S. Armed Forces, Reserves, or National Guard?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>go to 26d</i>
26b. Were you on active duty ONLY FOR TRAINING in the Reserves or National Guard?	<input type="checkbox"/> Yes <i>go to 28a</i> <input type="checkbox"/> No
26c. Are you currently on active duty?	<input type="checkbox"/> Yes <i>go to 27</i> <input type="checkbox"/> No <i>go to 27</i>
26d. Have you ever been in the Reserves or National Guard?	<input type="checkbox"/> Yes <i>go to 28a</i> <input type="checkbox"/> No <i>go to 29a</i>

<p>27. Did you serve on active duty at any time during the following periods: READ ALL ANSWER CATEGORIES.</p> <p>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) 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</p> <p>ENTER ALL THAT APPLY, EVEN IF THE PERSON SERVED FOR ONLY PART OF THE PERIOD.</p>	<p><input type="checkbox"/> September 2001 or later <input type="checkbox"/> August 1990 to August 2001 (including Persian Gulf War) <input type="checkbox"/> May 1975 to July 1990 <input type="checkbox"/> Vietnam Era (August 1964 to April 1975) <input type="checkbox"/> February 1955 to July 1964 <input type="checkbox"/> Korean War (July 1950 to January 1955) <input type="checkbox"/> January 1947 to June 1950 <input type="checkbox"/> World War II (December 1941 to December 1946) <input type="checkbox"/> November 1941 or earlier</p>
<p>28a. Do you have a VA service-connected disability rating?</p>	<p><input type="checkbox"/> Yes (such as 0%, 10%, 20%, ..., 100%) <input type="checkbox"/> No go to 29a</p>
<p>28b. What is your service-connected disability rating? Is it: READ ALL ANSWER CATEGORIES.</p> <p><input type="radio"/> 0 percent <input type="radio"/> 10 or 20 percent <input type="radio"/> 30 or 40 percent <input type="radio"/> 50 or 60 percent <input type="radio"/> 70 percent or higher</p>	<p><input type="checkbox"/> 0 percent <input type="checkbox"/> 10 or 20 percent <input type="checkbox"/> 30 or 40 percent <input type="checkbox"/> 50 or 60 percent <input type="checkbox"/> 70 percent or higher</p>

<p>29a. Now, I am going to ask a series of questions about employment...</p> <p>LAST WEEK, did you work for pay at a job or business?</p> <p>(Include any work even if you worked only 1 hour, or helped without pay in a family business or farm for 15 hours or more, or were on active duty in the Armed Forces.)</p>	<p><input type="checkbox"/> Yes go to 34a <input type="checkbox"/> No</p>
<p>29b. LAST WEEK, did you do ANY work for pay, even for as little as one hour?</p>	<p><input type="checkbox"/> Yes go to 34a <input type="checkbox"/> No go to 30a</p>

Instruction K

IF RESPONSE TO QUESTION 29B IS “NO” ASK QUESTION 30A.
OTHERWISE, GO TO QUESTION 35A.

<p>30a. LAST WEEK, were you on layoff from a job?</p>	<p><input type="checkbox"/> Yes <i>go to 30c</i> <input type="checkbox"/> No</p>
<p>30b. LAST WEEK, were you TEMPORARILY absent from a job or business because of vacation, temporary illness, maternity leave, other family or personal reasons, bad weather, etc.?</p>	<p><input type="checkbox"/> Yes <i>go to 33</i> <input type="checkbox"/> No <i>go to 31</i></p>
<p>30c. Have you been informed that you will be recalled to work within the next 6 months OR been given a date to return to work?</p>	<p><input type="checkbox"/> Yes <i>go to 32a</i> <input type="checkbox"/> No</p>
<p>31. During the LAST 4 WEEKS, have you been ACTIVELY looking for work?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <i>go to 33</i></p>
<p>32a. LAST WEEK, could you have started a job if offered one (or returned to work if recalled)?</p>	<p><input type="checkbox"/> Yes <i>go to 33</i> <input type="checkbox"/> No</p>
<p>32b. Why was that?</p>	<p><input type="checkbox"/> Own temporary illness <input type="checkbox"/> Going to school or some other reason</p>
<p>33. When did you last work, even for a few days?</p>	<p><input type="checkbox"/> Within the past 12 months <input type="checkbox"/> Between 1 and 5 years ago <i>go to 36a</i> <input type="checkbox"/> Over 5 years ago or never worked <i>go to question 37c1a</i></p>
<p>34a. During the PAST 12 MONTHS or 52 weeks, did you work 50 or more weeks? Count paid time off as work.</p>	<p><input type="checkbox"/> Yes <i>go to 35</i> <input type="checkbox"/> No</p>

<p>34b. How many weeks DID you work, even for a few hours, INCLUDING paid vacation, paid sick leave, and military service? Was it: READ ALL ANSWER CATEGORIES</p> <p>50 to 52 weeks 48 to 49 weeks 40 to 47 weeks 27 to 39 weeks 14 to 26 weeks 13 weeks or less</p>	<input type="checkbox"/> 50 to 52 weeks <input type="checkbox"/> 48 to 49 weeks <input type="checkbox"/> 40 to 47 weeks <input type="checkbox"/> 27 to 39 weeks <input type="checkbox"/> 14 to 26 weeks <input type="checkbox"/> 13 weeks or less
<p>35. During the weeks worked IN THE PAST 12 MONTHS, how many hours did you usually work each week?</p>	<p>_____ Hours</p>
<p>36a. The next series of questions are about the type of business you worked for and the type of work that you did. Let's start with the first question. I am going to read 5 categories. Please pick the one that best describes who you worked for - a private organization or company, government, the US Armed Forces (active duty), self-employed, or working without pay in a family business.</p> <p>(If you had more than 1 job, describe the one at which the most hours were worked. If you did not work last week, give information for the last job or business in the past five years.)</p>	<input type="checkbox"/> Private organization or company <input type="checkbox"/> Government <i>go to 36c</i> <input type="checkbox"/> US Armed Forces (active duty) <i>go to 37a1a</i> <input type="checkbox"/> Self-employed <i>go to 36d</i> <input type="checkbox"/> Working without pay in a family business <i>go to 37a1a</i>
<p>36b. Was this a non-profit organization or a for profit company?</p>	<input type="checkbox"/> Non-profit organization <i>go to 37a1a.</i> <input type="checkbox"/> For profit company <i>go to 37a1a..</i>
<p>36c. Was this for Local, State, or the Federal Government?</p>	<input type="checkbox"/> Local <i>go to 37a1a</i> <input type="checkbox"/> State <i>go to 37a1a</i> <input type="checkbox"/> Federal <i>go to 37a1a</i>
<p>36d. Was this self-employment incorporated or not incorporated?</p>	<input type="checkbox"/> Incorporated <input type="checkbox"/> Not incorporated

<p>The next few questions are about income DURING THE PAST 12 MONTHS, that is from [current month, year – 1] to [month - 1, current year]...</p> <p>37a1a. Did you receive any wages or salary?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <i>go to 37a2a</i></p>
<p>37a1b. How much did you receive in wages and salary from all jobs before taxes and other deductions?</p>	<p>\$_____00</p>
<p>37a2a. Did you receive any (additional) tips, bonuses or commissions DURING THE PAST 12 MONTHS?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <i>go to 37b1</i></p>
<p>37a2b. How much did you receive in tips, bonuses, or commissions from all jobs before taxes and other deductions?</p>	<p>\$_____00</p>
<p>37b1. Did you receive any self-employment income DURING THE PAST 12 MONTHS?</p> <p><i>REPORT INCOME FROM OWN BUSINESSES (FARM OR NON-FARM) INCLUDING PROPRIETORSHIPS AND PARTNERSHIPS.</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <i>go to 37c1a</i></p>
<p>37b2. What was the amount?</p> <p><i>REPORT NET INCOME AFTER OPERATING EXPENSES. INCLUDE EARNINGS AS A TENANT FARMER OR SHARECROPPER.</i></p>	<p>\$_____00</p>
<p>37c1a. READ LEAD-IN ONLY IF PERSON WAS NOT EMPLOYED LAST YEAR: (The next few questions are about income DURING THE PAST 12 MONTH, that is from [current month, year – 1] to [month -1, current year]...)</p> <p>Did you receive any interest or dividends [DURING THE PAST 12 MONTHS]? Report even small amounts credited to an account.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <i>go to 37c2a</i></p>
<p>37c1b. What was the amount?</p>	<p>\$_____00</p>

37c2a. Did you receive any net rental income DURING THE PAST 12 MONTHS?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>go to 37c3a</i>
37c2b. What was the net amount? <i>IF INCOME WAS A LOSS, PRECEDE AMOUNT WITH A '-'. BREAKEVEN = 1.</i>	\$_____.00
37c3a. Did you receive any royalty income or income from estates and trusts DURING THE PAST 12 MONTHS?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>go to 37d1</i>
37c3b. What was the amount?	\$_____.00
37d1. Did you receive any Social Security or Railroad Retirement benefits DURING THE PAST 12 MONTHS?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>go to 37e1</i>
37d2. What was the amount?	\$_____.00
37e1. Did you receive any Supplemental Security Income (SSI) payments DURING THE PAST 12 MONTHS?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>go to 37f1</i>
37e2. What was the amount?	\$_____.00
37f1. Did you receive any public assistance or public welfare payments from the state or local welfare office DURING THE PAST 12 MONTHS?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>go to 37g1</i>
37f2. What was the amount?	\$_____.00
37g1. Did you receive any retirement, survivor, or disability pensions DURING THE PAST 12 MONTHS?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>go to 37h1</i>
37g2. What was the amount? <i>DO NOT INCLUDE SOCIAL SECURITY.</i>	\$_____.00

<p>37h1. Did you receive income on a REGULAR basis from any other sources such as Veterans' Administration (VA) payments, unemployment compensation, child support or alimony DURING THE PAST 12 MONTHS?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <i>go to 38</i></p>
<p>37h2. What was the amount from all sources?</p> <p><i>DO NOT INCLUDE LUMP SUM PAYMENTS SUCH AS MONEY FROM AN INHERITANCE OR SALE OF A HOME.</i></p>	<p>\$_____00</p>
<p>38. What was your TOTAL income during the PAST 12 MONTHS?</p>	<p>\$_____00</p>
<p>Instruction L</p> <p><i>IS THIS THE LAST PERSON TO COLLECT DETAILED PERSON DATA FOR?</i></p> <p><i>THIS IS LAST PERSON – END INTERVIEW</i></p> <p><i>MORE PERSONS - CONTINUE WITH THE REMAINDER OF THE ACS SURVEY ON THE FOLLOWING PAGES</i></p>	

DETAILED QUESTIONS – PERSON 2

	NAME _____
<p>7a. I will now be asking a series of questions about <Name> The next few questions deal with <Name>'s place of birth and citizenship...</p> <p>Where was <Name> born?</p> <p>ENTER STATE, IF KNOWN. IF STATE NOT KNOWN, ENTER US</p>	<p>_____ State <input type="checkbox"/> <i>Go to 10a1</i></p> <p>OR</p> <p><input type="checkbox"/> Not born in the US</p>
<p>7b. In what country was <Name> born?</p>	_____ Country
<p>7b-SKIP</p> <p>IF COUNTRY IN 7B IS PUERTO RICO, GUAM, THE U.S. VIRGIN ISLANDS, OR NORTHERN MARIANAS, GO TO QUESTION 9C. OTHERWISE GO TO QUESTION 8.</p>	
<p>8. Is <Name>a citizen of the United States?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Go to 9c</i>
<p>9a. Was <Name> born abroad of U.S. citizen parent or parents, or did [he/she] become a citizen by naturalization?</p>	<input type="checkbox"/> Born abroad of U.S. citizen parent or parents <input type="checkbox"/> <i>go to 9c.</i> <input type="checkbox"/> Citizen by naturalization
<p>9b. In what year did <Name> become a naturalized citizen of the United States?</p>	_____ Year
<p>9c. When did <Name> come to live in the United States?</p>	_____ Year
<p>10a1. The next questions are about schooling and education.</p> <p>At any time IN THE LAST 3 MONTHS, has <Name> attended school or college? Include only nursery or preschool, kindergarten, elementary school, home school, and schooling that leads to a high school diploma or a college degree.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Go to 11</i>
<p>10a2. Was that a public school or college, a private school or college, or home school?</p>	<input type="checkbox"/> Public school or college <input type="checkbox"/> Private school or college or home school

<p>10b. What grade or level was <Name>attending?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Nursery school or preschool <input type="checkbox"/> Kindergarten <input type="checkbox"/> Grade 1 <input type="checkbox"/> Grade 2 <input type="checkbox"/> Grade 3 <input type="checkbox"/> Grade 4 <input type="checkbox"/> Grade 5 <input type="checkbox"/> Grade 6 <input type="checkbox"/> Grade 7 <input type="checkbox"/> Grade 8 <input type="checkbox"/> Grade 9 <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 12 <input type="checkbox"/> College undergraduate years, that is a college freshman to senior <input type="checkbox"/> Graduate or professional school beyond a bachelor's degree, for example a Master's or PhD program or medical or law school
<p>11. What is the highest degree or level of school <Name> has COMPLETED?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> No schooling completed <input type="checkbox"/> Nursery school <input type="checkbox"/> Kindergarten <input type="checkbox"/> Grade 1 <input type="checkbox"/> Grade 2 <input type="checkbox"/> Grade 3 <input type="checkbox"/> Grade 4. <input type="checkbox"/> Grade 5 <input type="checkbox"/> Grade 6 <input type="checkbox"/> Grade 7. <input type="checkbox"/> Grade 8 <input type="checkbox"/> Grade 9. <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 12, no diploma <input type="checkbox"/> Regular high school diploma <input type="checkbox"/> GED or alternative credential <input type="checkbox"/> Some college, no degree <input type="checkbox"/> Associate's degree (for example: AA, AS) <input type="checkbox"/> Bachelor's degree (for example: BA, BS). <input type="checkbox"/> Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD) <input type="checkbox"/> Doctorate degree (for example: PhD, EdD) <input type="checkbox"/> Vocational or technical license
<p>Instruction F IF RESPONSE TO QUESTION 11 IS BACHELOR'S DEGREE OR HIGHER, ASK QUESTION 12. OTHERWISE GO TO QUESTION 13.</p>	

<p>12. This question focuses on <Name>'s BACHELOR'S DEGREE. What was the specific major or majors of any BACHELOR'S DEGREES [he/she] has received? For example, chemical engineering, elementary teacher education, or organizational psychology.</p> <p>IF THIS PERSON HAS MORE THAN ONE MAJOR OR BACHELOR'S DEGREE, ASK FOR ALL MAJOR FIELDS.</p>	<p>_____</p> <p>_____</p> <p>_____</p>
<p>13. What is <NAME>'s ancestry or ethnic origin?</p> <p>(For example: Italian, Jamaican, African-American, Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian and so on.)</p>	<p>_____</p> <p>_____</p> <p>_____</p>
<p>14a. Does <Name> speak a language other than English at home?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Go to 15</i></p>
<p>14b. What is this language?</p>	<p>_____</p> <p>_____</p>
<p>14c. How well does <Name> speak English – very well, well, not well, not at all?</p>	<p><input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all</p>
<p>14c-SKIP IF PERSON IS LESS THAN ONE YEAR OLD, GO TO QUESTION 16. OTHERWISE GO TO QUESTION 15A.</p>	
<p>15a. Did <Name> live in this <house/apartment/mobile home> 1 year ago?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> <i>Go to 16a</i> <input type="checkbox"/> No</p>
<p>15b. Did <Name> live in the United States, Puerto Rico, or another country?</p>	<p><input type="checkbox"/> United States <input type="checkbox"/> <i>Go to 15d</i> <input type="checkbox"/> Puerto Rico <input type="checkbox"/> <i>Go to 15d</i> <input type="checkbox"/> Another country <input type="checkbox"/> <i>Go to 15c</i></p>
<p>15c. What was the foreign country?</p>	<p>□□□□□□□□□□□□□□□□□□ <i>Go to 16a</i></p>
<p>15d. What was the street address?</p>	<p>□□□□□□□□□□□□□□□□□□□□□□□□</p>
<p>15e. What was the city or town?</p>	<p>□□□□□□□□□□□□□□□□□□□□□□</p>

15f. What was the [county if in United States, municipio if in Puerto Rico]?	<input type="text"/>
15g. What was the state?	<input type="text"/>
15h. What was the ZIP code?	<input type="text"/>
16a. I am now going to ask you some questions about <Name>'s health insurance and health coverage. Is <Name> currently covered by health insurance through a current or former employer or union of <him/her> or another family member?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16b. Is <Name> currently covered by health insurance purchased directly from an insurance company by <him/her> or another family member?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16c. Is <Name> currently covered by Medicare, for people age 65 or older or people with certain disabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16d. Is <Name> currently covered by Medicaid, Medical Assistance, or any kind of government-assistance plans for those with low incomes or a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16e. Is <Name> currently covered by TRICARE or other military health care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16f. Is <Name> currently covered through the Veteran's Administration or has <he/she> ever used or enrolled for VA health care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16g. Is <Name> currently covered through the Indian Health Service?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16h. Is <Name> currently covered by any other health insurance or health coverage plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Go to 17a</i>

16i. What is the name of the health care plan?	_____
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Instruction G
IF PERSON ANSWERED YES TO ANY PART OF QUESTION 16, CONTINUE WITH 17; OTHERWISE SKIP TO INSTRUCTION H.

17. Is the cost of <Name>'s health insurance reduced based on [his/her] family income?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Instruction H
IS THIS THE LAST PERSON TO COLLECT DETAILED PERSON DATA FOR?
THIS IS LAST PERSON – **END INTERVIEW**
MORE PERSONS - **CONTINUE WITH THE REMAINDER OF THE ACS SURVEY ON THE FOLLOWING PAGES**

DETAILED QUESTIONS – PERSON 3

	NAME _____
<p>7a. I will now be asking a series of questions about <Name> The next few questions deal with <Name>'s place of birth and citizenship...</p> <p>Where was <Name> born?</p> <p>ENTER STATE, IF KNOWN. IF STATE NOT KNOWN, ENTER US</p>	<p>_____ State <input type="checkbox"/> <i>Go to 10a1</i></p> <p>OR</p> <p><input type="checkbox"/> Not born in the US</p>
<p>7b. In what country was <Name> born?</p>	_____ Country
<p>7b-SKIP</p> <p>IF COUNTRY IN 7B IS PUERTO RICO, GUAM, THE U.S. VIRGIN ISLANDS, OR NORTHERN MARIANAS, GO TO QUESTION 9C. OTHERWISE GO TO QUESTION 8.</p>	
<p>8. Is <Name>a citizen of the United States?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Go to 9c</i>
<p>9a. Was <Name> born abroad of U.S. citizen parent or parents, or did [he/she] become a citizen by naturalization?</p>	<input type="checkbox"/> Born abroad of U.S. citizen parent or parents <input type="checkbox"/> <i>go to 9c.</i> <input type="checkbox"/> Citizen by naturalization
<p>9b. In what year did <Name> become a naturalized citizen of the United States?</p>	_____ Year
<p>9c. When did <Name> come to live in the United States?</p>	_____ Year
<p>10a1. The next questions are about schooling and education.</p> <p>At any time IN THE LAST 3 MONTHS, has <Name> attended school or college? Include only nursery or preschool, kindergarten, elementary school, home school, and schooling that leads to a high school diploma or a college degree.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Go to 11</i>
<p>10a2. Was that a public school or college, a private school or college, or home school?</p>	<input type="checkbox"/> Public school or college <input type="checkbox"/> Private school or college or home school

<p>10b. What grade or level was <Name>attending?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Nursery school or preschool <input type="checkbox"/> Kindergarten <input type="checkbox"/> Grade 1 <input type="checkbox"/> Grade 2 <input type="checkbox"/> Grade 3 <input type="checkbox"/> Grade 4 <input type="checkbox"/> Grade 5 <input type="checkbox"/> Grade 6 <input type="checkbox"/> Grade 7 <input type="checkbox"/> Grade 8 <input type="checkbox"/> Grade 9 <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 12 <input type="checkbox"/> College undergraduate years, that is a college freshman to senior <input type="checkbox"/> Graduate or professional school beyond a bachelor's degree, for example a Master's or PhD program or medical or law school
<p>11. What is the highest degree or level of school <Name> has COMPLETED?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> No schooling completed <input type="checkbox"/> Nursery school <input type="checkbox"/> Kindergarten <input type="checkbox"/> Grade 1 <input type="checkbox"/> Grade 2 <input type="checkbox"/> Grade 3 <input type="checkbox"/> Grade 4. <input type="checkbox"/> Grade 5 <input type="checkbox"/> Grade 6 <input type="checkbox"/> Grade 7. <input type="checkbox"/> Grade 8 <input type="checkbox"/> Grade 9. <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 12, no diploma <input type="checkbox"/> Regular high school diploma <input type="checkbox"/> GED or alternative credential <input type="checkbox"/> Some college, no degree <input type="checkbox"/> Associate's degree (for example: AA, AS) <input type="checkbox"/> Bachelor's degree (for example: BA, BS). <input type="checkbox"/> Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD) <input type="checkbox"/> Doctorate degree (for example: PhD, EdD) <input type="checkbox"/> Vocational or technical license
<p>Instruction F IF RESPONSE TO QUESTION 11 IS BACHELOR'S DEGREE OR HIGHER, ASK QUESTION 12. OTHERWISE GO TO QUESTION 13.</p>	

<p>12. This question focuses on <Name>'s BACHELOR'S DEGREE. What was the specific major or majors of any BACHELOR'S DEGREES [he/she] has received? For example, chemical engineering, elementary teacher education, or organizational psychology.</p> <p>IF THIS PERSON HAS MORE THAN ONE MAJOR OR BACHELOR'S DEGREE, ASK FOR ALL MAJOR FIELDS.</p>	<hr/> <hr/> <hr/>
<p>13. What is <NAME>'s ancestry or ethnic origin?</p> <p>(For example: Italian, Jamaican, African-American, Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian and so on.)</p>	<hr/> <hr/> <hr/>
<p>14a. Does <Name> speak a language other than English at home?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Go to 15</i>
<p>14b. What is this language?</p>	<hr/> <hr/>
<p>14c. How well does <Name> speak English – very well, well, not well, not at all?</p>	<input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all
<p>14c-SKIP IF PERSON IS LESS THAN ONE YEAR OLD, GO TO QUESTION 16. OTHERWISE GO TO QUESTION 15A.</p>	
<p>15a. Did <Name> live in this <house/apartment/mobile home> 1 year ago?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> <i>Go to 16a</i> <input type="checkbox"/> No
<p>15b. Did <Name> live in the United States, Puerto Rico, or another country?</p>	<input type="checkbox"/> United States <input type="checkbox"/> <i>Go to 15d</i> <input type="checkbox"/> Puerto Rico <input type="checkbox"/> <i>Go to 15d</i> <input type="checkbox"/> Another country <input type="checkbox"/> <i>Go to 15c</i>
<p>15c. What was the foreign country?</p>	<hr/> <input type="checkbox"/> <i>Go to 16a</i>
<p>15d. What was the street address?</p>	<hr/>
<p>15e. What was the city or town?</p>	<hr/>

15f. What was the [county if in United States, municipio if in Puerto Rico]?	<input type="text"/>
15g. What was the state?	<input type="text"/>
15h. What was the ZIP code?	<input type="text"/>
16a. I am now going to ask you some questions about <Name>'s health insurance and health coverage. Is <Name> currently covered by health insurance through a current or former employer or union of <him/her> or another family member?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16b. Is <Name> currently covered by health insurance purchased directly from an insurance company by <him/her> or another family member?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16c. Is <Name> currently covered by Medicare, for people age 65 or older or people with certain disabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16d. Is <Name> currently covered by Medicaid, Medical Assistance, or any kind of government-assistance plans for those with low incomes or a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16e. Is <Name> currently covered by TRICARE or other military health care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16f. Is <Name> currently covered through the Veteran's Administration or has <he/she> ever used or enrolled for VA health care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16g. Is <Name> currently covered through the Indian Health Service?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16h. Is <Name> currently covered by any other health insurance or health coverage plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Go to 17a</i>

16i. What is the name of the health care plan?	_____
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Instruction G
IF PERSON ANSWERED YES TO ANY PART OF QUESTION 16, CONTINUE WITH 17; OTHERWISE END INTERVIEW.

17. Is the cost of <Name>'s health insurance reduced based on [his/her] family income?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Instruction H:
END INTERVIEW