



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

THE American Community Survey

Start Here

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

OR

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

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



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

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

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

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

➔ **Please print today's date.**

Month Day Year

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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➔ **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

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>
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➔ **How many people are living or staying at this address?**

- **INCLUDE** everyone who is living or staying here for more than 2 months.
- **INCLUDE** yourself if you are living here for more than 2 months.
- **INCLUDE** anyone else staying here who does not have another place to stay, even if they are here for 2 months or less.
- **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

➔ **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.**



Person 1

(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 1's name?

Last Name *(Please print)* First Name MI

2 How is this person related to Person 1? Mark (X) ONE box.

Person 1

3 What is Person 1's sex? Mark (X) ONE box.

Male Female

4 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.

Age (in years) *Print numbers in boxes.* 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.

5 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.* ↘

6 What is Person 1's race? Mark (X) one or more boxes.

- White
- Black or African Am.
- American Indian or Alaska Native – *Print name of enrolled or principal tribe.* ↘

- | | | |
|---|--|--|
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Korean | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Other Asian – <i>Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.</i> ↘ | <input type="checkbox"/> Other Pacific Islander – <i>Print race, for example, Fijian, Tongan, and so on.</i> ↘ | |

Some other race – *Print race.* ↘

Person 2

1 What is Person 2's name?

Last Name *(Please print)* First Name MI

2 How is this person related to Person 1? Mark (X) ONE box.

- | | |
|---|--|
| <input type="checkbox"/> Husband or wife | <input type="checkbox"/> Son-in-law or daughter-in-law |
| <input type="checkbox"/> Biological son or daughter | <input type="checkbox"/> Other relative |
| <input type="checkbox"/> Adopted son or daughter | <input type="checkbox"/> Roomer or boarder |
| <input type="checkbox"/> Stepson or stepdaughter | <input type="checkbox"/> Housemate or roommate |
| <input type="checkbox"/> Brother or sister | <input type="checkbox"/> Unmarried partner |
| <input type="checkbox"/> Father or mother | <input type="checkbox"/> Foster child |
| <input type="checkbox"/> Grandchild | <input type="checkbox"/> Other nonrelative |
| <input type="checkbox"/> Parent-in-law | |

3 What is Person 2's sex? Mark (X) ONE box.

Male Female

4 What is Person 2's age and what is Person 2's date of birth? Please report babies as age 0 when the child is less than 1 year old.

Age (in years) *Print numbers in boxes.* 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.

5 Is Person 2 of Hispanic, Latino, or Spanish origin?

- No, not of Hispanic, Latino, or Spanish origin
- Yes, Mexican, Mexican Am., Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, another Hispanic, Latino, or Spanish origin – *Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.* ↘

6 What is Person 2's race? Mark (X) one or more boxes.

- White
- Black or African Am.
- American Indian or Alaska Native – *Print name of enrolled or principal tribe.* ↘

- | | | |
|---|--|--|
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Korean | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Other Asian – <i>Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.</i> ↘ | <input type="checkbox"/> Other Pacific Islander – <i>Print race, for example, Fijian, Tongan, and so on.</i> ↘ | |

Some other race – *Print race.* ↘



Person 3

1 What is Person 3's name?

Last Name *(Please print)* First Name MI

2 How is this person related to Person 1? Mark (X) ONE box.

- | | |
|---|--|
| <input type="checkbox"/> Husband or wife | <input type="checkbox"/> Son-in-law or daughter-in-law |
| <input type="checkbox"/> Biological son or daughter | <input type="checkbox"/> Other relative |
| <input type="checkbox"/> Adopted son or daughter | <input type="checkbox"/> Roomer or boarder |
| <input type="checkbox"/> Stepson or stepdaughter | <input type="checkbox"/> Housemate or roommate |
| <input type="checkbox"/> Brother or sister | <input type="checkbox"/> Unmarried partner |
| <input type="checkbox"/> Father or mother | <input type="checkbox"/> Foster child |
| <input type="checkbox"/> Grandchild | <input type="checkbox"/> Other nonrelative |
| <input type="checkbox"/> Parent-in-law | |

3 What is Person 3's sex? Mark (X) ONE box.

- Male Female

4 What is Person 3's age and what is Person 3'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.

5 Is Person 3 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.* ↘

6 What is Person 3's race? Mark (X) one or more boxes.

- White
- Black or African Am.
- American Indian or Alaska Native – *Print name of enrolled or principal tribe.* ↘

- | | | |
|---|--|--|
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Korean | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Other Asian – <i>Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.</i> ↘ | <input type="checkbox"/> Other Pacific Islander – <i>Print race, for example, Fijian, Tongan, and so on.</i> ↘ | |

- Some other race – *Print race.* ↘

Person 4

1 What is Person 4's name?

Last Name *(Please print)* First Name MI

2 How is this person related to Person 1? Mark (X) ONE box.

- | | |
|---|--|
| <input type="checkbox"/> Husband or wife | <input type="checkbox"/> Son-in-law or daughter-in-law |
| <input type="checkbox"/> Biological son or daughter | <input type="checkbox"/> Other relative |
| <input type="checkbox"/> Adopted son or daughter | <input type="checkbox"/> Roomer or boarder |
| <input type="checkbox"/> Stepson or stepdaughter | <input type="checkbox"/> Housemate or roommate |
| <input type="checkbox"/> Brother or sister | <input type="checkbox"/> Unmarried partner |
| <input type="checkbox"/> Father or mother | <input type="checkbox"/> Foster child |
| <input type="checkbox"/> Grandchild | <input type="checkbox"/> Other nonrelative |
| <input type="checkbox"/> Parent-in-law | |

3 What is Person 4's sex? Mark (X) ONE box.

- Male Female

4 What is Person 4's age and what is Person 4's date of birth?

Please report babies as age 0 when the child is less than 1 year old.

Print numbers in boxes.

Age (in years) Month Day Year of birth

→ **NOTE:** Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races.

5 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.* ↘

6 What is Person 4's race? Mark (X) one or more boxes.

- White
- Black or African Am.
- American Indian or Alaska Native – *Print name of enrolled or principal tribe.* ↘

- | | | |
|---|--|--|
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Korean | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Other Asian – <i>Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.</i> ↘ | <input type="checkbox"/> Other Pacific Islander – <i>Print race, for example, Fijian, Tongan, and so on.</i> ↘ | |

- Some other race – *Print race.* ↘



Person 5

1 What is Person 5's name?

Last Name (Please print) First Name MI

2 How is this person related to Person 1? Mark (X) ONE box.

- | | |
|---|--|
| <input type="checkbox"/> Husband or wife | <input type="checkbox"/> Son-in-law or daughter-in-law |
| <input type="checkbox"/> Biological son or daughter | <input type="checkbox"/> Other relative |
| <input type="checkbox"/> Adopted son or daughter | <input type="checkbox"/> Roomer or boarder |
| <input type="checkbox"/> Stepson or stepdaughter | <input type="checkbox"/> Housemate or roommate |
| <input type="checkbox"/> Brother or sister | <input type="checkbox"/> Unmarried partner |
| <input type="checkbox"/> Father or mother | <input type="checkbox"/> Foster child |
| <input type="checkbox"/> Grandchild | <input type="checkbox"/> Other nonrelative |
| <input type="checkbox"/> Parent-in-law | |

3 What is Person 5's sex? Mark (X) ONE box.

- Male Female

4 What is Person 5's age and what is Person 5's date of birth? Please report babies as age 0 when the child is less than 1 year old.

Age (in years) Month Day Year of birth

Print numbers in boxes.

→ **NOTE:** Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races.

5 Is Person 5 of Hispanic, Latino, or Spanish origin?

- No, not of Hispanic, Latino, or Spanish origin
- Yes, Mexican, Mexican Am., Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, another Hispanic, Latino, or Spanish origin – Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on. ↘

6 What is Person 5's race? Mark (X) one or more boxes.

- White
- Black or African Am.
- American Indian or Alaska Native – Print name of enrolled or principal tribe. ↘

- | | | |
|--|---|--|
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Korean | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on. ↘ | <input type="checkbox"/> Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on. ↘ | |

- Some other race – Print race. ↘

→ If there are more than five people living or staying here, print their names in the spaces for Person 6 through Person 12. We may call you for more information about them. ↘

Person 6

Last Name (Please print) First Name MI

Sex Male Female

Age (in years)

Person 7

Last Name (Please print) First Name MI

Sex Male Female

Age (in years)

Person 8

Last Name (Please print) First Name MI

Sex Male Female

Age (in years)

Person 9

Last Name (Please print) First Name MI

Sex Male Female

Age (in years)

Person 10

Last Name (Please print) First Name MI

Sex Male Female

Age (in years)

Person 11

Last Name (Please print) First Name MI

Sex Male Female

Age (in years)

Person 12

Last Name (Please print) First Name MI

Sex Male Female

Age (in years)



Person 1

- Please copy the name of Person 1 from page 2, then continue answering questions below.

Last Name

First Name

MI

- 7 Where was this person born?

- In the United States – Print name of state.

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

- 8 Is this person a citizen of the United States?

- Yes, born in the United States → SKIP to question 10a

- Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas

- Yes, born abroad of U.S. citizen parent or parents

- Yes, U.S. citizen by naturalization – Print year of naturalization

- No, not a U.S. citizen

- 9 When did this person come to live in the United States? If this person came to live in the United States more than once, print latest year.

Year

- 10 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 11

- Yes, public school, public college

- Yes, private school, private college, home school

- b. What grade or level was this person attending? Mark (X) ONE box.

- Nursery school, preschool

- Kindergarten

- Grade 1 through 12 – Specify grade 1 – 12

- College undergraduate years (freshman to senior)

- Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school)

- 11 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 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)

- 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)

- F Answer question 12 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 13.

- 12 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)

- 13 What is this person's ancestry or ethnic origin?

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

- 14 a. Does this person speak a language other than English at home?

- Yes

- No → SKIP to question 15a

- 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

- 15 a. Did this person live in this house or apartment 1 year ago?

- Person is under 1 year old → SKIP to page 7

- Yes, this house

- No, outside the United States and Puerto Rico – Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to next page

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

- b. Where did this person live 1 year ago?

Address (Number and street name)

City

State

ZIP

County



Person 1 (continued)

- 29 a. LAST WEEK, did this person work for pay at a job (or business)?**

- Yes → SKIP to question 30
 No – Did not work (or retired)

- b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?**

- Yes
 No → SKIP to question 35a

- 30 At what location did this person work LAST WEEK? If this person worked at more than one location, print where he or she worked most last week.**

- a. Address (Number and street name)**

If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.

- b. City**

- c. State or foreign country**

- d. ZIP**

- e. County**

- f. Is the work location inside the limits of that city or town?**

- Yes
 No, outside the city/town limits

- 31 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.**

- | | |
|---|---|
| <input type="checkbox"/> Car, truck, or van | <input type="checkbox"/> Motorcycle |
| <input type="checkbox"/> Bus or trolley bus | <input type="checkbox"/> Bicycle |
| <input type="checkbox"/> Streetcar or trolley car | <input type="checkbox"/> Walked |
| <input type="checkbox"/> Subway or elevated | <input type="checkbox"/> Worked at home → SKIP to question 39 |
| <input type="checkbox"/> Railroad | <input type="checkbox"/> Other method |
| <input type="checkbox"/> Ferryboat | |
| <input type="checkbox"/> Taxicab | |

- J** Answer question 32 if you marked "Car, truck, or van" in question 31. Otherwise, SKIP to question 33.

- 32 How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?**

Person(s)

- 33 What time did this person usually leave home to go to work LAST WEEK?**

Hour Minute a.m.
 p.m.

 :

- 34 How many minutes did it usually take this person to get from home to work LAST WEEK?**

Minutes

- K** Answer questions 35 – 38 if this person did NOT work last week. Otherwise, SKIP to question 39.

- 35 a. LAST WEEK, was this person on layoff from a job?**

- Yes → SKIP to question 35c
 No

- b. LAST WEEK, was this person TEMPORARILY absent from a job or business?**

- Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 38
 No → SKIP to question 36

- c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work?**

- Yes → SKIP to question 37
 No

- 36 During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?**

- Yes
 No → SKIP to question 38

- 37 LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?**

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

- 38 When did this person last work, even for a few days?**

- Within the past 12 months
 1 to 5 years ago → SKIP to next page
 Over 5 years ago or never worked → SKIP to next page

- 39 Over the past 52 weeks, that is since one year ago today, in the WEEKS WORKED, how many hours did this person usually work each WEEK?**

Usual hours worked each WEEK

- 40 a. Over the past 52 weeks, that is since one year ago today, did this person work EVERY week? Count paid vacation, paid sick leave, and military service as work.**

- Yes → SKIP to next page
 No

- b. Over the past 52 weeks, that is since one year ago today, how many WEEKS did this person work? Include paid time off and include weeks when this person only worked for a few hours.**

Weeks



Person 2

- Please copy the name of Person 2 from page 2, then continue answering questions below.

Last Name

First Name

MI

- 7 Where was this person born?

- In the United States – Print name of state.

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

- 8 Is this person a citizen of the United States?

- Yes, born in the United States → SKIP to question 10a

- Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas

- Yes, born abroad of U.S. citizen parent or parents

- Yes, U.S. citizen by naturalization – Print year of naturalization

- No, not a U.S. citizen

- 9 When did this person come to live in the United States? If this person came to live in the United States more than once, print latest year.

Year

- 10 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 11

- Yes, public school, public college

- Yes, private school, private college, home school

- b. What grade or level was this person attending? Mark (X) ONE box.

- Nursery school, preschool

- Kindergarten

- Grade 1 through 12 – Specify grade 1 – 12

- College undergraduate years (freshman to senior)

- Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school)

- 11 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 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)

- 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)

- F Answer question 12 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 13.

- 12 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)

- 13 What is this person's ancestry or ethnic origin?

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

- 14 a. Does this person speak a language other than English at home?

- Yes

- No → SKIP to question 15a

- 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

- 15 a. Did this person live in this house or apartment 1 year ago?

- Person is under 1 year old → SKIP to page 9

- Yes, this house → SKIP to next page

- No, outside the United States and Puerto Rico – Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to next page

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

- b. Where did this person live 1 year ago?

Address (Number and street name)

City

State

ZIP

County



Person 2 (continued)

- 29** a. **LAST WEEK, did this person work for pay at a job (or business)?**

- Yes → *SKIP to question 30*
 No – Did not work (or retired)

- b. **LAST WEEK, did this person do ANY work for pay, even for as little as one hour?**

- Yes
 No → *SKIP to question 35a*

- 30** **At what location did this person work LAST WEEK?** *If this person worked at more than one location, print where he or she worked most last week.*

- a. **Address (Number and street name)**

If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.

- b. **City**

- c. **State or foreign country**

- d. **ZIP**

- e. **County**

- f. **Is the work location inside the limits of that city or town?**

- Yes
 No, outside the city/town limits

- 31** **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.*

- | | |
|---|--|
| <input type="checkbox"/> Car, truck, or van | <input type="checkbox"/> Motorcycle |
| <input type="checkbox"/> Bus or trolley bus | <input type="checkbox"/> Bicycle |
| <input type="checkbox"/> Streetcar or trolley car | <input type="checkbox"/> Walked |
| <input type="checkbox"/> Subway or elevated | <input type="checkbox"/> Worked at home → <i>SKIP to question 39</i> |
| <input type="checkbox"/> Railroad | <input type="checkbox"/> Other method |
| <input type="checkbox"/> Ferryboat | |
| <input type="checkbox"/> Taxicab | |

- J** *Answer question 32 if you marked "Car, truck, or van" in question 31. Otherwise, SKIP to question 33.*

- 32** **How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?**

Person(s)

- 33** **What time did this person usually leave home to go to work LAST WEEK?**

Hour Minute a.m.
 p.m.

 :

- 34** **How many minutes did it usually take this person to get from home to work LAST WEEK?**

Minutes

- K** *Answer questions 35 – 38 if this person did NOT work last week. Otherwise, SKIP to question 39.*

- 35** a. **LAST WEEK, was this person on layoff from a job?**

- Yes → *SKIP to question 35c*
 No

- b. **LAST WEEK, was this person TEMPORARILY absent from a job or business?**

- Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → *SKIP to question 38*
 No → *SKIP to question 36*

- c. **Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work?**

- Yes → *SKIP to question 37*
 No

- 36** **During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?**

- Yes
 No → *SKIP to question 38*

- 37** **LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?**

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

- 38** **When did this person last work, even for a few days?**

- Within the past 12 months
 1 to 5 years ago → *SKIP to next page*
 Over 5 years ago or never worked → *SKIP to next page*

- 39** **Over the past 52 weeks, that is since one year ago today, in the WEEKS WORKED, how many hours did this person usually work each WEEK?**

Usual hours worked each WEEK

- 40** a. **Over the past 52 weeks, that is since one year ago today, did this person work EVERY week? Count paid vacation, paid sick leave, and military service as work.**

- Yes → *SKIP to next page*
 No

- b. **Over the past 52 weeks, that is since one year ago today, how many WEEKS did this person work? Include paid time off and include weeks when this person only worked for a few hours.**

Weeks



Person 3

- Please copy the name of Person 3 from page 3, then continue answering questions below.

Last Name

First Name

MI

- 7 Where was this person born?

- In the United States – Print name of state.

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

- 8 Is this person a citizen of the United States?

- Yes, born in the United States → SKIP to question 10a

- Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas

- Yes, born abroad of U.S. citizen parent or parents

- Yes, U.S. citizen by naturalization – Print year of naturalization

- No, not a U.S. citizen

- 9 When did this person come to live in the United States? If this person came to live in the United States more than once, print latest year.

Year

- 10 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 11

- Yes, public school, public college

- Yes, private school, private college, home school

- b. What grade or level was this person attending? Mark (X) ONE box.

- Nursery school, preschool

- Kindergarten

- Grade 1 through 12 – Specify grade 1 – 12

- College undergraduate years (freshman to senior)

- Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school)

- 11 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 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)

- 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)

- F Answer question 12 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 13.

- 12 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)

- 13 What is this person's ancestry or ethnic origin?

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

- 14 a. Does this person speak a language other than English at home?

- Yes

- No → SKIP to question 15a

- 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

- 15 a. Did this person live in this house or apartment 1 year ago?

- Person is under 1 year old → SKIP to page 11

- Yes, this house → SKIP to next page

- No, outside the United States and Puerto Rico – Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to next page

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

- b. Where did this person live 1 year ago?

Address (Number and street name)

City

State

ZIP

County



Person 3 (continued)

- 29 a. LAST WEEK, did this person work for pay at a job (or business)?**

- Yes → SKIP to question 30
 No – Did not work (or retired)

- b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?**

- Yes
 No → SKIP to question 35a

- 30 At what location did this person work LAST WEEK?** *If this person worked at more than one location, print where he or she worked most last week.*

- a. Address (Number and street name)**

If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.

- b. City**

- c. State or foreign country**

- d. ZIP**

- e. County**

- f. Is the work location inside the limits of that city or town?**

- Yes
 No, outside the city/town limits

- 31 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.*

- | | |
|---|---|
| <input type="checkbox"/> Car, truck, or van | <input type="checkbox"/> Motorcycle |
| <input type="checkbox"/> Bus or trolley bus | <input type="checkbox"/> Bicycle |
| <input type="checkbox"/> Streetcar or trolley car | <input type="checkbox"/> Walked |
| <input type="checkbox"/> Subway or elevated | <input type="checkbox"/> Worked at home → SKIP to question 39 |
| <input type="checkbox"/> Railroad | <input type="checkbox"/> Other method |
| <input type="checkbox"/> Ferryboat | |
| <input type="checkbox"/> Taxicab | |

- J** Answer question 32 if you marked "Car, truck, or van" in question 31. Otherwise, SKIP to question 33.

- 32 How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?**

Person(s)

- 33 What time did this person usually leave home to go to work LAST WEEK?**

Hour Minute a.m.
 p.m.

 :

- 34 How many minutes did it usually take this person to get from home to work LAST WEEK?**

Minutes

- K** Answer questions 35 – 38 if this person did NOT work last week. Otherwise, SKIP to question 39.

- 35 a. LAST WEEK, was this person on layoff from a job?**

- Yes → SKIP to question 35c
 No

- b. LAST WEEK, was this person TEMPORARILY absent from a job or business?**

- Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 38
 No → SKIP to question 36

- c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work?**

- Yes → SKIP to question 37
 No

- 36 During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?**

- Yes
 No → SKIP to question 38

- 37 LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?**

- Yes, could have gone to work
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Usual hours worked each WEEK

- 40 a. Over the past 52 weeks, that is since one year ago today, did this person work EVERY week? Count paid vacation, paid sick leave, and military service as work.**

- Yes → SKIP to next page
 No

- b. Over the past 52 weeks, that is since one year ago today, how many WEEKS did this person work? Include paid time off and include weeks when this person only worked for a few hours.**

Weeks



Mailing Instructions

→ Please make sure you have...

- listed all names and answered the questions on pages 2, 3, and 4
- 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 and 0607-0936, U.S. Census Bureau, 4600 Silver Hill Road, AMSD – 3K138, Washington, D.C. 20233. You may e-mail comments to AMSD.Paperwork@census.gov; use "Paperwork Project 0607-0810 and 0607-0936" as the subject. Please **DO NOT RETURN** your questionnaire to this address. Use the enclosed preaddressed envelope to return your completed questionnaire.

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

Form ACS-1(X)G3V2 (03-24-2016)

