U.S. DEPARTMENT OF COMMERCE

Economics and Statistics Administration



THE American Community Survey

Start Here

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

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 1-888-595-1327. 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 **1-888-369-3615.** Usted también puede completar su entrevista por teléfono con un entrevistador que habla español. O puede responder por Internet en: https://respond.census.gov/qdt

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

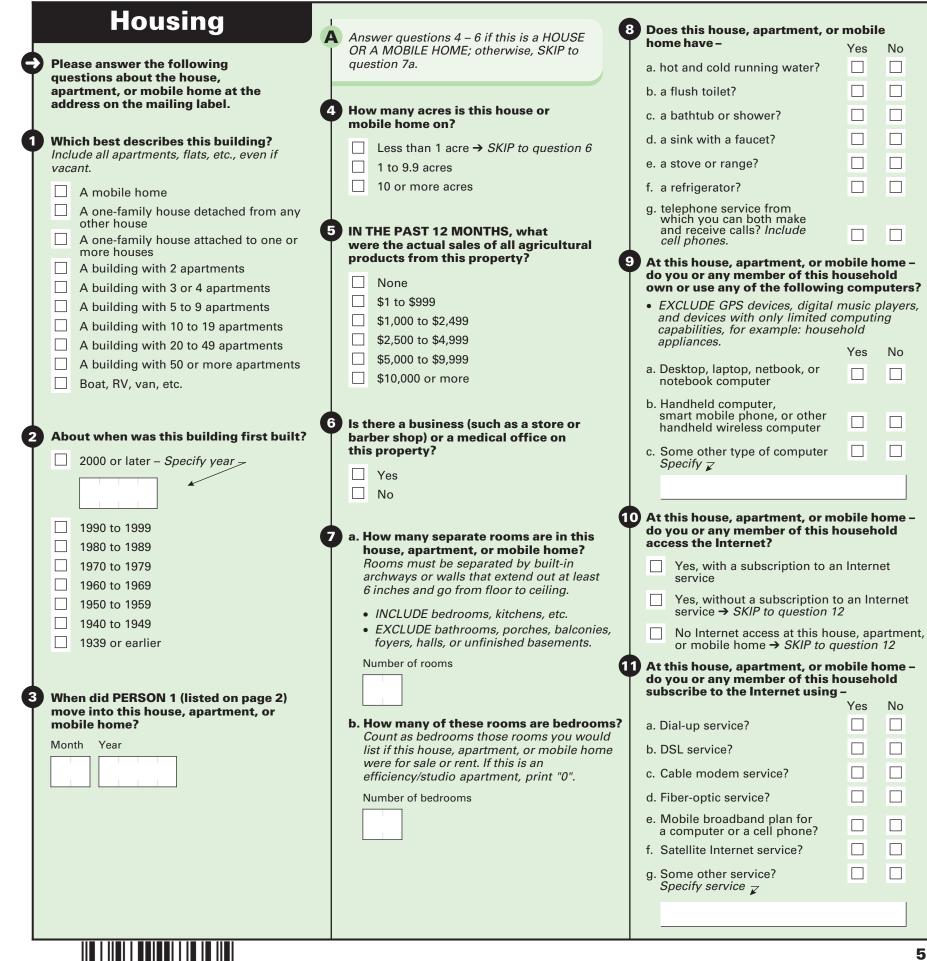
Please print today's date.	
Month Day Year	
Please print the name and telephone number of t filling out this form. We may contact you if there is Last Name	he person who is a question.
First Name	MI
Area Code + Number	
 How many people are living or staying at this add INCLUDE everyone who is living or staying here for INCLUDE yourself if you are living here for more that INCLUDE anyone else staying here who does not hat stay, even if they are here for 2 months or less. DO NOT INCLUDE anyone who is living somewher 2 months, such as a college student living away or su Armed Forces on deployment. 	more than 2 months. an 2 months. ave another place to e else for more than
Number of people Fill out pages 2, 3, and 4 for everyone, including living or staying at this address for more than 2 r	yourself, who is nonths. Then
complete the rest of the form.	OMB No. 0607-0936



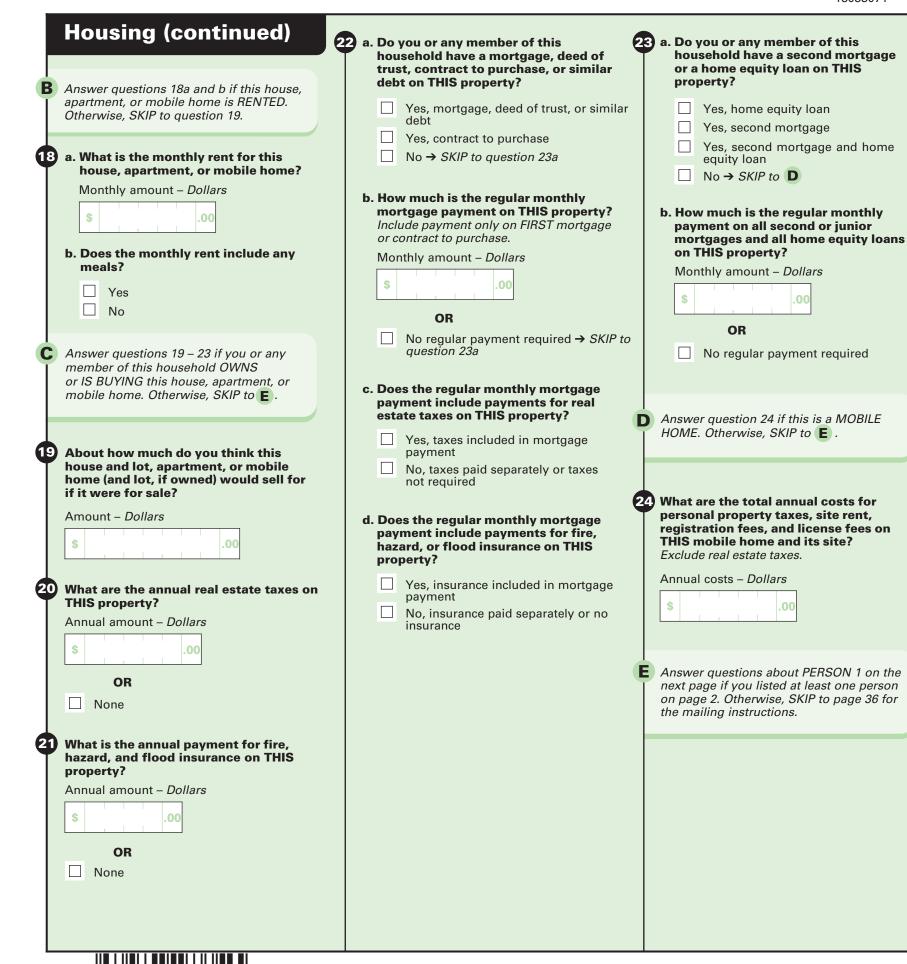
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									Opposite-se	ex unmarr	ied partı	ner		Par	rent-in-law		
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	Same-sex husband/wife/spo	ouse		Son-i	n-law or	daughter-in-la	w	Sam	e-sex husban	d/wife/spou	se		Sor	i-in-law or	daughtei	r-i
	Same-sex unmarried partne				r relative				e-sex unmarri					er relative	5	
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Perso What is Person 5's name?	on 5	If there are more than five peop print their names in the spaces We may call you for more informa	for Person 6 through Person	12.
Last Name (Please print)	First Name MI	Person 6		
How is this person related to Person	n 1? Mark (X) ONE box.	Last Name <i>(Please print)</i>	First Name	
 Opposite-sex husband/wife/spouse Opposite-sex unmarried partner Same-sex husband/wife/spouse Same-sex unmarried partner Biological son or daughter Adopted son or daughter Stepson or stepdaughter 	Grandchild Parent-in-law Son-in-law or daughter-in-law Other relative Roomer or boarder Housemate or roommate Foster child	Sex Male Female Person 7 Last Name (Please print)	Age (in years) First Name	
 Brother or sister Father or mother What is Person 5's sex? Mark (X) ON 	Other nonrelative	Sex 🗌 Male 🗌 Female	Age (in years)	
Male Female What is Person 5's age and what is Please report babies as age 0 when the Print numbers	Person 5's date of birth? e child is less than 1 year old.	Person 8 Last Name (Please print)	First Name	
Age (in years) Month Day	Year of birth	Sex All Male Female	Age (in years)	
Question 6 about race. For this surv Is Person 5 of Hispanic, Latino, or S No, not of Hispanic, Latino, or Spanis Yes, Mexican, Mexican Am., Chicano Yes, Puerto Rican Yes, Cuban	Spanish origin?	Last Name (<i>Please print</i>) Sex Male Female	First Name Age (in years)	
Yes, another Hispanic, Latino, or Spar Argentinean, Colombian, Dominican, and so on.	nish origin – Print origin, for example, Nicaraguan, Salvadoran, Spaniard,	Person 10 Last Name (Please print)	First Name	
	ne or more boxes. African Am., or Negro Print name of enrolled or principal tribe.	Sex Male Female Person 11 Last Name (Please print)	Age (in years)	
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for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on. 7 Some other race – Print race. 7	Print race, for example, Fijian, Tongan, and so on. _✔	Person 12 Last Name (Please print)	First Name	
¥		Sex Ale Female		



How many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use by members of this household?	of electricity for this house, apartment, or mobile home? Last month's cost – Dollars S OR 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 S OR OR Included in rent or condominium fee Included in electricity payment entered above No charge or gas not used C. IN THE PAST 12 MONTHS, what was the cost of water and sewer for this	 15 IN THE PAST 12 MONTHS, did you or any member of this household receive benefits from the Food Stamp Program or SNAP (the Supplemental Nutrition Assistance Program)? Do NOT include WIC, the School Lunch Program, or assistance from food banks. Yes No 16 Is this house, apartment, or mobile home for a condominium fee? For renters, answer only if you pay the 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 I none No
 Wood Solar energy Other fuel 	house, apartment, or mobile home? If you have lived here less than 12 months, estimate the cost. Past 12 months' cost – Dollars	17 Is this house, apartment, or mobile home – Mark (X) ONE box.
□ Other fuel □ No fuel used	 Solution of the second secon	 Owned by you or someone in this household with a mortgage or loan? <i>Include home equity loans.</i> Owned by you or someone in this household free and clear (without a mortgage or loan)? Rented? Occupied without payment of rent? → <i>SKIP to</i> C <i>on the next page</i>



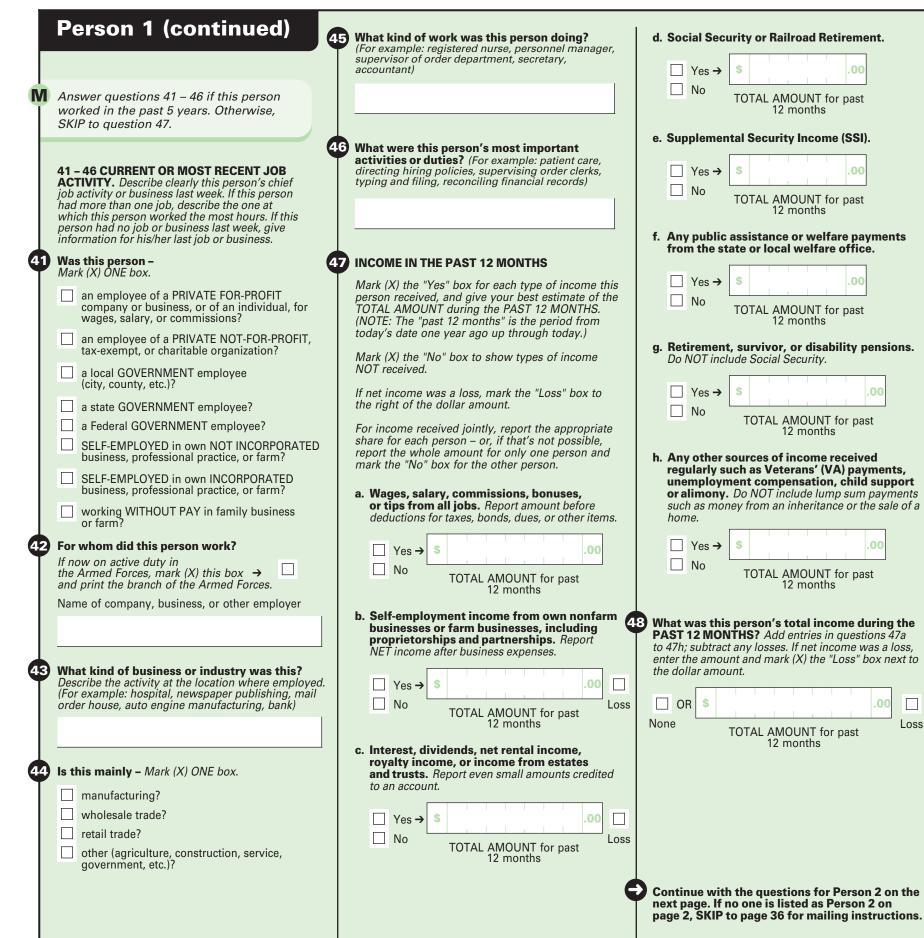
Person 1 Please copy the name of Person 1 from page 2, then continue answering questions below. Last Name	 a. At any time IN THE LAST 3 MONTHS, has this person attended school or college? Include only nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree. No, has not attended in the last 3 	 Answer question 12 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 13. This question focuses on this person's
First Name MI	 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. 	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)
Where was this person born? In the United States – Print name of state.	 Nursery school, preschool Kindergarten Grade 1 through 12 - Specify grade 1 - 12 	13 What is this person's ancestry or ethnic origin?
Outside the United States – Print name of foreign country, or Puerto Rico, 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) 	(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so or
 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 Yes, Ves, U.S. citizen When did this person come to live in the United States? Print numbers in boxes. Year Year 	 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: MA, MS, MEng, MEd, MSW, MBA) Doctorate degree (for example: PhD, EdD) 	 a. Does this person speak a language other that English at home? Yes No → SKIP to question 15a b. What is this language? For example: Korean, Italian, Spanish, Vietnames c. How well does this person speak English? Very well Well Not well Not at all

a. Did this person live in this house or apartment 1 year ago?	a. Insurance through a current or former employer or union (of this Part 19) Because of a physical, mental, or emotional
 Person is under 1 year old → SKIP to question 16 Yes, this house → SKIP to question 16 No, outside the United States and Puerto Rico – Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; 	 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
then SKIP to question 16 No, different house in the United States or Puerto Rico Where did this person live 1 year ago? Address (Number and street name)	 d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability e. TRICARE or other military health care f. VA (including those who have ever used or enrolled for VA health care) g. Indian Health Service
Name of city, town, or post office	 h. Any other type of health insurance or health coverage plan - Specify → □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
Name of U.S. county or municipio in Puerto Rico Name of U.S. state or Puerto Rico ZIP Code	 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 If you marked "Never married" in question 20a, SKIP to J on the next page. Otherwise, answer question 21.
	 No Answer question 18a - c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 2 on page 13. In the PAST 12 MONTHS did this person get Yes No a. Married?
	 a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions? Yes No b. Widowed? c. Divorced? Image: Content of the serious of the series of the seri
	b. Does this person have serious difficulty walking or climbing stairs? Once Two times Yes No
	 c. Does this person have difficulty dressing or bathing? Yes

Person 1 (continued)		
	Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? <i>Mark (X) ONE box.</i>	29 a. LAST WEEK, did this person work for pay at a job (or business)?
	\Box Never served in the military \rightarrow SKIP to	$\Box \text{ Yes } \rightarrow \text{ SKIP to question 30}$
Answer question 24 if this person is female and 15 – 50 years old. Otherwise,	question 29a	No – Did not work (or retired)
SKIP to question 25a.	 Only on active duty for training in the Reserves or National Guard → SKIP to question 28a Now on active duty 	b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?
	 On active duty On active duty in the past, but not now 	☐ Yes
Has this person given birth to any children in the past 12 months?		□ No \rightarrow SKIP to question 35a
Yes 2	When did this person serve on active duty in	
□ No	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.	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
a. Does this person have any of his/her own grandchildren under the age of 18 living in	September 2001 or later	last week.
this house or apartment?	August 1990 to August 2001 (including Persian Gulf War)	a. Address (Number and street name)
	May 1975 to July 1990	
□ No \rightarrow SKIP to question 26	Vietnam era (August 1964 to April 1975)	If the exact address is not known, give a description of the location such as the building
b. Is this grandparent currently responsible for	February 1955 to July 1964	name or the nearest street or intersection.
most of the basic needs of any grandchildren under the age of 18 who live in this house or	Korean War (July 1950 to January 1955)	b. Name of city, town, or post office
apartment?	January 1947 to June 1950	
☐ Yes	World War II (December 1941 to December 1946)	
□ No \rightarrow SKIP to question 26	November 1941 or earlier	c. Is the work location inside the limits of that city or town?
c. How long has this grandparent been responsible for these grandchildren?	a. Does this person have a VA service-connected	Yes
If the grandparent is financially responsible for	disability rating?	No, outside the city/town limits
more than one grandchild, answer the question for the grandchild for whom the grandparent has	Yes (such as 0%, 10%, 20%, , 100%)	
been responsible for the longest period of time.	□ No \rightarrow SKIP to question 29a	d. Name of county
Less than 6 months		
6 to 11 months	b. What is this person's service-connected disability rating?	
1 or 2 years		e. Name of U.S. state or foreign country
3 or 4 years	0 percent	
5 or more years	10 or 20 percent	
	30 or 40 percent	f. ZIP Code
	50 or 60 percent	
	70 percent or higher	

	Person 1 (continued)	Answer questions 35 – 38 if this person did NOT work last week. Otherwise, SKIP to question 39a.	37 LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?
3	WEEK? If this person usually used more than one method of transportation during the trip, mark (X)	 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 	 Yes, could have gone to work No, because of own temporary illness No, because of all other reasons (in school, etc.) When did this person last work, even for a few days? Within the past 12 months 1 to 5 years ago → SKIP to M on the next page Over 5 years ago or never worked → SKIP to question 47
K	Answer question 32 if you marked "Car, truck, or van" in question 31. Otherwise, SKIP to question 33.	 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 	 a. During the PAST 12 MONTHS (52 weeks), did this person work 50 or more weeks? Count paid time off as work. Yes → SKIP to question 40 No
3	How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK? Person(s)	 work? Yes → SKIP to question 37 No 36 During the LAST 4 WEEKS, has this person been ACTIVELY looking for work? 	 b. How many weeks DID this person work, even for a few hours, including paid vacation, paid sick leave, and military service? 50 to 52 weeks 48 to 49 weeks 40 to 47 weeks
3	What time did this person usually leave home to go to work LAST WEEK? Hour Minute A.m. D.m.	 Yes No → SKIP to question 38 	 27 to 39 weeks 14 to 26 weeks 13 weeks or less 40 During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person
34	A how many minutes did it usually take this person to get from home to work LAST WEEK? Minutes		usually work each WEEK? Usual hours worked each WEEK
			1

Loss

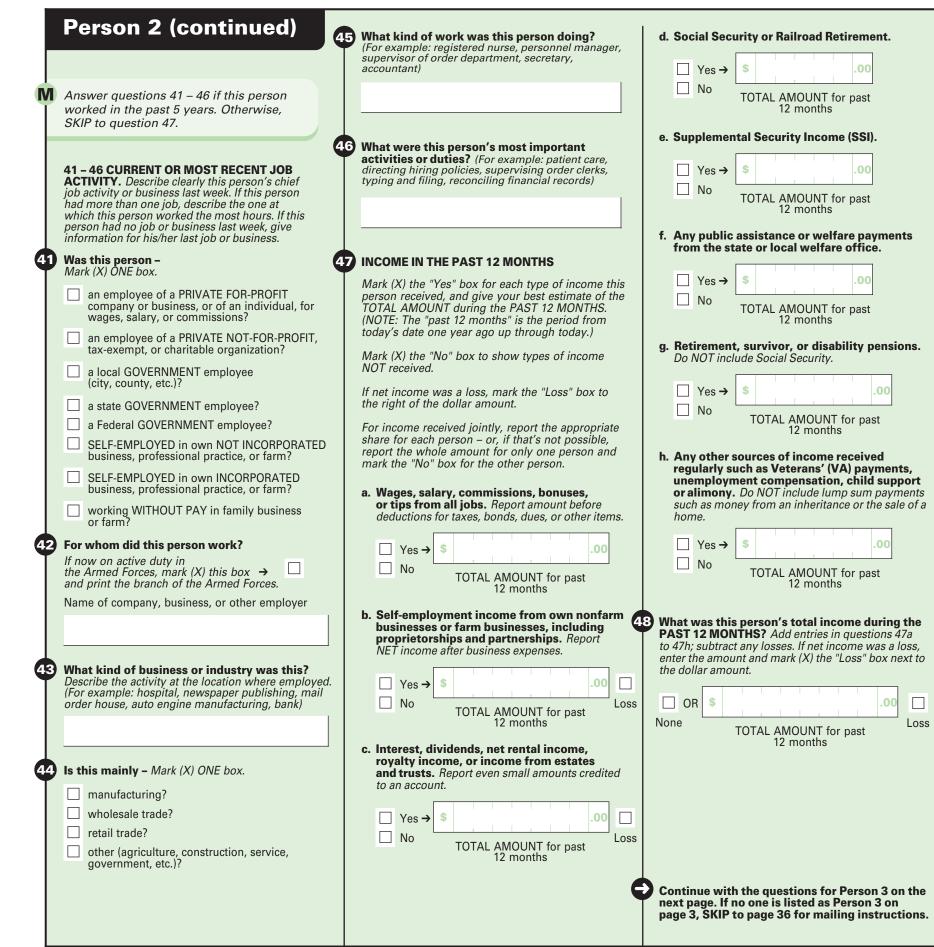


MI	 No, has not attended in the last 3 months → <i>SKIP to question 11</i> Yes, public school, public college Yes, private school, private college, home school What grade or level was this person attendit Mark (X) ONE box. Nursery school, preschool 	12 This question focuses on this person's BACHELOR'S 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) mg?
person born?		
d States – Print name of state.	 Kindergarten Grade 1 through 12 – Specify grade 1 – 12 – 	13 What is this person's ancestry or ethnic origin?
United States – Print name of try, or Puerto Rico, Guam, etc.	senior) Graduate or professional school beyond a	/For example: Italian, Jamaican, African Am
citizen of the United States? the United States → SKIP to Puerto Rico, Guam, the slands, or Northern Marianas proad of U.S. citizen parent izen by naturalization – Print year tion S. citizen	If currently enrolled, mark the previous grade or highest degree received. NO SCHOOLING COMPLETED No schooling completed NURSERY OR PRESCHOOL THROUGH GRADE Nursery school Kindergarten Grade 1 through 11 – Specify grade 1 – 11 grade 1 – 11 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, MEN, MEA, MSW, MBA)	 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
	try, or Puerto Rico, Guam, etc. Stitizen of the United States? the United States → <i>SKIP to</i> Puerto Rico, Guam, the slands, or Northern Marianas road of U.S. citizen parent zen by naturalization – <i>Print year</i> S. citizen	<pre>try, or Puerto Rico, Guam, etc. Senior) Graduate or professional school beyond a Graduate or professional school beyond a Senior) Graduate or professional school beyond a Senior) What is the highest degree or level of school this person has COMPLETED? Mark (X) ONE boo If currently enrolled, mark the previous grade or highest degree received. No SCHOOLING COMPLETED No schooling completed NURSERY OR PRESCHOOL THROUGH GRADE NURSERY OR PRESCHOOL THROUGH GRADE NURSERY OR PRESCHOOL THROUGH GRADE Nursery school Kindergarten Grade 1 through 11 – Specify grade 1 – 11 Grade 1 through 11 – Specify Grade 1 – 11 Grade 1 – 10 Grade 1 –</pre>

	6 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 19 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 3 on page 18.
 a. Did this person live in this house or apartment 1 year ago? Person is under 1 year old → SKIP to question 16 Yes, this house → SKIP to question 16 No, outside the United States and Puerto Rico - Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 16 	Yes No a. Insurance through a current or former employer or union (of this person or another family member) Image: Comparison of the second secon	 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
 No, different house in the United States or Puerto Rico b. Where did this person live 1 year ago? Address (Number and street name) 	d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability □ e. TRICARE or other military health care □ f. VA (including those who have ever used or enrolled for VA health care) □ g. Indian Health Service □ h. Any other type of health insurance or health coverage plan – Specify ∠ □	 20 a. What is this person's current marital status? Mark (X) ONE box. Now married → SKIP to question 21 Widowed Divorced Separated Never married b. Is this person currently living with a boyfriend/girlfriend or partner in this
Name of city, town, or post office Name of U.S. county or municipio in Puerto Rico Name of U.S. state or Puerto Rico ZIP Code	 7 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 	household? Yes No c. Is this person currently in a registered domestic partnership or civil union? Yes No If you marked "Never married" in question 20a, SKIP to J on the next page. Otherwise, answer question 21.
	 Answer question 18a - c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 3 on page 18. a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions? Yes No Does this person have serious difficulty walking or climbing stairs? Yes No c. Does this person have difficulty dressing or bathing? Yes 	 21 In the PAST 12 MONTHS did this person get - Yes No a. Married? b. Widowed? c. Divorced? d. Divorced? <lid. divorced?<="" li=""> <lid. divorced?<="" li=""> d. Divorced? <l< td=""></l<></lid.></lid.>
14	□ No	

Person 2 (continued)	6 Has this person ever served on active duty in	9 a. LAST WEEK, did this person work for pay
	the U.S. Armed Forces, Reserves, or National Guard? <i>Mark (X) ONE box.</i>	at a job (or business)?
	\Box Never served in the military \rightarrow SKIP to	$\Box \text{ Yes} \rightarrow SKIP \text{ to question 30}$
Answer question 24 if this person is female and 15 – 50 years old. Otherwise,	question 29a	No – Did not work (or retired)
SKIP to question 25a.	Only on active duty for training in the Reserves or National Guard \rightarrow <i>SKIP to question 28a</i>	b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?
	 Now on active duty On active duty in the past, but not now 	☐ Yes
Has this person given birth to any children in the past 12 months?		□ No → SKIP to question 35a
 Yes 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 26 b. Is this grandparent currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment? Yes No → SKIP to question 26 c. How long has this grandparent been responsible for the grandparent is financially responsible for more than one grandchild answer the question for the grandparent has been responsible for the longest period of time. 	 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) November 1941 or earlier a. Does this person have a VA service-connected disability rating? 	 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. Name of city, town, or post office c. Is the work location inside the limits of that city or town? Yes No, outside the city/town limits d. Name of county
_	\square No → SKIP to question 29a	
Less than 6 months	b. What is this person's service-connected	
1 or 2 years	disability rating?	e. Name of U.S. state or foreign country
3 or 4 years	0 percent	e. Name of 0.5. state of foreign country
	□ 10 or 20 percent	
5 or more years	30 or 40 percent	
		f. ZIP Code
	 50 or 60 percent 70 percent or higher 	

	Person 2 (continued)	Answer questions 35 – 38 if this person did NOT work last week. Otherwise, SKIP to question 39a.
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. □ Car, truck, or van □ Motorcycle □ Bus or trolley bus □ Bicycle □ Streetcar or trolley car □ Walked □ Subway or elevated □ Worked at home → SKIP to question 39a □ Ferryboat □ Other method	 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 38 When did this person last work, even for a few days? Within the past 12 months 1 to 5 years ago → SKIP to M on the next page Over 5 years ago or never worked → SKIP to question 47 a. During the PAST 12 MONTHS (52 weeks), did
K	Answer question 32 if you marked "Car, truck, or van" in question 31. Otherwise, SKIP to question 33.	 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? a. Has this person work 50 or more weeks? Count paid time off as work. a. Yes → SKIP to question 40 b. No
3	How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK? Person(s)	 Yes → SKIP to question 37 No b. How many weeks DID this person work, even for a few hours, including paid vacation, paid sick leave, and military service? 50 to 52 weeks 48 to 49 weeks 40 to 47 weeks
3	What time did this person usually leave home to go to work LAST WEEK? Hour Minute Image: State of the state of t	 Yes No → SKIP to question 38 14 to 26 weeks 13 weeks or less 40 During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?
32	<pre>person to get from home to work LAST WEEK? Minutes I</pre>	Usual hours worked each WEEK
	16	



 Please copy the name of Person 3 from page 3, then continue answering questions below. 	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.	F Answer question 12 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 13.
Last Name First Name MI	 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 What grade or level was this person attending? Mark (X) ONE box. 	2 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)
 Where was this person born? In the United States – Print name of state. 	 Nursery school, preschool Kindergarten Grade 1 through 12 – Specify grade 1 – 12 	3 What is this person's ancestry or ethnic origin?
 Outside the United States – Print name of foreign country, or Puerto Rico, 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) 	(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.,
 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? Print numbers in boxes. Year	 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 Begular high school diploma GED or alternative credential COLLEGE OR SOME COLLEGE Some college credit, but less than 1 year of college credit I 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 Professional degree beyond a bachelor's degree (for example: MA, MS, MEng, MEd, MSW, MBA) Doctorate degree (for example: PhD, EdD) 	 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

	6 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 19 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 4 on page 23.
 a. Did this person live in this house or apartment 1 year ago? □ Person is under 1 year old → SKIP to question 16 	 Yes No a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from 	condition, does this person have difficulty doing errands alone such as visiting a doctor's
 Yes, this house → SKIP to question 16 No, outside the United States and Puerto Rico – Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 16 	 c. Medicare, for people 65 and older, or people with certain disabilities 	office or shopping?
 No, different house in the United States or Puerto Rico b. Where did this person live 1 year ago? Address (Number and street name) Name of city, town, or post office 	 d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability e. TRICARE or other military health care f. VA (including those who have ever used or enrolled for VA health care) g. Indian Health Service h. Any other type of health insurance or health coverage plan – Specify rel 	 a. What is this person's current marital status? Mark (X) ONE box. Now married → SKIP to question 21 Widowed Divorced Separated Never married b. Is this person currently living with a boyfriend/girlfriend or partner in this household?
Name of U.S. county or municipio in Puerto Rico Name of U.S. state or Puerto Rico ZIP Code	 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 	 Yes No c. Is this person currently in a registered domestic partnership or civil union? Yes No
	glasses?	If you marked "Never married" in question 20a, SKIP to J on the next page. Otherwise, answer question 21.
	 Answer question 18a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 4 on page 23. a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions? 	In the PAST 12 MONTHS did this person get –YesNoa. Married?Ib. Widowed?Ic. Divorced?I
	 Yes No b. Does this person have serious difficulty walking or climbing stairs? Yes No 	 How many times has this person been married? Once Two times Three or more times
	 c. Does this person have difficulty dressing or bathing? Yes No 	In what year did this person last get married? Year

Person 3 (continued)		
	Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? <i>Mark (X) ONE box.</i>	 a. LAST WEEK, did this person work for pay at a job (or business)?
Answer question 24 if this person is	Never served in the military \rightarrow SKIP to	Yes → SKIP to question 30 No – Did not work (or retired)
female and 15 – 50 years old. Otherwise,	<i>question 29a</i> Only on active duty for training in the Reserves	
SKIP to question 25a.	or National Guard \rightarrow SKIP to question 28a	b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?
	Now on active duty	☐ Yes
24 Has this person given birth to any children in the past 12 months?	On active duty in the past, but not now	□ No \rightarrow SKIP to question 35a
Yes 65	.	
□ No	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.	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
25 a. Does this person have any of his/her own grandchildren under the age of 18 living in	September 2001 or later	last week. a. Address (Number and street name)
this house or apartment?	August 1990 to August 2001 (including Persian Gulf War)	a. Address (Number and street name)
Yes	May 1975 to July 1990	
$\Box \text{ No} \rightarrow SKIP \text{ to question 26}$	Vietnam era (August 1964 to April 1975)	If the exact address is not known, give a description of the location such as the building
b. Is this grandparent currently responsible for	Eebruary 1955 to July 1964	name or the nearest street or intersection.
most of the basic needs of any grandchildren under the age of 18 who live in this house or	Korean War (July 1950 to January 1955)	b. Name of city, town, or post office
apartment?	January 1947 to June 1950	
Yes	World War II (December 1941 to December 1946)	
$\square \text{ No} \rightarrow SKIP \text{ to question 26}$	November 1941 or earlier	c. Is the work location inside the limits of that city or town?
 c. How long has this grandparent been responsible for these 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 	 a. Does this person have a VA service-connected disability rating? Yes (such as 0%, 10%, 20%,, 100%) No → SKIP to question 29a b. What is this person's service-connected disability rating? 0 percent 10 or 20 percent 30 or 40 percent 50 or 60 percent 70 percent or higher 	

	Person 3 (continued)	Answer questions 35 – 38 if this person did NOT work last week. Otherwise, SKIP to question 39a.	37 LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?
3	WEEK? If this person usually used more than one method of transportation during the trip, mark (X)	 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 	 Yes, could have gone to work No, because of own temporary illness No, because of all other reasons (in school, etc.) When did this person last work, even for a few days? Within the past 12 months 1 to 5 years ago → SKIP to M on the next page Over 5 years ago or never worked → SKIP to question 47
K	Answer question 32 if you marked "Car, truck, or van" in question 31. Otherwise, SKIP to question 33.	 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? 	 a. During the PAST 12 MONTHS (52 weeks), did this person work 50 or more weeks? Count paid time off as work. Yes → SKIP to question 40 No
3	usually rode to work in the car, truck, or van LAST WEEK? Person(s) Image: Second sec	 Yes → SKIP to question 37 No During the LAST 4 WEEKS, has this person been ACTIVELY looking for work? Yes No → SKIP to question 38 	 b. How many weeks DID this person work, even for a few hours, including paid vacation, paid sick leave, and military service? 50 to 52 weeks 48 to 49 weeks 40 to 47 weeks 27 to 39 weeks 14 to 26 weeks 13 weeks or less 10 During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK? Usual hours worked each WEEK
			2

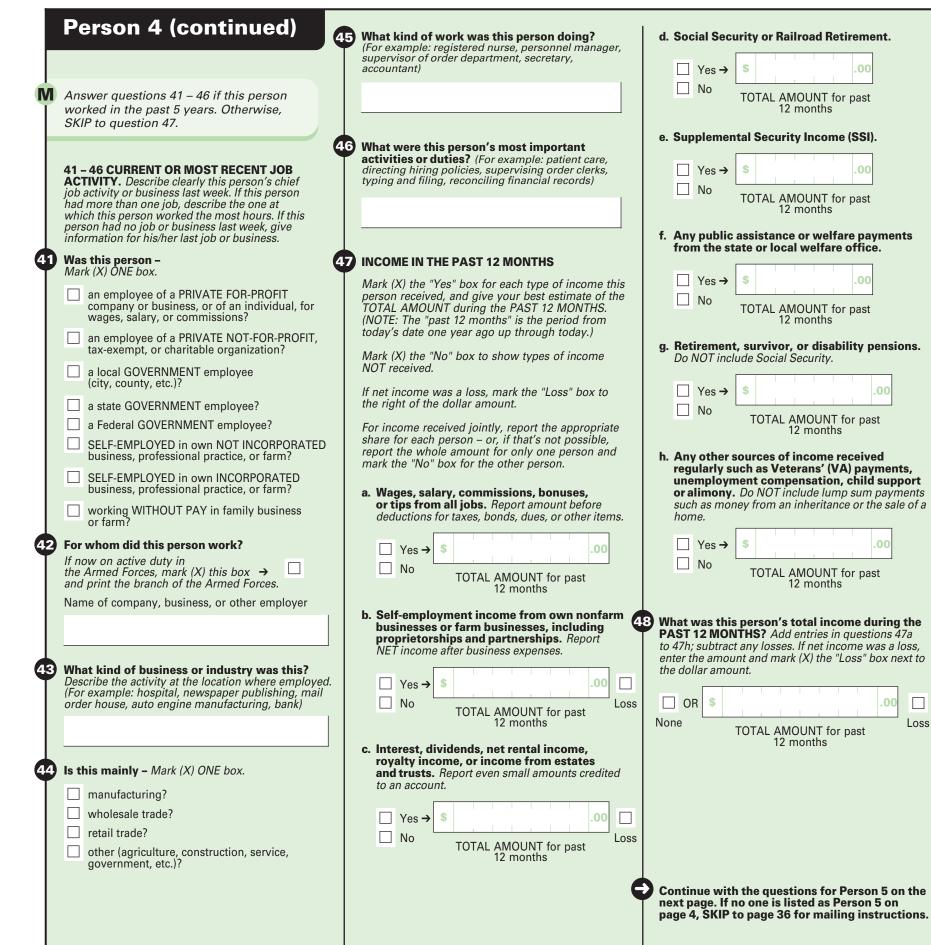
	 (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant) 	Yes → \$.00
Answer questions 41 – 46 if this person worked in the past 5 years. Otherwise, SKIP to question 47		No TOTAL AMOUNT for past 12 months
SKIP to question 47. 41 – 46 CURRENT OR MOST RECENT JOB ACTIVITY. Describe clearly this person's chief	46 What were this person's most important activities or duties? (For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)	e. Supplemental Security Income (SSI).
job activity or business last week. If this person had more than one job, describe the one at which this person worked the most hours. If this person had no job or business last week, give information for his/her last job or business.		TOTAL AMOUNT for past 12 months f. Any public assistance or welfare paymen from the state or local welfare office.
Was this person – Mark (X) ONE box.	47 INCOME IN THE PAST 12 MONTHS	from the state or local wentare office.
an employee of a PRIVATE FOR-PROFIT	Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the	Yes → \$.00
company or business, or of an individual, for wages, salary, or commissions?	TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from today's date one year ago up through today.)	TOTAL AMOUNT for past 12 months
an employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization?	Mark (X) the "No" box to show types of income NOT received.	g. Retirement, survivor, or disability pensi Do NOT include Social Security.
a local GOVERNMENT employee (city, county, etc.)?	If net income was a loss, mark the "Loss" box to	☐ Yes → \$.00
a state GOVERNMENT employee?a Federal GOVERNMENT employee?	the right of the dollar amount. For income received jointly, report the appropriate	No TOTAL AMOUNT for past 12 months
SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?	share for each person – or, if that's not possible, report the whole amount for only one person and mark the "No" box for the other person.	h. Any other sources of income received regularly such as Veterans' (VA) paymen
SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?	a. Wages, salary, commissions, bonuses,	unemployment compensation, child sup or alimony. Do NOT include lump sum payl
working WITHOUT PAY in family business or farm?	or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.	such as money from an inheritance or the sa home.
For whom did this person work?	Yes → \$.00	Yes → \$.00
If now on active duty in 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 12 months
Name of company, business, or other employer	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 to 47h; subtract any losses. If net income was a
What kind of business or industry was this? Describe the activity at the location where employed.	Yes → \$.00	enter the amount and mark (X) the "Loss" box r the dollar amount.
(For example: hospítal, newspaper publishing, mail order house, auto engine manufacturing, bank)	No TOTAL AMOUNT for past	OR \$.00
	12 months c. Interest, dividends, net rental income,	None TOTAL AMOUNT for past 12 months
Is this mainly – Mark (X) ONE box.	royalty income, or income from estates and trusts. Report even small amounts credited to an account.	
manufacturing?		
wholesale trade?	□ Yes → \$.00 □	
 retail trade? other (agriculture, construction, service, government, etc.)? 	No TOTAL AMOUNT for past 12 months	
govornmont, otor:		

Please copy the name of Person 4 from page 3, then continue answering questions below. Last Name First Name MI	 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 What grade or level was this person attending? Mark (X) ONE box. 	 bachelor's degree or higher. Otherwise, SKIP to question 13. This question focuses on this person's BACHELOR'S DEGREE. Please print below t specific major(s) of any BACHELOR'S DEGR this person has received. (For example: chem engineering, elementary teacher education, organizational psychology)
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.	 Nursery school, preschool Kindergarten Grade 1 through 12 - Specify grade 1 - 12 7 	3 What is this person's ancestry or ethnic origonal state of the second state of the
 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 	 In 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 I 2th grade - NO DIPLOMA 	 Cambodian, Cape Verdean, Norwegian, Domini French Canadian, Haitian, Korean, Lebanese, Pc Nigerian, Mexican, Taiwanese, Ukrainian, and s a. Does this person speak a language other English at home? Yes No → SKIP to question 15a b. What is this language? For example: Korean, Italian, Spanish, Vietna c. How well does this person speak English Very well Well
When did this person come to live in the United States? Print numbers in boxes. Year Image:	 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) 	 Not well Not at all

Yes, this house > 5K/P to question 16 No. outgo the United States and Puerto Rico No. different house in the United States or Puerto Rico No. different house in the United States or Puerto Rico Address (Number and street name) Imain States or States or Transfer forming? Imain States or Transfer formin		6 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 19 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 5 on page 28.
Or people with certain disabilities or people with certain disabilities	 1 year ago? Person is under 1 year old → SKIP to question 16 Yes, this house → SKIP to question 16 No, outside the United States and Puerto Rico - Print name of foreign country, 	 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, 	 condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping? Yes
Name of city, town, or post office or health coverage plan - Specify p bytristing digit friend or partner in this household? Name of U.S. county or municipio in Puerto Rico a. Is this person deaf or does he/she have serious difficulty hearing? No Name of U.S. state or Puerto Rico ZIP Code b. Is this person blind or does he/she have serious difficulty seeing oven when wearing glasses? If you marked "Never married" in question 20a, SKIP to I on the next page. Otherwise, answer question 21. Or health coverage plan - Specify p If you marked "Never married" in question 20a, SKIP to I on the next page. Otherwise, answer question 21. If a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions? Yes If a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions? Page How many times has this person been married? Once Widowed? Conce No No Boos this person have serious difficulty dressing or more times No Once Yes No Boos this person have difficulty dressing or babting stairs? Yes No	 then SKIP to question 16 No, different house in the United States or Puerto Rico b. Where did this person live 1 year ago? 	or people with certain disabilities Image: Constraint of the second	 20 a. What is this person's current marital status? Mark (X) ONE box. Now married → SKIP to question 21 Widowed Divorced Separated Never married
Image: Second	Name of U.S. county or	or health coverage plan – <i>Specify ∠</i> ⊥ ⊥ ⊥ ⊥ ⊥ ⊥ ⊥ ⊥ ⊥ ⊥ ⊥ ⊥ ⊥ ⊥ ⊥ ⊥ ⊥ ⊥ ⊥	boyfriend/girlfriend or partner in this household? Yes No c. Is this person currently in a registered
 Answer old or over. Otherwise, SKIP to the questions for Person 5 on page 28. 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 Yes No 		 No b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses? Yes 	 No If you marked "Never married" in question 20a, SKIP to J on the next
 No Does this person have serious difficulty walking or climbing stairs? Yes No C. Does this person have difficulty dressing or bathing? Yes Yes In what year did this person last get married? Year 		 5 years old or over. Otherwise, SKIP to the questions for Person 5 on page 28. 8 a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions? 	a. Married?
bathing? Yes Year		 No b. Does this person have serious difficulty walking or climbing stairs? Yes No 	Two times
		bathing?	23 In what year did this person last get married? Year

Person 4 (continued)	26 Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National	29 a. LAST WEEK, did this person work for pay
	the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box. Never served in the military \rightarrow SKIP to	at a job (or business)? ☐ Yes → SKIP to question 30
J Answer question 24 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 25a.	<i>question 29a</i> Only on active duty for training in the Reserves	 No – Did not work (or retired) b. LAST WEEK, did this person do ANY work
	 or National Guard → SKIP to question 28a Now on active duty On active duty in the past, but not now 	for pay, even for as little as one hour?
 Has this person given birth to any children in the past 12 months? Yes 		□ No \rightarrow SKIP to question 35a
□ No	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.	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. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?	 September 2001 or later August 1990 to August 2001 (including 	a. Address (Number and street name)
	Persian Gulf War) May 1975 to July 1990	
 No → SKIP to question 26 b. Is this grandparent currently responsible for 	 Vietnam era (August 1964 to April 1975) February 1955 to July 1964 	If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.
most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment?	Korean War (July 1950 to January 1955)	b. Name of city, town, or post office
☐ Yes ☐ No → SKIP to question 26	 World War II (December 1941 to December 1946) November 1941 or earlier 	
c. How long has this grandparent been		c. Is the work location inside the limits of that city or town?
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	 a. Does this person have a VA service-connected disability rating? 	 Yes No, outside the city/town limits
been responsible for the longest period of time.	 Yes (such as 0%, 10%, 20%, , 100%) No → SKIP to question 29a 	d. Name of county
6 to 11 months	b. What is this person's service-connected disability rating?	
☐ 1 or 2 years ☐ 3 or 4 years	0 percent 10 or 20 percent	e. Name of U.S. state or foreign country
5 or more years	30 or 40 percent 50 or 60 percent	f. ZIP Code
	70 percent or higher	
		;

	Person 4 (continued)	Answer questions 35 – 38 if this person did NOT work last week. Otherwise,	37 LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?
3	WEEK? If this person usually used more than one method of transportation during the trip, mark (X)	 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 	 Yes, could have gone to work No, because of own temporary illness No, because of all other reasons (in school, etc.) When did this person last work, even for a few days? Within the past 12 months 1 to 5 years ago → SKIP to M on the next page Over 5 years ago or never worked → SKIP to question 47 a. During the PAST 12 MONTHS (52 weeks), did
K	Answer question 32 if you marked "Car, truck, or van" in question 31. Otherwise, SKIP to question 33.	 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? 	this person work 50 or more weeks? Count paid time off as work.
3	How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK? Person(s)	 Yes → SKIP to question 37 No Ouring the LAST 4 WEEKS, has this person been ACTIVELY looking for work? 	 b. How many weeks DID this person work, even for a few hours, including paid vacation, paid sick leave, and military service? 50 to 52 weeks 48 to 49 weeks 40 to 47 weeks
3	What time did this person usually leave home to go to work LAST WEEK? Hour Minute A.m. D.m. D.m.	 Yes No → SKIP to question 38 	 27 to 39 weeks 14 to 26 weeks 13 weeks or less During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?
34	How many minutes did it usually take this person to get from home to work LAST WEEK? Minutes		Usual hours worked each WEEK
-	26		

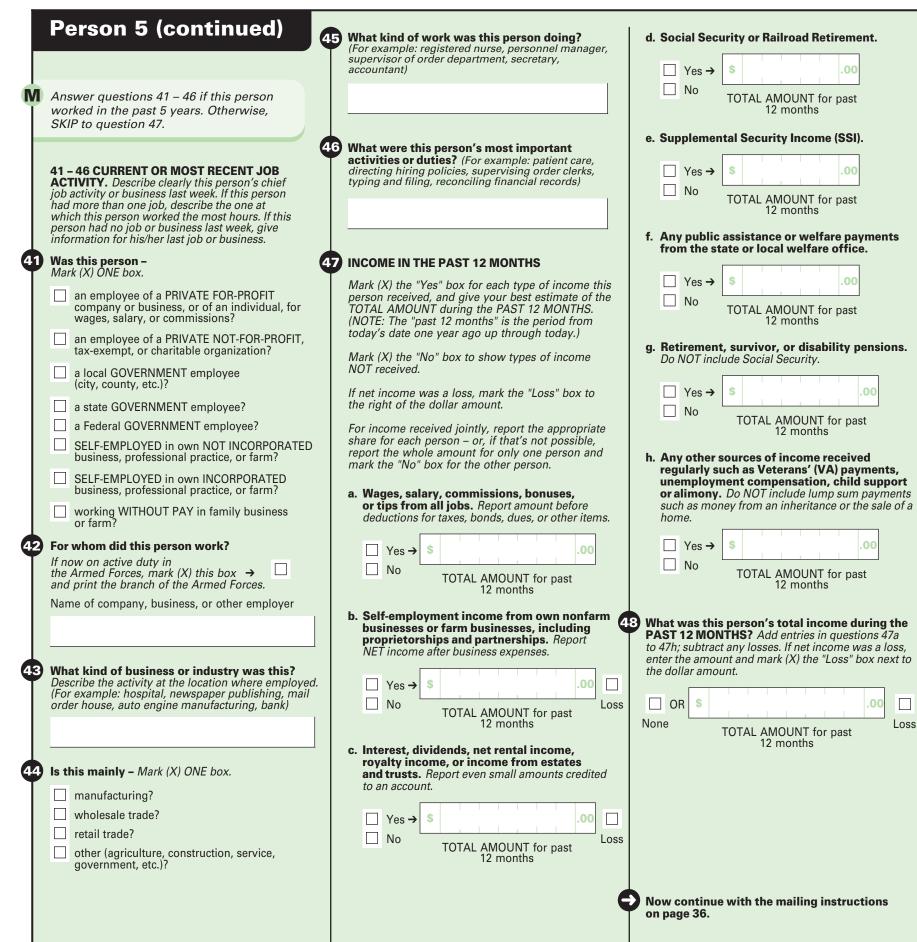


this person attended school or college? Include only nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college	Answer question 12 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 13.
 No, has not attended in the last 3 months → SKIP to question 11 Yes, public school, public college Yes, private school, private college, home school What grade or level was this person attending? Mark (X) ONE box. Nursery school, preschool 	2 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)
 Kindergarten Grade 1 through 12 – Specify grade 1 – 12 – 	3 What is this person's ancestry or ethnic origin?
 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) 	(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)
	 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 well Not at all
 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) 	
	Include only nursery or preschool, kindergarten, elementary school, nome 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 Nursery school, preschool Kindergarten Grade 1 through 12 - Specify grade 1 - 12 what is the highest degree or level of school this person has COMPLETED? Mark (X) ONE box. f currently enrolled, mark the previous grade or highest degree recieved. NO schooling completed <tr< td=""></tr<>

	16 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. Yes No
1 year ago? Person is under 1 year old \rightarrow <i>SKIP to question 16</i>	 a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from
 Yes, this house → SKIP to question 16 No, outside the United States and Puerto Rico - Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 16 	an insurance company (by this person or another family member) Image: for people 65 and older, or people with certain disabilities Image: for people 65 and older, or people with certain disabilities Image: for people for
 No, different house in the United States or Puerto Rico b. Where did this person live 1 year ago? 	 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
Address (Number and street name)	f. VA (including those who have ever used or enrolled for VA health care) Divorced g. Indian Health Service Never married
Name of city, town, or post office	 h. Any other type of health insurance or health coverage plan – Specify b. Is this person currently living with a boyfriend/girlfriend or partner in this household? Yes No
municipio in Puerto Rico	 a. Is this person deaf or does he/she have serious difficulty hearing? Yes No Yes No Yes No
Name of U.S. state or Puerto Rico ZIP Code	 b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses? Yes No
	 Answer question 18a - c if this person is 5 years old or over. Otherwise, SKIP to the mailing instructions on page 36. a. Because of a physical, mental, or emotional condition, does this person have serious
	 difficulty concentrating, remembering, or making decisions? Yes No C. Divorced? Divorced? Divorced?
	b. Does this person have serious difficulty walking or climbing stairs? Image: Concerning stairs Image: Yes Image: Two times Image: No Image: Three or more times
	 c. Does this person have difficulty dressing or bathing? Yes No

	Person 5 (continued)		
		6 Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? <i>Mark (X) ONE box.</i>	29 a. LAST WEEK, did this person work for pay at a job (or business)?
		\Box Never served in the military \rightarrow SKIP to	Yes \rightarrow SKIP to question 30
J	Answer question 24 if this person is female and 15 – 50 years old. Otherwise,	question 29a	No – Did not work (or retired)
	SKIP to question 25a.	Only on active duty for training in the Reserves or National Guard \rightarrow <i>SKIP to question 28a</i>	b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?
		Now on active duty	Yes
24	Has this person given birth to any children in the past 12 months?	On active duty in the past, but not now	$\square \text{ No} \rightarrow SKIP \text{ to question 35a}$
	Yes 2	7 When did this person serve on active duty in	
	□ No		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
25		September 2001 or later	last week.
	grandchildren under the age of 18 living in this house or apartment?	August 1990 to August 2001 (including Persian Gulf War)	a. Address (Number and street name)
	Yes	May 1975 to July 1990	
	No \rightarrow SKIP to question 26	Vietnam era (August 1964 to April 1975)	If the exact address is not known, give a description of the location such as the building
	b. Is this grandparent currently responsible for	February 1955 to July 1964	name or the nearest street or intersection.
	most of the basic needs of any grandchildren under the age of 18 who live in this house or	Korean War (July 1950 to January 1955)	b. Name of city, town, or post office
	apartment?	January 1947 to June 1950	
	Yes	World War II (December 1941 to December 1946)	
	□ No → SKIP to question 26	November 1941 or earlier	c. Is the work location inside the limits of that
	c. How long has this grandparent been		city or town?
	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	 a. Does this person have a VA service-connected disability rating? Yes (such as 0%, 10%, 20%,, 100%) No → SKIP to question 29a b. What is this person's service-connected disability rating? 0 percent 10 or 20 percent 	 Yes No, outside the city/town limits d. Name of county e. Name of U.S. state or foreign country
		30 or 40 percent	f. ZIP Code
		50 or 60 percent	
		70 percent or higher	
	30		

	Person 5 (continued)	Answer questions 35 – 38 if this person did NOT work last week. Otherwise, SKIP to question 39a.	37 LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?
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.	35 a. LAST WEEK, was this person on layoff from	 Yes, could have gone to work No, because of own temporary illness No, because of all other reasons (in school, etc.)
	 Car, truck, or van Bus or trolley bus Bicycle Streetcar or trolley car Subway or elevated Railroad Ferryboat Taxicab Motorcycle Bicycle Worked at home → SKIP to question 39a 	 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 	 When did this person last work, even for a few days? Within the past 12 months 1 to 5 years ago → SKIP to M on the next page Over 5 years ago or never worked → SKIP to question 47
K	Answer question 32 if you marked "Car, truck, or van" in question 31. Otherwise, SKIP to question 33.	 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 	 a. During the PAST 12 MONTHS (52 weeks), did this person work 50 or more weeks? Count paid time off as work. □ Yes → SKIP to question 40 □ No
32	How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK? Person(s)	work? Yes \rightarrow SKIP to question 37 No	 b. How many weeks DID this person work, even for a few hours, including paid vacation, paid sick leave, and military service? 50 to 52 weeks
33	What time did this person usually leave home to go to work LAST WEEK? Hour Minute	 36 During the LAST 4 WEEKS, has this person been ACTIVELY looking for work? ☐ Yes ☐ No → SKIP to question 38 	 48 to 49 weeks 40 to 47 weeks 27 to 39 weeks 14 to 26 weeks 13 weeks or less
3/1	How many minutes did it usually take this		40 During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK? Usual hours worked each WEEK
	person to get from home to work LAST WEEK? Minutes		
L			3



Page 33 is intentionally left blank



Pages 34 and 35 are intentionally left blank



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					
	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 0607-0936, 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 0607-0936" 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)QDRM (02-08-2013)

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