

Para completar el cuestionario en español, déle la vuelta y complete el lado verde.

FORM **DD-1A(ES)** (12-10-2014) Draft 8

Use a blue or black pen.

Or go to <https://survey.census.gov/censustest> to complete the 2015 Census Test.

## Start here

Before you answer Question 1, count the people living in this house, apartment, or mobile home using our guidelines.

- Count all people, including babies, who live and sleep here most of the time.

The Census Bureau also conducts counts in institutions and other places, so:

- Do not count anyone living away either at college or in the Armed Forces.
- Do not count anyone in a nursing home, jail, prison, detention facility, etc., on April 1, 2015.
- Leave these people off your form, even if they will return to live here after they leave college, the nursing home, the military, jail, etc. Otherwise, they may be counted twice.

The Census must also include people without a permanent place to stay, so:

- If someone who has no permanent place to stay is staying here on April 1, 2015, count that person.

**1. How many people were living or staying in this house, apartment, or mobile home on April 1, 2015?**

Number of people =

**2. Were there any additional people staying here April 1, 2015 that you did not include in Question 1?**

Mark  all that apply.

- Children, such as newborn babies or foster children
- Relatives, such as adult children, cousins, or in-laws
- Nonrelatives, such as roommates or live-in babysitters
- People staying here temporarily
- No additional people

**3. Is this house, apartment, or mobile home — Mark  ONE box.**

- Owned by you or someone in this household with a mortgage or loan? *Include home equity loans.*
- Owned by you or someone in this household free and clear (without a mortgage or loan)?
- Rented?
- Occupied without payment of rent?

**4. What is your telephone number?**

We may call if we don't understand an answer.

Area Code + Number

-    -



## Person 1

**5. Please provide information for each person living here. Start with a person living here who owns or rents this house, apartment, or mobile home. If the owner or renter lives somewhere else, start with any adult living here. This will be Person 1.**

**What is Person 1's name? Print name below.**

First Name MI

Last Name

**6. What is Person 1's sex? Mark  ONE box.**

Male  Female

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

*Print numbers in boxes.*

Age on April 1, 2015    Month    Day    Year of birth

**8. What is Person 1's race or origin? Mark  ONE or more boxes AND write in the specific race(s) or origin(s).**

White – Print origin(s), for example, German, Irish, English, Italian, Lebanese, Egyptian, and so on. ↴

Hispanic, Latino, or Spanish origin – Print origin(s), for example, Mexican or Mexican American, Puerto Rican, Cuban, Dominican, Salvadoran, Colombian, and so on. ↴

Black or African Am. – Print origin(s), for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Ghanaian, and so on. ↴

Asian – Print origin(s), for example, Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japanese, and so on. ↴

American Indian or Alaska Native – Print name of enrolled or principal tribe(s), for example, Navajo Nation, Blackfeet Tribe, Muscogee (Creek) Nation, Mayan, Doyon, Native Village of Barrow Inupiat Traditional Government, and so on. ↴

Native Hawaiian or Other Pacific Islander – Print origin(s), for example, Native Hawaiian, Samoan, Guamanian or Chamorro, Tongan, Fijian, Marshallese, and so on. ↴

Some other race or origin – Print race(s) or origin(s). ↴

→ Continue to Question 9.

**9. Does Person 1 sometimes live or stay somewhere else?**

No → SKIP to Person 2, if more people live here.

Yes — Mark  all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> In college housing    | <input type="checkbox"/> At a seasonal or second residence |
| <input type="checkbox"/> In the military       | <input type="checkbox"/> In jail or prison                 |
| <input type="checkbox"/> For a job or business | <input type="checkbox"/> In a nursing home                 |
| <input type="checkbox"/> For child custody     | <input type="checkbox"/> For another reason                |

**10. If you marked yes to Question 9, please provide the full address of the other place where Person 1 sometimes lives or stays:**

Address Number (For example: 5007)

Street Name (For example: N Maple Ave)



Apt/Unit (For example: "Apt. A" or "Lot 3")

Rural Route Address



City

State

ZIP Code



County

→ NOTE: If there is no street address or if this is a facility, please print a description in the boxes below.



**11. Where does Person 1 live or stay most of the time?**

- The address printed on the front of this questionnaire  
 The address or location you listed in Question 10  
 Both places equally  
 Some other place

**12. On April 1, 2015, where was Person 1 staying?**

- The address printed on the front of this questionnaire  
 The address or location you listed in Question 10  
 Some other place

→ If more people were counted in Question 1, continue with Person 2.

**1. Print name of Person 2**

First Name MI

Last Name

**2. How is this person related to Person 1? Mark  ONE box.**

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

**3. What is this person's sex? Mark  ONE box.**

- Male  Female

**4. What is this person's age and what is this person's date of birth? Please report babies as age 0 when the child is less than 1 year old. Print numbers in boxes.**

Age on April 1, 2015    Month    Day    Year of birth

**5. What is this person's race or origin? Mark  ONE or more boxes AND write in the specific race(s) or origin(s).**

- White – Print origin(s), for example, German, Irish, English, Italian, Lebanese, Egyptian, and so on. ↴
- Hispanic, Latino, or Spanish origin – Print origin(s), for example, Mexican or Mexican American, Puerto Rican, Cuban, Dominican, Salvadoran, Colombian, and so on. ↴
- Black or African Am. – Print origin(s), for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Ghanaian, and so on. ↴
- Asian – Print origin(s), for example, Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japanese, and so on. ↴
- American Indian or Alaska Native – Print name of enrolled or principal tribe(s), for example, Navajo Nation, Blackfeet Tribe, Muscogee (Creek) Nation, Mayan, Doyon, Native Village of Barrow Inupiat Traditional Government, and so on. ↴
- Native Hawaiian or Other Pacific Islander – Print origin(s), for example, Native Hawaiian, Samoan, Guamanian or Chamorro, Tongan, Fijian, Marshallese, and so on. ↴
- Some other race or origin – Print race(s) or origin(s). ↴

→ Continue to Question 6.

**6. Does this person sometimes live or stay somewhere else?**

- No → SKIP to the next person, if more people live here.  
 Yes — Mark  all that apply.
- |  |  |
|--|--|
| <input type="checkbox"/> In college housing    | <input type="checkbox"/> At a seasonal or second residence |
| <input type="checkbox"/> In the military       | <input type="checkbox"/> In jail or prison                 |
| <input type="checkbox"/> For a job or business | <input type="checkbox"/> In a nursing home                 |
| <input type="checkbox"/> For child custody     | <input type="checkbox"/> For another reason                |

**7. If you marked yes to Question 6, please provide the full address of the other place where this person sometimes lives or stays:**

Address Number (For example: 5007)

Street Name (For example: N Maple Ave)

Apt/Unit (For example: "Apt. A" or "Lot 3")

Rural Route Address

City

State    ZIP Code

County

→ NOTE: If there is no street address or if this is a facility, please print a description in the boxes below.

**8. Where does this person live or stay most of the time?**

- The address printed on the front of this questionnaire  
 The address or location you listed in Question 7  
 Both places equally  
 Some other place

**9. On April 1, 2015, where was this person staying?**

- The address printed on the front of this questionnaire  
 The address or location you listed in Question 7  
 Some other place

→ If more people were counted in Question 1, on the front page, continue with Person 3.

**1. Print name of Person 3**

First Name MI

Last Name

**2. How is this person related to Person 1? Mark  ONE box.**

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

**3. What is this person's sex? Mark  ONE box.**

- Male  Female

**4. What is this person's age and what is this person's date of birth? Please report babies as age 0 when the child is less than 1 year old. Print numbers in boxes.**

Age on April 1, 2015    Month    Day    Year of birth

**5. What is this person's race or origin? Mark  ONE or more boxes AND write in the specific race(s) or origin(s).**

- White — Print origin(s), for example, German, Irish, English, Italian, Lebanese, Egyptian, and so on.
- Hispanic, Latino, or Spanish origin — Print origin(s), for example, Mexican or Mexican American, Puerto Rican, Cuban, Dominican, Salvadoran, Colombian, and so on.
- Black or African Am. — Print origin(s), for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Ghanaian, and so on.
- Asian — Print origin(s), for example, Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japanese, and so on.
- American Indian or Alaska Native — Print name of enrolled or principal tribe(s), for example, Navajo Nation, Blackfeet Tribe, Muscogee (Creek) Nation, Mayan, Doyon, Native Village of Barrow Inupiat Traditional Government, and so on.
- Native Hawaiian or Other Pacific Islander — Print origin(s), for example, Native Hawaiian, Samoan, Guamanian or Chamorro, Tongan, Fijian, Marshallese, and so on.
- Some other race or origin — Print race(s) or origin(s).

→ Continue to Question 6.

**6. Does this person sometimes live or stay somewhere else?**

- No → SKIP to the next person, if more people live here.
- Yes — Mark  all that apply.
- |  |  |
|--|--|
| <input type="checkbox"/> In college housing    | <input type="checkbox"/> At a seasonal or second residence |
| <input type="checkbox"/> In the military       | <input type="checkbox"/> In jail or prison                 |
| <input type="checkbox"/> For a job or business | <input type="checkbox"/> In a nursing home                 |
| <input type="checkbox"/> For child custody     | <input type="checkbox"/> For another reason                |

**7. If you marked yes to Question 6, please provide the full address of the other place where this person sometimes lives or stays:**

Address Number (For example: 5007)

Street Name (For example: N Maple Ave)

Apt/Unit (For example: "Apt. A" or "Lot 3")

Rural Route Address

City

State

ZIP Code

County

→ NOTE: If there is no street address or if this is a facility, please print a description in the boxes below.

**8. Where does this person live or stay most of the time?**

- The address printed on the front of this questionnaire
- The address or location you listed in Question 7
- Both places equally
- Some other place

**9. On April 1, 2015, where was this person staying?**

- The address printed on the front of this questionnaire
- The address or location you listed in Question 7
- Some other place

→ If more people were counted in Question 1, on the front page, continue with Person 4.

**1. Print name of Person 4**

First Name MI

Last Name

**2. How is this person related to Person 1? Mark  ONE box.**

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

**3. What is this person's sex? Mark  ONE box.**

- Male  Female

**4. What is this person's age and what is this person's date of birth? Please report babies as age 0 when the child is less than 1 year old. Print numbers in boxes.**

Age on April 1, 2015      Month      Day      Year of birth

**5. What is this person's race or origin? Mark  ONE or more boxes AND write in the specific race(s) or origin(s).**

- White – Print origin(s), for example, German, Irish, English, Italian, Lebanese, Egyptian, and so on. ↴
- Hispanic, Latino, or Spanish origin – Print origin(s), for example, Mexican or Mexican American, Puerto Rican, Cuban, Dominican, Salvadoran, Colombian, and so on. ↴
- Black or African Am. – Print origin(s), for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Ghanaian, and so on. ↴
- Asian – Print origin(s), for example, Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japanese, and so on. ↴
- American Indian or Alaska Native – Print name of enrolled or principal tribe(s), for example, Navajo Nation, Blackfeet Tribe, Muscogee (Creek) Nation, Mayan, Doyon, Native Village of Barrow Inupiat Traditional Government, and so on. ↴
- Native Hawaiian or Other Pacific Islander – Print origin(s), for example, Native Hawaiian, Samoan, Guamanian or Chamorro, Tongan, Fijian, Marshallese, and so on. ↴
- Some other race or origin – Print race(s) or origin(s). ↴

→ Continue to Question 6.

**6. Does this person sometimes live or stay somewhere else?**

- No → SKIP to the next person, if more people live here.  
 Yes — Mark  all that apply.
- |  |  |
|--|--|
| <input type="checkbox"/> In college housing    | <input type="checkbox"/> At a seasonal or second residence |
| <input type="checkbox"/> In the military       | <input type="checkbox"/> In jail or prison                 |
| <input type="checkbox"/> For a job or business | <input type="checkbox"/> In a nursing home                 |
| <input type="checkbox"/> For child custody     | <input type="checkbox"/> For another reason                |

**7. If you marked yes to Question 6, please provide the full address of the other place where this person sometimes lives or stays:**

Address Number (For example: 5007)

Street Name (For example: N Maple Ave)

Apt/Unit (For example: "Apt. A" or "Lot 3")

Rural Route Address

City

State      ZIP Code

County

→ NOTE: If there is no street address or if this is a facility, please print a description in the boxes below.

**8. Where does this person live or stay most of the time?**

- The address printed on the front of this questionnaire  
 The address or location you listed in Question 7  
 Both places equally  
 Some other place

**9. On April 1, 2015, where was this person staying?**

- The address printed on the front of this questionnaire  
 The address or location you listed in Question 7  
 Some other place

→ If more people were counted in Question 1, on the front page, continue with Person 5.



**1. Print name of Person 6**

First Name MI

Last Name

**2. How is this person related to Person 1? Mark  ONE box.**

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

**3. What is this person's sex? Mark  ONE box.**

- Male  Female

**4. What is this person's age and what is this person's date of birth? Please report babies as age 0 when the child is less than 1 year old. Print numbers in boxes.**

Age on April 1, 2015      Month      Day      Year of birth

**5. What is this person's race or origin? Mark  ONE or more boxes AND write in the specific race(s) or origin(s).**

- White – Print origin(s), for example, German, Irish, English, Italian, Lebanese, Egyptian, and so on. ↴
- Hispanic, Latino, or Spanish origin – Print origin(s), for example, Mexican or Mexican American, Puerto Rican, Cuban, Dominican, Salvadoran, Colombian, and so on. ↴
- Black or African Am. – Print origin(s), for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Ghanaian, and so on. ↴
- Asian – Print origin(s), for example, Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japanese, and so on. ↴
- American Indian or Alaska Native – Print name of enrolled or principal tribe(s), for example, Navajo Nation, Blackfeet Tribe, Muscogee (Creek) Nation, Mayan, Doyon, Native Village of Barrow Inupiat Traditional Government, and so on. ↴
- Native Hawaiian or Other Pacific Islander – Print origin(s), for example, Native Hawaiian, Samoan, Guamanian or Chamorro, Tongan, Fijian, Marshallese, and so on. ↴
- Some other race or origin – Print race(s) or origin(s). ↴

→ Continue to Question 6.

**6. Does this person sometimes live or stay somewhere else?**

- No → SKIP to the next person, if more people live here.  
 Yes — Mark  all that apply.
- |  |  |
|--|--|
| <input type="checkbox"/> In college housing    | <input type="checkbox"/> At a seasonal or second residence |
| <input type="checkbox"/> In the military       | <input type="checkbox"/> In jail or prison                 |
| <input type="checkbox"/> For a job or business | <input type="checkbox"/> In a nursing home                 |
| <input type="checkbox"/> For child custody     | <input type="checkbox"/> For another reason                |

**7. If you marked yes to Question 6, please provide the full address of the other place where this person sometimes lives or stays:**

Address Number (For example: 5007)

Street Name (For example: N Maple Ave)

Apt/Unit (For example: "Apt. A" or "Lot 3")

Rural Route Address

City

State      ZIP Code

County

→ NOTE: If there is no street address or if this is a facility, please print a description in the boxes below.

**8. Where does this person live or stay most of the time?**

- The address printed on the front of this questionnaire  
 The address or location you listed in Question 7  
 Both places equally  
 Some other place

**9. On April 1, 2015, where was this person staying?**

- The address printed on the front of this questionnaire  
 The address or location you listed in Question 7  
 Some other place

→ If more people were counted in Question 1, on the front page, continue with Person 7.



Use this section to complete information for the rest of the people you counted in Question 1 on the front page.  
We may call for additional information about them.

### Person 7

First Name

MI

Last Name

Sex

 Male  Female

Age on April 1, 2015

Date of Birth

 Month  Day  Year of birth

Related to Person 1?

 Yes  No

### Person 8

First Name

MI

Last Name

Sex

 Male  Female

Age on April 1, 2015

Date of Birth

 Month  Day  Year of birth

Related to Person 1?

 Yes  No

### Person 9

First Name

MI

Last Name

Sex

 Male  Female

Age on April 1, 2015

Date of Birth

 Month  Day  Year of birth

Related to Person 1?

 Yes  No

### Person 10

First Name

MI

Last Name

Sex

 Male  Female

Age on April 1, 2015

Date of Birth

 Month  Day  Year of birth

Related to Person 1?

 Yes  No

**Thank you for completing the 2015 Census Test.**

FOR OFFICIAL USE ONLY

JIC1	JIC2
<input type="text"/>	<input type="text"/>

If your enclosed postage-paid envelope is missing,  
please mail your completed form to:

U.S. Census Bureau  
National Processing Center  
1201 East 10th Street  
Jeffersonville, IN 47132

If you need help completing this form, call 1-866-226-2836, Monday through Saturday from 9:00 a.m. to 9:00 p.m. and Sunday from 11:00 a.m. to 9:00 p.m. The telephone call is free.

TDD — Telephone display device for the hearing impaired. Call 1-800-786-9448, Monday through Saturday from 9:00 a.m. to 9:00 p.m. and Sunday from 11:00 a.m. to 9:00 p.m. The telephone call is free.

The U.S. Census Bureau estimates that, for the average household, this form will take about 10 minutes to complete, including the time for reviewing the instructions and answers. Send comments regarding this burden estimate or any other aspect of this burden to: Paperwork Reduction Project xxxx-xxxx, U.S. Census Bureau, DMD-3H174, 4600 Silver Hill Road, Washington, DC 20233. You may e-mail comments to <Paperwork@census.gov>; use "Paperwork Project xxxx-xxxx" as the subject.

Respondents are not required to respond to any information collection unless it displays a valid approval number from the Office of Management and Budget.



Use esta sección para completar la información sobre el resto de las personas que usted contó en la Pregunta 1 en la primera página. Puede que lo llamemos para obtener información adicional sobre ellas.

### Persona 7

Nombre

Inicial Apellido

Sexo

 Masculino  Femenino

Edad el 1 de abril de 2015

Fecha de nacimiento

Mes Día Año de nacimiento

¿Relacionada con la Persona 1?

 Sí  No

### Persona 8

Nombre

Inicial Apellido

Sexo

 Masculino  Femenino

Edad el 1 de abril de 2015

Fecha de nacimiento

Mes Día Año de nacimiento

¿Relacionada con la Persona 1?

 Sí  No

### Persona 9

Nombre

Inicial Apellido

Sexo

 Masculino  Femenino

Edad el 1 de abril de 2015

Fecha de nacimiento

Mes Día Año de nacimiento

¿Relacionada con la Persona 1?

 Sí  No

### Persona 10

Nombre

Inicial Apellido

Sexo

 Masculino  Femenino

Edad el 1 de abril de 2015

Fecha de nacimiento

Mes Día Año de nacimiento

¿Relacionada con la Persona 1?

 Sí  No

**Gracias por completar la Prueba del Censo del 2015.**

PARA USO OFICIAL SOLAMENTE

JIC1

JIC2

Si no tiene el sobre con sello que se incluye para la devolución del cuestionario, por favor, envíe por correo su cuestionario completado a:

U.S. Census Bureau  
National Processing Center  
1201 East 10th Street  
Jeffersonville, IN 47132

Si necesita ayuda para completar este cuestionario, llame al 1-888-262-5931, de lunes a sábado, de 9:00 a.m. a 9:00 p.m. y los domingos de 11:00 a.m. a 9:00 p.m. La llamada telefónica es gratis.

TDD — Aparato con monitor telefónico para los discapacitados auditivos. Llame al 1-800-786-9448, de lunes a sábado de 9:00 a.m. a 9:00 p.m. y los domingos de 11:00 a.m. a 9:00 p.m. La llamada telefónica es gratis.

La Oficina del Censo estima que al hogar típico le tomará aproximadamente 10 minutos completar este cuestionario, incluyendo el tiempo que toma para revisar las instrucciones y respuestas. Los comentarios sobre el estimado del tiempo o cualquier otro aspecto relacionado deben dirigirse a: Paperwork Project xxxx-xxxx-C, U.S. Census Bureau, DMD-3H174, 4600 Silver Hill Road, Washington, DC 20233. Puede enviar comentarios por correo electrónico a <Paperwork@census.gov>; utilice "Paperwork Project xxxx-xxxx-C" como tema.

No se requiere que las personas respondan a ninguna recopilación de información a menos que ésta tenga un número de aprobación válido de la Oficina de Administración y Presupuesto.





## 1. Escriba el nombre de la **Persona 4**

Nombre  Inicial

Apellido

## 2. ¿Cómo está esta persona relacionada con la Persona 1?

Marque  UNA casilla.

- |  |   |
|--|---|
| <input type="checkbox"/> Esposo/esposa del sexo opuesto    | <input type="checkbox"/> Nieto(a)                         |
| <input type="checkbox"/> Pareja no casada del sexo opuesto | <input type="checkbox"/> Suegro(a)                        |
| <input type="checkbox"/> Esposo/esposa del mismo sexo      | <input type="checkbox"/> Yerno o nuera                    |
| <input type="checkbox"/> Pareja no casada del mismo sexo   | <input type="checkbox"/> Otro pariente                    |
| <input type="checkbox"/> Hijo(a) biológico(a)              | <input type="checkbox"/> Inquilino(a)                     |
| <input type="checkbox"/> Hijo(a) adoptivo(a)               | <input type="checkbox"/> Compañero(a) de casa o de cuarto |
| <input type="checkbox"/> Hijastro(a)                       | <input type="checkbox"/> Hijo de crianza (Foster)         |
| <input type="checkbox"/> Hermano(a)                        | <input type="checkbox"/> Otra persona que no es pariente  |
| <input type="checkbox"/> Padre o madre                     |   |

## 3. ¿Cuál es el sexo de esta persona? Marque UNA casilla.

Masculino  Femenino

## 4. ¿Cuál es la edad de esta persona y cuál es su fecha de nacimiento?

Escriba 0 para los bebés que tengan menos de 1 año de edad.

Escriba los números en las casillas.  
 Edad el 1 de abril de 2015 Mes Día Año de nacimiento

## 5. ¿Cuál es la raza o el origen de esta persona? Seleccione una o más casillas Y también anote la raza u origen (o razas u orígenes) específico(s).

- Blanco(a) – Escriba el origen (orígenes), por ejemplo, alemán, irlandés, inglés, italiano, libanés, egipcio, etc. ↴
- Origen hispano, latino o español – Escriba el origen (orígenes), por ejemplo, mexicano o mexicano americano, puertorriqueño, cubano, dominicano, salvadoreño, colombiano, etc. ↴
- Negro(a) o afroamericano(a) – Escriba el origen (orígenes), por ejemplo, afroamericano, jamaicano, haitiano, nigeriano, etíope, ghanés, etc. ↴
- Asiático(a) – Escriba el origen (orígenes), por ejemplo, chino, filipino, indio asiático, vietnamita, coreano, japonés, etc. ↴
- Indígena de las Américas o nativo(a) de Alaska – Escriba el nombre de la tribu o tribus en las que está inscrito o tribu principal, por ejemplo, Navajo Nation, Blackfeet Tribe, Muscogee (Creek) Nation, Maya, Doyon, Native Village of Barrow Inupiat Traditional Government, etc. ↴
- Nativo(a) de Hawaii o de otra de las islas del Pacífico – Escriba el origen (orígenes), por ejemplo, Nativo de Hawaii, samoano, guameño o Chamorro, tongano, fijiano, de las islas Marshall, etc. ↴
- Alguna otra raza u origen – Escriba la raza(s) u origen (orígenes). ↴

→ Continúe en la Pregunta 6.

## 6. ¿Vive o se queda a veces esta persona en algún otro lugar?

- No → PASE a la próxima persona, si hay más personas que viven aquí.
- Sí — Marque  todas las que apliquen.
- |  |  |
|--|--|
| <input type="checkbox"/> En vivienda universitaria | <input type="checkbox"/> En vivienda de temporada o segunda residencia |
| <input type="checkbox"/> En el servicio militar    | <input type="checkbox"/> En la cárcel o prisión                        |
| <input type="checkbox"/> Por un empleo o negocio   | <input type="checkbox"/> En un hogar de convalecencia                  |
| <input type="checkbox"/> Por custodia de niños     | <input type="checkbox"/> Por alguna otra razón                         |

## 7. Si usted marcó que sí a la Pregunta 6, proporcione la dirección completa del otro lugar donde esta persona vive o se queda a veces.

Número de la dirección (Por ejemplo: 5007)

Nombre de la calle (Por ejemplo: N Maple Ave)

Apto./Unidad (Por ejemplo: "Apt. A" o "Lote 3")

Dirección de Ruta Rural

Ciudad

Estado Código Postal

Condado

→ NOTA: Si no hay dirección de calle o si es una instalación, escriba una descripción en las siguientes casillas.

## 8. ¿Dónde vive o se queda esta persona la mayor parte del tiempo?

- La dirección que aparece al dorso de este cuestionario
- La dirección o lugar que usted mencionó en la Pregunta 7
- Ambos lugares por igual
- Algún otro lugar

## 9. ¿Dónde se quedaba esta persona el 1 de abril de 2015?

- La dirección que aparece al dorso de este cuestionario
- La dirección o lugar que usted mencionó en la Pregunta 7
- Algún otro lugar

→ Si se contaron más personas en la Pregunta 1 en la primera página, continúe con la Persona 5.











# Prueba del Censo del 2015

To complete the English questionnaire, flip this over and complete the blue side.

FORM **DD-1A(ES)** (12-10-2014) Draft 8

Use un bolígrafo de tinta azul o negra. O visite <https://survey.census.gov/censustest> para completar la Prueba del Censo del 2015.

## Comience aquí

**Antes de contestar la Pregunta 1, cuente a las personas que viven en esta casa, apartamento o casa móvil usando nuestras instrucciones.**

- Cuente a todas las personas, incluyendo a bebés, que viven y duermen aquí la mayor parte del tiempo.

**La Oficina del Censo también lleva a cabo recuentos en instituciones y otros lugares, por lo tanto:**

- No cuente a alguien que no vive aquí por estar en la universidad o en las Fuerzas Armadas.
- No cuente a alguien que está en un hogar de convalecencia, cárcel, prisión, centro de detención, etc., el 1 de abril de 2015.
- No incluya a estas personas en su cuestionario, aunque vuelvan a vivir aquí después de salir de la universidad, hogar de convalecencia, ejército, cárcel, etc. De otra manera, serán contadas dos veces.

**El Censo también tiene que incluir a las personas sin un lugar permanente donde quedarse, por lo tanto:**

- Si alguien sin un lugar permanente donde quedarse se está quedando aquí el 1 de abril de 2015, cuente a esa persona.

**1. ¿Cuántas personas vivían o se quedaban en esta casa, apartamento o casa móvil el 1 de abril de 2015?**

Número de personas =

**2. ¿Había personas adicionales quedándose aquí el 1 de abril de 2015 que usted no incluyó en la Pregunta 1?**

Marque  todas las que apliquen.

- Niños, tales como bebés recién nacidos o hijos de crianza (*foster*)
- Parientes, tales como hijos adultos, primos o parientes políticos
- Personas que no son parientes, tales como compañeros de cuarto o niñeras que viven en el hogar
- Personas que se quedan aquí temporalmente
- No hay personas adicionales

**3. ¿Es esta casa, apartamento o casa móvil — Marque  UNA casilla.**

- Propiedad suya o de alguien en este hogar con una hipoteca o préstamo? *Incluya los préstamos sobre el valor líquido de la casa.*
- Propiedad suya o de alguien en este hogar libre y sin deuda (sin una hipoteca o préstamo)?
- Alquilado(a)?
- Ocupado(a) sin pago de alquiler?

**4. ¿Cuál es su número de teléfono?**

*Puede que lo llamemos si no entendemos una respuesta.*

Código de Área + Número

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