

Participant ID #: | | | | | | | | | | | | | | | |

**American Community Survey Roster**

	<b>Respondent</b>	<b>Person 2</b>	<b>Person 3</b>	<b>Person 4</b>	<b>Person 5</b>	<b>Person 6</b>
<p><b>1a. I am going to be asking some questions about everyone who is living or staying at this address. First let's create a list of the people, starting with you. What is your name?</b></p> <p><i>(What is the name of the next person living or staying here?)</i></p>	<p>Full Name:</p> <p>_____</p>	<p>Full Name:</p> <p>_____</p>	<p>Full Name:</p> <p>_____</p>	<p>Full Name:</p> <p>_____</p>	<p>Full Name:</p> <p>_____</p>	<p>Full Name:</p> <p>_____</p>

	<b>Respondent</b>	<b>Person 2</b>	<b>Person 3</b>	<b>Person 4</b>	<b>Person 5</b>	<b>Person 6</b>
<p><b>ROSTER AND DEMOGRAPHICS</b></p> <p><i>Ask as topic-based, that is, ask question for each person before moving to next question.</i></p> <p><b>READ ONLY ONCE:</b> (Next we need to record each person’s relationship to you.)</p> <p>2.</p> <p><b>How is &lt;Name&gt; related to you?</b></p> <p><i>ASK OR VERIFY:</i> Is &lt;Name&gt; your-</p> <p><b>Husband or wife</b></p> <p><b>Son or daughter</b></p> <p><b>Brother or sister</b></p> <p><b>Father or mother</b></p> <p><b>Grandchild</b></p> <p><b>Parent-in-law</b></p> <p><b>Son-in-law or daughter-in-law</b></p> <p><b>Other relative</b></p> <p><b>Roomer or boarder</b></p> <p><b>Housemate or roommate</b></p> <p><b>Unmarried partner</b></p> <p><b>Foster child</b></p> <p><b>Other nonrelative</b></p> <p><i>IF RESPONSE IS “SON” OR “DAUGHTER” ASK FIRST BEFORE SELECTING ANSWER CATEGORY::</i></p> <p><b>Is &lt;Name&gt; your biological son or daughter, adopted son or daughter, OR stepson or stepdaughter?</b></p>		<input type="checkbox"/> Husband or wife <input type="checkbox"/> Biological Son/Daughter <input type="checkbox"/> Adopted Son/Daughter <input type="checkbox"/> Stepson/ Stepdaughter <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Father/Mother <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent-in-law <input type="checkbox"/> Son/daughter-law <input type="checkbox"/> Other relative <input type="checkbox"/> Roomer/Boarder <input type="checkbox"/> Housemate/ Roommate <input type="checkbox"/> Unmarried partner <input type="checkbox"/> Foster child <input type="checkbox"/> Other non-relative	<input type="checkbox"/> Husband or wife <input type="checkbox"/> Biological Son/Daughter <input type="checkbox"/> Adopted Son/Daughter <input type="checkbox"/> Stepson/ Stepdaughter <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Father/Mother <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent-in-law <input type="checkbox"/> Son/daughter-law <input type="checkbox"/> Other relative <input type="checkbox"/> Roomer/Boarder <input type="checkbox"/> Housemate/ Roommate <input type="checkbox"/> Unmarried partner <input type="checkbox"/> Foster child <input type="checkbox"/> Other non-relative	<input type="checkbox"/> Husband or wife <input type="checkbox"/> Biological Son/Daughter <input type="checkbox"/> Adopted Son/Daughter <input type="checkbox"/> Stepson/ Stepdaughter <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Father/Mother <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent-in-law <input type="checkbox"/> Son/daughter-law <input type="checkbox"/> Other relative <input type="checkbox"/> Roomer/Boarder <input type="checkbox"/> Housemate/ Roommate <input type="checkbox"/> Unmarried partner <input type="checkbox"/> Foster child <input type="checkbox"/> Other non-relative	<input type="checkbox"/> Husband or wife <input type="checkbox"/> Biological Son/Daughter <input type="checkbox"/> Adopted Son/Daughter <input type="checkbox"/> Stepson/ Stepdaughter <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Father/Mother <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent-in-law <input type="checkbox"/> Son/daughter-law <input type="checkbox"/> Other relative <input type="checkbox"/> Roomer/Boarder <input type="checkbox"/> Housemate/ Roommate <input type="checkbox"/> Unmarried partner <input type="checkbox"/> Foster child <input type="checkbox"/> Other non-relative	<input type="checkbox"/> Husband or wife <input type="checkbox"/> Biological Son/Daughter <input type="checkbox"/> Adopted Son/Daughter <input type="checkbox"/> Stepson/ Stepdaughter <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Father/Mother <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent-in-law <input type="checkbox"/> Son/daughter-law <input type="checkbox"/> Other relative <input type="checkbox"/> Roomer/Boarder <input type="checkbox"/> Housemate/ Roommate <input type="checkbox"/> Unmarried partner <input type="checkbox"/> Foster child <input type="checkbox"/> Other non-relative

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<p><i>UNRELATED HOUSEHOLD CHECK:</i></p> <p><i>IS ENTIRE HOUSEHOLD UNRELATED (relationships for ALL household members are “ Roomer/Boarder”, “ Housemate/Roommate”, “ Foster child”, or “ Other non-relative“ ) ?</i></p> <p><i>Yes</i></p> <p><i>No</i></p>						
<p><b>3. ASK OR VERIFY: Are you male or female?</b></p> <p><b>(How about &lt;NAME OF ADDITIONAL HOUSEHOLD MEMBERS&gt;?)</b></p> <p><i>Or ask: Is &lt;NAME OF ADDITIONAL HOUSEHOLD MEMBERS&gt; male or female?)</i></p>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
<p><b>4a. What is (your/&lt;Name&gt;'s) date of birth?</b></p> <p><i>ENTER MONTH/DAY/YEAR OF BIRTH.</i></p>	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
<p><b>4b. What is (your/&lt;Name&gt;'s) age?</b></p> <p><i>(What is your best estimate of (&lt;Name&gt;'s/your) age?)</i></p>	_____	_____	_____	_____	_____	_____
<p><b>5a. &lt;Are you/Is (Name)&gt; of Hispanic, Latino, or Spanish origin?</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Go to 6a</i>					
<p><b>5b. &lt;Are you/Is (Name)&gt; Mexican, Mexican American, or Chicano; Puerto Rican; Cuban; or of another other Hispanic, Latino, or Spanish origin; for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on?</b></p>	<input type="checkbox"/> Mexican, Mexican American, Chicano <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Another Hispanic, Latino, or Spanish origin; for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on?	<input type="checkbox"/> Mexican, Mexican American, Chicano <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Another Hispanic, Latino, or Spanish origin; for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on?	<input type="checkbox"/> Mexican, Mexican American, Chicano <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Another Hispanic, Latino, or Spanish origin; for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on?	<input type="checkbox"/> Mexican, Mexican American, Chicano <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Another Hispanic, Latino, or Spanish origin; for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on?	<input type="checkbox"/> Mexican, Mexican American, Chicano <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Another Hispanic, Latino, or Spanish origin; for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on?	<input type="checkbox"/> Mexican, Mexican American, Chicano <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Another Hispanic, Latino, or Spanish origin; for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on?

	Respondent	Person 2	Person 3	Person 4	Person 5	Person 6
<b>5b_SKIP</b> <i>IF PERSON HAS A RESPONSE OF “ANOTHER HISPANIC, LATINO, OR SPANISH ORIGIN” IN 5B, ASK 5C FOR THAT PERSON. OTHERWISE GO TO 6A.</i>						
<b>5c. What is that origin? For example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.</b>	_____	_____	_____	_____	_____	_____
<b>6a. I'm going to read a list of race categories. You may choose one or more races. For this survey, Hispanic origin is not a race.</b>  <b>(Are you/Is &lt;Name&gt;) White; Black or African American; American Indian or Alaska Native; Asian; Native Hawaiian or Other Pacific Islander; or Some other race?</b>						
	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Some other race	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Some other race	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Some other race	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Some other race	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Some other race	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Some other race
<b>6A-SKIP</b> <i>IF PERSON HAS A RESPONSE OF “AMERICAN INDIAN OR ALASKA NATIVE” IN 6A, ASK 6B FOR THAT PERSON. OTHERWISE GO TO 6B-SKIP.</i>						
<b>6b. What is (/your /&lt;Name&gt;'s) enrolled or principal tribe?</b>	_____	_____	_____	_____	_____	_____
<b>6B-SKIP</b> <i>IF PERSON HAS A RESPONSE OF “ASIAN” IN 6A, ASK 6C FOR THAT PERSON. OTHERWISE GO TO 6D-SKIP.</i>						

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<p><b>6c. You may choose one or more Asian groups.</b></p> <p>&lt;Are you/Is (Name)/&gt; Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, or another Asian group, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on?</p>	<input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese Other Asian	<input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese Other Asian	<input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese Other Asian	<input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese Other Asian	<input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese Other Asian	<input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese Other Asian
<p><b>6C–SKIP</b></p> <p><i>IF PERSON HAS A RESPONSE OF “OTHER ASIAN” IN 6C, ASK 6D FOR THAT PERSON.</i></p> <p><i>OTHERWISE GO TO 6D-SKIP.</i></p>						
<p><b>6d. What is that other Asian group? For example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.</b></p>	_____	_____	_____	_____	_____	_____
<p><b>6D–SKIP</b></p> <p><i>IF PERSON HAS A RESPONSE OF “NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER” IN 6A, ASK 6E FOR THAT PERSON.</i></p> <p><i>OTHERWISE GO TO 6E-SKIP.</i></p>						
<p><b>6e. You may choose one or more Pacific Islander groups.</b></p> <p>(Are you/ Is &lt;Name&gt;) Native Hawaiian; Guamanian or Chamorro; Samoan; or another Pacific Islander group, for example, Fijian, Tongan, and so on?</p>	<input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander
<p><b>6E–SKIP</b></p> <p><i>IF PERSON HAS A RESPONSE OF “OTHER PACIFIC ISLANDER” IN 6E, ASK 6F FOR THAT PERSON.</i></p> <p><i>OTHERWISE GO TO 6F-SKIP.</i></p>						

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<b>6f. What is that other Pacific Islander group? For example, Fijian, Tongan, and so on.</b>	_____	_____	_____	_____	_____	_____
<b>6F-SKIP</b> <i>IF PERSON HAS A RESPONSE OF "SOME OTHER RACE OR ORIGIN" IN 6A, ASK 6G FOR THAT PERSON. OTHERWISE GO TO 6H.</i>						
<b>6g. What is (your/&lt;Name&gt;'s) other race group?</b>	_____	_____	_____	_____	_____	_____
<b>6h. Thank you. Please give me just a moment to review your answers.</b> <b>STOP HERE. GO TO PERSON SELECTION THEN PROBES.</b>						