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

THE American Community Survey

Start Here

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

Month Day Year
Please print the name and telephone number of the person who is filling out this form. We may contact you if there is a question. Last Name
First Name
Area Code + Number — — — — — — — — — — — — — — — — — — —
How many people are living or staying at this add INCLUDE everyone who is living or staying here for more than 2 months. INCLUDE yourself if you are living here for more than 2 months. INCLUDE anyone else staying here who does not have another place to stay, even if they are here for 2 months or less.
DO NOT INCLUDE anyone who is living somewhere elfor more than 2 months, such as a college student living away or someone in the Armed Forces on deployment.
Number of people

FORM **ACS-1(X)QD85**

OMB No. 0607-0936



Person 1	Person 2			
(Person 1 is the person living or staying here in whose name this house or apartment is owned, being bought, or rented. If there is no such person, start with the name	What is Person 2's name? Last Name (Please print) First Name MI			
of any adult living or staying here.)	Mark (X) ONE box.			
1 What is Person 1's name? Last Name (Please print) First Name MI 2 How is this person related to Person 1? Mark (X) ONE box. □ Person 1 3 What is Person 1's sex? Mark (X) ONE box. □ Male □ Female 4 What is Person 1's age and what is Person 1's date of birth? Please report babies as age 0 when the child is less than 1 year old. Print numbers in boxes. Age (in years) Month Day Year of birth □ NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races. 5 Is Person 1 of Hispanic, Latino, or Spanish origin □ Yes, Mexican, Mexican Am., Chicano □ Yes, Puerto Rican □ Yes, Cuban □ Yes, another Hispanic, Latino, or Spanish origin ¬ Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on. ▼ 6 What is Person 1's race? Mark (X) one or more boxes. □ White	date of birth? Please report babies as age 0 when the child is less than 1 year old. Print numbers in boxes. Age (in years) Month Day Year of birth NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races. Is Person 2 of Hispanic, Latino, or Spanish origin No, not of Hispanic, Latino, or Spanish origin Yes, Mexican, Mexican Am., Chicano Yes, Puerto Rican Yes, Cuban Yes, another Hispanic, Latino, or Spanish origin − Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on. What is Person 2's race? Mark (X) one or more boxes. White			
☐ Black, African Am., or Negro ☐ American Indian or Alaska Native – Print name of enrolled or principal tribe.	☐ Black, African Am., or Negro ☐ American Indian or Alaska Native – Print name of enrolled or principal tribe.			
Asian Indian Japanese Native Hawaiian Chinese Korean Guamanian or Chamorro Filipino Vietnamese Samoan Other Asian - Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on. Other Pacific Islander - Print race, for example, Fijian, Tongan, and so on. And so on. Other Pacific Islander - Print race, for example, Fijian, Tongan, and so on. Other Pacific Islander - Print race, for example, Fijian, Tongan, and so on. Other Pacific Islander - Print race, for example, Fijian, Tongan, and so on. Other Pacific Islander - Print race, for example, Fijian, Tongan, and so on. Other Pacific Islander - Print race, for example, Fijian, Tongan, and so on. Other Pacific Islander - Print race, for example, Fijian, Tongan, and so on. Other Pacific Islander - Print race, for example, Fijian, Tongan, and so on. Other Pacific Islander - Print race, for example, Fijian, Tongan, and so on. Other Pacific Islander - Print race, for example, Fijian, Tongan, and so on. Other Pacific Islander - Print race, for example, Fijian, Tongan, and so on. Other Pacific Islander - Print race, for example, Fijian, Tongan, and so on. Other Pacific Islander - Print race, for example, Fijian, Tongan, and so on. Other Pacific Islander - Print race, for example, Fijian, Tongan, and so on. Other Pacific Islander - Print race, for example, Fijian, Tongan, and so on. Other Pacific Islander - Print race, for example, Fijian, Tongan, and so on. Other Pacific Islander - Print race, for example, Fijian, Tongan, and so on. Other Pacific Islander - Print race, for example, Fijian, Tongan, and so on. Other Pacific Islander - Print race, for example, Fijian, Tongan, and so on. Other Pacific Islander - Print race, for example, Fijian, Tongan, and so on. Other Pacific Islander - Print race, for example, Fijian, Tongan, and so on. Other Pacific Islander - Print race, for example, f	Asian Indian Chinese Korean Vietnamese Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.			
☐ Some other race – Print race. ✓	Some other race – Print race.			

Person 3		Person 4			
What is Person 3's name? Last Name (Please print) First Name	MI	What is Person 4's name? Last Name (Please print) First Name MI			
How is this person related to Person 1	1? 2				
Mark (X) ONE box. Husband or wife Biological son or daughter Adopted son or daughter Stepson or stepdaughter Brother or sister Grandchild Parent-in-law What is Person 3's sex? Mark (X) ONE be date of birth? Please report babies as ag child is less than 1 year old. Print number Age (in years) NOTE: Please answer BOTH Question 5 Hispanic origin and Question 6 about ra survey, Hispanic origins are not races. Is Person 3 of Hispanic, Latino, or Spanish Yes, Mexican, Mexican Am., Chicano Yes, Puerto Rican Yes, another Hispanic, Latino, or Spanish Print origin, for example, Argentinean, Colon	relative er or boarder emate or roommate rried partner child nonrelative pox. rson 3's re 0 when the rs in boxes. Year of birth ce. For this enish origin? origin sh origin — mbian, Dominican,	Mark (X) ONE box. ☐ Husband or wife ☐ Biological son or daughter ☐ Adopted son or daughter ☐ Stepson or stepdaughter ☐ Brother or sister ☐ Housemate or roommate ☐ Grandchild ☐ Parent-in-law 3 What is Person 4's sex? Mark (X) ONE box. ☐ Male ☐ Female 4 What is Person 4's age and what is Person 4's date of birth? Please report babies as age 0 when the child is less than 1 year old. Print numbers in boxes. Age (in years) Month Day Year of birth → NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races. Is Person 4 of Hispanic, Latino, or Spanish origin ☐ Yes, Mexican, Mexican Am., Chicano ☐ Yes, Puerto Rican ☐ Yes, another Hispanic, Latino, or Spanish origin — Print origin, for example, Argentinean, Colombian, Dominican,			
What is Person 3's race? Mark (X) one of White		Nicaraguan, Salvadoran, Spaniard, and so on. What is Person 4's race? Mark (X) one or more boxes. White			
 □ Black, African Am., or Negro □ American Indian or Alaska Native – Prine enrolled or principal tribe. 	nt name of	Black, African Am., or Negro American Indian or Alaska Native – Print name of enrolled or principal tribe.			
Asian Indian Japanese Chinese Korean Vietnamese Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.	Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on.	Asian Indian Chinese Korean Filipino Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.			
Some other race – <i>Print race.</i>		Some other race – Print race.			

	First Name MI	If there are more than five people living or staying here, print their names in the spaces for Person 6 through Person 12. We may call you for more information about them.
How is this person related t	to Person 1?	Person 6
Mark (X) ONE box. Husband or wife Biological son or daughter Adopted son or daughter Stepson or stepdaughter	Son-in-law or daughter-in-law Other relative Roomer or boarder	Sex Male Female Age (in years)
Brother or sister Father or mother Grandchild Parent-in-law	Housemate or roommate Unmarried partner Foster child Other nonrelative	Person 7 Last Name (Please print) First Name M
What is Person 5's sex? Ma ☐ Male ☐ Femal	• •	Sex Male Female Age (in years)
What is Person 5's age and date of birth? Please report I child is less than 1 year old. FAge (in years) Mont	babies as age 0 when the Print numbers in boxes.	Person 8 Last Name (Please print) First Name M
NOTE: Please answer BOTH Hispanic origin and Question survey, Hispanic origins are Is Person 5 of Hispanic, Latino No, not of Hispanic, Latino	n 6 about race. For this not races. tino, or Spanish origin?	Sex Male Female Age (in years) Person 9
Yes, Mexican, Mexican Am Yes, Puerto Rican Yes, Cuban Yes, another Hispanic, Lati	n., Chicano	Last Name (Please print) First Name M
		Sex Male Female Age (in years)
	entinean, Colombian, Dominican, iard, and so on.	Person 10
Print origin, for example, Arge Nicaraguan, Salvadoran, Span What is Person 5's race? Ma	entinean, Colombian, Dominican, iard, and so on.	Person 10 Last Name (Please print) First Name M Sex Male Female Age (in years)
What is Person 5's race? Management of the second of the s	ark (X) one or more boxes. ro Native – Print name of Native Hawaiian Guamanian or Chamorro	Person 10 Last Name (Please print) First Name M
What is Person 5's race? Management of the second of the s	ark (X) one or more boxes. ro Native – Print name of Native Hawaiian an Guamanian or	Person 10 Last Name (Please print) First Name M Sex Male Female Age (in years) Person 11

Housing

5	Please answer the following questions about the house, apartment, or mobile home at the address on the mailing label.	Answer questions 4 – 6 if this is a HOUSE OR A MOBILE HOME; otherwise, SKIP to question 7a.
3	Which best describes this building? Include all apartments, flats, etc., even if vacant. A mobile home A one-family house detached from any other house A one-family house attached to one or more houses A building with 2 apartments A building with 5 to 9 apartments A building with 10 to 19 apartments A building with 20 to 49 apartments Boat, RV, van, etc. About when was this building first built? 2000 or later - Specify year 1990 to 1999 1980 to 1989 1970 to 1979 1960 to 1969 1950 to 1959 1940 to 1949 1939 or earlier When did PERSON 1 (listed on page 2) move into this house, apartment, or mobile home? Month Year	How many acres is this house or mobile home on? Less than 1 acre → SKIP to question 6 1 to 9.9 acres 10 or more acres NTHE PAST 12 MONTHS, what were the actual sales of all agricultural products from this property? None \$1 to \$999 \$1,000 to \$2,499 \$2,500 to \$4,999 \$5,000 to \$9,999 \$10,000 or more Statere a business (such as a store or barber shop) or a medical office on this property? Yes No No A. How many separate rooms are in this house, apartment, or mobile home? Rooms must be separated by built-in archways or walls that extend out at least 6 inches and go from floor to ceiling. INCLUDE bedrooms, kitchens, etc. EXCLUDE bathrooms, porches, balconies, foyers, halls, or unfinished basements. Number of rooms D. How many of these rooms are bedrooms? Count as bedrooms those rooms you would list if this house, apartment, or mobile home were for sale or rent. If this is an efficiency/studio apartment, print "0". Number of bedrooms

Housing (continued)

have –	nobile h Yes	ome No		ow many automobiles, vans, and trucks of ne-ton capacity or less are kept at home for
a. hot and cold running water?				se by members of this household?
b. a flush toilet?				None
c. a bathtub or shower?				」 1 □ 2
				3
d. a sink with a faucet?				
e. a stove or range?	Ш			
f. a refrigerator?				6 or more
g. telephone service from which you can both make and receive calls? <i>Include cell phones</i> .				Ihich FUEL is used MOST for heating this ouse, apartment, or mobile home?
At this house, apartment, or mol do you or any member of this ho own or use any of the following	usehold	l	_	Gas: from underground pipes serving the neighborhood
• EXCLUDE GPS devices, digital m	nusic play			Gas: bottled, tank, or LP
and devices with only limited cor capabilities, for example: househ				Electricity
appliances.	Yes	No		Fuel oil, kerosene, etc.
a. Desktop, laptop, netbook, or notebook computer				Coal or coke
b. Handheld computer,				Wood
smart mobile phone, or other handheld wireless computer				Solar energy Other fuel
c. Some other type of computer				No fuel used
Specify		_		
Specify			12 a	LAST MONTH, what was the cost of electrici for this house, apartment, or mobile home?
Specify			1 2 a.	LAST MONTH, what was the cost of electrici for this house, apartment, or mobile home? Last month's cost – Dollars
At this house, apartment, or mol do you or any member of this ho access the Internet?		1e -	14 a.	for this house, apartment, or mobile home?
At this house, apartment, or mol do you or any member of this ho	usehold	ne – I	14 a.	for this house, apartment, or mobile home? Last month's cost – Dollars
At this house, apartment, or mol do you or any member of this ho access the Internet? Yes, with a subscription to an Ir	nternet s	1e – I ervice	14 a	Core Included in rent or condominium fee
At this house, apartment, or mol do you or any member of this ho access the Internet? ☐ Yes, with a subscription to an In ☐ Yes, without a subscription to a service → SKIP to question 12	nternet s	ne – I ervice et	14 a.	for this house, apartment, or mobile home? Last month's cost – Dollars OR
At this house, apartment, or moldo you or any member of this hoaccess the Internet? Yes, with a subscription to an Ir Yes, without a subscription to a service → SKIP to question 12 No Internet access at this house or mobile home → SKIP to question	nternet s an Internet e, apartm stion 12	ne – I ervice et nent,		CR Included in rent or condominium fee No charge or electricity not used LAST MONTH, what was the cost of gas for thouse, apartment, or mobile home?
At this house, apartment, or moldo you or any member of this hoaccess the Internet? Yes, with a subscription to an Ir Yes, without a subscription to a service → SKIP to question 12 No Internet access at this house or mobile home → SKIP to question	nternet s an Internet e, apartm stion 12 bile hon usehold	ne – I ervice et nent,		CR Included in rent or condominium fee No charge or electricity not used LAST MONTH, what was the cost of gas for the cost of
At this house, apartment, or moldo you or any member of this hoaccess the Internet? Yes, with a subscription to an Internet → SKIP to question 12 No Internet access at this house or mobile home → SKIP to question 4 At this house, apartment, or moldo you or any member of this hose subscribe to the Internet using —	nternet s an Internet e, apartm stion 12 bile hon	ervice et nent,		CR Included in rent or condominium fee No charge or electricity not used LAST MONTH, what was the cost of gas for thouse, apartment, or mobile home? Last month's cost – Dollars
At this house, apartment, or moldo you or any member of this hoaccess the Internet? Yes, with a subscription to an Interpretary yes, without a subscription to a service → SKIP to question 12 No Internet access at this house or mobile home → SKIP to question 12 At this house, apartment, or moldo you or any member of this hos subscribe to the Internet using — a. Dial-up service?	nternet s an Internet e, apartm stion 12 bile hon	ervice et nent,		CR Included in rent or condominium fee No charge or electricity not used LAST MONTH, what was the cost of gas for thouse, apartment, or mobile home? Last month's cost – Dollars
At this house, apartment, or moldo you or any member of this hoaccess the Internet? Yes, with a subscription to an Internet access at this house or mobile home → SKIP to question 12 At this house, apartment, or moldo you or any member of this hos subscribe to the Internet using – a. Dial-up service? b. DSL service?	nternet s an Internet e, apartm stion 12 bile hon	ervice et nent,		CR Included in rent or condominium fee No charge or electricity not used LAST MONTH, what was the cost of gas for thouse, apartment, or mobile home? Last month's cost – Dollars OR Included in rent or condominium fee
At this house, apartment, or moldo you or any member of this hoaccess the Internet? Yes, with a subscription to an Internet access at this house or mobile home → SKIP to question 12 At this house, apartment, or moldo you or any member of this hosubscribe to the Internet using – a. Dial-up service? b. DSL service? c. Cable modem service?	nternet s an Internet e, apartm stion 12 bile hon	ervice et No		CR Included in rent or condominium fee No charge or electricity not used LAST MONTH, what was the cost of gas for thouse, apartment, or mobile home? Last month's cost – Dollars OR Included in rent or condominium fee
At this house, apartment, or moldo you or any member of this hoaccess the Internet? Yes, with a subscription to an Interpretation to a service → SKIP to question 12 No Internet access at this house or mobile home → SKIP to question 12 At this house, apartment, or moldo you or any member of this hose subscribe to the Internet using — a. Dial-up service? b. DSL service? c. Cable modem service?	nternet s an Internet e, apartm stion 12 bile hon	ervice et nent,		CR Included in rent or condominium fee No charge or electricity not used LAST MONTH, what was the cost of gas for thouse, apartment, or mobile home? Last month's cost – Dollars OR Included in rent or condominium fee Included in rent or condominium fee Included in electricity payment entered above
At this house, apartment, or moldo you or any member of this hoaccess the Internet? Yes, with a subscription to an Internet access at this house or mobile home → SKIP to question 12 At this house, apartment, or moldo you or any member of this hosubscribe to the Internet using – a. Dial-up service? b. DSL service? c. Cable modem service?	nternet s an Internet e, apartm stion 12 bile hon	ervice et No		CR Included in rent or condominium fee No charge or electricity not used LAST MONTH, what was the cost of gas for thouse, apartment, or mobile home? Last month's cost – Dollars OR Included in rent or condominium fee Included in rent or condominium fee Included in electricity payment entered above
At this house, apartment, or moldo you or any member of this hoaccess the Internet? Yes, with a subscription to an Interpret yes, without a subscription to a service → SKIP to question 12 No Internet access at this house or mobile home → SKIP to question 12 At this house, apartment, or moldo you or any member of this hose subscribe to the Internet using — a. Dial-up service? b. DSL service? c. Cable modem service? d. Fiber-optic service? e. Mobile broadband plan for	nternet s an Internet e, apartm stion 12 bile hon	ervice et nent, No		Last month's cost – Dollars OR Included in rent or condominium fee No charge or electricity not used LAST MONTH, what was the cost of gas for thouse, apartment, or mobile home? Last month's cost – Dollars OR Included in rent or condominium fee Included in electricity payment entered above
At this house, apartment, or moldo you or any member of this hoaccess the Internet? Yes, with a subscription to an Internet yes, without a subscription to a service → SKIP to question 12 No Internet access at this house or mobile home → SKIP to question 12 At this house, apartment, or moldo you or any member of this hos subscribe to the Internet using — a. Dial-up service? b. DSL service? c. Cable modem service? d. Fiber-optic service? e. Mobile broadband plan for a computer or a cell phone?	nternet s an Internet e, apartm stion 12 bile hon	ervice et No		OR Included in rent or condominium fee No charge or electricity not used LAST MONTH, what was the cost of gas for thouse, apartment, or mobile home? Last month's cost – Dollars OR Included in rent or condominium fee Included in electricity payment entered above

Housing (continued)

of water and sewer for this house, apartment, or mobile home? If you have lived here less than 12 months, estimate the cost.	Mark (X) ONE box.
Past 12 months' cost – Dollars	Owned by you or someone in this household with a mortgage or loan? <i>Include home equity loans.</i>
\$.00	Owned by you or someone in this household free and clear (without a mortgage or loan)?
OR	Rented?
Included in rent or condominium fee	☐ Occupied without payment of rent? → SKIP to
☐ No charge	
d. IN THE PAST 12 MONTHS, what was the cost of oil, coal, kerosene, wood, etc., for this house, apartment, or mobile home? If you have lived here less than 12 months, estimate the cost.	Answer questions 18a and b if this house, apartment, or mobile home is RENTED. Otherwise, SKIP to question 19.
Past 12 months' cost – Dollars	a. What is the monthly rent for this house, apartment, or mobile home?
\$.00	Monthly amount – Dollars
OR	
Included in rent or condominium fee	\$.00
☐ No charge or these fuels not used	h Door the monthly yout include any mode?
	b. Does the monthly rent include any meals?
IN THE PAST 12 MONTHS, did you or any	Yes
member of this household receive benefits from	□ No
the Food Stamp Program or SNAP (the Supplemental Nutrition Assistance Program)?	
Do NOT include WIC, the School Lunch Program, or	C Answer questions 19 – 23 if you or any member
assistance from food banks.	of this household OWNS or IS BUYING this house, apartment, or mobile home.
Yes	Otherwise, SKIP to E on the next page.
□ No	
Is this house, apartment, or mobile home part of a condominium?	About how much do you think this house and lo apartment, or mobile home (and lot, if owned) would sell for if it were for sale?
Yes → What is the monthly condominium fee?	Amount – <i>Dollars</i>
Yes → What is the monthly condominium fee? For renters, answer only if you pay the	
For renters, answer only if you pay the condominium fee in addition to your rent;	Amount – Dollars
For renters, answer only if you pay the	\$,
For renters, answer only if you pay the condominium fee in addition to your rent; otherwise, mark the "None" box. Monthly amount – Dollars	\$.00
For renters, answer only if you pay the condominium fee in addition to your rent; otherwise, mark the "None" box.	\$.00 What are the annual real estate taxes on THIS
For renters, answer only if you pay the condominium fee in addition to your rent; otherwise, mark the "None" box. Monthly amount – Dollars	What are the annual real estate taxes on THIS property? Annual amount – Dollars
For renters, answer only if you pay the condominium fee in addition to your rent; otherwise, mark the "None" box. Monthly amount – Dollars	What are the annual real estate taxes on THIS property? Annual amount – Dollars
For renters, answer only if you pay the condominium fee in addition to your rent; otherwise, mark the "None" box. Monthly amount – Dollars OR None	What are the annual real estate taxes on THIS property? Annual amount – Dollars
For renters, answer only if you pay the condominium fee in addition to your rent; otherwise, mark the "None" box. Monthly amount – Dollars OR	What are the annual real estate taxes on THIS property? Annual amount – Dollars \$.00
For renters, answer only if you pay the condominium fee in addition to your rent; otherwise, mark the "None" box. Monthly amount – Dollars OR None	What are the annual real estate taxes on THIS property? Annual amount – Dollars OR None What is the annual payment for fire, hazard, and
For renters, answer only if you pay the condominium fee in addition to your rent; otherwise, mark the "None" box. Monthly amount – Dollars OR None	What are the annual real estate taxes on THIS property? Annual amount – Dollars OR None
For renters, answer only if you pay the condominium fee in addition to your rent; otherwise, mark the "None" box. Monthly amount – Dollars OR None	What are the annual real estate taxes on THIS property? Annual amount – Dollars OR None What is the annual payment for fire, hazard, and flood insurance on THIS property?
For renters, answer only if you pay the condominium fee in addition to your rent; otherwise, mark the "None" box. Monthly amount – Dollars OR None	What are the annual real estate taxes on THIS property? Annual amount – Dollars OR None What is the annual payment for fire, hazard, an flood insurance on THIS property? Annual amount – Dollars

Housing (continued)

a. Do you or any member of this household have a mortgage, deed of trust, contract to purchase, or similar debt on THIS property?		Answer question 24 if this is a MOBILE HOME. Otherwise, SKIP to E .
Yes, mortgage, deed of trust, or similar debt		
Yes, contract to purchase		
☐ No → SKIP to question 23a	24 v	What are the total annual costs for personal
	T	property taxes, site rent, registration fees, and
b. How much is the regular monthly mortgage payment on THIS property? Include payment	- 1	icense fees on THIS mobile home and its site? Exclude real estate taxes.
only on FIRST mortgage or contract to purchase.		
Monthly amount – Dollars	'	Annual costs – Dollars
\$.00		\$.00
3		
OR		
No regular payment required → SKIP to		
question 23a		Answer questions about PERSON 1 on the next
c. Does the regular monthly mortgage payment		page if you listed at least one person on page 2. Otherwise, SKIP to page 44 for the mailing
include payments for real estate taxes on THIS property?		nstructions.
Yes, taxes included in mortgage payment		
No, taxes paid separately or taxes not required		
d. Does the regular monthly mortgage payment		
include payments for fire, hazard, or flood		
insurance on THIS property?		
Yes, insurance included in mortgage payment		
No, insurance paid separately or no insurance		
a. Do you or any member of this household have a second mortgage or a home equity loan on THIS property?		
Yes, home equity loan		
Yes, second mortgage		
Yes, second mortgage and home equity loan		
\square No \rightarrow SKIP to \square		
o. How much is the regular monthly payment on all second or junior mortgages and all home equity loans on THIS property?		
Monthly amount – <i>Dollars</i>		
\$.00		
OR		
☐ No regular payment required		

Person 1

Last Name	nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.
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
Where was this person born?	b. What grade or level was this person attending Mark (X) ONE box.
☐ In the United States – <i>Print name of state.</i>	Nursery school, preschool
	☐ Kindergarten
	Grade 1 through 12 – Specify
Outside the United States - Print name of foreign	grade 1 – 12 ₇
country, or Puerto Rico, Guam, etc.	
	College undergraduate years (freshman to
la ship mayan a gisingay of she librity i October 2	senior)
s this person a citizen of the United States?	Graduate or professional school beyond a bachelor's degree (for example: MA or PhD
Yes, born in the United States → SKIP to question 10a	program, or medical or law school)
Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas	What is the highest degree or level of school the school the second that it is the highest degree or level of school the second
Yes, born abroad of U.S. citizen parent or parents	person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or
Yes, U.S. citizen by naturalization – <i>Print year</i>	highest degree received.
of naturalization —	NO SCHOOLING COMPLETED
K	☐ No schooling completed
	NURSERY OR PRESCHOOL THROUGH GRADE 12
☐ No, not a U.S. citizen	☐ Nursery school
	☐ Kindergarten
Alban did dhia nanan asan da lina in dha	Grade 1 through 11 – Specify
When did this person come to live in the United States? Print numbers in boxes.	grade 1 – 11 –
Year	
	12th grade – NO DIPLOMA
	HIGH SCHOOL GRADUATE
	Regular high school diploma
	GED or alternative credential
	COLLEGE OR SOME COLLEGE
	Some college credit, but less than 1 year of college credit
	1 or more years of college credit, no degree
	Associate's degree (for example: AA, AS)
	Bachelor's degree (for example: BA, BS)
	AFTER BACHELOR'S DEGREE
	Mostor's degree /for example, MA MC MEng
	Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)

F	Answer question 12 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 13.	15		id this person live in this ho year ago?	ouse or a	partment
H				Person is under 1 year old question 16	→ SKIP to	•
2	This question feetings on this person's			Yes, this house → SKIP to q	question 1	16
	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)			No, outside the United Stat Print name of foreign count Islands, Guam, etc., below; question 16	try, or U.S	S. Virgin
				No, different house in the U or Puerto Rico	Inited Sta	tes
			b. V	here did this person live 1	year ago	?
3	What is this person's ancestry or ethnic origin?		A	ddress (Number and street	name)	
פ	what is this person's ancestry or ethnic origin?					
	(For example: Italian, Jamaican, African Am., Cambodiar Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican,	n,	N	ame of city, town, or post	office	
	Taiwanese, Ukrainian, and so on.)		N	ame of U.S. county or		
4	a. Does this person speak a language other		n	nunicipio in Puerto Rico		
	than English at home?					
	YesNo → SKIP to question 15a			ame of U.S. state or uerto Rico	ZIP Co	ode
	b. What is this language?					
			_			
	For example: Korean, Italian, Spanish, Vietnamese	T	foll cov	nis person CURRENTLY covo owing types of health insur- erage plans? Mark "Yes" or "I overage in items a – h.	ance or h	nealth
	c. How well does this person speak English?			surance through a current or		Yes No
	✓ Very well✓ Well		fo	rmer employer or union (of this erson or another family member)		
	☐ Not well ☐ Not at all		aı	surance purchased directly from n insurance company (by this erson or another family member)		
				edicare, for people 65 and older, people with certain disabilities		
			d. M aı p	edicaid, Medical Assistance, or ny kind of government-assistance an for those with low incomes a disability		
				RICARE or other military health ca	re	
				A (including those who have ever		
				sed or enrolled for VA health care dian Health Service	J	
			h Δ	ny other type of health incurance		
			01	r health coverage plan – Specify	7	



1		
P	a. Is this person deaf or does he/she have serious difficulty hearing?YesNo	Answer question 19 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 2 on page 16.
	b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses? Yes No	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
G	Answer question 18a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 2 on page 16.	What is this person's marital status? Now married Widowed
18	Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?	 □ Divorced □ Separated □ Never married → SKIP to on the next page
	☐ Yes ☐ No	In the PAST 12 MONTHS did this person get – Yes No
	 b. Does this person have serious difficulty walking or climbing stairs? Yes No 	a. Married?
	 c. Does this person have difficulty dressing or bathing? Yes No 	How many times has this person been married? Once Two times Three or more times
		In what year did this person last get married? Year



	nswer question 24 if this person is female and – 50 years old. Otherwise, SKIP to question 25a.	26	Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box.
pa	s this person given birth to any children in the st 12 months? Yes No		 Never served in the military → SKIP to question 29a Only on active duty for training in the Reserves or National Guard → SKIP to question 28a Now on active duty On active duty in the past, but not now
Y	Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?	27	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.
	YesNo → SKIP to question 26		September 2001 or later August 1990 to August 2001 (including Persian Gulf War)
C.	No → SKIP to question 26 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	28	



29	 a. LAST WEEK, did this person work for pay at a job (or business)? Yes → SKIP to question 30 	Answer question 32 if you marked "Car, truck, or van" in question 31. Otherwise, SKIP to question 33.
	 No – Did not work (or retired) b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour? Yes No → SKIP to question 35a 	How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK? Person(s)
30	At what location did this person work LAST WEEK? If this person worked at more than one location, print where he or she worked most last week. a. Address (Number and street name)	What time did this person usually leave home to go to work LAST WEEK? Hour Minute a.m. p.m.
	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	How many minutes did it usually take this person to get from home to work LAST WEEK? Minutes
		Nillides
	c. Is the work location inside the limits of that city or town? Yes No, outside the city/town limits	Answer questions 35 – 38 if this person did NOT work last week. Otherwise, SKIP to question 39a.
	d. Name of county	a. LAST WEEK, was this person on layoff from a job? ☐ Yes → SKIP to question 35c
l	e. Name of U.S. state or foreign country	□ No
	f. ZIP Code	 b. LAST WEEK, was this person TEMPORARILY absent from a job or business? Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 38 No → SKIP to question 36
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.	c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work?
	Car, truck, or van Motorcycle Bus or trolley bus Bicycle Streetcar or trolley car Walked Subway or elevated Worked at home → SKIP to question 39a Ferryboat Other method Taxicab	Yes → SKIP to question 37No



36	During the LAST 4 WEEKS, has this person been ACTIVELY looking for work? Yes		Answer questions 41 – 46 if this person worked in the past 5 years. Otherwise, SKIP to question 47.
37	 No → SKIP to question 38 LAST WEEK, could this person have started a job if offered one, or returned to work if recalled? Yes, could have gone to work No, because of own temporary illness No, because of all other reasons (in school, etc.) 		41 – 46 CURRENT OR MOST RECENT JOB ACTIVITY. Describe clearly this person's chief 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.
38	When did this person last work, even for a few days?	40	Was this person – Mark (X) ONE box. an employee of a PRIVATE FOR-PROFIT company or business, or of an individual, for
	 Within the past 12 months 1 to 5 years ago → SKIP to L Over 5 years ago or never worked → SKIP to question 47 		wages, salary, or commissions? an employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization?
39	question 47 a. During the PAST 12 MONTHS (52 weeks), did		a local GOVERNMENT employee (city, county, etc.)?
	this person work 50 or more weeks? Count paid time off as work. ☐ Yes → SKIP to question 40		 a state GOVERNMENT employee? a Federal GOVERNMENT employee? SELF-EMPLOYED in own NOT INCORPORATED
	No b. How many weeks DID this person work, even		business, professional practice, or farm? SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?
	for a few hours, including paid vacation, paid sick leave, and military service?		working WITHOUT PAY in family business or farm?
	48 to 49 weeks 40 to 47 weeks	4	•
	27 to 39 weeks 14 to 26 weeks		If now on active duty in the Armed Forces, mark (X) this box \Rightarrow and print the branch of the Armed Forces.
	13 weeks or less		Name of company, business, or other employer
	During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK? Usual hours worked each WEEK	43	What kind of business or industry was this? Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank)
		4	Is this mainly – Mark (X) ONE box.
			manufacturing? wholesale trade? retail trade?
			other (agriculture, construction, service, government, etc.)?

45	What kind of work was this person doing? (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)	d. Social Security or Railroad Retirement. ☐ Yes → \$.00 ☐ No ☐ TOTAL AMOUNT for past
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). □ Yes → \$.00 □ No TOTAL AMOUNT for past 12 months
47	INCOME IN THE PAST 12 MONTHS	f. Any public assistance or welfare payments from the state or local welfare office.
	Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the 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.)	☐ Yes → \$.00 ☐ No TOTAL AMOUNT for past 12 months
	Mark (X) the "No" box to show types of income NOT received.	g. Retirement, survivor, or disability pensions. Do NOT include Social Security.
	If net income was a loss, mark the "Loss" box to the right of the dollar amount.	☐ Yes → \$.00 ☐ No ☐ TOTAL AMOUNT for past
	For income received jointly, report the appropriate share for each person – or, if that's not possible, report the whole amount for only one person and mark the "No" box for the other person. a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.	h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support or alimony. Do NOT include lump sum payments such as money from an inheritance or the sale of a home.
	☐ Yes → \$.00	☐ Yes → \$.00 No TOTAL AMOUNT for past 12 months
	b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.	What was this person's total income during the PAST 12 MONTHS? Add entries in questions 47a to 47h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.
	Yes → \$.00 Loss TOTAL AMOUNT for past 12 months	OR S .00 Loss None TOTAL AMOUNT for past 12 months
	c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.	
	Yes → \$.00 □ No TOTAL AMOUNT for past 12 months	
		Continue with the questions for Person 2 on the next page. If no one is listed as Person 2 on page 2, SKIP to page 44 for mailing instructions.



Person 2

MEd, MSW, MBA) Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)	Last Name	nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.
Yes, private school, private college, home school	First Name MI	
In the United States - Print name of state.		Yes, public school, public college
In the United States - Print name of state. Outside the United States - Print name of foreign country, or Puerto Rico, Guam, etc. Statis person a citizen of the United States? Yes, born in the United States → SKIP to question 10a Ves, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas Yes, born abroad of U.S. citizen parent or parents 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 No, not a U.S. citizen When did this person come to live in the United States? Print numbers in boxes. Yes are completed Yes born abroad of U.S. citizen When did this person come to live in the United States? Print numbers in boxes. Yes are completed Yes born abroad of U.S. citizen When did this person come to live in the United States? Print numbers in boxes. Yes are completed Yes born abroad of U.S. citizen Yes born abroad of V.S. contour Yes born abroad of V.S. contour Yes born a		
Outside the United States - Print name of foreign country, or Puerto Rico, Guam, etc.	Where was this person born?	b. What grade or level was this person attending Mark (X) ONE box.
Cutside the United States – Print name of foreign country, or Puerto Rico, Guam, etc. Statis person a citizen of the United States? College undergraduate years (freshman to senior) Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school) What is the highest degree or level of school the person has COMPLETED? Mark (X) ONE box. If fournetly enrolled, mark the previous grade or highest degree received. No, not a U.S. citizen by naturalization – Print year of naturalization When did this person come to live in the United States? Print numbers in boxes. Year When did this person come to live in the United States? Print numbers in boxes. Year 12th grade – NO DIPLOMA HIGH SCHOOL GRADUATE Regular high school diploma GED or alternative credential COLLEGE OR SOME COLLEGE Some college credit, but less than 1 year of college credit 1 or more years of college credit, no degree Associate's degree (for example: AA, AS) Bachelor's degree (for example: BA, BS) 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) Professional degree beyond a bachelor's degree (for example: MA, DS, DVM, LLB, JD)	☐ In the United States – <i>Print name of state</i> .	Nursery school, preschool
Outside the United States − Print name of foreign country, or Puerto Rico, Guam, etc. Grade 1 through 12 − Specify grade 1 − 12 − 12 − 12 − 12 − 12 − 12 − 12 −		
Quiside the United States - Print name of foreign country, or Puerto Rico, Guam, etc.		
College undergraduate years (freshman to senior) St 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 by naturalization − Print year of naturalization No, not a U.S. citizen No, not a U.S. citizen When did this person come to live in the United States? Print numbers in boxes. Year 12th grade - NO DIPLOMA HIGH SCHOOL GRADUATE Regular high school diploma GED or alternative credential COLLEGE OR SOME COLLEGE Some college credit, but less than 1 year of college credit 1 or more years of college credit, no degree Associate's degree (for example: AA, AS) Bachelor's degree (for example: AA, MS) Bachelor's degree (for example: AA, MS) Professional degree beyond a bachelor's degree (for example: MA, MS, MEng, MEd, MSW, MBA) Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)		grade 1 – 12 ₇
senior) Senior Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school) 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 What is the highest degree or level of school thereon has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received. No, not a U.S. citizen No, not a U.S. citizen	country, or Puerto Rico, Guam, etc.	
senior) Senior Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school) 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 What is the highest degree or level of school thereon has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received. No, not a U.S. citizen No, not a U.S. citizen		
St 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 No, not a U.S. citizen No, not a U.S. citizen When did this person come to live in the United States? Print numbers in boxes. Year 12th grade – NO DIPLOMA HIGH SCHOOL GRADUATE Regular high school diploma GED or alternative credential COLLEGE OR SOME COLLEGE Some college credit, but less than 1 year of college credit 1 or more years of college credit, no degree Associate's degree (for example: AA, AS) Bachelor's degree (for example: AA, MS) AFTER BACHELOR'S DEGREE Master's degree beyond a bachelor's degree (for example: MA, MS, MEng, MEd, MSW, MBA) Professional degree beyond a bachelor's degree (for example: MA, DDS, DVM, LLB, JD)		
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 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, DDS, DVM, LLB, JD)	s this person a citizen of the United States?	
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 No schooling completed Nursery school Kindergarten Grade 1 through 11 − Specify grade 1 − 11 Specify		bachelor's degree (for example: MA or PhD
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 No, not a U.S. citizen When did this person come to live in the United States? Print numbers in boxes. Year I 2th 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: MA, MS, MEng, MEd, MSW, MBA) Professional degree beyond a bachelor's degree (for example: MA, DDS, DVM, LLB, JD)		
Yes, born abroad of U.S. citizen parent or parents Yes, U.S. citizen by naturalization − Print year of naturalization − Print year of naturalization − Print year of naturalization ← No Schooling completed No, not a U.S. citizen When did this person come to live in the United States? Print numbers in boxes. Year When did this person come to live in the United States? Print numbers in boxes. Year □ 12th grade − NO DIPLOMA HIGH SCHOOL GRADUATE □ Regular high school diploma □ GED or alternative credential COLLEGE OR SOME COLLEGE □ Some college credit, but less than 1 year of college credit □ 1 or more years of college credit, no degree □ Associate's degree (for example: AA, AS) □ Bachelor's degree (for example: BA, BS) 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)	Islands, or Northern Marianas	
No, not a U.S. citizen No, not a U.S. citizen No schooling completed	Yes, born abroad of U.S. citizen parent or parents	If currently enrolled, mark the previous grade or
No, not a U.S. citizen No, not a U.S. citizen		
Nursery or preschool through grade 12 No, not a U.S. citizen Nursery school Kindergarten Grade 1 through 11 - Specify grade 1 - 11 Ith 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: MA, MS, MEng, MEd, MSW, MBA) Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)	of naturalization —	
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Kindergarten Grade 1 through 11 – Specify grade 1 – 11		
When did this person come to live in the United States? Print numbers in boxes. Year 12th grade - NO DIPLOMA	No, not a U.S. citizen	
When did this person come to live in the United States? Print numbers in boxes. Year 12th grade - NO DIPLOMA HIGH SCHOOL GRADUATE Regular high school diploma GED or alternative credential COLLEGE OR SOME COLLEGE Some college credit, but less than 1 year of college credit 1 or more years of college credit, no degree Associate's degree (for example: AA, AS) Bachelor's degree (for example: BA, BS) 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)		
Year 12th grade - NO DIPLOMA HIGH SCHOOL GRADUATE Regular high school diploma GED or alternative credential COLLEGE OR SOME COLLEGE Some college credit, but less than 1 year of college credit 1 or more years of college credit, no degree Associate's degree (for example: AA, AS) Bachelor's degree (for example: BA, BS) 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)	When did this person come to live in the	
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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)		
□ 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)		1 or more years of college credit, no degree
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)		Associate's degree (for example: AA, AS)
 □ 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) 		Bachelor's degree (for example: BA, BS)
MEd, MSW, MBA) Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)		AFTER BACHELOR'S DEGREE
Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)		Master's degree (for example: MA, MS, MEng,
(for example: MD, DDS, DVM, LLB, JD)		
☐ Doctorate degree (for example: PhD, EdD)		Professional degree beyond a bachelor's degree



		_					
F	Answer question 12 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 13.	15	1	Did this person live in this he year ago?		artme	nt
Н			[Person is under 1 year old question 16	→ SKIP to		
2	This question focuses on this person's		[Yes, this house → SKIP to	question 16	;	
	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)]	No, outside the United Star Print name of foreign count Islands, Guam, etc., below, question 16	try, or U.S.	Virgin	
			Г	No different borres in the I	luita d Ctata		
			L	No, different house in the lor Puerto Rico	Jnited State	? S	
			b. V	Where did this person live 1	year ago?		
h	What is this person's ancestry or ethnic origin?		P	Address (Number and street	name)		
۲	what is this person's ancestry of ethnic origin:						
	(For example: Italian, Jamaican, African Am., Cambodiar Cape Verdean, Norwegian, Dominican, French Canadian,		N	lame of city, town, or post	office		
	Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)		_	lame of U.S. county or			\Box
			n	nunicipio in Puerto Rico			
4)	a. Does this person speak a language other than English at home?						
	Yes		_	lame of U.S. state or			_
ı	No → SKIP to question 15a			uerto Rico	ZIP Cod	le	
	b. What is this language?						
	b. What is this language:		_				_
		16	ls ti	his person CURRENTLY cov	ered by an	v of th	ne
	For example: Korean, Italian, Spanish, Vietnamese		foll	owing types of health insurer grage plans? Mark "Yes" or "	ance or he	alth	
ı	c. How well does this person speak English?		of c	overage in items a – h.		,,	
	☐ Very well		a. Ir	nsurance through a current or)	res N	No
	Well		р	erson or another family member)			_
	Not wellNot at all		а	nsurance purchased directly from n insurance company (by this erson or another family member)			
				ledicare, for people 65 and older, r people with certain disabilities			
			а	Nedicaid, Medical Assistance, or ny kind of government-assistance lan for those with low incomes			
				r a disability			
			e. T	RICARE or other military health ca	are		
			f. V	A (including those who have ever sed or enrolled for VA health care	e)		
			g. Ir	ndian Health Service			
			h. A	nny other type of health insurance r health coverage plan – <i>Specify</i>	7		



D	a. Is this person deaf or does he/she have serious difficulty hearing? Yes	H	Answer question 19 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 3 on page 23.
	No		
	 b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses? Yes 	1	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
G 	Answer question 18a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 3 on page 23.	20	What is this person's marital status?
Н			Widowed
			Divorced
8	 a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions? 		SeparatedNever married → SKIP to on the next page
	☐ Yes	a	In the PAST 12 MONTHS did this person get –
	□ No	Y	Yes No
	b. Does this person have serious difficulty		a. Married?
	walking or climbing stairs?		b. Widowed?
	☐ Yes		c. Divorced?
	L No		5. 5.1.0.000.
	c. Does this person have difficulty dressing or bathing?	22	How many times has this person been married?
	Yes		Once
	□ No		☐ Two times
			☐ Three or more times
		23	In what year did this person last get married?
			Year

Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box.
 Never served in the military → SKIP to question 29a Only on active duty for training in the Reserves or National Guard → SKIP to question 28a
☐ Now on active duty☐ On active duty in the past, but not now
When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period.
September 2001 or later
August 1990 to August 2001 (including Persian Gulf War)



29	 a. LAST WEEK, did this person work for pay at a job (or business)? \[\rightarrow SKIP to question 30 \] 	Answer question 32 if you marked "Car, truck, or van" in question 31. Otherwise, SKIP to question 33.
	☐ No – Did not work (or retired)	
	b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?	How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?
	Yes	Person(s)
	No → SKIP to question 35a	
30	At what location did this person work LAST WEEK? If this person worked at more than one location, print where he or she worked most last week.	What time did this person usually leave home to go to work LAST WEEK?
	a. Address (Number and street name)	Hour Minute a.m. p.m.
	If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.	How many minutes did it usually take this person to get from home to work LAST WEEK?
	b. Name of city, town, or post office	Minutes
	c. Is the work location inside the limits of that city or town? Yes No, outside the city/town limits	Answer questions 35 – 38 if this person did NOT work last week. Otherwise, SKIP to question 39a.
	d. Name of county	35 a. LAST WEEK, was this person on layoff from
		a job? ☐ Yes → SKIP to question 35c
	e. Name of U.S. state or foreign country	□ No
		b. LAST WEEK, was this person TEMPORARILY absent from a job or business?
	f. ZIP Code	Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 38
		□ No → SKIP to question 36
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.	c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work?
	☐ Car, truck, or van ☐ Motorcycle	Yes → SKIP to question 37No
	☐ Bus or trolley bus☐ Streetcar or trolley car☐ Walked	
	☐ Subway or elevated ☐ Worked at	
	$\begin{array}{c} \text{home} \rightarrow SKIP \\ \text{to question 39a} \end{array}$	
	Ferryboat Other method	
	☐ Taxicab	



36	During the LAST 4 WEEKS, has this person been ACTIVELY looking for work? Yes	Answer questions 41 – 46 if this person worked in the past 5 years. Otherwise, SKIP to question 47.
37	No → SKIP to question 38 LAST WEEK, could this person have started a job if offered one, or returned to work if recalled? Yes, could have gone to work No, because of own temporary illness No, because of all other reasons (in school, etc.)	41 – 46 CURRENT OR MOST RECENT JOB ACTIVITY. Describe clearly this person's chief 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.
38	When did this person last work, even for a few days?	Was this person – Mark (X) ONE box.
	 Within the past 12 months 1 to 5 years ago → SKIP to L Over 5 years ago or never worked → SKIP to question 47 	an employee of a PRIVATE FOR-PROFIT company or business, or of an individual, for wages, salary, or commissions? an employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization?
39	a. During the PAST 12 MONTHS (52 weeks), did this person work 50 or more weeks? Count paid time off as work.	a local GOVERNMENT employee (city, county, etc.)? a state GOVERNMENT employee?
	 Yes → SKIP to question 40 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 27 to 39 weeks 14 to 26 weeks 13 weeks or less 	a Federal GOVERNMENT employee? SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm? SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm? working WITHOUT PAY in family business or farm? For whom did this person work? If now on active duty in the Armed Forces, mark (X) this box → and print the branch of the Armed Forces. Name of company, business, or other employer
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	What kind of business or industry was this? Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank)
		Is this mainly – Mark (X) ONE box. manufacturing? wholesale trade? retail trade? other (agriculture, construction, service, government, etc.)?

45	What kind of work was this person doing? (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)	d. Social Security or Railroad Retirement. ☐ Yes → \$.00 No TOTAL AMOUNT for past
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)	12 months e. Supplemental Security Income (SSI). ☐ Yes → \$.00
4	INCOME IN THE PAST 12 MONTHS Mark (X) the "Yes" box for each type of income this	TOTAL AMOUNT for past 12 months f. Any public assistance or welfare payments from the state or local welfare office.
	person received, and give your best estimate of the 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.) Mark (X) the "No" box to show types of income	No TOTAL AMOUNT for past 12 months g. Retirement, survivor, or disability pensions.
	NOT received. If net income was a loss, mark the "Loss" box to the right of the dollar amount.	Do NOT include Social Security. ☐ Yes → \$.00 ☐ No TOTAL AMOUNT for past 12 months
	For income received jointly, report the appropriate share for each person – or, if that's not possible, report the whole amount for only one person and mark the "No" box for the other person. a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for	h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support or alimony. Do NOT include lump sum payments such as money from an inheritance or the sale of a home.
	taxes, bonds, dues, or other items. ☐ Yes → \$.00 ☐ No TOTAL AMOUNT for past 12 months	☐ Yes → \$.00 ☐ No TOTAL AMOUNT for past 12 months
	b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.	What was this person's total income during the PAST 12 MONTHS? Add entries in questions 47a to 47h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.
	☐ Yes → \$.00 ☐ Loss TOTAL AMOUNT for past 12 months	OR S .00 Loss None TOTAL AMOUNT for past 12 months
	c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.	
	Yes → \$ Loss TOTAL AMOUNT for past 12 months	
	•	Continue with the questions for Person 3 on the next page. If no one is listed as Person 3 on page 3, SKIP to page 44 for mailing instructions.



Person 3

Last Name	nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.
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
Where was this person born?	b. What grade or level was this person attending Mark (X) ONE box.
In the United States – Print name of state.	Nursery school, preschool
	☐ Kindergarten
	Grade 1 through 12 – Specify
Outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc.	grade 1 – 12 –
	College undergraduate years (freshman to senior)
s this person a citizen of the United States?	Graduate or professional school beyond a bachelor's degree (for example: MA or PhD
Yes, born in the United States → SKIP to question 10a	program, or medical or law school)
Yes, born in Puerto Rico, Guam, the U.S. Virgin	What is the highest degree or level of school th
islands, or Northern Warlanas	person has COMPLETED? Mark (X) ONE box.
Yes, born abroad of U.S. citizen parent or parents	If currently enrolled, mark the previous grade or highest degree received.
Yes, U.S. citizen by naturalization – <i>Print year</i> of naturalization –	NO SCHOOLING COMPLETED
<u> </u>	☐ No schooling completed
	NURSERY OR PRESCHOOL THROUGH GRADE 12
No, not a U.S. citizen	☐ Nursery school
	Kindergarten
	Grade 1 through 11 – Specify
When did this person come to live in the United States? Print numbers in boxes.	grade 1 – 11 –
Year	
	12th grade – NO DIPLOMA
	HIGH SCHOOL GRADUATE
	Regular high school diploma
	GED or alternative credential
	COLLEGE OR SOME COLLEGE
	Some college credit, but less than 1 year of college credit
	1 or more years of college credit, no degree
	Associate's degree (for example: AA, AS)
	Bachelor's degree (for example: BA, BS)
	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)

Answer question 12 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 13.	a. Did this person live in this house or apartment 1 year ago?
	Person is under 1 year old → SKIP to question 16
This was at its and a second	Yes, this house → SKIP to question 16
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)	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
	No, different house in the United States or Puerto Rico
	b. Where did this person live 1 year ago?
	Address (Number and street name)
What is this person's ancestry or ethnic origin?	
	Name of city, town, or post office
(For example: Italian, Jamaican, African Am., Cambodian Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican,	,
Taiwanese, Ukrainian, and so on.)	Name of U.S. county or
a. Does this person speak a language other	municipio in Puerto Rico
than English at home?	
YesNo → SKIP to question 15a	Name of U.S. state or Puerto Rico ZIP Code
b. What is this language?	
	16 Is this person CURRENTLY covered by any of the
For example: Korean, Italian, Spanish, Vietnamese	following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type
c. How well does this person speak English?	of coverage in items a – h.
☐ Very well ☐ Well	a. Insurance through a current or former employer or union (of this person or another family member)
☐ Not well ☐ Not at all	b. Insurance purchased directly from an insurance company (by this person or another family member)
	c. Medicare, for people 65 and older, or people with certain disabilities
	d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability
	e. TRICARE or other military health care
	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



a. Is this person deaf or does he/she have serious difficulty hearing? Yes No	Answer question 19 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 4 on page 30.
b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses? Yes No	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
Answer question 18a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 4 on page 30.	What is this person's marital status? Now married Widowed
a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?	 □ Divorced □ Separated □ Never married → SKIP to 1 on the next page
☐ Yes ☐ No	In the PAST 12 MONTHS did this person get – Yes No
 b. Does this person have serious difficulty walking or climbing stairs? Yes No 	a. Married?
c. Does this person have difficulty dressing or bathing? Yes No	How many times has this person been married? Once Two times Three or more times
	In what year did this person last get married? Year

ı			
þ	Answer question 24 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 25a.	U. Ma	s this person ever served on active duty in the S. Armed Forces, Reserves, or National Guard? ark (X) ONE box.
24	Has this person given birth to any children in the past 12 months?		Never served in the military → SKIP to question 29a Only on active duty for training in the Reserves or National Guard → SKIP to question 28a Now on active duty
	☐ Yes ☐ No		On active duty in the past, but not now
25 25		U. in	hen did this person serve on active duty in the S. Armed Forces? Mark (X) a box for EACH period which this person served, even if just for part of the riod.
ı	Yes		September 2001 or later
	No → SKIP to question 26		August 1990 to August 2001 (including Persian Gulf War)
	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?		May 1975 to July 1990 Vietnam era (August 1964 to April 1975) February 1955 to July 1964
ı	Yes		Korean War (July 1950 to January 1955)
ı	No → SKIP to question 26		January 1947 to June 1950
ı	110 7 CMI to quostion 20		World War II (December 1941 to December 1946)
	c. How long has this grandparent been responsible for these grandchildren? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.	8 a.	November 1941 or earlier Does this person have a VA service-connected disability rating?
	Less than 6 months		Yes (such as 0%, 10%, 20%,, 100%)No → SKIP to question 29a
ı	☐ 6 to 11 months		No 9 Skir to question 23a
	☐ 1 or 2 years ☐ 3 or 4 years		What is this person's service-connected disability rating?
ı	5 or more years		0 percent
ı			10 or 20 percent
ı			30 or 40 percent
ı			50 or 60 percent
ı			70 percent or higher
ı			
ı			
ı			
ı			
ı			
ı			



29	 a. LAST WEEK, did this person work for pay at a job (or business)? ☐ Yes → SKIP to question 30 	Answer question 32 if you marked "Car, truck, or van" in question 31. Otherwise, SKIP to question 33.
	 No – Did not work (or retired) b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour? Yes No → SKIP to question 35a 	How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK? Person(s)
30	At what location did this person work LAST WEEK? If this person worked at more than one location, print where he or she worked most last week. a. Address (Number and street name)	What time did this person usually leave home to go to work LAST WEEK? Hour Minute a.m. p.m.
	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	How many minutes did it usually take this person to get from home to work LAST WEEK? Minutes
	c. Is the work location inside the limits of that city or town? Yes No, outside the city/town limits	K Answer questions 35 – 38 if this person did NOT work last week. Otherwise, SKIP to question 39a.
	e. Name of U.S. state or foreign country f. ZIP Code	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
3	How did this person usually get to work LAST WEEK? If this person usually used more than one method of transportation during the trip, mark (X) the box of the one used for most of the distance. 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 Taxicab	 No → SKIP to question 36 c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work? Yes → SKIP to question 37 No



36	During the LAST 4 WEEKS, has this person been ACTIVELY looking for work? ☐ Yes ☐ No → SKIP to question 38	Answer questions 41 – 46 if this person worked in the past 5 years. Otherwise, SKIP to question 47.
37	LAST WEEK, could this person have started a job if offered one, or returned to work if recalled? Yes, could have gone to work No, because of own temporary illness No, because of all other reasons (in school, etc.)	41 – 46 CURRENT OR MOST RECENT JOB ACTIVITY. Describe clearly this person's chief 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.
38	When did this person last work, even for a	Was this person – Mark (X) ONE box.
	few days? ☐ Within the past 12 months ☐ 1 to 5 years ago → SKIP to L ☐ Over 5 years ago or never worked → SKIP to question 47	 an employee of a PRIVATE FOR-PROFIT company or business, or of an individual, for wages, salary, or commissions? an employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization?
39	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	 □ a local GOVERNMENT employee (city, county, etc.)? □ a state GOVERNMENT employee? □ a Federal GOVERNMENT employee? □ SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?
		SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm? working WITHOUT PAY in family business or farm? For whom did this person work?
	 40 to 47 weeks 27 to 39 weeks 14 to 26 weeks 13 weeks or less 	If now on active duty in the Armed Forces, mark (X) this box → and print the branch of the Armed Forces. Name of company, business, or other employer
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	What kind of business or industry was this? Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank)
		Is this mainly – Mark (X) ONE box. manufacturing? wholesale trade? retail trade? other (agriculture, construction, service, government, etc.)?

45	What kind of work was this person doing? (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)	d. Social Security or Railroad Retirement. ☐ Yes → \$.00 No TOTAL AMOUNT for past 12 months
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). ☐ Yes → \$.00 No TOTAL AMOUNT for past 12 months
47	INCOME IN THE PAST 12 MONTHS Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the	f. Any public assistance or welfare payments from the state or local welfare office. ☐ Yes → \$.00
	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.) Mark (X) the "No" box to show types of income NOT received.	TOTAL AMOUNT for past 12 months g. Retirement, survivor, or disability pensions. Do NOT include Social Security.
	If net income was a loss, mark the "Loss" box to the right of the dollar amount. For income received jointly, report the appropriate share for each person – or, if that's not possible,	☐ Yes → \$.00 ☐ No TOTAL AMOUNT for past 12 months
	report the whole amount for only one person and mark the "No" box for the other person. a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.	h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support or alimony. Do NOT include lump sum payments such as money from an inheritance or the sale of a home.
	Yes → \$.00 No TOTAL AMOUNT for past 12 months	☐ Yes → \$.00 No TOTAL AMOUNT for past 12 months
	b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.	What was this person's total income during the PAST 12 MONTHS? Add entries in questions 47a to 47h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.
	☐ Yes → \$.00 ☐ Loss TOTAL AMOUNT for past 12 months	OR S .00 Loss None TOTAL AMOUNT for past 12 months
	c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.	
	Yes → \$.00 Loss TOTAL AMOUNT for past 12 months	
		Continue with the questions for Person 4 on the next page. If no one is listed as Person 4 on page 3, SKIP to page 44 for mailing instructions.



Person 4

Last Name	nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.
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
Where was this person born?	b. What grade or level was this person attending Mark (X) ONE box.
☐ In the United States – Print name of state.	Nursery school, preschool
	☐ Kindergarten
	Grade 1 through 12 – Specify
Outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc.	grade 1 – 12 –
country, or ruerto riico, Guarri, etc.	
	College undergraduate years (freshman to senior)
s this person a citizen of the United States?	Graduate or professional school beyond a
Yes, born in the United States → SKIP to question 10a	bachelor's degree (for example: MA or PhD program, or medical or law school)
Ves horn in Puerto Rico Guam the U.S. Virgin	
Islands, or Northern Marianas	What is the highest degree or level of school the person has COMPLETED? Mark (X) ONE box.
Yes, born abroad of U.S. citizen parent or parents	If currently enrolled, mark the previous grade or
Yes, U.S. citizen by naturalization – <i>Print year</i>	highest degree received.
of naturalization	NO SCHOOLING COMPLETED
	☐ No schooling completed
	NURSERY OR PRESCHOOL THROUGH GRADE 12
No, not a U.S. citizen	☐ Nursery school
	☐ Kindergarten
When did this person come to live in the	Grade 1 through 11 – Specify grade 1 – 11 –
United States? Print numbers in boxes.	grade 1 11
Year	
	12th grade – NO DIPLOMA
	HIGH SCHOOL GRADUATE
	Regular high school diploma
	GED or alternative credential
	COLLEGE OR SOME COLLEGE
	Some college credit, but less than 1 year of
	college credit
	1 or more years of college credit, no degree
	Associate's degree (for example: AA, AS)
	Bachelor's degree (for example: BA, BS)
	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)

Answer question 12 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 13.	a. Did this person live in this house or apartment 1 year ago?
	Person is under 1 year old → SKIP to question 16
This was at its and a second	Yes, this house → SKIP to question 16
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)	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
	No, different house in the United States or Puerto Rico
	b. Where did this person live 1 year ago?
	Address (Number and street name)
What is this person's ancestry or ethnic origin?	
	Name of city, town, or post office
(For example: Italian, Jamaican, African Am., Cambodian Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican,	,
Taiwanese, Ukrainian, and so on.)	Name of U.S. county or
a. Does this person speak a language other	municipio in Puerto Rico
than English at home?	
YesNo → SKIP to question 15a	Name of U.S. state or Puerto Rico ZIP Code
b. What is this language?	
	16 Is this person CURRENTLY covered by any of the
For example: Korean, Italian, Spanish, Vietnamese	following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type
c. How well does this person speak English?	of coverage in items a – h.
☐ Very well ☐ Well	a. Insurance through a current or former employer or union (of this person or another family member)
☐ Not well ☐ Not at all	b. Insurance purchased directly from an insurance company (by this person or another family member)
	c. Medicare, for people 65 and older, or people with certain disabilities
	d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability
	e. TRICARE or other military health care
	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



		13853320
	Person 4 (continued)	
•	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	Answer question 19 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 5 on page 37. 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
	a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?	What is this person's marital status? Now married Widowed Divorced Separated Never married → SKIP to 1 on the next page
	 Yes No b. Does this person have serious difficulty walking or climbing stairs? Yes No 	Yes No a. Married?
	c. Does this person have difficulty dressing or bathing? Yes No	How many times has this person been married? Once Two times Three or more times In what year did this person last get married? Year



Answer question 24 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 25a.	Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box.
	Never served in the military → SKIP to question 29a
24 Has this person given birth to any children in the	Only on active duty for training in the Reserves or National Guard → SKIP to question 28a
past 12 months?	☐ Now on active duty
Yes	On active duty in the past, but not now
□ 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.
Yes	September 2001 or later
□ No → SKIP to question 26	August 1990 to August 2001 (including Persian Gulf War)
b. Is this grandparent currently responsible for	May 1975 to July 1990
most of the basic needs of any grandchildren under the age of 18 who live in this house or	☐ Vietnam era (August 1964 to April 1975)
apartment?	February 1955 to July 1964
Yes	Korean War (July 1950 to January 1955)
☐ No → SKIP to question 26	☐ January 1947 to June 1950
140 7 Chin to question 20	☐ World War II (December 1941 to December 1946)
c. How long has this grandparent been responsible for these grandchildren? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.	 November 1941 or earlier a. Does this person have a VA service-connected disability rating?
	☐ Yes (such as 0%, 10%, 20%,, 100%)
Less than 6 months	
6 to 11 months	The Fermi to queenen 250
☐ 1 or 2 years ☐ 3 or 4 years	b. What is this person's service-connected disability rating?
5 or more years	0 percent
	10 or 20 percent
	☐ 30 or 40 percent
	50 or 60 percent
	70 percent or higher



a. LAST WEEK, did this person work for pay at a job (or business)? ☐ Yes → SKIP to question 30	Answer question 32 if you marked "Car, truck, or van" in question 31. Otherwise, SKIP to question 33.
□ No – Did not work (or retired)	32 How many people, including this person,
b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?	usually rode to work in the car, truck, or van LAST WEEK? Person(s)
YesNo → SKIP to question 35a	
At what location did this person work LAST WEEK? If this person worked at more than one location, print where he or she worked most last week.	What time did this person usually leave home to go to work LAST WEEK?
a. Address (Number and street name)	Hour Minute a.m.
If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.	How many minutes did it usually take this person to get from home to work LAST WEEK?
b. Name of city, town, or post office	Minutes
c. Is the work location inside the limits of that city or town? Yes No, outside the city/town limits	Answer questions 35 – 38 if this person did NOT work last week. Otherwise, SKIP to question 39a.
d. Name of county	a. LAST WEEK, was this person on layoff from a job?
e. Name of U.S. state or foreign country	Yes → SKIP to question 35cNo
	b. LAST WEEK, was this person TEMPORARILY absent from a job or business?
f. ZIP Code	Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 38
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.	 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?
☐ Car, truck, or van ☐ Motorcycle ☐ Bus or trolley bus ☐ Bicycle	Yes → SKIP to question 37No
 Streetcar or trolley car Subway or elevated Railroad Walked Worked at home → SKIP 	
Ferryboat	



36	During the LAST 4 WEEKS, has this person been ACTIVELY looking for work? Yes	Answer questions 41 – 46 if this person worked in the past 5 years. Otherwise, SKIP to question 47.
37	 No → SKIP to question 38 LAST WEEK, could this person have started a job if offered one, or returned to work if recalled? Yes, could have gone to work No, because of own temporary illness No, because of all other reasons (in school, etc.) 	41 – 46 CURRENT OR MOST RECENT JOB ACTIVITY. Describe clearly this person's chief 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.
38	When did this person last work, even for a few days? ☐ Within the past 12 months ☐ 1 to 5 years ago → SKIP to L ☐ Over 5 years ago or never worked → SKIP to question 47	 Was this person – Mark (X) ONE box. □ an employee of a PRIVATE FOR-PROFIT company or business, or of an individual, for wages, salary, or commissions? □ an employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization?
39	 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 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 	a local GOVERNMENT employee (city, county, etc.)? a state GOVERNMENT employee? a Federal GOVERNMENT employee? SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm? SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm? working WITHOUT PAY in family business or farm? For whom did this person work? If now on active duty in the Armed Forces, mark (X) this box → and print the branch of the Armed Forces. Name of company, business, or other employer
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	What kind of business or industry was this? Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank) 44 Is this mainly – Mark (X) ONE box. manufacturing? wholesale trade? retail trade? other (agriculture, construction, service, government, etc.)?

su	or example: registered nurse, personnel manager, pervisor of order department, secretary, accountant)	Yes → \$.00
		No
		TOTAL AMOUNT for past 12 months
V	hat were this person's most important activities	e. Supplemental Security Income (SSI).
	duties? (For example: patient care, directing hiring plicies, supervising order clerks, typing and filing,	Yes → \$.00
	conciling financial records)	□ No
		TOTAL AMOUNT for past 12 months
		f. Any public assistance or welfare payments
N	ICOME IN THE PAST 12 MONTHS	from the state or local welfare office.
	ark (X) the "Yes" box for each type of income this erson received, and give your best estimate of the	☐ Yes → \$.00
7	OTAL AMOUNT during the PAST 12 MONTHS. HOTE: The "past 12 months" is the period from	TOTAL AMOUNT for past
0	day's date one year ago up through today.)	12 months
	ark (X) the "No" box to show types of income OT received.	g. Retirement, survivor, or disability pensions Do NOT include Social Security.
	net income was a loss, mark the "Loss" box to the ght of the dollar amount.	☐ Yes → \$.00
-0	or income received jointly, report the appropriate	TOTAL AMOUNT for past 12 months
sh e	are for each person – or, if that's not possible, port the whole amount for only one person and	h. Any other sources of income received
'n	ark the "No" box for the other person.	regularly such as Veterans' (VA) payments, unemployment compensation, child suppor
۱.	Wages, salary, commissions, bonuses, or tips	alimony. Do NOT include lump sum payments as money from an inheritance or the sale of a ho
	from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.	as money from an inheritance of the sale of a no
		☐ Yes → \$.00
	Yes → \$.00	No TOTAL AMOUNT for past 12 months
	TOTAL AMOUNT for past	
).	Self-employment income from own nonfarm	What was this person's total income during th PAST 12 MONTHS? Add entries in questions 47a
	businesses or farm businesses, including proprietorships and partnerships. Report	47h; subtract any losses. If net income was a loss, e the amount and mark (X) the "Loss" box next to the
	NET income after business expenses.	dollar amount.
	☐ Yes → \$.00 ☐	□ OR \$.00
	□ No TOTAL AMOUNT for past	None TOTAL AMOUNT for past
	12 months	12 months
	Interest, dividends, net rental income, royalty income, or income from estates and trusts.	
	Report even small amounts credited to an account.	
	□ Yes → \$.00 □	
	No Loss	
	TOTAL AMOUNT for past 12 months	



SKIP to page 44 for mailing instructions.

Person 5

Last Name	nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.
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
Where was this person born?	b. What grade or level was this person attending Mark (X) ONE box.
In the United States – Print name of state.	☐ Nursery school, preschool
	Kindergarten
	Grade 1 through 12 – Specify
Outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc.	grade 1 – 12 –
dodnity, of Fuorio Filoo, Guarri, etc.	
	College undergraduate years (freshman to senior)
s this person a citizen of the United States?	Graduate or professional school beyond a
Yes, born in the United States → SKIP to question 10a	bachelor's degree (for example: MÅ or PhD program, or medical or law school)
Yes, born in Puerto Rico, Guam, the U.S. Virgin	What is the highest degree or level of school th
islands, or Northern Marianas	What is the highest degree or level of school the person has COMPLETED? Mark (X) ONE box.
Yes, born abroad of U.S. citizen parent or parents	If currently enrolled, mark the previous grade or
Yes, U.S. citizen by naturalization − Print year of naturalization →	highest degree received. NO SCHOOLING COMPLETED
or naturalization —	
	Nursery or preschool through grade 12
No, not a U.S. citizen	
No, not a 0.5. citizen	☐ Nursery school
	Kindergarten
When did this person come to live in the	Grade 1 through 11 – Specify grade 1 – 11 –
United States? Print numbers in boxes. Year	
	☐ 12th grade – NO DIPLOMA
	HIGH SCHOOL GRADUATE
	Regular high school diploma
	GED or alternative credential
	COLLEGE OR SOME COLLEGE
	Some college credit, but less than 1 year of college credit
	1 or more years of college credit, no degree
	Associate's degree (for example: AA, AS)
	☐ Bachelor's degree (for example: BA, BS)
	AFTER BACHELOR'S DEGREE
	☐ Master's degree (for example: MA, MS, MEng,
	$I = I \Lambda I E A \Lambda I C I \Lambda I \Lambda I D \Lambda I$
	MEd, MSW, MBA) Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)

F	Answer question 12 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 13.	15		id this person live in this ho year ago?	ouse or a	partment
				Person is under 1 year old question 16	→ SKIP to	
2	This question feeting on this nevern's			Yes, this house → SKIP to a	question 1	6
	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)			No, outside the United Stat Print name of foreign coun Islands, Guam, etc., below; question 16	try, or U.S	S. Virgin
				No, different house in the U or Puerto Rico	Inited Stat	tes
			b. W	here did this person live 1	year ago	?
3	What is this person's ancestry or ethnic origin?		A	ddress (Number and street	name)	
פ	what is this person's ancestry or ethnic origin?					
	(For example: Italian, Jamaican, African Am., Cambodiar Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican,	n,	N	ame of city, town, or post	office	
	Taiwanese, Ukrainian, and so on.)		N	ame of U.S. county or		
4	a. Does this person speak a language other		m	unicipio in Puerto Rico		
	than English at home?					
	YesNo → SKIP to question 15a			ame of U.S. state or uerto Rico	ZIP Co	de
	b. What is this language?					
	For example: Korean, Italian, Spanish, Vietnamese	16	follo	is person CURRENTLY cov bwing types of health insur erage plans? Mark "Yes" or "I overage in items a – h.	ance or h	ealth
	c. How well does this person speak English?			surance through a current or		Yes No
	✓ Very well✓ Well		fo	rmer employer or union (of this erson or another family member)		
	☐ Not well ☐ Not at all		ar	surance purchased directly from insurance company (by this erson or another family member)		
				edicare, for people 65 and older, people with certain disabilities		
			d. M ar pl	edicaid, Medical Assistance, or y kind of government-assistance an for those with low incomes a disability		
			e. TF	RICARE or other military health ca	ire	
				A (including those who have ever		
				dian Health Service	I	
			h Δ	ov other type of health incurance		
			UI	health coverage plan – Specify		



17 a	i. Is this person deaf or does he/she have serious difficulty hearing? Yes No	Ĥ	Answer question 19 if this person is 15 years old or over. Otherwise, SKIP to the mailing instructions on page 44.
la	b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses? Yes No	19	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
ii	Answer question 18a – c if this person is 5 years old or over. Otherwise, SKIP to the mailing instructions on page 44. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?	20	What is this person's marital status? Now married Widowed Divorced Separated Never married → SKIP to I on the next page
l.	☐ Yes ☐ No	2	In the PAST 12 MONTHS did this person get – Yes No
	 Does this person have serious difficulty walking or climbing stairs? Yes No 		a. Married?
c	 Does this person have difficulty dressing or bathing? Yes No 	2	How many times has this person been married? Once Two times Three or more times
		23	In what year did this person last get married? Year

ı			
	Answer question 24 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 25a.	٨	las this person ever served on active duty in the J.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box.
24	Has this person given birth to any children in the past 12 months?		 Never served in the military → SKIP to question 29a Only on active duty for training in the Reserves or National Guard → SKIP to question 28a Now on active duty
	☐ Yes ☐ No		On active duty in the past, but not now
2±		i	When did this person serve on active duty in the J.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period.
ı	Yes	[September 2001 or later
l	No → SKIP to question 26		August 1990 to August 2001 (including Persian Gulf War)
	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?		May 1975 to July 1990 Vietnam era (August 1964 to April 1975) February 1955 to July 1964
ı	Yes	[Korean War (July 1950 to January 1955)
ı	No → SKIP to question 26	[January 1947 to June 1950
ı		[World War II (December 1941 to December 1946)
	c. How long has this grandparent been responsible for these grandchildren? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.	8 a	November 1941 or earlier Does this person have a VA service-connected disability rating?
l	Less than 6 months 6 to 11 months		Yes (such as 0%, 10%, 20%,, 100%)No → SKIP to question 29a
	1 or 2 years 3 or 4 years	b	b. What is this person's service-connected disability rating?
ı	5 or more years		0 percent
ı			☐ 10 or 20 percent
ı			30 or 40 percent
ı			50 or 60 percent
ı			70 percent or higher
ı			
ı			
ı			
ı			
ı			
ı			



25	 a. LAST WEEK, did this person work for pay at a job (or business)? Yes → SKIP to question 30 No – Did not work (or retired) b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour? Yes 	Answer question 32 if you marked "Car, truck, or van" in question 31. Otherwise, SKIP to question 33. How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK? Person(s)
30	No → SKIP to question 35a	What time did this person usually leave home to go to work LAST WEEK? Hour Minute a.m. p.m.
	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	How many minutes did it usually take this person to get from home to work LAST WEEK? Minutes
	c. Is the work location inside the limits of that city or town? Yes No, outside the city/town limits d. Name of county	Answer questions 35 – 38 if this person did NOT work last week. Otherwise, SKIP to question 39a.
	e. Name of U.S. state or foreign country f. ZIP Code	a. LAST WEEK, was this person on layoff from a job? Yes → SKIP to question 35c No b. LAST WEEK, was this person TEMPORARILY absent from a job or business? Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 38 No → SKIP to question 36
3	How did this person usually get to work LAST WEEK? If this person usually used more than one method of transportation during the trip, mark (X) the box of the one used for most of the distance. 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 Taxicab	c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work? ☐ Yes → SKIP to question 37 ☐ No



36	During the LAST 4 WEEKS, has this person been ACTIVELY looking for work? ☐ Yes ☐ No → SKIP to question 38		Answer questions 41 – 46 if this person worked in the past 5 years. Otherwise, SKIP to question 47.
37	·		41 – 46 CURRENT OR MOST RECENT JOB ACTIVITY. Describe clearly this person's chief 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.
38	When did this person last work, even for a few days?	40	Was this person – Mark (X) ONE box. ☐ an employee of a PRIVATE FOR-PROFIT
	 Within the past 12 months 1 to 5 years ago → SKIP to L Over 5 years ago or never worked → SKIP to 		company or business, or of an individual, for wages, salary, or commissions? an employee of a PRIVATE NOT-FOR-PROFIT,
	question 47		tax-exempt, or charitable organization? a local GOVERNMENT employee (city, county, etc.)?
39	a. During the PAST 12 MONTHS (52 weeks), did this person work 50 or more weeks? Count paid time off as work.		□ a state GOVERNMENT employee?□ a Federal GOVERNMENT employee?
	Yes → SKIP to question 40No		□ SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?□ SELF-EMPLOYED in own INCORPORATED
	b. How many weeks DID this person work, even for a few hours, including paid vacation, paid sick leave, and military service?		business, professional practice, or farm? working WITHOUT PAY in family business or farm?
	☐ 50 to 52 weeks ☐ 48 to 49 weeks ☐ 40 to 47 weeks	42	For whom did this person work?
	27 to 39 weeks 14 to 26 weeks		If now on active duty in the Armed Forces, mark (X) this box → and print the branch of the Armed Forces.
	13 weeks or less		Name of company, business, or other employer
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	43	What kind of business or industry was this? Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank)
		44	Is this mainly – Mark (X) ONE box.
			☐ manufacturing? ☐ wholesale trade?
			retail trade?
			other (agriculture, construction, service, government, etc.)?

45	What kind of work was this person doing? (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)	d. Social Security or Railroad Retirement. ☐ Yes → \$.00
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)	No TOTAL AMOUNT for past 12 months e. Supplemental Security Income (SSI). Yes → \$.00 No TOTAL AMOUNT for past
1	INCOME IN THE PAST 12 MONTHS Mark (X) the "Yes" box for each type of income this	f. Any public assistance or welfare payments from the state or local welfare office.
	person received, and give your best estimate of the 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.)	No TOTAL AMOUNT for past 12 months
	Mark (X) the "No" box to show types of income NOT received.	g. Retirement, survivor, or disability pensions. Do NOT include Social Security.
	If net income was a loss, mark the "Loss" box to the right of the dollar amount.	☐ Yes → \$.00
	For income received jointly, report the appropriate share for each person – or, if that's not possible, report the whole amount for only one person and mark the "No" box for the other person.	TOTAL AMOUNT for past 12 months h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support or
	a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.	alimony. Do NOT include lump sum payments such as money from an inheritance or the sale of a home. ☐ Yes → \$.00
	☐ Yes → \$.00 ☐ No TOTAL AMOUNT for past 12 months	No TOTAL AMOUNT for past 12 months
	b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.	What was this person's total income during the PAST 12 MONTHS? Add entries in questions 47a to 47h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.
	☐ Yes → \$.00 ☐ Loss TOTAL AMOUNT for past 12 months	OR S .00 Loss TOTAL AMOUNT for past 12 months
	c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.	
	☐ Yes → \$.00 ☐ Loss TOTAL AMOUNT for past 12 months	
	12 mondis	Now continue with the mailing instructions on



Mailing Instructions

Please make sure you have...

- listed all names and answered the questions on pages 2, 3, and 4
- answered all Housing questions
- answered all Person questions for each person.

Then...

 put the completed questionnaire into the postage-paid return envelope. If the envelope has been misplaced, please mail the questionnaire to:

> U.S. Census Bureau P.O. Box 5240 Jeffersonville, IN 47199-5240

 make sure the barcode above your address shows in the window of the return envelope.

Thank you for participating in the American Community Survey.

For Census Bureau Use						
POP	EDIT	PHONE	JIC1	JIC2		
EDIT CLERK	. <u>T</u> I	ELEPHONE CLERK	JIC3	JIC4		

The Census Bureau estimates that, for the average household, this form will take 40 minutes to complete, including the time for reviewing the instructions and answers. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Paperwork Project 0607-0936, 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)QD85 (02-05-2013)

