OMB No. 0607-0810 Approval Expires 09/30/2014





## THE Puerto Rico Community Survey

### Please complete this form and return it as soon as possible after receiving it in the mail.

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



If you need help or have questions about completing this form, please call 1-800-717-7381. The telephone call is free.

**Telephone Device for the Deaf (TDD):** Call 1-800-786-9448. The telephone call is free.

¿NECESITA AYUDA? Si usted habla español y necesita ayuda para completar su cuestionario, llame sin cargo alguno al 1-800-814-8385.

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

3	Start Here
Ð	Please print today's date.  Month Day Year
Ð	Please print the name and telephone number of the person who is filling out this form. We may contact you if there is a question.  Last Name
	First Name MI
	Area Code + Number —
Ð	<ul> <li>How many people are living or staying at this address?</li> <li>INCLUDE everyone who is living or staying here for more than 2 months.</li> <li>INCLUDE yourself if you are living here for more than 2 months.</li> <li>INCLUDE anyone else staying here who does not have another place to stay, even if they are here for 2 months or less.</li> </ul>
	DO NOT INCLUDE anyone who is living somewhere else for more than 2 months, such as a college student living away or someone in the Armed Forces on deployment.  Number of people
<b>3</b>	Fill out pages 2, 3, and 4 for everyone, including yourself, who is living or staying at this address for more than 2 months. Then complete the rest of the form.

FORM **ACS-1(2013)PR KFI** (02-06-2012) Draft 2

	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 of any adult living or staying here.)	1 What is Person 2's name?  Last Name (Please print) First Name MI
0	What is Person 1's name?  Last Name (Please print) First Name MI	How is this person related to Person 1? Mark (X) ONE box.  Husband or wife Son-in-law or daughter-in-law Other relative Adopted son or daughter Stepson or stepdaughter Brother or sister Unmarried partner Father or mother  Foster child
2	How is this person related to Person 1? Mark (X) ONE box.  Person 1	Grandchild Other nonrelative Parent-in-law
3 4	What is Person 1's sex? Mark (X) ONE box.  Male Female  What is Person 1's age and what is Person 1'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  NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races is Person 1 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.   Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.   Note that the person 1's date of birth?  Print origin and Outer the person 1'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)  Nonth Day Year of birth  Print origin are not races	What is Person 2's sex? Mark (X) ONE box.    Male
6	What is Person 1'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 Japanese Guamanian or Chamorro Filipino Vietnamese Samoan Other Asian − Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.  White Samoan Other Pacific Islander − Print race, for example, Fijian, Tongan, and so on. Fijian, Tongan, and so on.	Mhat is Person 2'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 Sample Samoan Other Asian − Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.
	Some other race – Print race.	Some other race – <i>Print race.</i>

Pers	son 3	Person 4
What is Person 3's name? Last Name (Please print)	First Name M	What is Person 4's name? Last Name (Please print)  First Name
How is this person related to Per	son 1? Mark (X) ONE box.	2 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 (X) 0 Male Female What is Person 3's age and what Please report babies as age 0 when the control of the print numbers Age (in years) Month Day	is Person 3's date of birth? hild is less than 1 year old.	Biological son or daughter  Adopted son or daughter  Roomer or boarder
Is Person 3 of Hispanic, Latino, o  No, not of Hispanic, Latino, or Spa  Yes, Mexican, Mexican Am., Chican  Yes, Puerto Rican  Yes, Cuban  Yes, another Hispanic, Latino, or Spargentinean, Colombian, Dominican, Ni	nish origin	S 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 (X)  White Black, African Am., or Negro American Indian or Alaska Native -	one or more boxes.  - Print name of 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.
Chinese Kor	panese Native Hawaiian  rean Guamanian or Chamorr  tnamese Samoan Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on.	Filipino Vietnamese Samoan  Other Asian – Print race, for Other Pacific Islander example, Hmong, Laotian, Thai,
Some other race – Print race.		Some other race – <i>Print race</i> .

Per What is Person 5's name?	rson 5	If there are more than five peopl print their names in the spaces f We may call you for more information	or Person 6 through Person 12.
Last Name (Please print)	First Name MI	Person 6	
		Last Name (Please print)	First Name MI
How is this person related to Pe	areon 12 Mark (Y) ONE hov		
Husband or wife	Son-in-law or daughter-in-law	w	
Biological son or daughter	Other relative		
Adopted son or daughter	Roomer or boarder	Sex Male Female	Age (in years)
Stepson or stepdaughter	Housemate or roommate	Person 7	
Brother or sister	Unmarried partner	Last Name (Please print)	First Name MI
Father or mother	Foster child	Last Hame (Fredes print)	
Grandchild	Other nonrelative		
Parent-in-law	Carlet Hemelative		
- Turone in law		Sex Male Female	Age (in years)
What is Person 5's sex? Mark (X)	) ONE box.		Age (iii years)
Male Female		Person 8	
What is Person 5's age and wha	t is Person 5's date of birth?	Last Name (Please print)	First Name MI
Please report babies as age 0 when the	child is less than 1 year old.		
Age (in years) Print numbe  Month Da			
	, real of Birth		
		Sex Male Female	Age (in years)
→ NOTE: Please answer BOTH Qu	uestion 5 about Hispanic origin and	Person 9	
<b>\</b>	survey, Hispanic origins are not race	Last Name (Please print)	First Name MI
Is Person 5 of Hispanic, Latino,	•	Last Name (Flease print)	riist Nairie Ivii
No, not of Hispanic, Latino, or Sp			
Yes, Mexican, Mexican Am., Chic	ano		
Yes, Puerto Rican		Sex Male Female	A so (in vegus)
Yes, Cuban			Age (in years)
Yes, another Hispanic, Latino, or	Spanish origin – Print origin, for example, Nicaraguan, Salvadoran, Spaniard, and so on.	Person 10	
Augentinean, Golombian, Bolimilan, I	Tricaraguan, carvadoran, opamara, and so on.	Last Name (Please print)	First Name MI
What is Person 5's race? Mark (>	X) one or more hoxes		
White	ty one of more boxes.		
Black, African Am., or Negro		Sex Male Female	Age (in years)
	e – Print name of enrolled or principal tribe. ᡔ	Person 11	
American mulan of Alaska Native	: - This hame of emolied of principal tribe.		
		Last Name (Please print)	First Name MI
Asian Indian	Native Herritan		
	apanese Native Hawaiian		
	orean Guamanian or Chamorro		
	ietnamese Samoan Other Pacific Islander –	Sex Male Female	Age (in years)
Other Asian – Print race, for example, Hmong, Laotian, Thai,	Print race, for example,	Person 12	
Pakistani, Cambodian, and so on.	Fijian, Tongan, and so on. 🚽	Last Name (Please print)	First Name MI
		Last Halls (Floude print)	IVII
Some other race – Print race.			
		Sex Male Female	Age (in years)
			Age (in years)

### Housing

		Answer questions 4 – 6 if this is a HOUSE	home have –	mobil	е
	Places are were the following guestions	OR A MOBILE HOME; otherwise, SKIP to question 7a.		Yes	No
	Please answer the following questions about the house, apartment, or mobile	4	a. running water?	Ш	Ш
	home at the address on the mailing label.	How many cuerdas is this house or	b. a water heater?		
F	Which best describes this building?	mobile home on?	c. a flush toilet?		
	Include all apartments, flats, etc., even if vacant.	Less than 1 cuerda → SKIP to question 6	d. a bathtub or shower?		
	A mobile home	1 to 9.9 cuerdas	e. a sink with a faucet?		
	A one-family house detached from any other house	10 or more cuerdas	f. a stove or range?		
	A one-family house attached to one or more houses	IN THE PAST 12 MONTHS, what were the	g. a refrigerator?		
	A building with 2 apartments	actual sales of all agricultural products from this property?	h. telephone service from which you can both make and receive calls? <i>Include</i>		
	☐ A building with 3 or 4 apartments	None	cell phones.		
	A building with 5 to 9 apartments	□ \$1 to \$999	At this house, apartment, or mo	ouseh	old
	A building with 10 to 19 apartments	\$1,000 to \$2,499	own or use any of the following		
	A building with 20 to 49 apartments	\$2,500 to \$4,999	EXCLUDE GPS devices, digital r and devices with only limited co	omputii	ng
	A building with 50 or more apartments	\$5,000 to \$9,999	capabilities, for example: house appliances.	noia Yes	No
	Boat, RV, van, etc.	□ \$10,000 or more	a. Desktop, laptop, netbook, or notebook computer		
		5 Is there a business (such as a store or	b. Handheld computer,		
Ç	About when was this building first built?	barber shop) or a medical office on this	smart mobile phone, or other handheld wireless computer		
	2000 or later – Specify year	property?	c. Some other type of computer		
		Yes	Specify Z		
	1990 to 1999	∐ No			
	1980 to 1989	a. How many separate rooms are in this	O At this house, apartment, or mo	bile h	ome –
	1970 to 1979	house, apartment, or mobile home? Rooms must be separated by built-in	access the Internet?	ousem	oiu
	1960 to 1969	archways or walls that extend out at least 6 inches and go from floor to ceiling.	Yes, with a subscription to an service	Intern	iet
	☐ 1950 to 1959	INCLUDE bedrooms, kitchens, etc.	Yes, without a subscription to		ternet
	☐ 1940 to 1949	<ul> <li>EXCLUDE bathrooms, porches, balconies, foyers, halls, or unfinished basements.</li> </ul>	service → SKIP to question 12		
	1939 or earlier	Number of rooms	No Internet access at this hou or mobile home → SKIP to qu		
			At this house, apartment, or mo	bile h	ome –
5	When did PERSON 1 (listed on page 2) move into this house, apartment, or		subscribe to the Internet using		olu
	mobile home?	b. How many of these rooms are bedrooms?  Count as bedrooms those rooms you would		Yes	No
	Month Year	list if this house, apartment, or mobile home	a. Dial-up service?		
		were for sale or rent. If this is an efficiency/studio apartment, print "0".	b. DSL service?	Ш	Ш
		Number of bedrooms	c. Cable modem service?		
			d. Fiber-optic service?		
			e. Mobile broadband plan for a computer or a cell phone?		
			f. Satellite service?		
			g. Some other service?  Specify service		

Halleina	(continued)
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o h	ow many automobiles, vans, and trucks f one-ton capacity or less are kept at ome for use by members of this ousehold?	electricity for this house, apartment, or mobile home?  Last month's cost – Dollars	member of from the N Do NOT ind	f this household receive benefits lutritional Assistance Program? clude WIC, the School Lunch Program, ce from food banks.
3 Wh	f one-ton capacity or less are kept at ome for use by members of this	OR Included in rent or condominium fee No charge or electricity not used  b. LAST MONTH, what was the cost of gas for this house, apartment, or mobile home?  Last month's cost – Dollars  OR Included in rent or condominium fee Included in electricity payment entered above No charge or gas not used	Or assistant  Yes  No  Is this houpart of a c  Yes →  No  No  Is this hou  Mark (X) Ol  Owned  house  Includ  Owned  house  mortg  Rented	see, apartment, or mobile home ondominium?  What is the monthly condominium fee? For renters, answer only if you pay the condominium fee in addition to your rent; otherwise, mark the "None" box.  Monthly amount – Dollars  OR  None  None  None  OR  OR  OR  OR  OR  OR  OR  OR  OR  O

	/ <b>4.</b>
HOUSING	(continued)
	Collidillaca

B Answer questions 18a and b if this house, apartment, or mobile home is RENTED. Otherwise, SKIP to question 19.	a. Do you or any member of this household have a mortgage, deed of trust, contract to purchase, or similar debt on THIS property?  Yes, mortgage, deed of trust, or similar debt	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
a. What is the monthly rent for this house, apartment, or mobile home?  Monthly amount – Dollars  b. Does the monthly rent include any meals?  Yes  No	<ul> <li>Yes, contract to purchase</li> <li>No → SKIP to question 23a</li> <li>b. How much is the regular monthly mortgage payment on THIS property? Include payment only on FIRST mortgage or contract to purchase.</li> <li>Monthly amount – Dollars</li> <li>OR</li> <li>No regular payment required → SKIP to question 23a</li> </ul>	<ul> <li>Yes, second mortgage and home equity loan</li> <li>No → SKIP to D</li> <li>b. How much is the regular monthly payment on all second or junior mortgages and all home equity loans on THIS property?</li> <li>Monthly amount – Dollars</li> <li>OR</li> <li>No regular payment required</li> </ul>
Answer questions 19–23 if you or someone else in this household OWNS or IS BUYING this house, apartment, or mobile home. Otherwise, SKIP to E.  About how much do you think this house and lot, apartment, or mobile home (and lot, if owned) would sell for if it were for sale?  Amount – Dollars  What are the annual real estate taxes on THIS property?  Annual amount – Dollars  OR	c. Does the regular monthly mortgage payment include payments for real estate taxes on THIS property?  Yes, taxes included in mortgage payment  No, taxes paid separately or taxes not required  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	Answer question 24 if this is a MOBILE HOME. Otherwise, SKIP to E.  What are the total annual costs for personal property taxes, site rent, registration fees, and license fees on THIS mobile home and its site?  Exclude real estate taxes.  Annual costs – Dollars  Answer questions about PERSON 1 on the next page if you listed at least one person on page 2. Otherwise, SKIP to page 28 for the mailing instructions.
What is the annual payment for fire, hazard, and flood insurance on THIS property?  Annual amount – Dollars  OR  None		

Person 1	b. What grade or level was this person attending? Mark (X) ONE box.	5 What is this person's ancestry or ethnic origin?
Please copy the name of Person 1 from page 2, then continue answering questions below.  Last Name	Nursery school, preschool  Kindergarten  Grade 1 through 12 – Specify grade 1 – 12 –	(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish,
First Name  MI  Where was this person born?  In the United States – Print name of state.  Outside the United States – Print Puerto Rico or name of foreign country, or U.S. Virgin Islands, Guam, etc  Is this person a citizen of the United States?	College undergraduate years (freshman to senior) Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school)  What is the highest degree or level of school this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received.  NO SCHOOLING COMPLETED No schooling completed NURSERY OR PRESCHOOL THROUGH GRADE 12 Nursery school Kindergarten	Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)
Yes, born in Puerto Rico → SKIP to 10a  Yes, born in a U.S. state, District of Columbia, Guam, the U.S. Virgin Islands, or Northern Marianas  Yes, born abroad of U.S. citizen parent or parents  Yes, U.S. citizen by naturalization – Print year of naturalization  No, not a U.S. citizen  When did this person come to live in Puerto Rico? Print numbers in boxes.  Year	Grade 1 through 11 – Specify grade 1 – 11  12th grade – NO DIPLOMA  HIGH SCHOOL GRADUATE Regular high school diploma GED or alternative credential  COLLEGE OR SOME COLLEGE Some college credit, but less than 1 year of college credit 1 or more years of college credit, no degree Associate's degree (for example: AA, AS)	Not well  Not at all   a. Did this person live in this house or apartment 1 year ago?  Person is under 1 year old → SKIP to question 18  Yes, this house → SKIP to question 18  No, outside Puerto Rico and the United States – Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 18.
In what country was this person's FATHER born?  Print name of country, or Puerto Rico, U.S. Virgin Islands, etc.  In what country was this person's MOTHER born?  Print name of country, or Puerto Rico, U.S. Virgin Islands, etc.		No, different house in Puerto Rico or the United States  b. Where did this person live 1 year ago?  Address Development or condominium name Number and street name
2 At any time IN THE LAST 2 MONTHS has	Answer question 14 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 15.  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)	Name of city, town, or post office  Name of municipio in Puerto Rico or U.S. county  Enter Puerto Rico or name of U.S. state  ZIP Code

Person 1 (c	continued
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8	Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type	Answer question 21 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 2 on page 12.  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.
	a. Insurance through a current or former employer or union (of this person or another family member)  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	<ul> <li>Now married</li> <li>Widowed</li> <li>Divorced</li> <li>Separated</li> </ul> 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 31a
	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	Only on active duty for training in the Reserves or National Guard → SKIP to question 30a  In the PAST 12 MONTHS did this person get –  Yes No  a. Married?  Only on active duty for training in the Reserves or National Guard → SKIP to question 30a  Now on active duty  On active duty in the past, but not now
9	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	b. Widowed? c. Divorced?  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.  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  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) 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)
3	Answer question 20a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 2 on page 12.  a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?	the past 12 months?  ☐ No → SKIP to question 31a  ☐ Yes
	Yes No  b. Does this person have serious difficulty walking or climbing stairs? Yes No  c. Does this person have difficulty dressing or bathing? Yes No	<ul> <li>No</li> <li>a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?</li> <li>Yes</li> <li>No → SKIP to question 28</li> <li>b. What is this person's service-connected disability rating?</li> <li>0 percent</li> <li>10 or 20 percent</li> <li>30 or 40 percent</li> <li>50 or 60 percent</li> <li>70 percent or higher</li> <li>70 percent or higher</li> </ul>

	Person 1 (continued)	Answer question 34 if you marked "Car,	38 During the LAST 4 WEEKS, has this person been
5	a. LAST WEEK, did this person work for pay at a job (or business)?	truck, or van" in question 33. Otherwise, SKIP to question 35.	ACTIVELY looking for work?  Yes
	<ul><li>Yes → SKIP to question 32</li><li>No – Did not work (or retired)</li></ul>	4 How many people, including this person, usually rode to work in the car, truck, or van	No → SKIP to question 40
	b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?	LAST WEEK? Person(s)	39 LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?
	Yes		Yes, could have gone to work
	No → SKIP to question 37a		No, because of own temporary illness
2	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	What time did this person usually leave home to go to work LAST WEEK?	No, because of all other reasons (in school, etc.)
	last week.	110di Williato	When did this person last work, even for a few days?
L	a. Address  Development or condominium name	a.m.	
L	Number and street name	p.m.	Within the past 12 months
			1 to 5 years ago → SKIP to L
L		How many minutes did it usually take this person to get from home to work LAST WEEK?	Over 5 years ago or never worked → SKIP to question 49
	If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.	Minutes	a. During the PAST 12 MONTHS (52 weeks), did this person work 50 or more weeks? Count
	b. Name of city, town, or post office		paid time off as work.
L			Yes → SKIP to question 42
		Answer questions 37 – 40 if this person	□ No
	c. Is the work location inside the limits of that city or town?	did NOT work last week. Otherwise, SKIP to question 41a.	b. How many weeks DID this person work, even for a few hours, including paid vacation, paid
	Yes		sick leave, and military service?
	No, outside the city/town limits	A LAST WEEK was this names on love # from	50 to 52 weeks
	d. Name of municipio in Puerto Ricoor U.S.	a. LAST WEEK, was this person on layoff from a job?	48 to 49 weeks
	county	Yes → SKIP to question 37c	40 to 47 weeks
		No	27 to 39 weeks
ı			14 to 26 weeks
ı	e. Enter Puerto Rico or name of U.S. stateor foreign country	b. LAST WEEK, was this person TEMPORARILY	13 weeks or less
	Toreign country	absent from a job or business?	
		reasons, bad weather, etc. → SKIP to	During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person
ı	f. ZIP Code	question 40	usually work each WEEK?  Usual hours worked each WEEK
		No → SKIP to question 38	Usual nours worked each WEEK
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 box of the one used for most of the distance.	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?	
	☐ Car, truck, or van ☐ Motorcycle	Yes → SKIP to question 39	
	Bus or trolley bus Bicycle	No	
	☐ Carro público ☐ Walked		
	☐ Subway or elevated ☐ Worked at		
	Railroad home → SKIP		
	Ferryboat to question 41a  Other method		
	Taxicab Other method		



Daniel ( )		
Person 1 (continued)	What kind of work was this person doing? (For example: registered nurse, personnel manager,	d. Social Security or Railroad Retirement.
	supervisor of order department, secretary,	
Answer questions 43 – 48 if this person	accountant)	Yes → \$ .00
worked in the past 5 years. Otherwise, SKIP to question 49.		No TOTAL AMOUNT for past 12 months
43 – 48 CURRENT OR MOST RECENT JOB	8 What were this person's most important	e. Supplemental Security Income (SSI).
ACTIVITY. Describe clearly this person's chief job activity or business last week. If this person	activities or duties? (For example: patient care, directing hiring policies, supervising order clerks,	Yes → \$ .00
had more than one job, describe the one at which this person worked the most hours. If this	typing and filing, reconciling financial records)	No
person had no job or business last week, give information for his/her last job or business.		TOTAL AMOUNT for past 12 months
3 Was this person –		f. Any public assistance or welfare payments
Mark (X) ÖNE box.	9 INCOME IN THE PAST 12 MONTHS	from the state or local welfare office.
an employee of a PRIVATE FOR-PROFIT company or business, or of an individual, for	Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the	☐ Yes → \$ .00
wages, salary, or commissions?	TOTAL AMOUNT during the PAST 12 MONTHS.  (NOTE: The "past 12 months" is the period from	No TOTAL AMOUNT for past
an employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization?	today's date one year ago up through today.)	12 months
a local GOVERNMENT employee (city, county, etc.)?	Mark (X) the "No" box to show types of income NOT received.	g. Retirement, survivor, or disability pensions.  Do NOT include Social Security.
a state GOVERNMENT employee?	If net income was a loss, mark the "Loss" box to	☐ Yes → \$ .00
a Federal GOVERNMENT employee?	the right of the dollar amount.	No TOTAL AMOUNT for past
SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?	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	TOTAL AMOUNT for past 12 months
SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?	mark the "No" box for the other person.	h. Any other sources of income received regularly such as Veterans' (VA) payments,
working WITHOUT PAY in family business or farm?	a. Wages, salary, commissions, bonuses,     or tips from all jobs. Report amount before     deductions for taxes, bonds, dues, or other items.	unemployment compensation, child support or alimony. Do NOT include lump sum payments such as money from an inheritance or the sale of a home.
For whom did this person work?		nome.
If now on active duty in the Armed Forces, mark (X) this box →	Yes → \$ .00	☐ Yes → \$ .00
the Armed Forces, mark (X) this box $\rightarrow$ and print the branch of the Armed Forces.	No TOTAL AMOUNT for past 12 months	No TOTAL AMOUNT for past
Name of company, business, or other employer	12 monus	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 49a to 49h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to
What kind of business or industry was this?	NET Income alter business expenses.	the dollar amount.
Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail	☐ Yes → \$ .00	\$ .00
order house, auto engine manufacturing, bank)	No TOTAL AMOUNT for past Loss	None OR TOTAL AMOUNT for your
	12 months	TOTAL AMOUNT for past 12 months
	c. Interest, dividends, net rental income, royalty income, or income from estates	
Is this mainly – Mark (X) ONE box.	and trusts. Report even small amounts credited to an account.	
manufacturing?	to an account.	
wholesale trade?	☐ Yes → \$ .00	
retail trade?	No TOTAL AMOUNT for past Loss	
other (agriculture, construction, service, government, etc.)?	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 28 for mailing instructions.

Person 2	b. What grade or level was this person attending? Mark (X) ONE box.	What is this person's ancestry or ethnic origin?
Please copy the name of Person 2 from page 2, then continue answering questions below.  Last Name	Nursery school, preschool  Kindergarten  Grade 1 through 12 – Specify grade 1 – 12	(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish,
First Name    MI	Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school)  What is the highest degree or level of school this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received.  NO SCHOOLING COMPLETED	A. Does this person speak a language other than English at home?  Yes  No → SKIP to question 17a  b. What is this language?  For example: Korean, Italian, Spanish, Vietnamese c. How well does this person speak English?  Very well  Well  Not well  Not at all
Northern Marianas  Yes, born abroad of U.S. citizen parent or parents  Yes, U.S. citizen by naturalization – Print year of naturalization  No, not a U.S. citizen  When did this person come to live in Puerto Rico? Print numbers in boxes.  Year  In what country was this person's FATHER born Print name of country, or Puerto Rico, U.S. Virgin Islands, etc.	Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)	a. Did this person live in this house or apartment 1 year ago?  □ Person is under 1 year old → SKIP to question 18 □ Yes, this house → SKIP to question 18 □ No, outside Puerto Rico and the United States - Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 18. □ No, different house in Puerto Rico or the United States  b. Where did this person live 1 year ago?  Address Development or condominium name Number and street name
In what country was this person's MOTHER born  Print name of country, or Puerto Rico, U.S. Virgin Islands, etc  a. At any time IN THE LAST 3 MONTHS, has this person attended school or college?  Include only nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.  □ No, has not attended in the last 3 months → SKIP to question 13	Answer question 14 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 15.  14 This question focuses on this person's BACHELOR'S DEGREE. Please print below the specific por(s) of any BACHELOR'S DEGREES the person has received. (For example: chemical policy) of the person has received.	Name of city, town, or post office  Name of municipio in Puerto Rico or U.S. county  Enter Puerto Rico or
Yes, public school, public college  Yes, private school, private college, home school		name of U.S. state ZIP Code

Person 2	(continued)
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8	fo co	this person CURRENTLY covered b llowing types of health insurance o overage plans? Mark "Yes" or "No" for	or hea	alth		15	swer question 21 if th years old or over. Ot e questions for Persor	herwise, SKIP to		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.
		coverage in items a – h.		No	21	Bed	cause of a physical, m ndition, does this pers	ental, or emotional		Less than 6 months
ı	a.	Insurance through a current or former employer or union (of this				doi	ing errands alone sucl ice or shopping?	h as visiting a doctor's	3	6 to 11 months
ı	h	person or another family member) Insurance purchased directly from	Ш	Ш			•			1 or 2 years
ı	υ.	an insurance company (by this person or another family member)					Yes No			3 or 4 years
l	C.	Medicare, for people 65 and older,			22	Wh	at is this person's ma	rital etatue?		5 or more years
ı		or people with certain disabilities	Ш		4		Now married	iiitai status:	28	Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard?
	a.	Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability					Widowed Divorced			Mark (X) ONE box.  Never served in the military → SKIP to
ı	e.	TRICARE or other military health care					Separated			question 31a
ı		,					Never married → SKI	P to		Only on active duty for training in the Reserves or National Guard → SKIP to question 30a
ı		VA (including those who have ever used or enrolled for VA health care)	H		23	ln t	the PAST 12 MONTHS	did this person get -		Now on active duty
ı	_	Indian Health Service	Ш				Yes	No		On active duty in the past, but not now
ı	h.	Any other type of health insurance or health coverage plan – Specify –					Married?		20	Miles did alia servera come an estive duty in the
ı		<b>K</b>		1		b. \	Widowed?		4	When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period
ı						c. [	Divorced?			in which this person served, even if just for part of the period.
9	а.	Is this person deaf or does he/she h	nave		24	Ho	w many times has this	s person been married	?	September 2001 or later
T		serious difficulty hearing?					Once			August 1990 to August 2001 (including Persian Gulf War)
ı		Yes					Two times			May 1975 to July 1990
ı		No				Ш	Three or more times			Vietnam era (August 1964 to April 1975)
ı	b.	Is this person blind or does he/she serious difficulty seeing even whe		aring	25	ln v	what year did this per	son last get married?		February 1955 to July 1964
ı		glasses?				Yea	r			Korean War (July 1950 to January 1955)
ı		Yes								January 1947 to June 1950
ı		No								World War II (December 1941 to December 1946)
G	Δ	nswer question 20a – c if this perso	on is		1	Answer question 26 if this person is				November 1941 or earlier
Ī	5	years old or over. Otherwise, SKIP	to '			female and 15 – 50 years old. Otherwise, SKIP to question 27a.			30	a. Does this person have a VA service-connected
	th	ne questions for Person 3 on page	16.						31	disability rating?
10	a	Because of a physical, mental, or e	moti	onal	26	Has	s this person given bir past 12 months?	rth to any children in		Yes (such as 0%, 10%, 20%, , 100%)
Ť	, u.	condition, does this person have se	erious	S			•			No → SKIP to question 31a
ı		difficulty concentrating, remembe making decisions?	ring,	or			Yes			b. What is this person's service-connected
ı		Yes					No			disability rating?
ı	No  b. Does this person have serious difficulty			4	Ç	Does this person have grandchildren under t	he age of 18 living in		0 percent	
ı					t	this house or apartme	ent?		10 or 20 percent	
		walking or climbing stairs?					Yes			30 or 40 percent
		Yes					No → SKIP to ques	stion 28		50 or 60 percent
		No						rrently responsible fo ds of any grandchildre		70 percent or higher
	C.	Does this person have difficulty dr bathing?	essin	g or		ι	under the age of 18 waspartment?	ho lives in this house	or	
		Yes					Yes			
		No					No → SKIP to ques	stion 28		

	Person 2 (continued)		22 During the LAST 4 MITTIES has the manner by
3)	a. LAST WEEK, did this person work for pay at a job (or business)?	Answer question 34 if you marked "Car, truck, or van" in question 33. Otherwise, SKIP to question 35.	During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?  Yes
			No → SKIP to question 40
	Yes → SKIP to question 32	34 How many people, including this person,	
	<ul> <li>No - Did not work (or retired)</li> <li>b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?</li> </ul>	usually rode to work in the car, truck, or van LAST WEEK?  Person(s)	39 LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?
	Yes		Yes, could have gone to work
	No → SKIP to question 37a		No, because of own temporary illness
32	At what location did this person work LAST	35 What time did this person usually leave home	No, because of all other reasons (in school, etc.)
T	<b>WEEK?</b> If this person worked at more than one location, print where he or she worked most	to go to work LAST WEEK?	40 When did this person last work, even for a few
	last week.	Hour Minute a.m.	days?
	a. Address  Development or condominium name		Within the past 12 months
	Number and street name	,	1 to 5 years ago → SKIP to L
		36 How many minutes did it usually take this	Over 5 years ago or never worked → SKIP to
	If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.	person to get from home to work LAST WEEK? Minutes	question 49  41 a. During the PAST 12 MONTHS (52 weeks), did
	b. Name of city, town, or post office		this person work 50 or more weeks? Count paid time off as work.
			Yes → SKIP to question 42
		K Answer questions 37 – 40 if this person	□ No
	c. Is the work location inside the limits of that city or town?		b. How many weeks DID this person work, even for a few hours, including paid vacation, paid
	Yes		sick leave, and military service?
	No, outside the city/town limits	a. LAST WEEK, was this person on layoff from	50 to 52 weeks
	d. Name of municipio in Puerto Ricoor U.S.	a job?	48 to 49 weeks
	county	Yes → SKIP to question 37c	40 to 47 weeks
		□ No	27 to 39 weeks
	5 . D . D		14 to 26 weeks
	e. Enter Puerto Rico or name of U.S. stateor foreign country	b. LAST WEEK, was this person TEMPORARILY absent from a job or business?	13 weeks or less
		Yes, on vacation, temporary illness,	42 During the PAST 12 MONTHS, in the WEEKS
		maternity leave, other family/personal reasons, bad weather, etc. → SKIP to	WORKED, how many hours did this person usually work each WEEK?
	f. ZIP Code	question 40	Usual hours worked each WEEK
		No → SKIP to question 38	Osdal Hours worked each WEEK
7		c. Has this person been informed that he or she	
	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.	6 months OR been given a date to return to	
		☐ Yes → SKIP to question 39	
		□ No	
	Bus or trolley bus Bicycle Carro público Walked		
	Subway or elevated Worked at		
	Railroad home → SKIP		
	Ferryboat to question 41a		
	☐ Taxicab		



d. Social Security or Railroad Retirement.

		Pe	erson 2 (continued)
		wor	wer questions 43 – 48 if this person ked in the past 5 years. Otherwise, P to question 49.
		ACT job a had whice pers	48 CURRENT OR MOST RECENT JOB FIVITY. Describe clearly this person's chief activity or business last week. If this person more than one job, describe the one at ch this person worked the most hours. If this son had no job or business last week, give rmation for his/her last job or business.
1	3		this person – k (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 (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?
4	4	For	whom did this person work?
		the .	ow on active duty in  Armed Forces, mark (X) this box →  print the branch of the Armed Forces.
		Nan	ne of company, business, or other employer
1	5	Desi (For	at kind of business or industry was this? cribe the activity at the location where employed. example: hospital, newspaper publishing, mail or house, auto engine manufacturing, bank)
1	6	ls th	nis mainly – Mark (X) ONE box.

7	(For	example	of work was this person doing e: registered nurse, personnel ma	? nager,		
		ervisor o untant)	f order department, secretary,			
8)	direc	vities o	this person's most important r duties? (For example: patient of ing policies, supervising order cle ling, reconciling financial records	erks,		
9	INC	OME IN	THE PAST 12 MONTHS			
	pers TOT (NO	on recei AL AMC TE: The	"Yes" box for each type of inco ved, and give your best estimate DUNT during the PAST 12 MONT "past 12 months" is the period fi one year ago up through today.	e of the HS. rom		
		k (X) the receive	"No" box to show types of incod.	me		
			e was a loss, mark the "Loss" bo the dollar amount.	x to		
	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.					
	0	r tips fr	alary, commissions, bonuses, om all jobs. Report amount befo s for taxes, bonds, dues, or other	ore		
	П	Yes →	\$	00		
		No	TOTAL ANADUNT (			
			TOTAL AMOUNT for past 12 months			
	b p	usiness roprieto	loyment income from own no es or farm businesses, includi orships and partnerships. Repo me after business expenses.	ing		
	П	Yes →	\$	00		
		No	TOTAL AMOUNT for past	Loss		
	ro a	yalty i	dividends, net rental income, ncome, or income from estate s. Report even small amounts cr ount.	S		
		Yes →	\$	00		
		No				
			TOTAL AMOUNT for past 12 months	Loss		

Yes → No TOTAL AMOUNT for past 12 months e. Supplemental Security Income (SSI). Yes → No TOTAL AMOUNT for past 12 months f. Any public assistance or welfare payments from the state or local welfare office. Yes → No TOTAL AMOUNT for past 12 months g. Retirement, survivor, or disability pensions. Do NOT include Social Security. Yes → No TOTAL AMOUNT for past 12 months 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. Yes → No TOTAL AMOUNT for past 12 months What was this person's total income during the PAST 12 MONTHS? Add entries in questions 49a to 49h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount. None OR 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 28 for mailing instructions.



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

manufacturing? wholesale trade? retail trade?

Person 3	b. What grade or level was this person attending? Mark (X) ONE box.	What is this person's ancestry or ethnic origin?
Please copy the name of Person 3 from page 3, then continue answering questions below.  Last Name	Nursery school, preschool  Kindergarten  Grade 1 through 12 – Specify grade 1 – 12	(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish,
First Name  MI  Where was this person born?  In the United States – Print name of state.  Outside the United States – Print Puerto Rico or name of foreign country, or U.S. Virgin Islands, Guam, etc  Is this person a citizen of the United States?  Yes, born in Puerto Rico → SKIP to 10a	Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school)  What is the highest degree or level of school this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received.  NO SCHOOLING COMPLETED  No schooling completed  NURSERY OR PRESCHOOL THROUGH GRADE 12  Nursery school  Kindergarten  Grade 1 through 11 – Specify	Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)  16 a. Does this person speak a language other than English at home?  ☐ Yes ☐ No → SKIP to question 17a  b. What is this language?  For example: Korean, Italian, Spanish, Vietnamese c. How well does this person speak English?  ☐ Very well ☐ Well ☐ Not well
Yes, born in a U.S. state, District of Columbia, Guam, the U.S. Virgin Islands, or Northern Marianas  Yes, born abroad of U.S. citizen parent or parents  Yes, U.S. citizen by naturalization – Print year of naturalization  No, not a U.S. citizen  When did this person come to live in Puerto Rico? Print numbers in boxes.  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)	Not at all    Not at all
In what country was this person's FATHER born?  Print name of country, or Puerto Rico, U.S. Virgin Islands, etc.  In what country was this person's MOTHER born	Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)  Doctorate degree (for example: PhD, EdD)	b. Where did this person live 1 year ago?  Address  Development or condominium name Number and street name
a. At any time IN THE LAST 3 MONTHS, has this person attended school or college? Include only nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.  No, has not attended in the last 3 months → SKIP to question 13  Yes, public school, public college  Yes, private school, private college,		Name of city, town, or post office  Name of municipio in Puerto Rico or U.S. county  Enter Puerto Rico or name of U.S. state  ZIP Code

Person 3	continued
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8	Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type	Answer question 21 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 4 on page 20.  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  What is this person's marital status?  Now married Widowed Divorced  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.  Less than 6 months  6 to 11 months  1 or 2 years  3 or 4 years  5 or more years  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
	e. TRICARE or other military health care	Separated  Only on active duty for training in the Reserves
	f. VA (including those who have ever used or enrolled for VA health care) g. Indian Health Service	Never married → SKIP to  or National Guard → SKIP to question 30a  In the PAST 12 MONTHS did this person get –  Now on active duty
	h. Any other type of health insurance or health coverage plan – Specify	a. Married?  b. Widowed?  c. Divorced?  On active duty in the past, but not now  On active duty in the past, but not now  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.
	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	September 2001 or later  Once Two times Three or more times  In what year did this person last get married?  Year  Answer question 26 if this person is  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
G	Answer question 20a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 4 on page 20.	Answer question 26 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 27a.  November 1941 or earlier  November 1941 or earlier  November 1941 or earlier  a. Does this person have a VA service-connected disability rating?
	a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?  Yes No  b. Does this person have serious difficulty walking or climbing stairs?  Yes No  c. Does this person have difficulty dressing or bathing?  Yes No	Has this person given birth to any children in the past 12 months?  Yes  No  No  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 28  b. What is this person's service-connected disability rating?  O percent  10 or 20 percent  30 or 40 percent  50 or 60 percent  70 percent or higher  70 percent or higher

Person 3 (continued	Answer question 34 if you marked "Car, truck, or van" in question 33. Otherwise,	During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?
a. LAST WEEK, did this person work for at a job (or business)?		<ul><li>Yes</li><li>No → SKIP to question 40</li></ul>
☐ Yes → SKIP to question 32		No 4 SKIF to question 40
No – Did not work (or retired)	How many people, including this person, usually rode to work in the car, truck, or van	39 LAST WEEK, could this person have started a
b. LAST WEEK, did this person do ANY w for pay, even for as little as one hour?	WORK Person(s)	job if offered one, or returned to work if recalled?
☐ Yes		Yes, could have gone to work
No → SKIP to question 37a		No, because of own temporary illness
At what location did this person work L WEEK? If this person worked at more than a location, print where he or she worked mos	one to go to work I AST WEEK?	No, because of all other reasons (in school, etc.)
last week.	Hour Minute	40 When did this person last work, even for a few days?
a. Address Development or condominium name	a.m.	Within the past 12 months
Number and street name	, , , , , , , , , , , , , , , , , , ,	1 to 5 years ago → SKIP to L
	36 How many minutes did it usually take this	Over 5 years ago or never worked → SKIP to
If the exact address is not known, give a	How many minutes did it usually take this person to get from home to work LAST WEEK?	question 10
description of the location such as the bui name or the nearest street or intersection.	ilding Minutes	a. During the PAST 12 MONTHS (52 weeks), did
b. Name of city, town, or post office		this person work 50 or more weeks? Count paid time off as work.
, , , , , , , , , , , , , , , , , , ,		Yes → SKIP to question 42
	M Applyor questions 27 40 if this parson	No
c. Is the work location inside the limits	of that  Answer questions 37 – 40 if this person did NOT work last week. Otherwise,	
city or town?	SKIP to question 41a.	b. How many weeks DID this person work, even for a few hours, including paid vacation, paid
Yes		sick leave, and military service?
No, outside the city/town limits	a. LAST WEEK, was this person on layoff from	
d. Name of municipio in Puerto Ricoor L	U.S. a job?	48 to 49 weeks
- County	Yes → SKIP to question 37c	40 to 47 weeks
	□ No	27 to 39 weeks  14 to 26 weeks
e. Enter Puerto Rico or name of U.S. sta	b. LAST WEEK, was this person TEMPORARILY	
foreign country	absent from a job or business?	10 WOOKS ST 1885
	Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to	During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?
f. ZIP Code	question 40	Usual hours worked each WEEK
	No → SKIP to question 38	
How did this person usually get to work WEEK? If this person usually used more tha method of transportation during the trip, mathe box of the one used for most of the dista	an one ark (X) 6 months OR been given a date to return to work?	
	Yes → SKIP to question 39	
Car, truck, or van Motorc  Bus or trolley bus Bicycle	. I No	
Carro público Walked		
Subway or elevated Worked		
Railroad home -	→ SKIP stion 41a	
Frank Land	method	
☐ Taxicab		



d. Social Security or Railroad Retirement.

	Pe	erson 3 (continued	d) 47	What kind (For example supervisor of accountant)
	woi	swer questions 43 – 48 if this persor rked in the past 5 years. Otherwise, P to question 49.		accountanty
	job had whi pers	- 48 CURRENT OR MOST RECENT JO FIVITY. Describe clearly this person's cl activity or business last week. If this person more than one job, describe the one at ch this person worked the most hours. It son had no job or business last week, give rmation for his/her last job or business.	nief son fthis	What were activities o directing hir typing and fi
4		s this person – k (X) ONE box.	4.9	INCOME IN
		an employee of a PRIVATE FOR-PROF company or business, or of an individ wages, salary, or commissions?		Mark (X) the person recei TOTAL AMO
		an employee of a PRIVATE NOT-FOR-tax-exempt, or charitable organization	PROFIT, i?	(NOTE: The today's date
		a local GOVERNMENT employee (city, county, etc.)?		Mark (X) the NOT receive
		a state GOVERNMENT employee?		If net incom the right of
		a Federal GOVERNMENT employee?  SELF-EMPLOYED in own NOT INCOR business, professional practice, or far		For income share for ea
		SELF-EMPLOYED in own INCORPORA business, professional practice, or far		report the w mark the "N
		working WITHOUT PAY in family busi or farm?	ness	a. Wages, s or tips fr deduction
44	For	whom did this person work?		
	the	ow on active duty in Armed Forces, mark (X) this box → print the branch of the Armed Forces.		☐ Yes →
	Nan	ne of company, business, or other emp	loyer	
				b. Self-emp business propriete NET incom
45	Des (For	at kind of business or industry was t cribe the activity at the location where t example: hospital, newspaper publishin er house, auto engine manufacturing, ba	mployed. ng, mail	Yes → No
46	ls ti	nis mainly – Mark (X) ONE box.		c. Interest, royalty in and trust
		manufacturing?		to an acco

		t kind o							
		example rvisor o						manag	ger,
		untant)	1 010	aer uep	ai tiii	ent, set	oretary,		
					_				
3)	Wha	t were ' /ities o	this	perso	on's r	nost ir	nporta	nt ot care	
	direc	ting hiri	ing p	policies	s, sup	ervisin	g order	clerks	,
	typin	g and fi	ling	, recon	ciling	financ	ial reco	rds)	
9	INCO	OME IN	ТНІ	FPΔS	T 12	MONT	'HS		
	Mark	(X) the on recei	Ye Ved	es" box	tor e	each ty <sub>l</sub>	pe ot in st estim	come	this the
	TOTA	AL AMC	NUC	T durii	ng th	e PAST	12 MO	NTHS	
		E: The							1
	touay	y's date	OHE	e year	ago t	ip inroi	ugn toa	ay.)	
		(X) the		o" box	to sh	ow typ	es of in	come	
	NOI	receive	d.						
		incom					"Loss"	box to	)
	the r	ight of	the	dollar	amou	ınt.			
	For i	ncome	rece	ived jo	intly,	report	the app	oropri	ate
	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							),	
	repoi	rt the W	noie o" b	e amou ox for	int to the c	r only ther be	one per erson.	son a	na
	mark the "No" box for the other person.								
	a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before								
		duction							ms.
		1						_	
		Yes →						.00	
		No				,			
				TOTA		OUNT months	for past		
					12 1	110111115	'		
	b. Se	elf-emp	lov	ment i	incoı	ne fro	m own	nonfa	arm 5
	bι	ısiness	es c	or farn	n bus	inesse	s, inclu	uding	
	pr N	oprieto ET incor	orsn me a	n <b>ips an</b> after bu	ı <b>a pa</b> ısines	rtnersi ss expe	<b>nips.</b> Ko nses.	эроп	
						<u>'</u>			
		Yes →						.00	
		No		1					
				TOTA	L AM	OUNT nonths	for past		Loss
					121	HOHLIS			
	c. In	terest,	div	idend	s. net	t renta	l incom	ie.	
	ro	yalty ii	nco	me, or	inco	me fro	om esta	ites	
		nd trust an acco			even	small a	mounts	credi	ted
	10	an acce	Janit						
		Yes →						.00	
				,		,			Ш
	Ш	No		TOTA	LAM	OUNT	for past		Loss
					12 ו	nonths			

Yes → No TOTAL AMOUNT for past 12 months e. Supplemental Security Income (SSI). Yes → П No TOTAL AMOUNT for past 12 months f. Any public assistance or welfare payments from the state or local welfare office. Yes → No TOTAL AMOUNT for past 12 months g. Retirement, survivor, or disability pensions. Do NOT include Social Security. Yes → No TOTAL AMOUNT for past 12 months 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. Yes → No TOTAL AMOUNT for past 12 months What was this person's total income during the PAST 12 MONTHS? Add entries in questions 49a to 49h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount. None OR 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 28 for mailing instructions.



other (agriculture, construction, service,

wholesale trade? retail trade?

government, etc.)?

Person 4	b. What grade or level was this person attending? Mark (X) ONE box.	What is this person's ancestry or ethnic origin?
Please copy the name of Person 4 from page 3, then continue answering questions below.  Last Name	Nursery school, preschool  Kindergarten Grade 1 through 12 – Specify grade 1 – 12 –	(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish,
Where was this person born?  In the United States – Print name of state.  Outside the United States – Print Puerto Rico or name of foreign country, or U.S. Virgin Islands, Guam, etc	Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school)  What is the highest degree or level of school this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received.  NO SCHOOLING COMPLETED  No schooling completed  NURSERY OR PRESCHOOL THROUGH GRADE 12	<ul> <li>Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)</li> <li>a. Does this person speak a language other than English at home?  Yes  No → SKIP to question 17a</li> <li>b. What is this language?</li> <li>For example: Korean, Italian, Spanish, Vietnamese</li> <li>c. How well does this person speak English?</li> </ul>
Is this person a citizen of the United States?  Yes, born in Puerto Rico → SKIP to 10a  Yes, born in a U.S. state, District of Columbia, Guam, the U.S. Virgin Islands, or Northern Marianas  Yes, born abroad of U.S. citizen parent or parents	Nursery school  Kindergarten  Grade 1 through 11 – Specify grade 1 – 11 –  12th grade – NO DIPLOMA  HIGH SCHOOL GRADUATE	<ul> <li>Very well</li> <li>Well</li> <li>Not well</li> <li>Not at all</li> </ul> 17 a. Did this person live in this house or apartment 1 year ago?
Yes, U.S. citizen by naturalization – Print year of naturalization  No, not a U.S. citizen  When did this person come to live in Puerto Rico? Print numbers in boxes.	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	Person is under 1 year old → SKIP to question 18  Yes, this house → SKIP to question 18  No, outside Puerto Rico and the United States – Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 18.
Year  In what country was this person's FATHER born?  Print name of country, or Puerto Rico, U.S. Virgin Islands, etc.	Associate's degree (for example: AA, AS) Bachelor's degree (for example: BA, BS)  AFTER BACHELOR'S DEGREE  Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA) Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD) Doctorate degree (for example: PhD, EdD)	No, different house in Puerto Rico or the United States  b. Where did this person live 1 year ago?  Address Development or condominium name Number and street name
In what country was this person's MOTHER born?  Print name of country, or Puerto Rico, U.S. Virgin Islands, etc.  a. At any time IN THE LAST 3 MONTHS, has	Answer question 14 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 15.	Name of city, town, or post office
this person attended school or college?  Include only nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.  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	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)	Name of municipio in Puerto Rico or U.S. county  Enter Puerto Rico or name of U.S. state  ZIP Code

Person 4	(continued)
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8	8 Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h.	Answer question 21 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 5 on page 24.  Because of a physical, mental, or emotional	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.
	a. Insurance through a current or former employer or union (of this person or another family member)	condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping?	Less than 6 months  6 to 11 months  1 or 2 years
	b. Insurance purchased directly from an insurance company (by this person or another family member)	☐ Yes ☐ No	3 or 4 years 5 or more years
ı	c. Medicare, for people 65 and older, or people with certain disabilities	What is this person's marital status?	Usa ship manana arrang amand an active duty in the
	d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability	<ul><li>Now married</li><li>Widowed</li><li>Divorced</li></ul>	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
ı	e. TRICARE or other military health care	Separated	question 31a  Only on active duty for training in the Reserves
	f. VA (including those who have ever used or enrolled for VA health care)	Never married → SKIP to	or National Guard → SKIP to question 30a
	g. Indian Health Service	In the PAST 12 MONTHS did this person get –  Yes No	Now on active duty
	h. Any other type of health insurance or health coverage plan – Specify –	a. Married?	On active duty in the past, but not now
	or health coverage plan – Specify – – –	b. Widowed?	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.
	serious difficulty hearing?  Yes No b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?  Yes No	Once Two times Three or more times  In what year did this person last get married?  Year  Answer question 26 if this person is	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
G	Answer question 20a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 5 on page 24.	female and 15 – 50 years old. Otherwise,	a. Does this person have a VA service-connected disability rating?
20	a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?  Yes No b. Does this person have serious difficulty walking or climbing stairs?  Yes No c. Does this person have difficulty dressing or bathing?	Has this person given birth to any children in the past 12 months?  Yes No  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 28  b. Is this grandparent currently responsible for most of the basic needs of any grandchildren under the age of 18 who lives in this house or apartment?  Yes	Yes (such as 0%, 10%, 20%,, 100%)  No → SKIP to question 31a  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
	□ No	No → SKIP to question 28	

	Person 4 (continued)	<b>A.</b>	29 Duning the LAST A WIFFING Land to the same
31	a. LAST WEEK, did this person work for pay	Answer question 34 if you marked "Car, truck, or van" in question 33. Otherwise, SKIP to question 35.	During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?
T	at a job (or business)?		No → SKIP to question 40
	☐ Yes → SKIP to question 32		No 7 SKII to question 40
	No – Did not work (or retired)	How many people, including this person, usually rode to work in the car, truck, or van	39 LAST WEEK, could this person have started a
	b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?	Person(s)	job if offered one, or returned to work if recalled?
	Yes		Yes, could have gone to work
	No → SKIP to question 37a		No, because of own temporary illness
2	At what location did this person work LAST WEEK? If this person worked at more than one	What time did this person usually leave home to go to work LAST WEEK?	No, because of all other reasons (in school, etc.)
	location, print where he or she worked most last week.	Hour Minute	When did this person last work, even for a few
	a. Address	a.m.	days?
	Development or condominium name Number and street name	p.m.	Within the past 12 months
			1 to 5 years ago → SKIP to L
		36 How many minutes did it usually take this	Over 5 years ago or never worked → SKIP to question 49
	If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.	person to get from home to work LAST WEEK?  Minutes	a. During the PAST 12 MONTHS (52 weeks), did this person work 50 or more weeks? Count
	b. Name of city, town, or post office		paid time off as work.
			Yes → SKIP to question 42
		Answer questions 37 – 40 if this person	□ No
	c. Is the work location inside the limits of that city or town?		b. How many weeks DID this person work, even for a few hours, including paid vacation, paid
	Yes		sick leave, and military service?
	No, outside the city/town limits	37 a. LAST WEEK, was this person on layoff from	50 to 52 weeks
	d. Name of municipio in Puerto Ricoor U.S.	a job?	48 to 49 weeks
	county	Yes → SKIP to question 37c	☐ 40 to 47 weeks
		No	27 to 39 weeks
			☐ 14 to 26 weeks
	e. Enter Puerto Rico or name of U.S. stateor foreign country	b. LAST WEEK, was this person TEMPORARILY absent from a job or business?	13 weeks or less
	,		
		Yes, on vacation, temporary illness, maternity leave, other family/personal	During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person
	f. ZIP Code	reasons, bad weather, etc. → SKIP to question 40	usually work each WEEK?
		No → SKIP to question 38	Usual hours worked each WEEK
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 box of the one used for most of the distance.	6 months OR been given a date to return to	
	Car, truck, or van Motorcycle	☐ Yes → SKIP to question 39	
	Bus or trolley bus Bicycle	□ No	
	Carro público Walked		
	Subway or elevated Worked at		
	Railroad home → SKIP		
	Ferryboat to question 41a		
	Taxicab		



	Person 4 (continued)	What kind of work was this person doing? (For example: registered nurse, personnel manager,	d. Social Security or Railroad Retirement.
I		supervisor of order department, secretary, accountant)	Ves→ \$ .00
Ļ	Answer questions 43 – 48 if this person worked in the past 5 years. Otherwise,		Yes → \$ .00
	SKIP to question 49.		TOTAL AMOUNT for past 12 months
	42 40 CURRENT OR MOST RECENT IOR	What were this person's most important	e. Supplemental Security Income (SSI).
	ACTIVITY. Describe clearly this person's chief	activities or duties? (For example: patient care,	
	job activity or business last week. If this person had more than one job, describe the one at	directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)	Yes → \$ .00
ı	which this person worked the most hours. If this person had no job or business last week, give		No TOTAL AMOUNT for past
	information for his/her last job or business.		12 months
13	Was this person -		f. Any public assistance or welfare payments from the state or local welfare office.
T	Mark (X) ONE box.	19 INCOME IN THE PAST 12 MONTHS	from the state or local welfare office.
	an employee of a PRIVATE FOR-PROFIT company or business, or of an individual, for	Mark (X) the "Yes" box for each type of income this	☐ Yes → \$ .00
ı	wages, salary, or commissions?	person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS.	No TOTAL AMOUNT for past
ı	an employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization?	(NOTE: The "past 12 months" is the period from today's date one year ago up through today.)	12 months
ı	a local GOVERNMENT employee	Mark (X) the "No" box to show types of income	g. Retirement, survivor, or disability pensions.
ı	(city, county, etc.)?	NOT received.	Do NOT include Social Security.
ı	a state GOVERNMENT employee?	If net income was a loss, mark the "Loss" box to the right of the dollar amount.	☐ Yes → \$ .00
ı	a Federal GOVERNMENT employee?		No TOTAL AMOUNT for past
ı	SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?	share for each person – or, if that's not possible,	12 months
ı	SELF-EMPLOYED in own INCORPORATED	report the whole amount for only one person and mark the "No" box for the other person.	h. Any other sources of income received
ı	business, professional practice, or farm?		regularly such as Veterans' (VA) payments, unemployment compensation, child support
ı	working WITHOUT PAY in family business or farm?	a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before	<b>or alimony.</b> Do NOT include lump sum payments such as money from an inheritance or the sale of a
		deductions for taxes, bonds, dues, or other items.	home.
14	For whom did this person work?	Yes → \$ .00	Yes → \$ .00
ı	If now on active duty in the Armed Forces, mark (X) this box $\rightarrow$	No TOTAL AMOUNT (	No
ı	and print the branch of the Armed Forces.	TOTAL AMOUNT for past 12 months	TOTAL AMOUNT for past 12 months
ı	Name of company, business, or other employer	h Calf annulariment income from annu nanfarm G	00 What was this person's total income during the
ı		businesses or farm businesses, including	PAST 12 MONTHS? Add entries in questions 49a to 49h; subtract any losses. If net income was a loss,
1		proprietorships and partnerships. Report NET income after business expenses.	enter the amount and mark (X) the "Loss" box next to the dollar amount.
15	What kind of business or industry was this? Describe the activity at the location where employed.	\$ .00	the donar amount.
ı	(For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank)	Yes →	\$ .00
ı	order nodse, auto engine mandiaetaring, bank,	No TOTAL AMOUNT for past Loss	None OR TOTAL AMOUNT for past Loss
ı		12 months	12 months
		c. Interest, dividends, net rental income, royalty income, or income from estates	
16	<b>Is this mainly –</b> <i>Mark (X) ONE box.</i>	and trusts. Report even small amounts credited	
ı	manufacturing?	to an account.	
ı	wholesale trade?	☐ Yes → \$ .00	
ı	retail trade?	No TOTAL AMOUNT for past Loss	
	other (agriculture, construction, service, government, etc.)?	TOTAL AMOUNT for past Loss 12 months	
	<u> </u>		Continue with the amentions for Borrow For the
			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 28 for mailing instructions.

Person 5	b. What grade or level was this person attending? Mark (X) ONE box.	What is this person's ancestry or ethnic origin?
Please copy the name of Person 5 from page 4, then continue answering questions below.  Last Name	Nursery school, preschool  Kindergarten Grade 1 through 12 – Specify grade 1 – 12 –	(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish,
Outside the United States – Print Puerto Rico or name of foreign country, or U.S. Virgin Islands, Guam, etc	College undergraduate years (freshman to senior)  Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school)  What is the highest degree or level of school this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received.  NO SCHOOLING COMPLETED  No schooling completed  NURSERY OR PRESCHOOL THROUGH GRADE 12  Nursery school  Kindergarten	<ul> <li>Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)</li> <li>a. Does this person speak a language other than English at home?</li> <li>Yes</li> <li>No → SKIP to question 17a</li> <li>b. What is this language?</li> <li>For example: Korean, Italian, Spanish, Vietnamese</li> <li>c. How well does this person speak English?</li> <li>Very well</li> </ul>
S Is this person a citizen of the United States?  Yes, born in Puerto Rico → SKIP to 10a  Yes, born in a U.S. state, District of Columbia, Guam, the U.S. Virgin Islands, or Northern Marianas  Yes, born abroad of U.S. citizen parent	Grade 1 through 11 – Specify grade 1 – 11 –	<ul><li></li></ul>
Yes, U.S. citizen by naturalization – Print year of naturalization  No, not a U.S. citizen  When did this person come to live in Puerto Rico? Print numbers in boxes.  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)	1 year ago?  □ Person is under 1 year old → SKIP to question 18 □ Yes, this house → SKIP to question 18 □ No, outside Puerto Rico and the United States – Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 18. □ No, different house in Puerto Rico or the
In what country was this person's FATHER born? Print name of country, or Puerto Rico, U.S. Virgin Islands, etc.  In what country was this person's MOTHER born?		United States  b. Where did this person live 1 year ago?  Address  Development or condominium name Number and street name
a. At any time IN THE LAST 3 MONTHS, has this person attended school or college? Include only nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.  No, has not attended in the last 3 months at SKIP to question 13	Answer question 14 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 15.  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)	Name of city, town, or post office  Name of municipio in Puerto Rico or U.S. county
months → SKIP to question 13  Yes, public school, public college  Yes, private school, private college, home school		Enter Puerto Rico or name of U.S. state ZIP Code

8	following ty	on CURRENTLY covered by the soft health insurance ans? Mark "Yes" or "No" for items a – h.	or hea	lth	е	Answer question 21 if this person is 15 years old or over. Otherwise, SKIP to the mailing instructions on page 28.  Because of a physical, mental, or emotional	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.
	former en	through a current or ployer or union (of this another family member)	Yes	No		condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping?		Less than 6 months 6 to 11 months 1 or 2 years
	an insurar	purchased directly from ice company (by this another family member)				Yes No		3 or 4 years 5 or more years
		for people 65 and older, with certain disabilities			22	What is this person's marital status?	28 H	as this person ever served on active duty in the
	any kind c	Medical Assistance, or f government-assistance ose with low incomes lity				<ul><li>Now married</li><li>Widowed</li><li>Divorced</li></ul>	U.	S. Armed Forces, Reserves, or National Guard?  ark (X) ONE box.  Never served in the military → SKIP to
	e. TRICARE	or other military health care				☐ Separated		question 31a  Only on active duty for training in the Reserves
	f. VA (includ	ing those who have ever irolled for VA health care)				Never married → SKIP to		or National Guard → SKIP to question 30a
	g. Indian Hea				23	In the PAST 12 MONTHS did this person get – Yes No		Now on active duty  On active duty in the past, but not now
	h. Any other or health	type of health insurance coverage plan – Specify				a. Married?	29 W	hen did this person serve on active duty in the
		ŕ				c. Divorced?	U.	<b>.S. Armed Forces?</b> Mark (X) a box for EACH period which this person served, even if just for part of the eriod.
	Yes No b. Is this pe	ifficulty hearing? rson blind or does he/she ifficulty seeing even whe		ring		☐ Once ☐ Two times ☐ Three or more times In what year did this person last get married? Year  Answer question 26 if this person is		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
G	5 years old	estion 20a – c if this pers or over. Otherwise, SKIF instructions on page 28.	to		Ĺ	female and 15 – 50 years old. Otherwise, SKIP to question 27a.	<b>30</b> a.	Does this person have a VA service-connected disability rating?
	condition difficulty making of the walking of the walking of the walking of the walking?	of a physical, mental, or on the concentrating, remember ecisions?  person have serious diffor climbing stairs?	erious ering, iculty	onal	27	Has this person given birth to any children in the past 12 months?  Yes No  No  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 28  b. Is this grandparent currently responsible for most of the basic needs of any grandchildren under the age of 18 who lives in this house or apartment?  Yes Yes		Yes (such as 0%, 10%, 20%,, 100%)  No → SKIP to question 31a  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
	☐ No					No → SKIP to question 28		

	Person 5 (continued)		29 During the LAST 4 MITTIES In 1911
31)	a. LAST WEEK, did this person work for pay	Answer question 34 if you marked "Car, truck, or van" in question 33. Otherwise, SKIP to question 35.	During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?
	at a job (or business)?		No → SKIP to question 40
	Yes → SKIP to question 32	Management in all disputes a survey	
	<ul> <li>No – Did not work (or retired)</li> <li>b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?</li> </ul>	How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?  Person(s)	LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?
			Yes, could have gone to work
	<ul><li>Yes</li><li>No → SKIP to question 37a</li></ul>		No, because of own temporary illness
7	·		No, because of all other reasons (in school, etc.)
	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?  Hour Minute	40 When did this person last work, even for a few
	a. Address	a.m.	days?
	Development or condominium name Number and street name	□ p.m.	Within the past 12 months
	Number and street name		1 to 5 years ago → SKIP to
	If the exact address is not known, give a	How many minutes did it usually take this person to get from home to work LAST WEEK?	Over 5 years ago or never worked → SKIP to question 49
	description of the location such as the building name or the nearest street or intersection.	Minutes	a. During the PAST 12 MONTHS (52 weeks), did this person work 50 or more weeks? Count
	b. Name of city, town, or post office	_,	paid time off as work.
			Yes → SKIP to question 42
ı		Answer questions 37 – 40 if this person	No
	c. Is the work location inside the limits of that city or town?	did NOT work last week. Otherwise, SKIP to question 41a.	b. How many weeks DID this person work, even for a few hours, including paid vacation, paid
	Yes		sick leave, and military service?
	No, outside the city/town limits	a. LAST WEEK, was this person on layoff from	50 to 52 weeks
	d. Name of municipio in Puerto Ricoor U.S. county	a job?	48 to 49 weeks
	odunty	Yes → SKIP to question 37c	40 to 47 weeks
		□ No	27 to 39 weeks
	e. Enter Puerto Rico or name of U.S. stateor	b. LAST WEEK, was this person TEMPORARILY	14 to 26 weeks
	foreign country	absent from a job or business?	13 weeks or less
		Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to	During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person
	f. ZIP Code	question 40	usually work each WEEK?
		No → SKIP to question 38	Usual hours worked each WEEK
33	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.	6 months OR been given a date to return to work?	
	Car, truck, or van Motorcycle	Yes → SKIP to question 39	
	☐ Bus or trolley bus ☐ Bicycle	□ No	
	Carro público Walked		
	☐ Subway or elevated ☐ Worked at		
	Railroad home → SKIP to question 41a		
	Ferryboat Other method		
	Taxicab		



	Person 5 (continued)	What kind of work was this person doing?	d. Social Security or Railroad Retirement.
		(For example: registered nurse, personnel manager, supervisor of order department, secretary,	
L		accountant)	Yes → \$ .00
	worked in the past 5 years. Otherwise, SKIP to question 49.		No TOTAL AMOUNT for past 12 months
	43 - 48 CURRENT OR MOST RECENT JOB	What were this person's most important activities or duties? (For example: patient care,	e. Supplemental Security Income (SSI).
١	<b>ACTIVITY.</b> Describe clearly this person's chief job activity or business last week. If this person had more than one job, describe the one at	directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)	☐ Yes → \$ .00
	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.	typing and iming, reconciling imanetal records,	No TOTAL AMOUNT for past 12 months
4:	Was this person -		f. Any public assistance or welfare payments
٦	Mark (X) ONE box.	9 INCOME IN THE PAST 12 MONTHS	from the state or local welfare office.
١	an employee of a PRIVATE FOR-PROFIT	Mark (X) the "Yes" box for each type of income this	☐ Yes → \$ .00
١	company or business, or of an individual, for wages, salary, or commissions?	person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS.	No TOTAL AMOUNT for post
	an employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization?	(NOTE: The "past 12 months" is the period from today's date one year ago up through today.)	TOTAL AMOUNT for past 12 months
	a local GOVERNMENT employee (city, county, etc.)?	Mark (X) the "No" box to show types of income NOT received.	g. Retirement, survivor, or disability pensions.  Do NOT include Social Security.
١	a state GOVERNMENT employee?	If net income was a loss, mark the "Loss" box to	☐ Yes → \$ .00
١	a Federal GOVERNMENT employee?	the right of the dollar amount.	No TOTAL AMOUNT for past
١	SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?	For income received jointly, report the appropriate share for each person – or, if that's not possible,	12 months
	SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?	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
	working WITHOUT PAY in family business or farm?	a. Wages, salary, commissions, bonuses,     or tips from all jobs. Report amount before     deductions for taxes, bonds, dues, or other items.	or alimony. Do NOT include lump sum payments such as money from an inheritance or the sale of a home.
44	For whom did this person work?		none.
I	If now on active duty in the Armed Forces, mark (X) this box →	Yes → \$ .00	☐ Yes → \$ .00
١	and print the branch of the Armed Forces.	TOTAL AMOUNT for past 12 months	No TOTAL AMOUNT for past 12 months
١	Name of company, business, or other employer		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.	PAST 12 MONTHS? Add entries in questions 49a to 49h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to
45	What kind of business or industry was this?		the dollar amount.
I	Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail	Yes → \$ .00	\$ .00
	order house, auto engine manufacturing, bank)	No TOTAL AMOUNT for past Loss 12 months	None OR TOTAL AMOUNT for past 12 months
		c. Interest, dividends, net rental income,	
46	ls this mainly – Mark (X) ONE box.	royalty income, or income from estates and trusts. Report even small amounts credited	
1	manufacturing?	to an account.	
	wholesale trade?	Yes → \$ .00	
	retail trade?	No	
	other (agriculture, construction, service, government, etc.)?	TOTAL AMOUNT for past Loss 12 months	
			Now continue with the mailing instructions
١			on page 28.

# 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 TELEPHONE CLERK	JIC3	JIC4

The Census Bureau estimates that, for the average household, this form will take 40 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.

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