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ACS-13(L)(2017)
(6-2017)



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau
Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

A message from the Director, U.S. Census Bureau ...

Your household has been randomly selected to complete a very important national survey, the American Community Survey. The U.S. Census Bureau conducts this survey to give our country an up-to-date picture of how we live—our education, employment, housing, and more. Using the enclosed instructions, please complete the survey online as soon as possible at:

<https://respond.census.gov/acs>

The Census Bureau is using the Internet to collect this information in an effort to conserve natural resources, save taxpayers' money, and process your data more efficiently. If you are unable to complete the survey online, there is no need to contact us. We will send you a paper questionnaire in a few weeks.

This survey collects critical information used to meet the needs of communities across the United States. For example, results from this survey are used to decide where new schools, hospitals, and fire stations are needed. This information also helps communities plan for the kinds of emergency situations that might affect you and your neighbors, such as floods and other natural disasters.

The Census Bureau chose your address, not you personally, as part of a randomly selected sample. You are required by U.S. law to respond to this survey. The U.S. Census Bureau is required by law to keep your information confidential. The Census Bureau is not permitted to publicly release your responses in a way that could identify you. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. The enclosed brochures answer frequently asked questions about the survey.

If you need help completing the survey, please call our toll-free number (1-800-354-7271).

Thank you.

Enclosures

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Census
Bureau

census.gov



American Community Survey

U.S. Department of Commerce | Economics and Statistics Administration

Go to <https://respond.census.gov/acs> to complete the American Community Survey online.

*(Vea el otro lado
para español.)*

IMPORTANT: You will need information from the address label on this card to log in. If you need help or have questions about the American Community Survey, call the toll-free number 1-800-354-7271.





American Community Survey

U.S. Department of Commerce | Economics and Statistics Administration

Vaya a <https://respond.census.gov/acs> para completar la Encuesta sobre la Comunidad Estadounidense por Internet en español.

ATENCIÓN: Necesitará información que aparece en la etiqueta en el otro lado de esta tarjeta para iniciar la sesión. Si usted necesita ayuda para llenar la encuesta o tiene preguntas acerca de la Encuesta sobre la Comunidad Estadounidense, llame sin cargo al 1-877-833-5625.

See other side for English.

census.gov/acs
1-888-354-7271

Frequently Asked Questions



**AMERICAN
COMMUNITY
SURVEY**



**American
Community
Survey**

Si necesita ayuda para completar su cuestionario,
llame sin cargo alguno al: 1-877-833-5625.

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U.S. Department of Commerce
Economics and Statistics Administration
U.S. CENSUS BUREAU
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Bureau



Frequently Asked Questions

What is the American Community Survey?

The American Community Survey collects information about population and housing characteristics for the nation, states, cities, counties, metropolitan areas, and communities on a continuous basis. Based on the American Community Survey, the U.S. Census Bureau can provide up-to-date data about our rapidly changing country more often than once every 10 years when the census is conducted.

How do I benefit by answering the American Community Survey?

Communities need data about the well-being of children, families, and the older population to provide services to them. By responding to the American Community Survey questionnaire, you are helping your community to establish goals, identify problems and solutions, and measure the performance of programs.

The data also are used to decide where to locate new highways, schools, hospitals, and community centers; to show a large corporation that a town has the workforce the company needs; and in many other ways.

Do I have to answer the questions on the American Community Survey?

Yes. Your response to this survey is required by law (Title 13, U.S. Code, Sections 141,193, and 221). Title 13, as changed by Title 18, imposes a penalty for not responding. We estimate this survey will take about 40 minutes to complete.

How will the Census Bureau use the information that I provide?

By law, the Census Bureau can only use your responses to produce statistics. Your information will be used in combination with information from other households to produce data for your community. Similar data will be produced for communities across Puerto Rico and the United States.

We may combine your answers with information that you gave to other agencies to enhance the statistical uses of these data. This information will be given the same protections as your survey information. Based on the information that you provide, you may be asked to participate in other Census Bureau surveys that are voluntary.

Will the Census Bureau keep my information confidential?

Yes. The Census Bureau is required by law to protect your information. The Census Bureau is not permitted to publicly release your responses in a way that could identify you. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data.

Where can I find more information about the American Community Survey or get assistance?

You may visit our Web site at [census.gov/acs](https://www.census.gov/acs) or call 1-800-354-7271, if you need assistance or more information.

The U.S. Census Bureau is conducting the American Community Survey

In a few days you will receive an American Community Survey questionnaire in the mail. Because you are living in the United States, you are required by law to respond to this survey. If you have questions about the form, please call us toll-free at 1-800-354-7271.

What is the American Community Survey?

The American Community Survey is an important survey conducted by the Census Bureau. It is designed to give communities current information about its people and housing. In order to make well-informed decisions, a community needs accurate and reliable information. By responding to this survey, you are helping your community to get this kind of information.

Will my answers to this survey be kept confidential?

Yes. The U.S. Census Bureau is required by law to keep your information confidential. The Census Bureau is not permitted to publicly release your responses in a way that could identify you. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data.

La Oficina del Censo de los Estados Unidos está realizando la Encuesta sobre la Comunidad Estadounidense

En unos días, recibirá por correo un cuestionario de la Encuesta sobre la Comunidad Estadounidense. Como usted esta viviendo en los Estados Unidos, la ley exige que usted responda a esta encuesta. Si tiene preguntas sobre el cuestionario, llámenos al 1-877-833-5625 para hablar con uno de nuestros empleados que habla español. La llamada es gratis. El empleado podrá contestar sus preguntas o usted podrá completar la encuesta por teléfono.

¿Qué es la Encuesta sobre la Comunidad Estadounidense?

La Encuesta sobre la Comunidad Estadounidense es una encuesta importante realizada por la Oficina del Censo de los Estados Unidos. Está diseñada para brindar información actual a las comunidades sobre las personas y las viviendas. Para poder tomar buenas decisiones, una comunidad necesita información precisa y confiable. Al responder a esta encuesta, usted está ayudando a su comunidad a obtener este tipo de información.

¿Serán confidenciales mis respuestas a esta encuesta?

Sí. La Oficina del Censo de los EE.UU. está obligada por ley a mantener confidencial su información. A la Oficina del Censo no se le permite divulgar sus respuestas de manera que este hogar pudiera ser identificado. En conformidad con la Ley para el Fortalecimiento de la Seguridad Cibernética Federal del 2015, sus datos están protegidos contra los riesgos de seguridad cibernética mediante los controles aplicados a los sistemas que transmiten su información.

Important Information From the U.S. Census Bureau

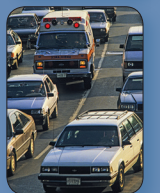
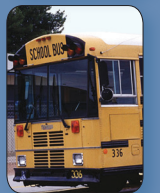
Información Importante de la Oficina del Censo de los Estados Unidos

美国人口普查局重要通知

Thông tin quan trọng từ Văn phòng Thống kê Dân số Hoa Kỳ

Важная информация от Бюро переписи населения США

미국 인구조사국에서 전해드리는 중요한 정보



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ACS-9 (2017)



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U.S. Department of Commerce
Economics and Statistics Administration
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美国人口普查局正在进行美国社区问卷调查

您将在几天内收到一份邮寄的美国社区问卷调查。由于您目前居住在美国，因此根据法律规定，您必须答复此问卷调查。这个调查问卷只有英文版。请拨打我们的免费电话：**1-800-638-5945**，我们将有会说中文的工作人员回答您的问题，或者您能够在电话上用中文回答调查的问题。

什么是美国社区问卷调查？

美国社区问卷调查由美国人口普查局主持，是一项重要的调查。目的是为了向各个社区提供有关居民和住房方面的最新信息。一个社区要做出明智的决策，需要真实准确的信息。您答复此问卷调查，就是在帮助您所在社区获取这样的信息。

我对这次调查的回答，人口普查局是否会保密？

是的。根据法律规定，美国人口普查局将对您的信息保密。人口普查局不得以可识别您的身份的方式公开发布您的回复。依据2015年联邦增强网络安全法案，通过监察传输您资料的系统，来确保您个人资料受到保护，避免网络安全风险。

Văn phòng Thống kê Dân số Hoa Kỳ đang thực hiện cuộc Khảo sát Cộng đồng tại Mỹ.

Trong một vài ngày nữa quý vị sẽ nhận được bản câu hỏi Khảo sát Cộng đồng tại Mỹ qua thư tín. Vì quý vị đang sống ở Hoa Kỳ, nên luật bắt buộc quý vị phải trả lời cuộc khảo sát này. Nếu quý vị có thắc mắc về mẫu đơn, xin gọi chúng tôi theo số điện thoại miễn phí 1-877-221-9436. Bản câu hỏi khảo sát chỉ có bằng tiếng Anh.

Cuộc Khảo sát Cộng đồng tại Mỹ là gì?

Cuộc Khảo sát Cộng đồng tại Mỹ là một cuộc khảo sát quan trọng được Văn phòng Thống kê Dân số Hoa Kỳ thực hiện. Nó được thiết kế để cung cấp cho cộng đồng thông tin hiện tại về người dân và nhà cửa. Nhằm có được những quyết định thức thời có ích lợi trực tiếp cho những nhu cầu của cộng đồng quý vị, những thông tin cần được chính xác và đáng tin cậy. Bằng cách trả lời cuộc khảo sát này, quý vị đang giúp cộng đồng mình lấy được loại thông tin này.

Liệu các câu trả lời khảo sát của tôi có được giữ bí mật không?

Có. Cục Thống kê Dân số Hoa Kỳ được pháp luật yêu cầu bảo mật thông tin của quý vị. Cục Thống kê không được phép công bố công khai các phản hồi của quý vị theo cách có thể nhận diện quý vị. Theo Luật Tăng Cường An Ninh Mạng của Liên Bang 2015, số liệu của quý vị sẽ được bảo vệ để tránh khỏi các nguy cơ về an ninh mạng qua cách kiểm duyệt các hệ thống chuyển số liệu của quý vị.

Бюро переписи населения проводит Анкетирование населения США по месту жительства

Через несколько дней Вы получите по почте анкету Анкетирование населения США по месту жительства. Так как Вы проживаете в США, Вы обязаны в соответствии с законом дать ответы на вопросы данного исследования. Анкета составлена только на английском языке. Позвоните по бесплатному номеру 1-866-225-2297, и Вам ответит русскоговорящий сотрудник. Вы сможете получить ответы на Ваши вопросы и Вам помогут заполнить анкету по телефону.

Что представляет собой Анкетирование населения США по месту жительства?

Анкетирование населения США по месту жительства – это важнейшее исследование, проводимое Бюро переписи населения США. Его цель – обеспечить общество актуальной информацией о населении и жилищных условиях. Для принятия обоснованных решений на местах необходимо иметь точную и достоверную информацию. Отвечая на вопросы данного исследования, Вы помогаете своему району получить такую информацию.

Будет ли сохранена конфиденциальность моих ответов?

Да. По закону Бюро переписи населения США обязано соблюдать конфиденциальность ваших данных. Ему запрещено публично разглашать Ваши ответы таким образом, чтобы по ним можно было установить Вашу личность. Защиту Ваших данных от кибер-рисков регулирует федеральный закон «О повышении кибербезопасности» от 2015 года, в соответствии с которым регулярно проводится проверка систем передачи данных.

미국 인구조사국에서는 미국 지역사회조사를 실시하고 있습니다.

며칠 안으로 미국 지역사회조사 설문지를 우편으로 받으실 것 입니다. 미국에 사시는 모든 분은 법에 의해 이 설문에 응답하셔야 합니다. 설문지는 영어로만 되어있습니다. 한국어로 설문을 작성하고 싶으시거나 질문이 있으시면, 무료전화 **1-800-772-6728**로 전화를 주십시오. 한국어 담당직원과

미국 지역사회조사는 무엇인가요?

미국 지역사회조사는 미국 인구조사국에서 시행하는 중요한 설문조사입니다. 이 설문조사는 지역사회 주민들과 주택에 관한 최근 정보를 알려드리고자 계획되었습니다. 지역사회가 정보에 기초한 합리적인 결정을 내리기 위해서 정확하고 믿을 수 있는 정보가 필요합니다. 귀하의 설문응답은 지역사회가 이런 정보를 수집하는 데 도움을 줍니다.

설문조사에 대한 답변은 보호됩니까?

네. 미국 인구조사국은 법에 따라 귀하의 정보를 비밀로 유지해야 할 의무가 있습니다. 미국 인구조사국은 귀하가 응답한 정보를 귀하의 신상을 알 수 있는 형태로 일반에 공개할 수 없으며, 2015년 연방 사이버보안강화법에 따라, 귀하의 데이터는 데이터 전송 시스템의 철저한 검사를 통해 사이버 보안의 위협으로부터 보호됩니다.

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

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ACS-46IM(2013) (12-2012)

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Permit No. G-58

The American Community Survey

**YOUR RESPONSE IS
REQUIRED BY LAW**

United States™
Census
Bureau

American Community Survey

Internet Data Collection Instrument Screen Capture Guide 2019

How to Use This Guide

This document contains copies of screens respondents will see in the ACS Internet Questionnaire¹. You can use this guide as a reference when talking to respondents.

On the next page, you will see a table of contents that contains links rather than page numbers. Because you will be using this guide on your computer, this format will allow you to use **Ctrl + Click** on a page name and navigate directly to that page. Most of the screen capture names are the same as the page names in the instrument. Respondents can provide the page names to you from the URL in the address bar of their browsers. For example, the question for the type of unit at the sample address (e.g., mobile home, single family home detached from any other homes, etc.) is “typeofunit” in the Internet questionnaire. If respondents are on this screen, the address bar will display, “https://respond.census.gov/acs/typeofunit.”

Some screens may change text and appearance depending on the situation or makeup of the household. For example, the “pselect” screen asks respondents to choose the person for whom they will answer questions next. If only one person remains on the roster, the text displays differently than if multiple names are available. A second screen capture for the “pselect” screen reads “pselect (one person left on roster).”

Note: in the 2016 data collection year a mobile optimized view was introduced for the Internet Data Collection instrument. If respondents are viewing the online instrument via a mobile device the screen layout will appear different based upon screen size. In addition, navigation buttons containing “Previous” and “Next” are replaced with forward and backward arrows. Instructions, FAQs and Save and Logout text are removed and replaced with links on the right-hand side of the header. Questions with a large amount of text will not be displayed on one screen and users will have to scroll to view the entire questions text.

¹ This screen capture guide does not contain any Title 13 data or other personally identifiable information (PII). All data are fictitious and any resemblance to actual data is coincidental.

Screen Capture Guide

login



American Community Survey

U.S. Department of Commerce | Economic and Statistics Administration

Welcome to the American Community Survey. You will need the materials we mailed to you to start the survey.

The U.S. Census Bureau is required by law to keep your information confidential. The Census Bureau is not permitted to publicly release your responses in a way that could identify this household. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data.

[Para completar en español, oprima aquí.](#)

Please Log In



➔ Enter the 10-digit User ID found below the barcode on the materials we mailed to you.

User ID:

 -

The Census Bureau estimates that, for the average household, this survey will take 40 minutes to complete, including the time for reviewing the instructions and answers. You may email comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing burden, to: Paperwork@census.gov. Use "Paperwork Project 0607-0810" as the subject. Or you may send comments to: Paperwork Project 0607-0810, U.S. Census Bureau, 4600 Silver Hill Road, AMSD - 3K138, Washington, D.C. 20233.

Respondents are not required to respond to any information collection unless it displays a valid approval number from the Office of Management and Budget. The 8-digit number appears in the left side of the green bar at the bottom of the survey screen.

** WARNING **

You have accessed a UNITED STATES GOVERNMENT computer. Use of this computer without authorization or for purposes for which authorization has not been extended is a violation of Federal law and can be punished with fines or imprisonment (PUBLIC LAW 99-474). System usage may be monitored, recorded, and subject to audit. Any information you enter into this system may be used by the Census Bureau for statistical purposes, including but not limited to improving the efficiency of our data collection programs. For information regarding the use of this system, and how your privacy is protected, visit our online privacy webpage at http://www.census.gov/privacy/privacy_policy/. Use of this system indicates consent to the collection, monitoring, recording, and use of information provided inside this system.

return login

The URL address name respondents see is still "login" as the previous screen name. This screen asks for a PIN when users left the survey previously and are coming back to access their account.

U.S. Census Bureau
American Community Survey

Commerce | Economic and Statistics Administration

Welcome to the American Community Survey. You will need the materials we mailed to you to start the survey.

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[Para completar en español, oprima aquí.](#)

Please Log In

➔ Enter the 10-digit User ID found below the barcode on the materials we mailed to you.

User ID: -

➔ Enter the 4-digit PIN we gave you.

PIN:

[Click here if you do not know your PIN.](#)

The Census Bureau estimates that, for the average household, this survey will take 40 minutes to complete, including the time for reviewing the instructions and answers. You may email comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing burden, to: Paperwork@census.gov. Use "Paperwork Project 0607-0810" as the subject. Or you may send comments to: Paperwork Project 0607-0810, U.S. Census Bureau, 4600 Silver Hill Road, AMSD - 3K138, Washington, D.C. 20233.

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OMB Numbers: 0607-0810, 0607-0936 Approvals Expire: 06/30/2018, 12/31/2018 [Accessibility](#) [Privacy](#) [Security](#)

address



American Community Survey

[Instructions](#) | [FAQs](#) | [Save and Log Out](#)

➔ Are you completing the American Community Survey for:

1724 RAINBOW DR
ANYTOWN, FL 55555 ?

Yes

No

Next ➔

[Contact Us](#) | [Accessibility](#) | [Privacy](#) | [Security](#)

Later2 (wrong address)



American Community Survey

[Instructions](#)[FAQs](#)[Save and Log Out](#)

The Census Bureau needs to collect information about:

1724 RAINBOW DR
ANYTOWN, FL 55555

Because you indicated that you are not completing the American Community Survey for that address, we do not need any further information at this time. You do not have to return the questionnaire to the Census Bureau.

In case we have to contact you at a later date to gather more information, please enter your name and telephone number below.

Thank you.

First Name

MI

Last Name

Telephone Number

 - - [← Previous](#)[Exit Survey](#)

liveu



American Community Survey

[Instructions](#)[FAQs](#)[Save and Log Out](#)

Do YOU live or stay at:

[\(Help\)](#)1724 RAINBOW DR
ANYTOWN, FL 55555 ? Yes No[← Previous](#)[Next →](#)

liveu help**Help****Help**

Select "Yes" if you:

- Have been staying at the address for more than two months
- Intend to be at the address for more than two months, but have been there less time than that as of the current date
- Have no other PERMANENT place to stay AND are living or staying there
- Are staying at the address even for a short time
- Are away from the address, but do not plan to be away for more than two months

Close Help

live



American Community Survey

[Instructions](#)[FAQs](#)[Save and Log Out](#)

Does anyone live or stay at:

[\(Help\)](#)1724 RAINBOW DR
ANYTOWN, FL 55555 ? Yes No[← Previous](#)[Next →](#)[Contact Us](#)[Accessibility](#)[Privacy](#)[Security](#)

live help

Help

**Help**

Select "Yes" if:

- Anyone has been staying at the address for more than two months
- Anyone intends to be at the address for more than two months, but has been there less time than that as of the current date
- Anyone lives or stays at the address such as a caretaker or live-in employee
- Someone who has no other PERMANENT place to stay is living or staying there
- Anyone is staying at the address even for a short time
- Someone is away from the address, but does not plan to be away for more than two months

Close Help

business**American Community Survey**[Instructions](#)[FAQs](#)[Save and Log Out](#)

➔ Is the following address a business?

1724 RAINBOW DR
ANYTOWN, FL 55555

Yes

No

◀ Previous

Next ▶

[Contact Us](#)[Accessibility](#)[Privacy](#)[Security](#)

thankyoubusiness



American Community Survey

[Instructions](#)[FAQs](#)[Save and Log Out](#)

Because you said

2385 GARFIELD ST
ANYTOWN, AL 55555

is a business, you do not need to complete the American Community Survey at this time. You do not have to return the questionnaire to the Census Bureau.

In case we have to contact you at a later date to gather more information, please enter your name and telephone number below.

Thank you. ([Help](#))

First Name

MI

Last Name

Telephone Number

 () - - [← Previous](#)[Exit Survey](#)

thankyoubusiness help

Help

**Why We Ask?**

We ask for names in case we need to contact someone to ask about incomplete or missing information. The U.S. Census Bureau is required by law to protect your information. The Census Bureau is not permitted to publicly release your responses in a way that could identify this household. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data.

[Close Help](#)

pin

American Community Survey

[Instructions](#)[FAQs](#)[Save and Log Out](#)

- ➔ Please make note of the PIN below.
- ➔ It will allow you to log back into the survey if the session times out or you need to stop and come back later. The session will time out if left idle for more than 15 minutes. This survey will take approximately 40 minutes to complete.

PIN: 6018

- ➔ Please select a security question to answer. If you forget your PIN, you will be asked to provide this answer to re-enter the survey.

Security Question:



Answer:

[Next >](#)

recovery (pin reset)**American Community Survey**

U.S. Department of Commerce | Economic and Statistics Administration



Please provide the answer to the following security question to reset your PIN and return to your survey.

What color was your first car?

(Not case-sensitive)

Answer:

If you do not know the answer to your security question, please call 1-800-354-7271 for assistance.

Next >

resp_name



American Community Survey

[Instructions](#)[FAQs](#)[Save and Log Out](#)

What is your name and your telephone number? We will only contact you if needed for official Census Bureau business.

[\(Help\)](#)

First Name

MI

Last Name

Telephone Number

 () - - [Next >](#)[Contact Us](#)[Accessibility](#)[Privacy](#)[Security](#)

resp_name help

Help



Why We Ask?

We ask for a respondent's name and contact information in case we need to contact someone to ask about incomplete or missing survey information.

Help

- The U.S. Census Bureau is required by law to protect your information. The Census Bureau is not permitted to publicly release your responses in a way that could identify this household. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data.
- Providing a name helps eliminate confusion as you proceed through the survey to know about whom questions are being asked.
- The Census Bureau will only use the phone number you provide for official business. You may be asked to participate in other Census Bureau surveys.

Close Help

resp_name edit message (1)



American Community Survey

[Instructions](#)[FAQs](#)[Save and Log Out](#)

- Please answer this important question.
- If you are uncomfortable providing your name, please provide a nickname.
- Please enter a 10-digit phone number.



What is your name and your telephone number? We will only contact you if needed for official Census Bureau business.

[\(Help\)](#)

First Name

MI

Last Name

Telephone Number

 () - -

Next >

[Contact Us](#)[Accessibility](#)[Privacy](#)[Security](#)

resp_name edit message (2)



American Community Survey

[Instructions](#)[FAQs](#)[Save and Log Out](#)

Please enter a 10-digit phone number.



What is your name and your telephone number? We will only contact you if needed for official Census Bureau business.

[\(Help\)](#)

First Name

MI

Last Name

Telephone Number

 - -

Next

resp_name edit message (3)



American Community Survey

[Instructions](#)[FAQs](#)[Save and Log Out](#)

- Please answer this important question.
- If you are uncomfortable providing your name, please provide a nickname.



What is your name and your telephone number? We will only contact you if needed for official Census Bureau business.

[\(Help\)](#)

First Name

MI

Last Name

Telephone Number

[Next >](#)

roster_a



American Community Survey

[Instructions](#)[FAQs](#)[Save and Log Out](#)

The following questions are about everyone who is living or staying at 2385 GARFIELD ST.

First, create a list of people. Enter one person on each line. Leave any extra lines blank. Enter names until you have listed everyone who lives or stays there, then click Next. ([Help](#))

First Name

MI

Last Name

[Click here to add more people](#)

[◀ Previous](#)[Next ▶](#)

roster_a help

Help



Why We Ask?

We request names of everyone living in the household to make it easier for you to keep track of each person's information when completing the survey.

Help

Create a list of everyone who is living or staying at this address. You can list up to 20 people.

Do Include yourself and everyone else who is living or staying there.

Do NOT Include anyone who lives separately from you in the same building/structure if they have direct access from the outside or through a common hall.

If a person has a suffix on their name, such as "Jr." or "Sr." enter it into the last name field.

Close Help

roster_b



American Community Survey

[Instructions](#)[FAQs](#)[Save and Log Out](#)

The following questions are to make sure this list is as complete as possible.

Other than the people listed below, does ANYONE ELSE live or stay there? ([Help](#))

For example, roommates, foster children, boarders, or live-in employees.

Sample Person

Another Person

Yes

No

[← Previous](#)

[Next →](#)

roster_b help

Help



Why We Ask?

We ask a series of specific questions about who lives or stays at an address to make sure everyone is included in the list and the list is complete based on the Census Bureau's definition of "live or stay."

Help

This question is asked to make sure you included all the people living or staying there. The examples presented in the question are some types of people that are often forgotten. Consider these, and other, types of people.

Select "Yes" to report more people, who live or stay there, that you have not yet listed.

Select "No" if you have already reported everyone who lives or stays there.

Close Help

add_1



American Community Survey

[Instructions](#)[FAQs](#)[Save and Log Out](#)

- ➔ The following questions are to make sure this list is as complete as possible. Other than the people listed below, does ANYONE ELSE live or stay there? ([Help](#))

For example, roommates, foster children, boarders, or live-in employees.

Sample Person

Another Person

Yes

No

- ➔ Enter the names and then click Next. Do not include anyone already on the list above. ([Help](#))

First Name

MI

Last Name

[Click here to add more people](#)

[◀ Previous](#)

[Next ▶](#)

add_1 help**Help****Why We Ask?**

We ask a series of specific questions about who lives or stays at an address to make sure everyone is included in the list and the list is complete based on the Census Bureau's definition of "live or stay."

Help

Continue creating a list of everyone who is living or staying at this address. The names you report here will be added to the list of people you have already provided.

Close Help

roster_c



American Community Survey

[Instructions](#)[FAQs](#)[Save and Log Out](#)

Other than the people listed below, is there ANYONE ELSE staying there even for a short time? ([Help](#))

For example, a friend or relative. Do not include overnight or weekend guests who have a residence somewhere else.

Sample Person

Another Person

Third Person

Yes

No

[◀ Previous](#)[Next ▶](#)

roster_c help

Help

**Why We Ask?**

We ask a series of specific questions about who lives or stays at an address to make sure everyone is included in the list and the list is complete based on the Census Bureau's definition of "live or stay."

Help

Select "Yes" to report more people you have not listed yet. Consider:

- Anyone who is staying there even for a short time, even if you are unsure whether that person should be included
- Anyone whose length of stay is uncertain, for example, a friend that is staying there while going through a personal crisis
- Anyone who has no permanent place to stay

Select "No" if you have already reported everyone who is staying there. You do not need to consider anyone who is ONLY staying overnight or for the weekend AND has a residence somewhere else.

[Close Help](#)

add_2



American Community Survey

[Instructions](#)[FAQs](#)[Save and Log Out](#)

Other than the people listed below, is there ANYONE ELSE staying there even for a short time? ([Help](#))

For example, a friend or relative. Do not include overnight or weekend guests who have a residence somewhere else.

Sample Person

Another Person

Third Person

Yes

No



Enter the names and then click Next. Do not include anyone already on the list above. ([Help](#))

First Name

MI

Last Name

[Click here to add more people](#)

[◀ Previous](#)[Next ▶](#)

add_2 help

Help



Why We Ask?

We ask a series of specific questions about who lives or stays at an address to make sure everyone is included in the list and the list is complete based on the Census Bureau's definition of "live or stay."

Help

Continue creating a list of everyone who is living or staying at this address. The names you report here will be added to the list of people you have already provided.

Do Include:

- Anyone who is staying there even for a short time, even if you are unsure whether that person should be included
- Anyone whose length of stay is uncertain, for example, a friend that is staying there while going through a personal crisis
- Anyone who has no permanent place to stay

Do NOT Include:

- Anyone who is only staying overnight or for the weekend AND has a residence somewhere else

[Close Help](#)

away_now



American Community Survey

[Instructions](#)[FAQs](#)[Save and Log Out](#)

Are any of these people listed below away NOW for more than two months, like a college student living away at school or a member of the armed forces personnel living away? ([Help](#))

Sample Person

Another Person

Third Person

Yes

No

[← Previous](#)

[Next →](#)

away_now help

Help



Why We Ask?

We ask a series of specific questions about who lives or stays at an address to make sure everyone is included in the list and the list is complete based on the Census Bureau's definition of "live or stay."

Help

Selecting "Yes" will take you to another screen where you can select which people are away now for more than two months.

By "away now for more than two months," we mean that a person:

- Has already been away for more than two months
- Is planning to be away for more than two months, but has been away only a short amount of time so far

Select "Yes" if anyone on this list:

- Is a college student and is living away at school for more than two months, either in on-campus or off-campus housing
- Is in the armed forces and is living away for more than two months, for example someone who is living in the barracks or who is deployed overseas
- Is away now for more than two months for any other reason, for example someone who is in jail or living in a rehabilitation facility, nursing home, or traveling in a circus

Select "No" if:

- Everyone on this list is there now
- The people who are away now do NOT plan to be away for more than two months
- The only people staying away now for more than two months are children in boarding school or summer camp


Close Help

remove_one



American Community Survey

[Instructions](#)[FAQs](#)[Save and Log Out](#)

 Select the name(s) of anyone who is away NOW for more than two months. [\(Help\)](#)

- Sample Person
- Another Person
- Third Person
- No one on this list is away NOW for more than two months

[← Previous](#)[Next →](#)

remove_one help

Help

**Why We Ask?**

We ask a series of specific questions about who lives or stays at an address to make sure everyone is included in the list and the list is complete based on the Census Bureau's definition of "live or stay."

Help

By "away now for more than two months," we mean that a person:

- Has already been away for more than two months
- Is planning to be away for more than two months, but has been away only a short amount of time so far

Do Select anyone who is:

- A college student and is living away at school for more than two months, either in on-campus or off-campus housing
- In the armed forces and is living away for more than two months, for example someone who is living in the barracks or who is deployed overseas
- Away now for more than two months for any other reason, for example someone who is in jail or living in a rehabilitation facility, nursing home, or traveling in a circus

Do NOT Select anyone who is:

- There now
- Away now, but who is not planning to be away for more than two months
- A child in boarding school or summer camp, even if he or she is away now for more than two months

[Close Help](#)

another_home



American Community Survey

[Instructions](#)[FAQs](#)[Save and Log Out](#)

Do any of these people listed below have some other place where they usually stay? ([Help](#))

Sample Person

Another Person

Third Person

Yes

No

[← Previous](#)

[Next →](#)

another_home help

Help

**Why We Ask?**

We ask a series of specific questions about who lives or stays at an address to make sure everyone is included in the list and the list is complete based on the Census Bureau's definition of "live or stay."

Help

Selecting "Yes" will take you to another screen where you can select which people have another place where they usually stay.

Select "Yes" if anyone on this list:

- Is a child in shared custody
- Stays at another residence part of the time to be closer to work
- Has another place to stay or live, like a vacation or seasonal home
- Has another place to stay or live for any other reason

Select "No" if:

- No one on this list has another place to live or stay
- The only person who has another place to stay is a child in boarding school or summer camp

[Close Help](#)

another_home_who**American Community Survey**[Instructions](#)[FAQs](#)[Save and Log Out](#)

Select the name(s) of anyone who has another place where they usually stay. ([Help](#))

- Sample Person
- Another Person
- Third Person
- No one on this list has another place where they usually stay

[◀ Previous](#)[Next ▶](#)

another_home_who help

Help



Why We Ask?

We ask a series of specific questions about who lives or stays at an address to make sure everyone is included in the list and the list is complete based on the Census Bureau's definition of "live or stay."

Help

Select the names of anyone who has another place to live or stay.

Do Select:

- College students on this list who are living away at school for more than two months, either in on-campus or off-campus housing
- Armed forces personnel who are living away for more than two months, for example someone who is living in the barracks or who is deployed overseas
- Children in shared custody who are NOT staying there right now
- Anyone who stays somewhere else part of the week to be closer to work if this address IS the place that is closer to work
- Anyone who has another place to stay or live, like a vacation or seasonal home
- Anyone who has another place to stay or live for any other reason

Do NOT Select:

- People on this list if they live there and have no other place where they live or stay
- Children in shared custody who ARE staying there right now
- Children who live at boarding school or summer camp
- Anyone who stays somewhere else part of the week to be closer to work if this address is NOT the place that is closer to work

Close Help

more_than_2



American Community Survey

[Instructions](#)[FAQs](#)[Save and Log Out](#)

Is Sample Person staying at 2385 GARFIELD ST for MORE than two months? ([Help](#))

Yes

No

[← Previous](#)

[Next →](#)

more_than_2 help

Help



Why We Ask?

We ask a series of specific questions about who lives or stays at an address to make sure everyone is included in the list and the list is complete based on the Census Bureau's definition of "live or stay."

Help

Please determine whether this person is staying there for MORE than two months. If they have been there, or intend to be there, for more than two months then select "Yes".

Select "Yes" if this person:

- Has been there for more than two months
- Intends to be there for more than two months, but has been there less time than that as of today

Also, select "Yes" if this person has not been there for more than 2 months BUT:

- Lives away to be closer to work and this is the place where he or she lives when he or she is NOT at work
- Is a boarding school student or a child in summer camp
- Is a child in shared custody and IS staying there now

Select "No" if this person:

- Has not stayed there, and does not intend to stay there, for more than two months


Also, select "No" if this person:

- Lives away to be closer to work and this is the place where he or she lives when he or she IS at work
- Is a child in shared custody and is NOT staying there now

This question helps the Census Bureau determine which people will be asked additional questions for this survey.

Close Help

roster_check




American Community Survey

[Instructions](#)

[FAQs](#)

[Save and Log Out](#)



Thank you for your answers so far. The rest of the survey will only ask about the following people: [\(Help\)](#)

- Sample Person
- Another Person
- Third Person

Click Next to continue.

[← Previous](#)

[Next →](#)

[Contact Us](#)

[Accessibility](#)

[Privacy](#)

[Security](#)

roster_check help

Help



Why We Ask?

This screen allows the respondent to review the list of people living or staying at an address to make sure it is correct based on the Census Bureau's definition.

Help

These are the people who we need to collect data for today.

Some of the people you told us about in previous questions might not have been eligible for this survey. Those people will no longer appear in the list of people you created.

The rest of the survey questions will only ask about the people on this final list. In addition, the survey will also collect information about the housing unit where these people live.

Close Help

roster_check (no one on roster)**American Community**[Instructions](#)[FAQs](#)[Save and Log Out](#)

Since no one is staying here for more than two months, you will not be asked any further questions about staying in this unit. However, you will be asked some basic questions about the housing unit.

Click Next to continue.

[← Previous](#)[Next →](#)

ref_per



American Community Survey

[Instructions](#)

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[Save and Log Out](#)

Where You Are

Basic Info

Housing Questions

Person Info



Of the people listed, who owns or rents this place? *If the person who owns or pays rent on this place does NOT live here, choose any adult living or staying here.*

- Sample Person
- Another Person
- Third Person

Next >

relationship

Question Wording

How is (name) related to (reference person name)? [\(Help\)](#)

Response Options

See graphic below



American Community Survey

[Instructions](#)[FAQs](#)[Save and Log Out](#)

2 How is related to ? [\(Help\)](#)

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

[← Previous](#)[Next →](#)

relationship help

Help



Why We Ask?

We ask about the relationship of each person in a household to person 1, who owns or rents the home. This allows the creation of estimates about families, households, and other groups, and to present other estimates.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to describe the housing needs of different types of households (number of people, couples, families, roommates, etc.). State and Local governments receiving grants from Community Development Block Grants program, HOME Investment Partnership Program, Emergency Solutions Grant and Housing Opportunities for Persons with AIDS programs, are required by law to report these needs.
- Used to plan federal programs designed to help families, including Temporary Assistance for Needy Families (TANF).

Examples of Other Uses

- State and local agencies use this information to plan programs to aid families and children, and provide funds and services for single parents, low-income families, older people living alone, etc.
- Advocacy groups use this information to advocate for policies that benefit single parents, working parents, grandparents caring for grandchildren, and other groups.

Help

| Category: | Definition: |
|-----------------------|---|
| Other relative | <ul style="list-style-type: none"> • Related by birth, marriage, or adoption, but NOT one of the options listed • For example, niece or nephew |
| Roomer or boarder | Occupies room(s) AND makes cash or non-cash payment(s) |
| Housemate or roommate | 15 years old or over, who is not related to the householder, and shares living quarters primarily in order to share expenses |
| Unmarried partner | Is in a relationship with the householder, such as a boyfriend or girlfriend |
| Foster child | Under the age of 21 AND involved in the formal foster care system |
| Other nonrelative | Not related AND not one of the options listed |

Close Help

relationship edit message

*see main relationship screenshot above for actual response options

United States
Census
Bureau
American Community Survey

Instructions
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! Please answer this important question.

2 How is Another Person related to Sample Person? ([Help](#))

- Husband or wife
- Biological son or daughter
- Adopted son or daughter
- Stepson or stepdaughter
- Brother or sister
- Father or mother
- Grandchild
- Parent-in-law
- Son-in-law or daughter-in-law
- Other relative
- Roomer or boarder
- Housemate or roommate
- Unmarried partner
- Foster child
- Other nonrelative

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Next ▶

Contact Us
Accessibility
Privacy
Security

Where You Are
Basic Info
Housing Questions
Person Info

sex



American Community

Instructions

FAQs

Save and Log Out

3 What is Sample Person's sex? [\(Help\)](#)

- Male
- Female

◀ Previous

Next ▶

Basic
Housin
Person

sex help**Help****Why We Ask?**

We ask about a person's sex to create statistics about men and women and to present other estimates, such as occupation, by sex. These statistics are used to understand the needs and characteristics of each group and to monitor against discrimination.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to enforce against discrimination in education, employment, voting, financial assistance, and housing.
- Used to investigate whether there are differences for men and women in education, employment, home ownership, health, income and many other areas of interest to policymakers.

Examples of Other Uses

- State and local agencies use these statistics to understand the needs of men and women in their community over time.
- Researchers and advocacy groups use these statistics to understand current and future challenges and to advocate for policies that benefit their groups.

Help

Select one response to indicate this person's biological sex.

Close Help

sex edit message



American Community Survey

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Where You Are

[Basic Info](#)

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[Person Info](#)

! Please answer this important question.

3 What is Sample Person's sex? ([Help](#))

Male

Female

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relconfirm

Question Wording

Please confirm that your answers are correct. (Name) is recorded as (Reference Person)'s (Relationship category). Is that correct?



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Please confirm that your answers are correct. is recorded as 's .
Is that correct?

Yes

No

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Refsexconfirm

Question Wording

(Reference person) is recorded as (male/female). Is that correct?



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➔ is recorded as . Is that correct?

Yes

No

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Date of birth



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4 What is Sample Person's date of birth and what is Sample Person's age? [\(Help\)](#)

Month Day Year

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

Age (in years)

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dateofbirth help

Help



Why We Ask?

We ask questions about a person's age and date of birth to create statistics about different age groups, and to present other estimates by age group. Age statistics are used in planning and evaluating government programs and policies that provide funds or services for specific age groups, such as children, working-age adults, women of childbearing age, or the older population. These statistics are also used to monitor against age discrimination in government programs and in society.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Required to enforce against age discrimination in education, employment, voting, financial assistance, and housing.
- Used to plan programs and forecast future needs for programs that serve the elderly, including housing assistance programs.

Examples of Other Uses

- State and local agencies use these statistics to understand population changes, and the needs of a community over time.
- Researchers and advocacy groups use statistics about specific age groups (children, college students, working men and women, workers nearing retirement, older people, etc.) to understand current and future challenges and to advocate for policies that benefit their groups.

Help

This question consists of two parts: the first part asks for the date of birth, and the second part asks for the age of the person.

Date of Birth

- If you know the date of birth, enter it. The person's age will be automatically calculated.
- If you do not know the exact date of birth, enter as much as you know.
- If you do not know the date of birth at all, leave it blank and fill in the person's age.

Age

Enter the person's age. If you do not know the exact age, please estimate. For babies who are not yet one year old, enter "0."

Close Help

dateofbirth edit message (1)

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! Please provide a complete date of birth. If you do not know it, provide what you know or leave it blank. Then enter or confirm age in the age box.

4 What is Sample Person's date of birth and what is Sample Person's age? [\(Help\)](#)

Month Day Year

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

Age (in years)

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dateofbirth edit message (2)



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! Please enter an age between 0 and 125. If you do not know the exact age, provide an estimate.

4 What is Sample Person's date of birth and what is Sample Person's age? [\(Help\)](#)

January | 1 | 1891

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

Age (in years)

126

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hispanic



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5 Is Sample Person of Hispanic, Latino, or Spanish origin? ([Help](#))

- 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 - *Enter origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.*

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hispanic help

Help

**Why We Ask?**

We ask whether someone is of Hispanic, Latino, or Spanish origin to create statistics about this ethnic group. These statistics are used in planning and evaluating government programs and policies to ensure they fairly serve the needs of each community and to monitor against discrimination in these programs and in society.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to enforce against discrimination in education, employment, voting, financial assistance, and housing.
- Used to investigate whether there are differences between Hispanics and non-Hispanics in education, employment, home ownership, health, income and many other areas of interest to policymakers.

Examples of Other Uses

- State and local agencies use these statistics to understand the needs of all the groups in their communities.
- Researchers and advocacy groups use the data to examine the size and characteristics of Hispanic groups over time.

Help

| If: | Then: |
|--|---|
| Not of Hispanic, Latino, or Spanish origin | Select "No, not of Hispanic, Latino, or Spanish origin" |
| Mexican, Mexican American, or Chicano | Select "Yes, Mexican, Mexican Am., Chicano" |
| Puerto Rican | Select "Yes, Puerto Rican" |
| Cuban | Select "Yes, Cuban" |
| Another Hispanic, Latino, or Spanish origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on | Select "Yes, another Hispanic, Latino, or Spanish origin" AND enter the name of the specific origin |

Close Help

hispanic edit message



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Please answer this important question.

5 Is Sample Person of Hispanic, Latino, or Spanish origin? ([Help](#))

- 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 - *Enter origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.*

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hispanic arrow and highlighting



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5 Is Another Person of Hispanic, Latino, or Spanish origin? [\(Help\)](#)

- 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 - *Enter origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.*

→

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race

United States™
Census
Bureau
American Community Survey

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6 What is **Sample Person's race**? *Select one or more boxes. For this survey, Hispanic origins are not races.* [\(Help\)](#)

White

Black or African Am.

American Indian or Alaska Native - *Enter name of enrolled or principal tribe.*

Asian Indian

Chinese

Filipino

Japanese

Korean

Vietnamese

Other Asian - *Enter race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.*

Native Hawaiian

Guamanian or Chamorro

Samoan

Other Pacific Islander - *Enter race, for example, Fijian, Tongan, and so on.*

Some other race - *Enter race.*

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race help

Help



Why We Ask?

We ask about a person's race to create statistics about these race groups and to present other estimates by race group. These statistics are used in planning and evaluating government programs and policies to ensure they fairly serve the needs of each community and to monitor against discrimination in these programs and in society.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to enforce against discrimination in education, employment, voting, financial assistance, and housing.
- Used to investigate whether there are race differences in education, employment, home ownership, health, income and many other areas of interest to policymakers.

Examples of Other Uses

- State and local agencies use these statistics to understand the needs of all the groups in their communities over time.
- Advocacy groups use statistics about specific race groups to understand current and future challenges and to advocate for policies that benefit their groups.

Help

- Please answer BOTH the question about Hispanic origin AND the question about race. For this survey, Hispanic origins are not races.
- People who identify their origin as Hispanic, Latino, or Spanish may be of any race.
- The concept of race, as used by the Census Bureau, reflects self-identification by individuals according to the race or races with which they identify. The federal government treats Hispanic origin and race as separate and distinct concepts.
- You may select one or more races.
- If you select the "American Indian or Alaska Native" box, enter the name of the person's enrolled or principal tribe(s) in the space provided (for example, Navajo Nation, Blackfeet Tribe, Muscogee (Creek) Nation, Mayan, Doyon, Native Village of Barrow Inupiat Traditional Government, and so on).
- If you select the "Other Asian" box, enter the name of the specific Asian group(s) in the space provided (for example, Pakistani, Cambodian, Hmong, Thai, Laotian, Bangladeshi, and so on).
- If you select the "Other Pacific Islander" box, enter the name of the specific Pacific Islander group(s) in the space provided (for example, Tongan, Fijian, Marshallese, Palauan, Tahitian, Papua New Guinean, and so on).
- If you select the "Some other race" box, enter the name of the specific group(s) in the space provided.

Close Help

race edit message

| United States [™] Census Bureau | | American Community Survey | |
|--|------|---------------------------------------|---|
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| <p>Please answer this important question.</p> <p>6 What is Sample Person's race? Select one or more boxes. For this survey, Hispanic origins are not races. (Help)</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Black or African Am.</p> <p><input type="checkbox"/> American Indian or Alaska Native - Enter name of enrolled or principal tribe. <input type="text"/></p> <p><input type="checkbox"/> Asian Indian</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Filipino</p> <p><input type="checkbox"/> Japanese</p> <p><input type="checkbox"/> Korean</p> <p><input type="checkbox"/> Vietnamese</p> <p><input type="checkbox"/> Other Asian - Enter race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on. <input type="text"/></p> <p><input type="checkbox"/> Native Hawaiian</p> <p><input type="checkbox"/> Guamanian or Chamorro</p> <p><input type="checkbox"/> Samoan</p> <p><input type="checkbox"/> Other Pacific Islander - Enter race, for example, Fijian, Tongan, and so on. <input type="text"/></p> <p><input type="checkbox"/> Some other race - Enter race. <input type="text"/></p> <p><input type="button" value="◀ Previous"/> <input type="button" value="Next ▶"/></p> | | | <p>Where You Are</p> <p>Basic Info</p> <p>Housing Questions</p> <p>Person Info</p> |
| <p>Contact Us</p> | | <p>Accessibility Privacy Security</p> | |

race arrow and highlighting



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6 What is Another Person's race? Select one or more boxes. For this survey, Hispanic origins are not races. [\(Help\)](#)

White

Black or African Am.

American Indian or Alaska Native - Enter name of enrolled or principal tribe.

→

Asian Indian

Chinese

Filipino

Japanese

Korean

Vietnamese

Other Asian - Enter race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.

→

Native Hawaiian

Guamanian or Chamorro

Samoan

Other Pacific Islander - Enter race, for example, Fijian, Tongan, and so on.

→

Some other race - Enter race.

→

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typeofunit



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➔ Please answer the following questions about the house, apartment, or mobile home at:

1724 RAINBOW DR
ANYTOWN, FL 55555

1 Which best describes this building? *Include all apartments, flats, etc., even if vacant.* [\(Help\)](#)

- 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 3 or 4 apartments
- A building with 5 to 9 apartments
- A building with 10 to 19 apartments
- A building with 20 to 49 apartments
- A building with 50 or more apartments
- Boat, RV, van, etc.

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typeofunit help

Help



Why We Ask?

We ask questions about the type of building, units in the structure, and number of rooms and bedrooms to create statistics to help analyze the availability of housing, understand changes in the size and structure of homes, evaluate overcrowding, and plan emergency services.

- [Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to determine demand for senior rental housing.
- Used to calculate emergency allocations of funds for the Low Income Home Energy Assistance Program.

Examples of Other Uses

- State and local agencies use these statistics to determine the housing needs of people in the community.
- Officials use this information to identify home structures in disaster-prone areas during emergency planning and preparation.

Help

| If: | Then select: |
|---|---|
| <ul style="list-style-type: none"> • Towable RV (e.g., travel trailers, fifth-wheel trailers) • Only porch or shed added to mobile home | A mobile home |
| <ul style="list-style-type: none"> • Open space on all sides • House joined only to shed or garage • Mobile home with one or more rooms added or built onto it | A one-family house detached from any other house |
| <ul style="list-style-type: none"> • House joined to another house or building by at least one wall from ground to roof <ul style="list-style-type: none"> • For example, townhouses are a row of houses attached to one another | A one-family house attached to one or more houses |
| <ul style="list-style-type: none"> • Self-propelling RVs • Motor homes | Boat, RV, van, etc. |

To determine number of apartments in building:

- Count both occupied AND vacant units
- Do NOT count stores or office space

Close Help

typeofunit edit message



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Please answer this important question.

Please answer the following questions about the house, apartment, or mobile home at:

1724 RAINBOW DR
ANYTOWN, FL 55555

1 Which best describes this building? *Include all apartments, flats, etc., even if vacant.* [\(Help\)](#)

- 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 3 or 4 apartments
- A building with 5 to 9 apartments
- A building with 10 to 19 apartments
- A building with 20 to 49 apartments
- A building with 50 or more apartments
- Boat, RV, van, etc.

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yearbuilt



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2 About when was this building first built? [\(Help\)](#)

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

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yearbuilt help

Help



Why We Ask?

We ask about when a building was built and when a person moved into that home to produce statistics about housing availability, understand changes in the age of homes, and measure neighborhood stability.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to understand the age of the existing housing stock. State and Local governments receiving certain grants are required by law to describe housing needs.
- Used to fund low-income housing assistance in a fair and equitable manner.

Examples of Other Uses

- State and local agencies use these statistics to determine the housing needs of people in the community.
- Advocacy groups use this information to educate the public about health hazards in older housing, such as lead.

Help

- For building → select year original construction was completed, NOT remodeling, additions or conversions
- Boat → select manufactured model year
- Mobile home → select manufactured model year
- If year is not known → provide estimate

Close Help

yearbuilt arrow and highlighting



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2 About when was this building first built? [\(Help\)](#)

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

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yearbuilt edit message

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1 Please enter a year between 2000 and 2017.

2 About when was this building first built? ([Help](#))

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

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whenmovedin



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3 When did Sample Person move into this mobile home? ([Help](#))

MM

YYYY

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whenmovedin help

Help

**Why We Ask?**

We ask about when a building was built and when a person moved into that home to produce statistics about housing availability, understand changes in the age of homes, and measure neighborhood stability.

- [Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to understand the age of the existing housing stock. State and Local governments receiving certain grants are required by law to describe housing needs.
- Used to fund low-income housing assistance in a fair and equitable manner.

Examples of Other Uses

- State and local agencies use these statistics to determine the housing needs of people in the community.
- Advocacy groups use this information to educate the public about health hazards in older housing, such as lead.

[Close Help](#)

whenmovedin edit message

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1 Please provide a month between 01 and 12.
Please enter a year between year mobile home built and 2017.

3 When did Sample Person move into this mobile home? [\(Help\)](#)

MM *YYYY*

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acres



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4 How many acres is this unit on? ([Help](#))

- Less than 1 acre
- 1 to 9.9 acres
- 10 or more acres

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acres help**Help****Why We Ask?**

We ask about the acreage and agricultural sales of a property to create statistics about agricultural properties, and to better understand statistics about home value.

- [Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to determine Qualified Census Tracts and Difficult Development Areas for the Low Income Housing Tax Credits (LIHTC) program and to determine state allocations of credit ceilings.
- Used to support agricultural research on the development and improvement of rural home and rural life and maximizing the contribution of agriculture to the welfare of consumers.

Examples of Other Uses

- State and local agencies use these statistics to understand lot sizes, housing density, zoning, and property values.
- Developers may use this information to improve areas with desirable lot sizes.

Help

- Only include land someone in this household owns or rents
- Include adjoining land someone in this household rents for the household's use

Close Help

agrsales



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5 IN THE PAST 12 MONTHS, what were the actual sales of all agricultural products from this property? ([Help](#))

- None
- \$1 to \$999
- \$1,000 to \$2,499
- \$2,500 to \$4,999
- \$5,000 to \$9,999
- \$10,000 or more

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agrsales help

Help

**Why We Ask?**

We ask about the acreage and agricultural sales of a property to create statistics about agricultural properties, and to better understand statistics about home value.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to determine Qualified Census Tracts and Difficult Development Areas for the Low Income Housing Tax Credits (LIHTC) program and to determine state allocations of credit ceilings.
- Used to support agricultural research on the development and improvement of rural home and rural life and maximizing the contribution of agriculture to the welfare of consumers.

Examples of Other Uses

- State and local agencies use these statistics to understand lot sizes, housing density, zoning, and property values.
- Developers may use this information to improve areas with desirable lot sizes.

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rooms

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6 a. **How many separate rooms are in this unit?** *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

b. How many of these rooms are bedrooms? *Count as bedrooms those rooms you would list if this unit were for sale or rent. If this is an efficiency/studio apartment, enter "0".* [\(Help\)](#)

Number of bedrooms

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rooms help

Help



Why We Ask?

We ask questions about the type of building, units in the structure, and number of rooms and bedrooms to create statistics to help analyze the availability of housing, understand changes in the size and structure of homes, evaluate overcrowding, and plan emergency services.

- [Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to determine demand for senior rental housing.
- Used to calculate emergency allocations of funds for the Low Income Home Energy Assistance Program.

Examples of Other Uses

- State and local agencies use these statistics to determine the housing needs of people in the community.
- Officials use this information to identify home structures in disaster-prone areas during emergency planning and preparation.

Help

Include all rooms intended to be used as bedrooms even if used for other purposes

Close Help



Capture Guide

facilities**Question Wording**

Does this (house/apartment/mobile home/unit) have --
([Help](#))

Response Options

See graphic below



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7 Does this have —
([Help](#))

| | Yes | No |
|--------------------------------|-----------------------|-----------------------|
| a. hot and cold running water? | <input type="radio"/> | <input type="radio"/> |
| b. a bathtub or shower? | <input type="radio"/> | <input type="radio"/> |
| c. a sink with a faucet? | <input type="radio"/> | <input type="radio"/> |
| d. a stove or range? | <input type="radio"/> | <input type="radio"/> |
| e. a refrigerator? | <input type="radio"/> | <input type="radio"/> |

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facilities help

Why We Ask?

We ask questions about the presence of hot and cold running water, a bathtub or shower, a sink with a faucet, a stove or range, a refrigerator, and telephone service to create statistics about indicators of housing quality, and to help identify areas eligible for housing assistance, rehabilitation loans, and other programs that help people access and afford decent, safe, and sanitary housing. Public health officials may also use this information to locate areas in danger of ground water contamination and waterborne diseases.

< + Click Here to Learn More> / < - Click Here to Collapse Additional Text>

Examples of Federal Uses

- Used to define substandard housing. State and Local governments receiving certain grants are required by law to describe housing needs, including substandard housing (defined as the lack of complete kitchen or bathroom facilities).
- (Telephone service) required to measure extent of universal access to telephone service, including access for elderly consumers.

Examples of Other Uses

- State and local agencies use these statistics to identify poor quality housing by measuring the lack of facilities.
- Developers and aid groups may use this information to improve areas with substandard housing, while advocacy groups may use this information to educate the public about potential water-related environmental and health hazards.

Help

Hot and cold running water: Even if unit has hot water only part of the time →select “Yes”

Sink with a faucet: If sink is inside the house, apartment or mobile home AND the water can be turned on and off with a faucet → select “Yes”

Stove or range: Portable cooking equipment, including microwaves, hot plates, or camp stoves, is NOT considered a stove or range

telephone service

Question Wording

Can you or any member of this household both make and receive phone calls when at this (house/apartment/mobile home/unit)?

Include calls using cell phones, land lines, or other phone devices.

[\(Help\)](#)

Response Options

See graphic below

The screenshot shows the user interface for question 8 of the American Community Survey. At the top, there is a green header with the United States Census Bureau logo on the left and the text "American Community Survey" on the right. Below the header is a navigation bar with three buttons: "Instructions", "FAQs", and "Save and Log Out". The main content area displays question 8: "Can you or any member of this household both make and receive phone calls when at this ? Include calls using cell phones, land lines, or other phone devices." Below the question is a "(Help)" link and two radio button options: "Yes" and "No". At the bottom of the question area are two green buttons: "Previous" with a left arrow and "Next" with a right arrow. The footer of the page is a green bar with links for "Contact Us", "Accessibility", "Privacy", and "Security".

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8 Can you or any member of this household both make and receive phone calls when at this ? *Include calls using cell phones, land lines, or other phone devices.*

[\(Help\)](#)

Yes

No

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***All following Housing question numbers will be increased by 1.**

telephone service help

Why We Ask?

We ask questions about telephone service because federal and local governments need this information to assess the level of need among elderly, low-income, and handicapped households. These measure the extent of universal access to telephone service including 911 services .

Help

| If: | Then select: |
|--|--------------|
| <ul style="list-style-type: none">• A telephone/land line in working order, AND• Someone in this house, apartment, or mobile home can both make AND receive calls | Yes |
| <ul style="list-style-type: none">• Someone in this house, apartment, or mobile home has a cell phone, smartphone, or any other type of phone that can both make AND receive calls | Yes |
| <ul style="list-style-type: none">• Service disconnected to all such devices | No |

compuse



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8

At this unit, do you or any member of this household own or use any of the following types of computers? [\(Help\)](#)

| | Yes | No |
|---|-----------------------|-----------------------|
| a. Desktop or laptop | <input type="radio"/> | <input type="radio"/> |
| b. Smartphone | <input type="radio"/> | <input type="radio"/> |
| c. Tablet or other portable wireless computer | <input type="radio"/> | <input type="radio"/> |
| d. Some other type of computer — <i>Specify</i> | <input type="radio"/> | <input type="radio"/> |
| <input type="text"/> | | |

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compose help

Help

**Why We Ask?**

We ask about computer ownership, Internet access, and Internet connection types to measure the nationwide development of broadband networks and to inform those working to decrease barriers to broadband access.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to evaluate national broadband access and adoption rates, with specific focus on underserved areas.
- Before distributing important public health or safety information, agencies can make informed decisions about digital outreach methods.

Examples of Other Uses


- State and local agencies can evaluate broadband access in both urban and rural communities.
- Local governments, non-profit organizations, and businesses can maximize the potential of computers and the internet by better understanding the digital characteristics of their communities.

Help

- **Do NOT** include devices such as:
 - Portable book readers
 - Internet movie players
 - Portable gaming devices
 - Other devices with limited computing capabilities

[Close Help](#)

compose arrow and highlighting



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8 At this unit, do you or any member of this household own or use any of the following types of computers? ([Help](#))

| | Yes | No |
|---|----------------------------------|-----------------------|
| a. Desktop or laptop | <input type="radio"/> | <input type="radio"/> |
| b. Smartphone | <input type="radio"/> | <input type="radio"/> |
| c. Tablet or other portable wireless computer | <input type="radio"/> | <input type="radio"/> |
| d. Some other type of computer — <i>Specify</i> | <input checked="" type="radio"/> | <input type="radio"/> |

→

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netaccess



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| | | |
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9 At this unit, do you or any member of this household have access to the Internet? ([Help](#))

- Yes, by paying a cell phone company or Internet service provider
- Yes, without paying a cell phone company or Internet service provider
- No access to the internet at this unit

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netaccess helpHelp x**Why We Ask?**

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[- Click Here to Collapse Additional Text](#)

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Help

| If: | Then select: |
|--|---|
| Access to Internet includes: <ul style="list-style-type: none"> • Any service that any member of the household obtains directly through a contract agreement with an Internet service provider, OR • Through payments to a landlord, the government, or someone else | Yes, by paying a cell phone company or Internet service provider. If this service is currently not available due to non-payment or being out of contract, do not select this choice. |
| Access to the Internet does NOT require: <ul style="list-style-type: none"> • An account, OR • A contract agreement | Yes, without paying a cell phone company or Internet service provider. This includes connections offered freely through a city, town, or institution. |

Close Help

netsub



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10 Do you or any member of this household have access to the Internet using a —
[\(Help\)](#)

| | Yes | No |
|--|-----------------------|-----------------------|
| a. Cellular data plan for a smartphone or other mobile device? | <input type="radio"/> | <input type="radio"/> |
| b. Broadband (high speed) Internet service, such as cable, fiber optic, or DSL service installed in this unit? | <input type="radio"/> | <input type="radio"/> |
| c. Satellite Internet service installed in this unit? | <input type="radio"/> | <input type="radio"/> |
| d. Dial-up Internet service installed in this unit? | <input type="radio"/> | <input type="radio"/> |
| e. Some other service? <i>Specify service</i> | <input type="radio"/> | <input type="radio"/> |
| <input type="text"/> | | |

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netsub helpHelp x**Why We Ask?**

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Examples of Other Uses


- State and local agencies can evaluate broadband access in both urban and rural communities.
- Local governments, non-profit organizations, and businesses can maximize the potential of computers and the internet by better understanding the digital characteristics of their communities.

Help

| Category: | Definition: |
|--|--|
| Cellular data plan for a smartphone or other mobile device | <ul style="list-style-type: none"> • regular or prepaid contract with a mobile phone service provider • includes access to Internet services such as e-mail, web access, social networks, or streaming audio or video. |
| Broadband (high speed) Internet service such as cable, fiber optic, or DSL service installed in this household | <ul style="list-style-type: none"> • usually involves a modem which provides a wired connection or wireless signal within the house, apartment or mobile home. |
| Satellite Internet service installed in this household | <ul style="list-style-type: none"> • usually involves a modem which provides a wired connection or wireless signal within the house, apartment or mobile home • broadband signal comes through a satellite dish |
| Dial-up Internet service installed in this household | <ul style="list-style-type: none"> • type of Internet service that uses a regular telephone line to connect to the Internet. |

Close Help

netsub arrow and highlighting



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10 Do you or any member of this household have access to the Internet using a —
(Help)

| | Yes | No |
|--|----------------------------------|-----------------------|
| a. Cellular data plan for a smartphone or other mobile device? | <input type="radio"/> | <input type="radio"/> |
| b. Broadband (high speed) Internet service, such as cable, fiber optic, or DSL service installed in this unit? | <input type="radio"/> | <input type="radio"/> |
| c. Satellite Internet service installed in this unit? | <input type="radio"/> | <input type="radio"/> |
| d. Dial-up Internet service installed in this unit? | <input type="radio"/> | <input type="radio"/> |
| e. Some other service? <i>Specify service</i> | <input checked="" type="radio"/> | <input type="radio"/> |

→

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vehicles



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11 How many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use by members of this household? ([Help](#))

- None
- 1
- 2
- 3
- 4
- 5
- 6 or more

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vehicles help

Help

**Why We Ask?**

We ask about the vehicles available to people to produce statistics about vehicle access. These statistics, along with the place of work and journey to work questions, provide information about commuting, road congestion, and access to transportation in emergencies.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used in mass transportation and metropolitan planning to ensure compliance with the Clean Air Act.
- Used to summarize the conditions and performance of the nation's highways, bridges, and transit.

Examples of Other Uses

- State and local agencies use these statistics to estimate clearance times for regional evacuations.
- Local transportation planners use these statistics to determine which types of transportation people are dependent on; i.e. do people bike or take public transportation by choice?

Help

| If: | Then: |
|---|-------------------------|
| Company cars, vans or SUVs -- such as police cars or taxicabs <ul style="list-style-type: none"> • Regularly kept at home AND <ul style="list-style-type: none"> • Used by household for nonbusiness purposes | Include in count |
| Company trucks one-ton (2,000 pounds) capacity or less <ul style="list-style-type: none"> • Regularly kept at home AND <ul style="list-style-type: none"> • Used by household for nonbusiness purposes | Include in count |
| Cars or trucks permanently out of working order | Do NOT include in count |
| Motorcycles | Do NOT include in count |
| Recreational vehicles | Do NOT include in count |

Close Help

heatingfuel



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12 Which FUEL is used MOST for heating this unit? ([Help](#))

- Gas: from underground pipes serving the neighborhood
- Gas: bottled, tank, or LP
- Electricity
- Fuel oil, kerosene, etc.
- Coal or coke
- Wood
- Solar energy
- Other fuel
- No fuel used

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heatingfuel help**Help****Why We Ask?**

We ask about home heating fuel to create statistics about home energy use. These statistics help to understand community air quality and energy needs, forecast future energy demand, analyze the fuels available to community residents, and plan and fund programs that help low-income residents afford to heat their homes.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used in the Low Income Home Energy Assistance Program (LIHEAP) to determine income-eligible households by heating fuel type.
- Used to research and report on the relationships among different development patterns (including housing and travel information) and public health and pollution.

Examples of Other Uses

- State and local agencies use this information to estimate energy consumption, improve energy efficiency in their communities, decrease air pollution, and develop affordable housing.
- Nonprofits use this information to encourage policies that decrease air pollution.

Help

| Category: | Definition/examples: |
|------------------|---|
| Solar energy | A system that collects, stores, and distributes heat from sun |
| Other fuel | Include fuel not listed separately, such as: <ul style="list-style-type: none"> • Purchased steam • Fuel briquettes • Waste material |

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elecpay



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13 a. Does anyone in this household pay for electricity? *Select "Yes" if electricity and gas are billed together.* [\(Help\)](#)

Yes

No

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elecpay help

Help

**Why We Ask?**

We ask about the use and cost of common utilities, any applicable condominium fees, taxes, utilities, mortgages and home loans as part of the cost of homeownership. When combined with income, selected monthly owner costs help federal planners measure housing affordability and excessive shelter costs.

- [Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to describe the housing cost burden. State and Local governments receiving certain grants are required by law to use this information.
- Used in many programs that seek to assess poverty, and determine eligibility for housing assistance programs, including the need for housing assistance for elderly, low-income households.

Examples of Other Uses

- States and local agencies use this information to estimate residential costs of energy consumption, improve energy efficiency in their communities, and develop affordable housing.
- Researchers use these statistics to investigate the costs of replacing conventional home heating fuels (including electricity) with renewable energy alternatives.

Help

| If: | Then select: |
|--|--------------|
| Someone at this address pays for electricity in addition to rent | Yes |
| Someone at this address pays for electricity in addition to condo fees | Yes |
| Electricity included in rent or condo fees | No |

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elecamt



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13 a. Does anyone in this household pay for electricity? Select "Yes" if electricity and gas are billed together. [\(Help\)](#)

 Yes

 No

➔ **LAST MONTH, what was the cost of electricity for this unit?** If electricity and gas are billed together, enter the combined amount here. [\(Help\)](#)

Last month's cost — Dollars

\$.00

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elecamt help

Help

**Why We Ask?**

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Help

- If you don't know the electricity costs → estimate
- Report amount even if bill is unpaid or paid by someone else
- If bill includes another apartment or business → estimate amount for this house or apartment only

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elecinc



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13 a. Does anyone in this household pay for electricity? *Select "Yes" if electricity and gas are billed together.* [\(Help\)](#)

- Yes
- No

➔ Are the electricity costs included in the rent or condominium fee or is there no charge for electricity? [\(Help\)](#)

- Included in rent or condominium fee
- No charge for electricity

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Help



Why We Ask?

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13 b. Does this household use gas? ([Help](#))

Yes

No

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Help

**Why We Ask?**

We ask about the use and cost of common utilities, any applicable condominium fees, taxes, utilities, mortgages and home loans as part of the cost of homeownership. When combined with income, selected monthly owner costs help federal planners measure housing affordability and excessive shelter costs.

- [Click Here to Collapse Additional Text](#)

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b. Does anyone in this household pay for gas? *Select "No" if gas and electricity are billed together and you included the gas payment in the electricity question. [\(Help\)](#)*

Yes

No

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gaspay help**Help****Why We Ask?**

We ask about the use and cost of common utilities, any applicable condominium fees, taxes, utilities, mortgages and home loans as part of the cost of homeownership. When combined with income, selected monthly owner costs help federal planners measure housing affordability and excessive shelter costs.

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Help

| If: | Then select: |
|--|---------------------|
| Someone at this address pays for gas in addition to rent | Yes |
| Someone at this address pays for gas in addition to condo fees | Yes |
| Gas included in rent or condo fees | No |

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13

b. Does anyone in this household pay for gas? *Select "No" if gas and electricity are billed together and you included the gas payment in the electricity question.* [\(Help\)](#)

Yes

No



LAST MONTH, what was the cost of gas for this unit? [\(Help\)](#)

Last Month's Cost — *Dollars*

\$.00

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Help



Why We Ask?

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Help

- If you don't know the gas costs → estimate
- Report amount even if bill is unpaid or paid by someone else
- If bill includes another apartment or business → estimate amount for this house or apartment only

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13 b. Does anyone in this household pay for gas? Select "No" if gas and electricity are billed together and you included the gas payment in the electricity question. [\(Help\)](#)

Yes

No

➔ Are the gas costs included in the rent or condominium fee, or included in the electricity payment, or is there no charge for gas? [\(Help\)](#)

Included in rent or condominium fee

Included with electricity payment

No charge for gas

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Why We Ask?

We ask about the use and cost of common utilities, any applicable condominium fees, taxes, utilities, mortgages and home loans as part of the cost of homeownership. When combined with income, selected monthly owner costs help federal planners measure housing affordability and excessive shelter costs.

- [Click Here to Collapse Additional Text](#)

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- States and local agencies use this information to estimate residential costs of energy consumption, improve energy efficiency in their communities, and develop affordable housing.
- Researchers use these statistics to investigate the costs of replacing conventional home heating fuels (including electricity) with renewable energy alternatives.

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waterpay



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13 c. Does anyone in this household pay for water and sewer? ([Help](#))

Yes

No

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waterpay help**Help****Why We Ask?**

We ask about the use and cost of common utilities, any applicable condominium fees, taxes, utilities, mortgages and home loans as part of the cost of homeownership. When combined with income, selected monthly owner costs help federal planners measure housing affordability and excessive shelter costs.

[- Click Here to Collapse Additional Text](#)

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Help

| If: | Then select: |
|--|---------------------|
| Someone at this address pays for water and sewer in addition to rent | Yes |
| Someone at this address pays for water and sewer in addition to condo fees | Yes |
| Water and sewer included in rent or condo fees | No |

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13 c. Does anyone in this household pay for water and sewer? ([Help](#))

- Yes
- No

➔ **IN THE PAST 12 MONTHS, what was the cost of water and sewer for this unit?** *If you have lived there less than 12 months, estimate the cost.* ([Help](#))

Past 12 months' cost — *Dollars*

| | | |
|----|--------|-----|
| \$ | Amount | .00 |
|----|--------|-----|

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**Why We Ask?**

We ask about the use and cost of common utilities, any applicable condominium fees, taxes, utilities, mortgages and home loans as part of the cost of homeownership. When combined with income, selected monthly owner costs help federal planners measure housing affordability and excessive shelter costs.

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Help

- If everyone has lived there less than 1 year → estimate cost for PAST 12 months
- If you don't know water and sewer costs → estimate
- Report amount even if bill is unpaid or paid by someone else
- If bill includes another apartment or business → estimate amount for this house or apartment only

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13 c. Does anyone in this household pay for water and sewer? [\(Help\)](#)

- Yes
- No

➔ Are the water and sewer costs included in the rent or condominium fee or is there no charge for water and sewer? [\(Help\)](#)

- Included in rent or condominium fee
- No charge for water and sewer

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Why We Ask?

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13 d. Does this household use other fuels like oil, coal, kerosene, wood, or any other fuel?

[\(Help\)](#)

Yes

No

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Help



Why We Ask?

We ask about the use and cost of common utilities, any applicable condominium fees, taxes, utilities, mortgages and home loans as part of the cost of homeownership. When combined with income, selected monthly owner costs help federal planners measure housing affordability and excessive shelter costs.

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13 d. Does anyone in this household pay for other fuels like oil, coal, kerosene, wood, or any other fuel? ([Help](#))

- Yes
- No

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ofuelpay help**Help****Why We Ask?**

We ask about the use and cost of common utilities, any applicable condominium fees, taxes, utilities, mortgages and home loans as part of the cost of homeownership. When combined with income, selected monthly owner costs help federal planners measure housing affordability and excessive shelter costs.

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- Researchers use these statistics to investigate the costs of replacing conventional home heating fuels (including electricity) with renewable energy alternatives.

Help

| If: | Then select: |
|--|---------------------|
| Someone at this address pays for other fuels in addition to rent | Yes |
| Someone at this address pays for other fuels in addition to condo fees | Yes |
| Other fuels included in rent or condo fees | No |

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13 d. Does anyone in this household pay for other fuels like oil, coal, kerosene, wood, or any other fuel? ([Help](#))

 Yes

 No

➔ **IN THE PAST 12 MONTHS, what was the cost of other fuels like oil, coal, kerosene, wood, or any other fuel for this unit?** *If you have lived there less than 12 months, estimate the cost.* ([Help](#))

 Past 12 months' cost — *Dollars*

\$

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Help

**Why We Ask?**

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- States and local agencies use this information to estimate residential costs of energy consumption, improve energy efficiency in their communities, and develop affordable housing.
- Researchers use these statistics to investigate the costs of replacing conventional home heating fuels (including electricity) with renewable energy alternatives.

Help

- If everyone has lived there less than 1 year → estimate cost for PAST 12 months
- If you don't know the other fuel costs → estimate
- Report amount even if bill is unpaid or paid by someone else
- If bill includes another apartment or business → estimate amount for this house or apartment only

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ofuelinc



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13 d. Does anyone in this household pay for other fuels like oil, coal, kerosene, wood, or any other fuel? [\(Help\)](#)

Yes

No

➔ Are the costs of the other fuels like oil, coal, kerosene, wood, or any other fuel included in the rent or condominium fee, or is there no charge for other fuels? [\(Help\)](#)

Included in rent or condominium fee

No charge for other fuels

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ofuelinc help

Help

**Why We Ask?**

We ask about the use and cost of common utilities, any applicable condominium fees, taxes, utilities, mortgages and home loans as part of the cost of homeownership. When combined with income, selected monthly owner costs help federal planners measure housing affordability and excessive shelter costs.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to describe the housing cost burden. State and Local governments receiving certain grants are required by law to use this information.
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foodstamps



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14

IN THE PAST 12 MONTHS, did you or any member of this household receive benefits from the Food Stamps Program or SNAP (the Supplemental Nutrition Assistance Program)? Do NOT include WIC, the School Lunch Program, or assistance from food banks.

[\(Help\)](#)

Yes

No

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foodstamps help

Help



Why We Ask?

We ask about food stamps/Supplemental Nutrition Assistance Program (SNAP) to understand and forecast participation in food assistance programs. In 2008, the food stamp program was renamed SNAP, but the question uses both program names to minimize confusion.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to streamline administration of the National School Lunch Program and School Breakfast Program by replacing administrative paperwork with ACS estimates of students eligible for free and reduced-price meals.
- Used in the Supplemental Nutrition Assistance Program (SNAP) to calculate the annual Program Access Index (PAI), a measure used to award bonuses to States for strong performance in SNAP administration.

Examples of Other Uses

- State and local agencies use these statistics to assess state food assistance needs and performance, participation rates for eligible families and individuals, and to determine gaps in services and programs.
- Faith-based and other nonprofit organizations use information about food assistance needs to determine where food banks, food kitchens, and other programs could be beneficial, and how their needs can be met with additional resources and services.

Help

- On October 1, 2008, the federal Food Stamp Program was renamed SNAP (Supplemental Nutrition Assistance Program).
 - Although most states have SNAP in their program name, some states may also have their own specific name for the program.

| | |
|----------------|--------------------------------------|
| Alabama | Food Assistance Program/SNAP |
| Arizona | Nutrition Assistance Program/SNAP |
| California | CalFresh/Food Stamp Program/SNAP |
| Colorado | Food Assistance Program/SNAP |
| Delaware | Food Supplement Benefit Program/SNAP |
| Florida | Food Assistance Program/SNAP/SUNCAP |
| Iowa | Food Assistance Program/SNAP |
| Kansas | Food Assistance Program/SNAP |
| Maine | Food Supplement Program/SNAP |
| Maryland | Food Supplement Program/SNAP |
| Michigan | Food Assistance Program/SNAP |
| Minnesota | Food Support or FS Program/SNAP |
| New Jersey | NJ SNAP |
| North Carolina | Food & Nutrition Services/SNAP |
| Ohio | Food Assistance/SNAP |
| Vermont | 3SquaresVT/Vermont Express/SNAP |
| Washington | Basic Food Program/SNAP |
| Wisconsin | FoodShare Program/SNAP |
- If you or any member of this household received benefits from the government to buy food for your family using a benefit card → select "Yes"

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condo



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15 Is this unit part of a condominium? [\(Help\)](#)

Yes

No

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condo help**Help****Why We Ask?**

We ask about the use and cost of common utilities, any applicable condominium fees, taxes, utilities, mortgages and home loans as part of the cost of homeownership. When combined with income, selected monthly owner costs help federal planners measure housing affordability and excessive shelter costs.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to describe the housing cost burden. State and Local governments receiving certain grants are required by law to use this information.
- Used in many programs that seek to assess poverty, and determine eligibility for housing assistance programs, including the need for housing assistance for elderly, low-income households.

Examples of Other Uses

- States and local agencies use this information to estimate residential costs of energy consumption, improve energy efficiency in their communities, and develop affordable housing.
- Researchers use these statistics to investigate the costs of replacing conventional home heating fuels (including electricity) with renewable energy alternatives.

Help

| If: | Then select: |
|---|---------------------|
| Unit is individually owned in a building or development with jointly owned common areas (lobbies or hallways) | Yes |
| Cooperative | No |

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condofee



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15 Is there a condominium fee? For renters, select "Yes" only if you pay the condominium fee in addition to your rent. Otherwise, select "No". [\(Help\)](#)

Yes

No

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condofee help

Help



Why We Ask?

We ask about the use and cost of common utilities, any applicable condominium fees, taxes, utilities, mortgages and home loans as part of the cost of homeownership. When combined with income, selected monthly owner costs help federal planners measure housing affordability and excessive shelter costs.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

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- States and local agencies use this information to estimate residential costs of energy consumption, improve energy efficiency in their communities, and develop affordable housing.
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Help

- The purpose of a condominium fee is to improve and maintain common areas
- Condo fees are normally assessed by owner's association
- If fee is unpaid or paid by someone else → select "Yes"

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condofeeamt



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15

Is there a condominium fee? For renters, select "Yes" only if you pay the condominium fee in addition to your rent. Otherwise, select "No". [\(Help\)](#)

Yes

No



What is the monthly condominium fee? [\(Help\)](#)

Monthly amount — Dollars

\$.00

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condofeeamt help**Help****Why We Ask?**

We ask about the use and cost of common utilities, any applicable condominium fees, taxes, utilities, mortgages and home loans as part of the cost of homeownership. When combined with income, selected monthly owner costs help federal planners measure housing affordability and excessive shelter costs.

[- Click Here to Collapse Additional Text](#)

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- Researchers use these statistics to investigate the costs of replacing conventional home heating fuels (including electricity) with renewable energy alternatives.

Help

| If condo fee is paid: | To convert to monthly amount: |
|------------------------------|--------------------------------------|
| By day | Multiply amount by 30 |
| By week | Multiply amount by 4 |
| Every other week | Multiply amount by 2 |
| 4 times a year | Divide amount by 3 |
| 2 times a year | Divide amount by 6 |
| Once a year | Divide amount by 12 |

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tenure



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16 Is this unit —
[\(Help\)](#)

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

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tenure help

Help

**Why We Ask?**

We ask about whether a home is owned or rented, and the amount of the monthly rent or how much the home and property are worth to produce statistics about tenure, rent and home value. These statistics are used to analyze whether adequate housing is affordable for residents, property owners and renters, and provide and fund housing assistance programs.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to describe the balance of owners and renters. State and Local governments receiving certain grants are required by law to use this information.
- Used to identify rental distribution of housing units used to determine Fair Market Rents (FMRs).

Examples of Other Uses


- States and counties use these statistics to understand changes in local housing markets, ensure residents have affordable housing options, qualify for assistance and grant programs designed for property owners and renters, and reduce the tax revenue losses from vacant or abandoned properties.
- Businesses and mortgage lenders use these statistics to guide future operations.

Help

| If: | Then select: |
|--|--|
| Mortgage on house/apartment/mobile home | Owned by you or someone in this household with a mortgage or loan. Include home equity loans |
| Contract to purchase on house/apartment/mobile home | Owned by you or someone in this household with a mortgage or loan. Include home equity loans |
| No mortgage or other debt on house/apartment/mobile home | Owned by you or someone in this household free and clear (without a mortgage or loan) |
| Land rented and mortgage on house/apartment/mobile home | Owned by you or someone in this household with a mortgage or loan. Include home equity loans |
| Land rented and no mortgage or other debt on house/apartment/mobile home | Owned by you or someone in this household free and clear (without a mortgage or loan) |
| Mortgage on land with no installment loan on mobile home | Owned by you or someone in this household with a mortgage or loan. Include home equity loans |
| Rent paid by people not living in unit | Rented |
| Rent paid by federal, state or local government | Rented |
| Rent paid to owner living in separate house/apartment/mobile home on the same property | Rented |
| Rent not paid to owner living in separate house/apartment/mobile home on the same property | Occupied without payment of rent |
| Owned by people not living in unit but who allow other people to occupy it without charge | Occupied without payment of rent |
| House/apartment provided as part of wages or salary | Occupied without payment of rent |
| Caretaker's or janitor's house/apartment for which no rent is paid | Occupied without payment of rent |
| Parsonage for which no rent is paid | Occupied without payment of rent |
| Tenant farmer or sharecropper house/apartment for which no rent is paid | Occupied without payment of rent |
| Military housing | Occupied without payment of rent |

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! Please answer this important question.

16 Is this unit — [\(Help\)](#)

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

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monthrent



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17 a. What is the monthly rent for this unit? ([Help](#))

Monthly amount — *Dollars*

| | | |
|----|--------|-----|
| \$ | Amount | .00 |
|----|--------|-----|

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monthrent help**Help****Why We Ask?**

We ask about whether a home is owned or rented, and the amount of the monthly rent or how much the home and property are worth to produce statistics about tenure, rent and home value. These statistics are used to analyze whether adequate housing is affordable for residents, protect owners and renters, and provide and fund housing assistance programs.

- [Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to describe the balance of owners and renters. State and Local governments receiving certain grants are required by law to use this information.
- Used to identify rental distribution of housing units used to determine Fair Market Rents (FMRs).

Examples of Other Uses

- States and counties use these statistics to understand changes in local housing markets, ensure residents have affordable housing options, qualify for assistance and grant programs designed to protect owners and renters, and reduce the tax revenue losses from vacant or abandoned properties.
- Businesses and mortgage lenders use these statistics to guide future operations.

Help

Do include:

- Rent agreed to or contracted for, even if unpaid or paid by someone else

Do NOT include:

- Any subsidy amount which may be paid by a local housing authority or other agency

| If rent is paid: | To convert to monthly amount: |
|-------------------------|--------------------------------------|
| By day | Multiply amount by 30 |
| By week | Multiply amount by 4 |
| Every other week | Multiply amount by 2 |
| 4 times a year | Divide amount by 3 |
| 2 times a year | Divide amount by 6 |
| Once a year | Divide amount by 12 |

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meals



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17 b. Does the monthly rent include any meals? ([Help](#))

Yes

No

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meals help**Help****Why We Ask?**

We ask about whether a home is owned or rented, and the amount of the monthly rent or how much the home and property are worth to produce statistics about tenure, rent and home value. These statistics are used to analyze whether adequate housing is affordable for residents, protect owners and renters, and provide and fund housing assistance programs.

[- Click Here to Collapse Additional Text](#)

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- Businesses and mortgage lenders use these statistics to guide future operations.

Help

| If: | Then select: |
|--|---------------------|
| Meals are included in monthly rent payment | Yes |
| Meals or meal plan are contracted in order to live in house, apartment, or mobile home | Yes |

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propvalue



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18 About how much do you think this unit would sell for if it were for sale? [\(Help\)](#)

Amount - *Dollars*

| | | |
|----|--------|-----|
| \$ | Amount | .00 |
|----|--------|-----|

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propvalue help

Help



Why We Ask?

We ask about whether a home is owned or rented, and the amount of the monthly rent or how much the home and property are worth to produce statistics about tenure, rent and home value. These statistics are used to analyze whether adequate housing is affordable for residents, protect owners and renters, and provide and fund housing assistance programs.

[- Click Here to Collapse Additional Text](#)

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- States and counties use these statistics to understand changes in local housing markets, ensure residents have affordable housing options, qualify for assistance and grant programs designed to protect owners and renters, and reduce the tax revenue losses from vacant or abandoned properties.
- Businesses and mortgage lenders use these statistics to guide future operations.

Help

Enter best estimate of how much the property would sell for if it was on the market

| If: | Then include: |
|--|---|
| House | <ul style="list-style-type: none"> • Value of house AND • Value of land it is on AND • Value of any other structure on same property |
| House on rented land | <ul style="list-style-type: none"> • Combined value of house and land |
| Condominium unit or cooperative | <ul style="list-style-type: none"> • Value of condominium AND • Value of share of common elements |
| An apartment in a non-condominium, multi-unit building, including duplexes, with other apartments in the same building, all of which you own | <ul style="list-style-type: none"> • Value of building AND • Value of land it is on AND • Value of any additional buildings on the same plot |
| Mobile home | <ul style="list-style-type: none"> • Value of mobile home AND • Value of land |
| Mobile home on rented land | <ul style="list-style-type: none"> • Value of mobile home |

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taxes



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19 What are the annual real estate taxes on THIS property? ([Help](#))

Annual amount - *Dollars*

| | | |
|----|--------|-----|
| \$ | Amount | .00 |
|----|--------|-----|

OR

None

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taxes help

Help

**Why We Ask?**

We ask about the use and cost of common utilities, any applicable condominium fees, taxes, utilities, mortgages and home loans as part of the cost of homeownership. When combined with income, selected monthly owner costs help federal planners measure housing affordability and excessive shelter costs.

- [Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to describe the housing cost burden. State and Local governments receiving certain grants are required by law to use this information.
- Used in many programs that seek to assess poverty, and determine eligibility for housing assistance programs, including the need for housing assistance for elderly, low-income households.

Examples of Other Uses

- States and local agencies use this information to estimate residential costs of energy consumption, improve energy efficiency in their communities, and develop affordable housing.
- Researchers use these statistics to investigate the costs of replacing conventional home heating fuels (including electricity) with renewable energy alternatives.

Help

- Report taxes for all taxing jurisdictions, including:
 - City or town
 - County
 - State
 - School district
- Report taxes even if:
 - Included in mortgage payments
 - Not yet paid
 - Paid by someone else
 - Delinquent
- Do NOT report taxes:
 - Past due from previous years
 - Not deductible as a real estate tax for income tax purposes

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20 What is the annual payment for fire, hazard, and flood insurance on THIS property?

[\(Help\)](#)

Annual amount - *Dollars*

| | | |
|----|--------|-----|
| \$ | Amount | .00 |
|----|--------|-----|

OR

None

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Help



Why We Ask?

We ask about the use and cost of common utilities, any applicable condominium fees, taxes, utilities, mortgages and home loans as part of the cost of homeownership. When combined with income, selected monthly owner costs help federal planners measure housing affordability and excessive shelter costs.

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- Researchers use these statistics to investigate the costs of replacing conventional home heating fuels (including electricity) with renewable energy alternatives.

Help

- Premiums paid other than yearly → convert to yearly basis
- Even if no payment made during past year → enter yearly amount

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mortgage


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21 a. Do you or any member of this household have a mortgage, deed of trust, contract to purchase, or similar debt on THIS property? [\(Help\)](#)

Yes, mortgage, deed of trust, or similar debt

Yes, contract to purchase

No

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Why We Ask?

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Help

Mortgages include all types of loans secured by real estate, including reverse mortgages.

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! Please answer this important question.

21 a. Do you or any member of this household have a mortgage, deed of trust, contract to purchase, or similar debt on **THIS** property? ([Help](#))

- Yes, mortgage, deed of trust, or similar debt
- Yes, contract to purchase
- No

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21 b. How much is the regular monthly mortgage payment on THIS property? *Include payment only on FIRST mortgage or contract to purchase. If no regular payment required, enter "0".*

[\(Help\)](#)

Monthly amount — *Dollars*

| | | |
|----|--------|-----|
| \$ | Amount | .00 |
|----|--------|-----|

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mortgageamt helpHelp ×**Why We Ask?**

We ask about the use and cost of common utilities, any applicable condominium fees, taxes, utilities, mortgages and home loans as part of the cost of homeownership. When combined with income, selected monthly owner costs help federal planners measure housing affordability and excessive shelter costs.

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Help

- Enter monthly amount, even if unpaid or paid by someone else
- Enter zero for no regular payment required or for reverse mortgages
- Include payments on:
 - First mortgage
 - Contracts to purchase
 - Mobile home - Installment loans
- Do NOT include payments on:
 - Second mortgages
 - Junior mortgages
 - Home equity loans
 - Mobile home - Personal property taxes, site rent, registration fees, or license fees on mobile home and site

| If mortgage is paid: | To convert to monthly amount: |
|-----------------------------|--------------------------------------|
| By week | Multiply amount by 4 |
| Every other week | Multiply amount by 2 |
| 4 times a year | Divide amount by 3 |
| 2 times a year | Divide amount by 6 |

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Please provide your best estimate.

21 b. How much is the regular monthly mortgage payment on THIS property? *Include payment only on FIRST mortgage or contract to purchase. If no regular payment required, enter "0".*

[\(Help\)](#)

Monthly amount — *Dollars*

\$.00

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21 c. Does the regular monthly mortgage payment include payments for real estate taxes on THIS property? ([Help](#))

- Yes, taxes included in mortgage payment
- No, taxes paid separately or taxes not required

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Help



Why We Ask?

We ask about the use and cost of common utilities, any applicable condominium fees, taxes, utilities, mortgages and home loans as part of the cost of homeownership. When combined with income, selected monthly owner costs help federal planners measure housing affordability and excessive shelter costs.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses


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21 d. Does the regular monthly mortgage payment include payments for fire, hazard, or flood insurance on THIS property? [\(Help\)](#)

Yes, insurance included in mortgage payment

No, insurance paid separately or no insurance

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Why We Ask?

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2ndmortgage



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22 a. Do you or any member of this household have a second mortgage or a home equity loan on THIS property? ([Help](#))

- Yes, home equity loan
- Yes, second mortgage
- Yes, second mortgage and home equity loan
- No

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2ndmortgage help

Help



Why We Ask?

We ask about the use and cost of common utilities, any applicable condominium fees, taxes, utilities, mortgages and home loans as part of the cost of homeownership. When combined with income, selected monthly owner costs help federal planners measure housing affordability and excessive shelter costs.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to describe the housing cost burden. State and Local governments receiving certain grants are required by law to use this information.
- Used in many programs that seek to assess poverty, and determine eligibility for housing assistance programs, including the need for housing assistance for elderly, low-income households.

Examples of Other Uses

- States and local agencies use this information to estimate residential costs of energy consumption, improve energy efficiency in their communities, and develop affordable housing.
- Researchers use these statistics to investigate the costs of replacing conventional home heating fuels (including electricity) with renewable energy alternatives.

Help

- Second Mortgage or home equity loan → indicates all loans secured by real estate
- To have a second mortgage, a person must have a first mortgage
- To have a home equity loan a person may or may not have another mortgage

Close Help

2ndmortgageamt



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22 b. How much is the regular monthly payment on all second or junior mortgages and all home equity loans on THIS property? *If no regular payment required, enter "0".* [\(Help\)](#)

Monthly amount — Dollars

\$.00

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2ndmortgageamt help

Help



Why We Ask?

We ask about the use and cost of common utilities, any applicable condominium fees, taxes, utilities, mortgages and home loans as part of the cost of homeownership. When combined with income, selected monthly owner costs help federal planners measure housing affordability and excessive shelter costs.

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Examples of Other Uses

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- Researchers use these statistics to investigate the costs of replacing conventional home heating fuels (including electricity) with renewable energy alternatives.

Help

- Enter monthly amount, even if unpaid or paid by someone else
- Include payments on second mortgages, junior mortgages, and home equity loans

| If mortgage is paid: | To convert to monthly amount: |
|-----------------------------|--------------------------------------|
| By week | Multiply amount by 4 |
| Every other week | Multiply amount by 2 |
| 4 times a year | Divide amount by 3 |
| 2 times a year | Divide amount by 6 |

Close Help

mobilehometax



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23 What are the total annual costs for personal property taxes, site rent, registration fees, and license fees on THIS mobile home and its site? *Exclude real estate taxes.* [\(Help\)](#)

Annual Costs — *Dollars*

| | | |
|----|--------|-----|
| \$ | Amount | .00 |
|----|--------|-----|

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mobilehometax help

Help

**Why We Ask?**

We ask about the use and cost of common utilities, any applicable condominium fees, taxes, utilities, mortgages and home loans as part of the cost of homeownership. When combined with income, selected monthly owner costs help federal planners measure housing affordability and excessive shelter costs.

- [Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to describe the housing cost burden. State and Local governments receiving certain grants are required by law to use this information.
- Used in many programs that seek to assess poverty, and determine eligibility for housing assistance programs, including the need for housing assistance for elderly, low-income households.

Examples of Other Uses

- States and local agencies use this information to estimate residential costs of energy consumption, improve energy efficiency in their communities, and develop affordable housing.
- Researchers use these statistics to investigate the costs of replacing conventional home heating fuels (including electricity) with renewable energy alternatives.

Help

- Enter total annual amount, even if it is unpaid or paid by someone else
- Report total amount even if paid in two or more installments
- If you do not know the exact cost → estimate
- Include:
 - Personal property taxes
 - Land or site rent
 - Registration fees
 - License fees
- Do NOT include:
 - Real estate taxes

Close Help

hunitstatus (if vacant)



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Is this unit -
[\(Help\)](#)

- For rent?
- Rented, not occupied
- For sale only?
- Sold, not occupied?
- For seasonal, recreational, or occasional use?
- Other vacant?

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hunitstatus help

Help



Why We Ask?

We ask about whether a home is owned or rented, and the amount of the monthly rent or how much the home and property are worth to produce statistics about tenure, rent and home value. These statistics are used to analyze whether adequate housing is affordable for residents, protect owners and renters, and provide and fund housing assistance programs.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to describe the balance of owners and renters. State and Local governments receiving certain grants are required by law to use this information.
- Used to identify rental distribution of housing units used to determine Fair Market Rents (FMRs).

Examples of Other Uses


- States and counties use these statistics to understand changes in local housing markets, ensure residents have affordable housing options, qualify for assistance and grant programs designed to protect owners and renters, and reduce the tax revenue losses from vacant or abandoned properties.
- Businesses and mortgage lenders use these statistics to guide future operations.

Help

| If unit is: | Then select: |
|--|---|
| <ul style="list-style-type: none"> • For rent OR for sale at the same time | For rent |
| <ul style="list-style-type: none"> • Paid or agreed upon, BUT the renter has not yet moved in | Rented, not occupied |
| <ul style="list-style-type: none"> • In cooperatives AND the individual units are offered "For sale only" • In condominium projects AND the individual units are offered "For sale only" | For sale only |
| <ul style="list-style-type: none"> • Recently sold, BUT new owner has not yet moved in | Sold, not occupied |
| <ul style="list-style-type: none"> • Used OR intended for use in certain seasons or for weekend or other occasional use throughout the year, including: <ul style="list-style-type: none"> • Units used for summer or winter sports or recreation, such as beach cottages and hunting cabins • Quarters for such workers as herders and loggers. • An interval ownership units, sometimes called shared ownership or time-sharing condominiums | For seasonal, recreational, or occasional use |
| <ul style="list-style-type: none"> • Intended for occupancy by migratory workers employed in farm work during the crop season • Held for settlement of an estate • Held off market for personal reasons, such as: <ul style="list-style-type: none"> • The owner has not yet decided whether or not the unit will be torn down • The owner is remodeling or repairing the unit AND will not make it available for rent or sale until the work is completed • Held for the occupancy of a caretaker or janitor • Temporarily used for storage of excess house furniture • Has renters who moved during the month although rent has been paid to the end of the month | Other vacant |

Close Help

pselect (first time viewing)


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➔ The next questions are about each person in the household. Select a name to begin answering questions about that person. Please answer as many questions as you can.

You will be able to review or change your answers at the end of the survey.

Sample Person
 Another Person
 Third Person

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pselect (subsequent viewing, with more than one person remaining)

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➔ The information you provided for Sample Person has been saved.

Select another name to begin answering questions about that person. Please answer as many questions as you can.

You will be able to review or change your answers at the end of the survey.

Another Person

Third Person

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pselect (one person left on roster)

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➔ The information you provided for Another Person has been saved.

The next questions are about Third Person. Please answer as many questions as you can.

You will be able to review or change your answers at the end of the survey.

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placeofbirth



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• Another Person

• Third Person

➔ The following series of questions refer to Sample Person.

7 Where was Sample Person born? [\(Help\)](#)

In the United States - *Select name of state.*

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

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placeofbirth help**Help****Why We Ask?**

We ask about place of birth, citizenship, and year of entry to provide statistics about citizens and the foreign-born population. These statistics are essential for agencies and policy makers setting and evaluating immigration policies and laws, understanding the experience of different immigrant groups, and monitoring against discrimination. These statistics are also used to tailor services to accommodate cultural differences.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used in the enforcement responsibilities under the Voting Rights Act's bilingual requirements, to determine who is eligible to vote, and in court cases.
- Used to enforce against discrimination in education, employment, voting, financial assistance, and housing.


Examples of Other Uses

- State and local agencies use these statistics to understand the needs of all the groups in their communities over time.
- Researchers and advocacy groups use the data to examine the size and characteristics of the native and foreign-born populations over time.

| Help | |
|---|--|
| If: | Then: |
| Born in Washington, DC | <ul style="list-style-type: none"> • Select "In the United States" AND • Enter "District of Columbia" |
| Country boundaries at time of birth different than country boundaries now | Enter name of country using current country boundaries. For example, specify: <ul style="list-style-type: none"> • Czech Republic or Slovakia • North or South Korea |
| Born on Caribbean island | Specify particular country or island in the Caribbean. For example, specify: <ul style="list-style-type: none"> • Jamaica not West Indies |

Close Help

placeofbirth arrow and highlighting (1)



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➔ The following series of questions refer to Sample Person.

7 Where was Sample Person born? [\(Help\)](#)

In the United States - *Select name of state.*

➔ Select Name ▼

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

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• Third Person

➔ The following series of questions refer to Sample Person.

7 Where was Sample Person born? [\(Help\)](#)

In the United States - *Select name of state.*

Select Name

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

➔

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placeofbirth edit message (1)



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Please answer this important question.

➔ The following series of questions refer to Sample Person.

7 Where was Sample Person born? [\(Help\)](#)

In the United States - *Select name of state.*

Select Name

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

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! Please select this person's state of birth.

➔ The following series of questions refer to Sample Person.

7 Where was Sample Person born? ([Help](#))

In the United States - *Select name of state.*

➔

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

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! Please specify this person's country of birth.

➔ The following series of questions refer to Sample Person.

7 Where was Sample Person born? ([Help](#))

In the United States - *Select name of state.*

Select Name

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

➔

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citizenship



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8 Is Sample Person a citizen of the United States? [\(Help\)](#)

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 - Enter year of naturalization

No, not a U.S. citizen

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citizenship help

Help ×

Why We Ask?

We ask about place of birth, citizenship, and year of entry to provide statistics about citizens and the foreign-born population. These statistics are essential for agencies and policy makers setting and evaluating immigration policies and laws, understanding the experience of different immigrant groups, and monitoring against discrimination. These statistics are also used to tailor services to accommodate cultural differences.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used in the enforcement responsibilities under the Voting Rights Act's bilingual requirements, to determine who is eligible to vote, and in court cases.
- Used to enforce against discrimination in education, employment, voting, financial assistance, and housing.

Examples of Other Uses

- State and local agencies use these statistics to understand the needs of all the groups in their communities over time.
- Researchers and advocacy groups use the data to examine the size and characteristics of the native and foreign-born populations over time.

Help

| If: | Then select: |
|--|--|
| Born in United States (50 states and District of Columbia) | Yes, born in the United States |
| Born in Puerto Rico, Guam, the U.S. Virgin Islands, Northern Marianas, or American Samoa | Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas |
| <ul style="list-style-type: none"> • Born outside United States, AND • Had at least one parent who was U.S. citizen at time of person's birth | Yes, born abroad of U.S. citizen parent or parents |
| <ul style="list-style-type: none"> • Born at sea, AND • Had at least one parent who was U.S. citizen at time of person's birth | Yes, born abroad of U.S. citizen parent or parents |
| <ul style="list-style-type: none"> • Born outside United States, AND • Completed naturalization process, AND • Now United States citizen | Yes, U.S. citizen by naturalization, AND enter year naturalization was completed |
| <ul style="list-style-type: none"> • Legal Permanent Residents (LPRs) • "Green card" holders • Other non-naturalized immigrants • Visitors to U.S. | No, not a U.S. citizen |

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citizenship arrow and highlighting



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8 Is Sample Person a citizen of the United States? [\(Help\)](#)

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 - Enter year of naturalization


→

No, not a U.S. citizen

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! You entered a year in the future. Please check your answer.

8 Is Sample Person a citizen of the United States? [\(Help\)](#)

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 - Enter year of naturalization

→

No, not a U.S. citizen

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citizenship (placeofbirth left blank)

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8 Is Another Person a citizen of the United States? [\(Help\)](#)

Yes, born in 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 - Enter year of naturalization

No, not a U.S. citizen

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yearofentry



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9 When did Sample Person come to live in the United States? *If Sample Person came to live in the United States more than once, enter the latest year.* [\(Help\)](#)

YYYY

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yearofentry help

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Why We Ask?

We ask about place of birth, citizenship, and year of entry to provide statistics about citizens and the foreign-born population. These statistics are essential for agencies and policy makers setting and evaluating immigration policies and laws, understanding the experience of different immigrant groups, and monitoring against discrimination. These statistics are also used to tailor services to accommodate cultural differences.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used in the enforcement responsibilities under the Voting Rights Act's bilingual requirements, to determine who is eligible to vote, and in court cases.
- Used to enforce against discrimination in education, employment, voting, financial assistance, and housing.

Examples of Other Uses

- State and local agencies use these statistics to understand the needs of all the groups in their communities over time.
- Researchers and advocacy groups use the data to examine the size and characteristics of the native and foreign-born populations over time.

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! You entered a year in the future. Please check your answer.

9 When did Sample Person come to live in the United States? *If Sample Person came to live in the United States more than once, enter the latest year.* ([Help](#))

YYYY

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attendschool



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10 a. At any time **IN THE LAST 3 MONTHS**, has **Sample Person** attended school or college?

Include only nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree. [\(Help\)](#)

- No, has not attended in the last 3 months
- Yes, public school, public college
- Yes, private school, private college, home school

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attendschool help**Help****Why We Ask?**

We ask about whether a person is attending school or college to create statistics about school enrollment. These statistics are used to analyze the characteristics and needs of school-age children and to understand the continuing education needs of adults.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to enforce against discrimination in education by state and local governments, including ensuring appropriate action to assist English language learners in overcoming language barriers, and monitoring desegregation.
- Used to provide funds to states based on the number of adults without a diploma.

Examples of Other Uses

- Colleges, universities, and businesses may use this information to bridge gaps between the education of people who need jobs and the requirements of employers.

Help

| Category: | Definition: |
|------------------|---|
| Public School | Supported and controlled primarily by local, county, state or federal government |
| Private school | Supported and controlled primarily by religious organization or other private group |
| Home school | Parental guided education outside of public or private school for grades 1-12 |

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whatgrade



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10 b. What grade or level was Sample Person attending? [\(Help\)](#)

Nursery school, preschool

Kindergarten

Grade 1 through 12 - *Specify grade 1-12*

College undergraduate years (freshman to senior)

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

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whatgrade help

Help



Why We Ask?

We ask about whether a person is attending school or college to create statistics about school enrollment. These statistics are used to analyze the characteristics and needs of school-age children and to understand the continuing education needs of adults.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to enforce against discrimination in education by state and local governments, including ensuring appropriate action to assist English language learners in overcoming language barriers, and monitoring desegregation.
- Used to provide funds to states based on the number of adults without a diploma.

Examples of Other Uses


- Colleges, universities, and businesses may use this information to bridge gaps between the education of people who need jobs and the requirements of employers.

Help

- Only record grades that the person attended in the LAST 3 MONTHS
- If this is currently a summer month → do NOT record grades the person will attend in the future

Close Help

whatgrade arrow and highlighting



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10 b. What grade or level was Sample Person attending? [\(Help\)](#)

Nursery school, preschool

Kindergarten

Grade 1 through 12 - *Specify grade 1-12*

→

College undergraduate years (freshman to senior)

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

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! Please specify a grade between 01 and 12.

10 b. What grade or level was Sample Person attending? [\(Help\)](#)

- Nursery school, preschool
- Kindergarten
- Grade 1 through 12 - *Specify grade 1-12*
- ➔
- College undergraduate years (freshman to senior)
- Graduate or professional school beyond a bachelor's degree *(for example: MA or PhD program, or medical or law school)*


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highestlevel



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11 What is the highest degree or level of school Sample Person has COMPLETED? *If currently enrolled, select the previous grade or highest degree received.* [\(Help\)](#)

NO SCHOOLING COMPLETED

No schooling completed

NURSERY OR PRESCHOOL THROUGH GRADE 12

Nursery School

Kindergarten

Grade 1 through 11 - Specify grade 1-11

12th grade - **NO DIPLOMA**

HIGH SCHOOL GRADUATE

Regular high school diploma

GED or alternative credential

COLLEGE OR SOME COLLEGE

Some college credit, but less than 1 year of college credit

1 or more years of college credit, no degree

Associate's degree *(for example: AA, AS)*

Bachelor's degree *(for example: BA, BS)*

AFTER BACHELOR'S DEGREE

Master's degree *(for example: MA, MS, MEng, MEd, MSW, MBA)*

Professional degree beyond a bachelor's degree *(for example: MD, DDS, DVM, LLB, JD)*

Doctorate degree *(for example: PhD, EdD)*

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Why We Ask?

We ask about the highest degree or level of school a person has completed, and the field of any Bachelor's degree, to produce statistics about educational attainment. These statistics are used to measure changes in education over time, evaluate the educational attainment of the workforce, and to identify the educational and training needs of adults.

- [Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to enforce against discrimination in employment, recognizing that some occupations have educational qualifications.
- Used to enforce against discrimination in education by state and local governments, including ensuring appropriate action to assist English language learners, and monitoring desegregation.

Examples of Other Uses

- Researchers use this information to investigate changes in educational attainment over time, and how it is related to other factors such as parents' education and health.


Help

- Select highest grade or level of schooling person has **COMPLETED** or **highest degree** received
- School completed in foreign or ungraded school → report equivalent level of schooling in regular American school system
- No college courses completed for credit → select highest level completed below college level

| Category: | Definition: |
|---|---|
| General Education Development (GED) or alternative credential | The person did not receive a regular high school diploma, BUT Completed high school by receiving a GED or other formal recognition of high school completion from a school or government authority |
| Some college credit, but less than 1 year of college credit | The person has NOT completed enough college credit to be counted as a sophomore |
| Professional degree beyond a bachelor's degree | Do NOT include: <ul style="list-style-type: none"> • Certificates or diplomas for training in specific trades or occupations, such as computer and electronics technology, medical assistant, or cosmetology • Post-bachelor's certificates that are related to occupational training, such as teaching, accounting, or engineering |

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11 What is the highest degree or level of school Sample Person has COMPLETED? *If currently enrolled, select the previous grade or highest degree received.* [\(Help\)](#)

NO SCHOOLING COMPLETED

No schooling completed

NURSERY OR PRESCHOOL THROUGH GRADE 12

Nursery School

Kindergarten

Grade 1 through 11 - Specify grade 1-11

→

12th grade - **NO DIPLOMA**

HIGH SCHOOL GRADUATE

Regular high school diploma

GED or alternative credential

COLLEGE OR SOME COLLEGE

Some college credit, but less than 1 year of college credit

1 or more years of college credit, no degree

Associate's degree *(for example: AA, AS)*

Bachelor's degree *(for example: BA, BS)*

AFTER BACHELOR'S DEGREE

Master's degree *(for example: MA, MS, MEng, MEd, MSW, MBA)*

Professional degree beyond a bachelor's degree *(for example: MD, DDS, DVM, LLB, JD)*

Doctorate degree *(for example: PhD, EdD)*

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! Please specify a grade between 01 and 11.

11 What is the highest degree or level of school Sample Person has COMPLETED? *If currently enrolled, select the previous grade or highest degree received.* [\(Help\)](#)

NO SCHOOLING COMPLETED

No schooling completed

NURSERY OR PRESCHOOL THROUGH GRADE 12

Nursery School

Kindergarten

Grade 1 through 11 - Specify grade 1-11

→

12th grade - NO DIPLOMA

HIGH SCHOOL GRADUATE

Regular high school diploma

GED or alternative credential

COLLEGE OR SOME COLLEGE

Some college credit, but less than 1 year of college credit

1 or more years of college credit, no degree

Associate's degree *(for example: AA, AS)*

Bachelor's degree *(for example: BA, BS)*

AFTER BACHELOR'S DEGREE

Master's degree *(for example: MA, MS, MEng, MEd, MSW, MBA)*

Professional degree beyond a bachelor's degree *(for example: MD, DDS, DVM, LLB, JD)*

Doctorate degree *(for example: PhD, EdD)*

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12 This question focuses on Sample Person's BACHELOR'S DEGREE. Please enter the specific major(s) of any BACHELOR'S DEGREES Sample Person has received. *(For example: chemical engineering, elementary teacher education, organizational psychology)* [\(Help\)](#)

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fieldofdegree help

Help

**Why We Ask?**

We ask about the highest degree or level of school a person has completed, and the field of any Bachelor's degree, to produce statistics about educational attainment. These statistics are used to measure changes in education over time, evaluate the educational attainment of the workforce, and to identify the educational and training needs of adults.

- [Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to enforce against discrimination in employment, recognizing that some occupations have educational qualifications.
- Used to enforce against discrimination in education by state and local governments, including ensuring appropriate action to assist English language learners, and monitoring desegregation.

Examples of Other Uses

- Researchers use this information to investigate changes in educational attainment over time, and how it is related to other factors such as parents' education and health.

Help

More than one bachelor's degree or major → enter names of specific majors for all bachelor's degrees

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Ancestry

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13 What is Sample Person's ancestry or ethnic origin? [\(Help\)](#)

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

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ancestry help

Help



Why We Ask?

We ask about a person's ancestry to understand the ethnic origins of the population. These statistics are needed to measure the characteristics of ethnic groups and to tailor services to accommodate cultural differences.

- [Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to enforce against discrimination in education, employment, voting, financial assistance, and housing.
- Used to investigate whether there are differences by ancestry in education, employment, home ownership, health, income and many other areas of interest to policymakers.

Examples of Other Uses

- State and local agencies use these statistics to understand the needs of all the groups in their communities.
- Researchers and advocacy groups use the data to examine the size and characteristics of ancestry groups over time.

Help

- Ancestry refers to the person's ethnic origin or descent, "roots," or heritage
- Ancestry may also refer to the country of birth of the person or the person's parents or ancestors before their arrival in the U.S.
- Do NOT report a religious group as person's ancestry
- A person may report two ancestry groups (for example: German, Irish)
- Answer for **ALL** persons, regardless of race, Hispanic origin, or place of birth.

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language



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14 a. Does Sample Person speak a language other than English at home? [\(Help\)](#)

Yes

No

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language help

Help



Why We Ask?

We ask questions about whether a person speaks a language other than English at home, what language they speak, and how well they speak English, to create statistics about language. These statistics help the federal government understand how well people in each community speak English, and plan programs for adults and children who do not speak English well. This information is also used to ensure that information about public health, law, regulations, voting, and safety is communicated in languages that community members understand.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to report the housing needs of minorities, including non-native English speakers. State and Local governments receiving grants from Community Development Block Grants program, HOME Investment Partnership Program, Emergency Solutions Grant and Housing Opportunities for Persons with AIDS programs, are required by law to report these needs.
- Used in the enforcement responsibilities under the Voting Rights Act's bilingual requirements, to determine who is eligible to vote, and in court cases.

Examples of Other Uses

- State and local agencies use these statistics to provide translation services and information about voting, emergency planning, law enforcement, etc. in languages that residents understand.
- Public health officials use this information to determine whether there could be language or cultural barriers to obtaining health care.

Help

| If: | Then select: |
|---|--------------|
| <ul style="list-style-type: none"> • The person sometimes or always speaks language other than English at home | Yes |
| <ul style="list-style-type: none"> • The person speaks a non-English language only at school, OR • Non-English is limited to a few expressions or slang | No |

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whatlanguage



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14 a. Does Sample Person speak a language other than English at home? [\(Help\)](#)

Yes

No

b. What is this language? [\(Help\)](#)

For example: Korean, Italian, Spanish, Vietnamese

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whatlanguage help

Help

**Why We Ask?**

We ask questions about whether a person speaks a language other than English at home, what language they speak, and how well they speak English, to create statistics about language. These statistics help the federal government understand how well people in each community speak English, and plan programs for adults and children who do not speak English well. This information is also used to ensure that information about public health, law, regulations, voting, and safety is communicated in languages that community members understand.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to report the housing needs of minorities, including non-native English speakers. State and Local governments receiving grants from Community Development Block Grants program, HOME Investment Partnership Program, Emergency Solutions Grant and Housing Opportunities for Persons with AIDS programs, are required by law to report these needs.
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Examples of Other Uses

- State and local agencies use these statistics to provide translation services and information about voting, emergency planning, law enforcement, etc. in languages that residents understand.
- Public health officials use this information to determine whether there could be language or cultural barriers to obtaining health care.

Help

| If: | Then: |
|--|--|
| <ul style="list-style-type: none"> • The person speaks more than one non-English language, AND • Cannot determine which is spoken more often | Report language first learned to speak |

Close Help

englishprof



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14 c. How well does Sample Person speak English? ([Help](#))

- Very well
- Well
- Not well
- Not at all

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englishprof help

Help

**Why We Ask?**

We ask questions about whether a person speaks a language other than English at home, what language they speak, and how well they speak English, to create statistics about language. These statistics help the federal government understand how well people in each community speak English, and plan programs for adults and children who do not speak English well. This information is also used to ensure that information about public health, law, regulations, voting, and safety is communicated in languages that community members understand.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to report the housing needs of minorities, including non-native English speakers. State and Local governments receiving grants from Community Development Block Grants program, HOME Investment Partnership Program, Emergency Solutions Grant and Housing Opportunities for Persons with AIDS programs, are required by law to report these needs.
- Used in the enforcement responsibilities under the Voting Rights Act's bilingual requirements, to determine who is eligible to vote, and in court cases.

Examples of Other Uses

- State and local agencies use these statistics to provide translation services and information about voting, emergency planning, law enforcement, etc. in languages that residents understand.
- Public health officials use this information to determine whether there could be language or cultural barriers to obtaining health care.

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residencelastyear



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15 a. Did Sample Person live in this mobile home 1 year ago? [\(Help\)](#)

Yes, this mobile home

No, outside the United States and Puerto Rico - *Enter name of foreign country, or U.S. Virgin Islands, Guam, etc., below.*

No, different house in the United States or Puerto Rico

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residencelastyear help

Help

**Why We Ask?**

We ask questions about whether a person moved in the last year, and where he or she lived one year ago to create statistics about where people are moving (among countries, and within the United States). These statistics help federal agencies understand the effects of immigration and migration in both urban and rural areas.

- [Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to produce estimates of international migration.
- Used to provide funds to States with unusually large refugee populations and high refugee concentrations.

Examples of Other Uses

- State and local agencies use these statistics to estimate residential turnover in their communities and to forecast population changes.
- These statistics are used to plan programs, services, and infrastructure for new residents when there is a trend in people arriving, or to plan programs that attract new residents or employers when there is a trend in people leaving.

Help

| If the person: | Then: |
|---|---|
| Did not live in United States or Puerto Rico one year ago | <ul style="list-style-type: none"> • Select "No, outside the United States and Puerto Rico" AND • Enter the name of the foreign country, or U.S. Virgin Islands, Guam, etc., where the person lived <ul style="list-style-type: none"> • Be specific when entering name of foreign country. For example: <ul style="list-style-type: none"> • Czech Republic or Slovakia (not Czechoslovakia) • North or South Korea (not Korea) • Specify particular country or island in Caribbean. <ul style="list-style-type: none"> • For example, Jamaica (not West Indies) |

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residencelastyear arrow and highlighting



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15 a. Did Sample Person live in this mobile home 1 year ago? [\(Help\)](#)

Yes, this mobile home

No, outside the United States and Puerto Rico - *Enter name of foreign country, or U.S. Virgin Islands, Guam, etc., below.*



No, different house in the United States or Puerto Rico

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i Please specify the foreign country where this person lived last year.

15 a. Did Sample Person live in this mobile home 1 year ago? [\(Help\)](#)

Yes, this mobile home

No, outside the United States and Puerto Rico - Enter name of foreign country, or U.S. Virgin Islands, Guam, etc., below.

➔

No, different house in the United States or Puerto Rico

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addresslastyear

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| <p>15 b. Where did Sample Person live 1 year ago? (Help)</p> <p>Address (Number and street name)</p> <input type="text"/> <p>Name of city, town, or post office</p> <input type="text"/> <p>Name of U.S. county or municipio in Puerto Rico</p> <input type="text"/> <p>Name of U.S. state or Puerto Rico</p> <input type="text" value="Select Name"/> <p>ZIP Code</p> <input type="text"/> <p>← Previous Next →</p> | | | <p>Where You Are</p> <p>Basic Info</p> <p>Housing Questions</p> <p>Person Info</p> <ul style="list-style-type: none"> • Sample Person • Another Person • Third Person |
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addresslastyear help

Help

**Why We Ask?**

We ask questions about whether a person moved in the last year, and where he or she lived one year ago to create statistics about where people are moving (among countries, and within the United States). These statistics help federal agencies understand the effects of immigration and migration in both urban and rural areas.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to produce estimates of international migration.
- Used to provide funds to States with unusually large refugee populations and high refugee concentrations.

Examples of Other Uses

- State and local agencies use these statistics to estimate residential turnover in their communities and to forecast population changes.
- These statistics are used to plan programs, services, and infrastructure for new residents when there is a trend in people arriving, or to plan programs that attract new residents or employers when there is a trend in people leaving.

Help**Include:**

- House or structure number;
- Street name;
- Street type (for example, St., Road, Ave.);
- Street direction (if a direction such as "North" is part of the address).
 - For example, enter 1239 Main St. or 1239 Main St., N.W., not just 1239 Main.

Address:

| If: | Then: |
|---|---|
| Lived in Puerto Rico | Address should also include name of development or condominium |
| Only known address is a post office box | <ul style="list-style-type: none"> • Do NOT give a post office box number • Give description of residence location. For example, enter: <ul style="list-style-type: none"> • Name of the building where the person lived • Nearest intersection • Name of military base or installation • Nearest street where residence located |

Name of U.S. county or municipio in Puerto Rico:

| If: | Then: |
|---|---|
| Lived in Louisiana | Enter parish name |
| Lived in Alaska | Enter borough or census area name, if known |
| Lived in New York City AND county name is not known | Enter borough name |
| Lived in independent city (not in any county) | Leave blank |
| Lived in Washington, D.C. | Leave blank |

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Capture Guide


insurance**Response Options**

See graphic below

*Correction to 15 d and f:

d. Insurance purchased directly from an insurance company or through a State or Federal Marketplace, HealthCare.gov, or a similar state website (by (Name) or another family member)

f. VA (including those who have enrolled for VA health care)



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15 Are you **CURRENTLY** covered by any of the following types of health insurance or health coverage plans? Select "Yes" or "No" for EACH type of coverage in items a - h. [\(Help\)](#)

Do NOT include plans that cover only one type of service, such as dental, drug or vision plans.

| | Yes | No |
|---|-----------------------|-----------------------|
| a. Insurance through a current or former employer or union of or another family member | <input type="radio"/> | <input type="radio"/> |
| b. Medicare, for people 65 and older, or people with certain disabilities | <input type="radio"/> | <input type="radio"/> |
| c. Medicaid, Medical Assistance, or any kind of state- or government-assistance plan for those with low income | <input type="radio"/> | <input type="radio"/> |
| d. Insurance purchased directly from an insurance company or through a State or Federal Marketplace, HealthCare.gov, or a similar state website (by or another family member) | <input type="radio"/> | <input type="radio"/> |
| e. TRICARE or other military health care | <input type="radio"/> | <input type="radio"/> |
| f. VA (including those who have ever used or enrolled for VA health care) | <input type="radio"/> | <input type="radio"/> |
| g. Indian Health Service | <input type="radio"/> | <input type="radio"/> |
| h. Other type of health coverage NOT listed above - <i>Specify</i> | <input type="radio"/> | <input type="radio"/> |

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insurance help

Why We Ask?

We ask questions about health insurance to create statistics about the percentage of the population covered by health insurance, and the sources of their health insurance. These statistics help federal agencies better understand health insurance coverage, state and local health insurance needs, and to help federal agencies accurately distribute resources and plan programs.

[< + Click Here to Learn More>](#) / [< - Click Here to Collapse Additional Text>](#)

Examples of Federal Uses

- Used to identify vulnerable populations that might have limited health care access, poor health quality, and poor health outcomes.
- Used in the Marketplace, Medicaid, and Children's Health Insurance Program (CHIP) to target efforts to enroll eligible people and provide Navigator funding.
- Used to project the demand for VA extended health care services.

Examples of Other Uses

- State and local agencies use these statistics to understand gaps in community services, and to plan services for everyone, including the uninsured.
- Researchers use these statistics to understand the effect of health care policies, and to understand who is covered by health insurance and the sources of their insurance.

Help

Do NOT include:

- Plans that cover only one type of health care (such as dental plans)
- Plans that only cover a person in case of an accident or disability

For **15h** (other), only include coverage that has not been reported in **15a-g**.

insurance arrow and highlighting

*This image displays only the arrow and highlighting functionality of the instrument. See initial insurance screenshot above for the actual question wording.

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16 Is Sample Person CURRENTLY covered by any of the following types of health insurance or health coverage plans?

Select "Yes" or "No" for EACH type of coverage in items a - h. [\(Help\)](#)

| | Yes | No |
|---|----------------------------------|-----------------------|
| a. Insurance through a current or former employer or union of Sample Person or another family member | <input type="radio"/> | <input type="radio"/> |
| b. Insurance purchased directly from an insurance company by Sample Person or another family member | <input type="radio"/> | <input type="radio"/> |
| c. Medicare, for people 65 and older, or people with certain disabilities | <input type="radio"/> | <input type="radio"/> |
| d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability | <input type="radio"/> | <input type="radio"/> |
| e. TRICARE or other military health care | <input type="radio"/> | <input type="radio"/> |
| f. VA (including those who have ever used or enrolled for VA health care) | <input type="radio"/> | <input type="radio"/> |
| g. Indian Health Service | <input type="radio"/> | <input type="radio"/> |
| h. Any other type of health insurance or health coverage plan - <i>Specify</i> | <input checked="" type="radio"/> | <input type="radio"/> |

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insurance edit message

*This image displays only the edit message functionality of the instrument. See initial insurance screenshot above for the actual question wording.

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! Please specify the other type of health insurance or health coverage plan this person receives.

16 Is Sample Person CURRENTLY covered by any of the following types of health insurance or health coverage plans?

Select "Yes" or "No" for EACH type of coverage in items a - h. [\(Help\)](#)

| | Yes | No |
|---|----------------------------------|-----------------------|
| a. Insurance through a current or former employer or union of Sample Person or another family member | <input type="radio"/> | <input type="radio"/> |
| b. Insurance purchased directly from an insurance company by Sample Person or another family member | <input type="radio"/> | <input type="radio"/> |
| c. Medicare, for people 65 and older, or people with certain disabilities | <input type="radio"/> | <input type="radio"/> |
| d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability | <input type="radio"/> | <input type="radio"/> |
| e. TRICARE or other military health care | <input type="radio"/> | <input type="radio"/> |
| f. VA (including those who have ever used or enrolled for VA health care) | <input type="radio"/> | <input type="radio"/> |
| g. Indian Health Service | <input type="radio"/> | <input type="radio"/> |
| h. Any other type of health insurance or health coverage plan - <i>Specify</i> | <input checked="" type="radio"/> | <input type="radio"/> |

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premium

Question Wording

Does (Name) or another family member pay a premium for this health insurance plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs.



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16 a. Does or another family member pay a premium for this health insurance plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs. ([Help](#))

Yes

No

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premium help

Help

If this person has more than one type of health insurance, answer this question while thinking about his/her primary health insurance.

subsidy

Question Wording

Based on family income, does (Name) or another family member receive financial assistance through a subsidy or tax credit to help pay part or all of the cost of the premium for this plan?



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b. Based on family income, does or another family member receive financial assistance through a subsidy or tax credit to help pay part or all of the cost of the premium for this plan? ([Help](#))

Yes

No

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subsidy help

Help

If this person has more than one type of health insurance, answer this question while thinking about his/her primary health insurance.

***All following Person question numbers will be increased by 1.**

deaf



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17 a. Is Sample Person deaf or does he or she have serious difficulty hearing? [\(Help\)](#)

Yes

No

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deaf help**Help****Why We Ask?**

We ask questions about a person's difficulty with specific daily tasks to produce disability statistics. These statistics are used by federal agencies to understand the population with disabilities, to monitor against discrimination, and to distribute funds, provide services, and develop programs for people with disabilities.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to report the housing needs of disabled persons. State and Local governments receiving grants from Community Development Block Grants program, HOME Investment Partnership Program, Emergency Solutions Grant and Housing Opportunities for Persons with AIDS programs, are required by law to report these needs.
- Used to enforce against discrimination in education and employment.
- Used to prepare and respond to disasters. Information about disability status, is used to estimate the size and nature of populations in a disaster-affected area and determine how best to respond to community needs.

Examples of Other Uses

- State and local agencies use these statistics to plan programs and services for the disabled population.
- Advocacy groups use this information to advocate for public policy that ensures the independence and inclusion of people with disabilities in society.

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blind



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b. Is Sample Person blind or does he or she have serious difficulty seeing even when wearing glasses? ([Help](#))

Yes

No

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blind help**Help****Why We Ask?**

We ask questions about a person's difficulty with specific daily tasks to produce disability statistics. These statistics are used by federal agencies to understand the population with disabilities, to monitor against discrimination, and to distribute funds, provide services, and develop programs for people with disabilities.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to report the housing needs of disabled persons. State and Local governments receiving grants from Community Development Block Grants program, HOME Investment Partnership Program, Emergency Solutions Grant and Housing Opportunities for Persons with AIDS programs, are required by law to report these needs.
- Used to enforce against discrimination in education and employment.
- Used to prepare and respond to disasters. Information about disability status, is used to estimate the size and nature of populations in a disaster-affected area and determine how best to respond to community needs.

Examples of Other Uses

- State and local agencies use these statistics to plan programs and services for the disabled population.
- Advocacy groups use this information to advocate for public policy that ensures the independence and inclusion of people with disabilities in society.

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difficultyconcent



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18 a. Because of a physical, mental, or emotional condition, does Sample Person have serious difficulty concentrating, remembering, or making decisions? ([Help](#))

Yes

No

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difficultyconcent help

Help



Why We Ask?

We ask questions about a person's difficulty with specific daily tasks to produce disability statistics. These statistics are used by federal agencies to understand the population with disabilities, to monitor against discrimination, and to distribute funds, provide services, and develop programs for people with disabilities.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to report the housing needs of disabled persons. State and Local governments receiving grants from Community Development Block Grants program, HOME Investment Partnership Program, Emergency Solutions Grant and Housing Opportunities for Persons with AIDS programs, are required by law to report these needs.
- Used to enforce against discrimination in education and employment.
- Used to prepare and respond to disasters. Information about disability status, is used to estimate the size and nature of populations in a disaster-affected area and determine how best to respond to community needs.

Examples of Other Uses

- State and local agencies use these statistics to plan programs and services for the disabled population.
- Advocacy groups use this information to advocate for public policy that ensures the independence and inclusion of people with disabilities in society.

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18 b. Does Sample Person have serious difficulty walking or climbing stairs? [\(Help\)](#)

Yes

No

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difficultywalk help**Help****Why We Ask?**

We ask questions about a person's difficulty with specific daily tasks to produce disability statistics. These statistics are used by federal agencies to understand the population with disabilities, to monitor against discrimination, and to distribute funds, provide services, and develop programs for people with disabilities.

- [Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to report the housing needs of disabled persons. State and Local governments receiving grants from Community Development Block Grants program, HOME Investment Partnership Program, Emergency Solutions Grant and Housing Opportunities for Persons with AIDS programs, are required by law to report these needs.
- Used to enforce against discrimination in education and employment.
- Used to prepare and respond to disasters. Information about disability status, is used to estimate the size and nature of populations in a disaster-affected area and determine how best to respond to community needs.

Examples of Other Uses

- State and local agencies use these statistics to plan programs and services for the disabled population.
- Advocacy groups use this information to advocate for public policy that ensures the independence and inclusion of people with disabilities in society.

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18 c. Does Sample Person have difficulty dressing or bathing? ([Help](#))

Yes

No

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difficultydress help

Help

**Why We Ask?**

We ask questions about a person's difficulty with specific daily tasks to produce disability statistics. These statistics are used by federal agencies to understand the population with disabilities, to monitor against discrimination, and to distribute funds, provide services, and develop programs for people with disabilities.

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Examples of Federal Uses

- Used to report the housing needs of disabled persons. State and Local governments receiving grants from Community Development Block Grants program, HOME Investment Partnership Program, Emergency Solutions Grant and Housing Opportunities for Persons with AIDS programs, are required by law to report these needs.
- Used to enforce against discrimination in education and employment.
- Used to prepare and respond to disasters. Information about disability status, is used to estimate the size and nature of populations in a disaster-affected area and determine how best to respond to community needs.

Examples of Other Uses

- State and local agencies use these statistics to plan programs and services for the disabled population.
- Advocacy groups use this information to advocate for public policy that ensures the independence and inclusion of people with disabilities in society.

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difficultyerrand



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19 Because of a physical, mental, or emotional condition, does Sample Person have difficulty doing errands alone such as visiting a doctor's office or shopping? ([Help](#))

Yes

No

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difficultyerrand help

Help



Why We Ask?

We ask questions about a person's difficulty with specific daily tasks to produce disability statistics. These statistics are used by federal agencies to understand the population with disabilities, to monitor against discrimination, and to distribute funds, provide services, and develop programs for people with disabilities.

- [Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to report the housing needs of disabled persons. State and Local governments receiving grants from Community Development Block Grants program, HOME Investment Partnership Program, Emergency Solutions Grant and Housing Opportunities for Persons with AIDS programs, are required by law to report these needs.
- Used to enforce against discrimination in education and employment.
- Used to prepare and respond to disasters. Information about disability status, is used to estimate the size and nature of populations in a disaster-affected area and determine how best to respond to community needs.

Examples of Other Uses

- State and local agencies use these statistics to plan programs and services for the disabled population.
- Advocacy groups use this information to advocate for public policy that ensures the independence and inclusion of people with disabilities in society.

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marriedstatus



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20 What is Sample Person's marital status? ([Help](#))

- Now married
- Widowed
- Divorced
- Separated
- Never married

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marriedstatus help**Help****Why We Ask?**

We ask about a person's marital status, changes in marital status in the past 12 months, and lifetime marital history to create estimates about marital status and marital history.

These estimates are used to help federal agencies understand marriage trends, forecast future needs of programs that have spousal benefits, and measure the effects of policies and programs that focus on the well-being of families, including tax policies and financial assistance programs.

- [Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to project usage of programs with spousal benefits, including veterans' and social security programs.
- Used to understand the different types of families in need, in federal programs that benefit low-income families.

Examples of Other Uses

- State and local agencies use these statistics to determine what kinds of social services might be needed in local communities, such as support for older adults living without a spouse.
- Researchers use these statistics to understand marriage trends.

Help

| If: | Then select: |
|---|---------------------|
| • Spouse not living in the household for reason OTHER than separation | Now married |
| • Has received divorce decree | Divorced |
| • Only marriage was annulled | Never married |

Close Help

pmarried



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21 a. In the PAST 12 MONTHS, did Sample Person get married? ([Help](#))

Yes

No

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pmarried help**Help****Why We Ask?**

We ask about a person's marital status, changes in marital status in the past 12 months, and lifetime marital history to create estimates about marital status and marital history. These estimates are used to help federal agencies understand marriage trends, forecast future needs of programs that have spousal benefits, and measure the effects of policies and programs that focus on the well-being of families, including tax policies and financial assistance programs.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to project usage of programs with spousal benefits, including veterans' and social security programs.
- Used to understand the different types of families in need, in federal programs that benefit low-income families.

Examples of Other Uses

- State and local agencies use these statistics to determine what kinds of social services might be needed in local communities, such as support for older adults living without a spouse.
- Researchers use these statistics to understand marriage trends.

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widow



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21 b. In the PAST 12 MONTHS, did Sample Person become a widow/widower? ([Help](#))

Yes

No

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widow help

Help



Why We Ask?

We ask about a person's marital status, changes in marital status in the past 12 months, and lifetime marital history to create estimates about marital status and marital history.

These estimates are used to help federal agencies understand marriage trends, forecast future needs of programs that have spousal benefits, and measure the effects of policies and programs that focus on the well-being of families, including tax policies and financial assistance programs.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to project usage of programs with spousal benefits, including veterans' and social security programs.
- Used to understand the different types of families in need, in federal programs that benefit low-income families.

Examples of Other Uses

- State and local agencies use these statistics to determine what kinds of social services might be needed in local communities, such as support for older adults living without a spouse.
- Researchers use these statistics to understand marriage trends.

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divorce



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21 c. In the PAST 12 MONTHS, did Sample Person get divorced? ([Help](#))

Yes

No

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divorce help

Help



Why We Ask?

We ask about a person's marital status, changes in marital status in the past 12 months, and lifetime marital history to create estimates about marital status and marital history.

These estimates are used to help federal agencies understand marriage trends, forecast future needs of programs that have spousal benefits, and measure the effects of policies and programs that focus on the well-being of families, including tax policies and financial assistance programs.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to project usage of programs with spousal benefits, including veterans' and social security programs.
- Used to understand the different types of families in need, in federal programs that benefit low-income families.

Examples of Other Uses

- State and local agencies use these statistics to determine what kinds of social services might be needed in local communities, such as support for older adults living without a spouse.
- Researchers use these statistics to understand marriage trends.

Help

Select "Yes" only if the person received a divorce decree in the PAST 12 MONTHS.

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numberofmarriages



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22 How many times has Sample Person been married? [\(Help\)](#)

- Once
- Two times
- Three or more times

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numberofmarriages help

Help



Why We Ask?

We ask about a person's marital status, changes in marital status in the past 12 months, and lifetime marital history to create estimates about marital status and marital history. These estimates are used to help federal agencies understand marriage trends, forecast future needs of programs that have spousal benefits, and measure the effects of policies and programs that focus on the well-being of families, including tax policies and financial assistance programs.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to project usage of programs with spousal benefits, including veterans' and social security programs.
- Used to understand the different types of families in need, in federal programs that benefit low-income families.

Examples of Other Uses

- State and local agencies use these statistics to determine what kinds of social services might be needed in local communities, such as support for older adults living without a spouse.
- Researchers use these statistics to understand marriage trends.

Help

Do not count marriages that ended in annulment.

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yearofmarriage



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23 In what year did Sample Person last get married? ([Help](#))

YYYY

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yearofmarriage help

Help



Why We Ask?

We ask about a person's marital status, changes in marital status in the past 12 months, and lifetime marital history to create estimates about marital status and marital history.

These estimates are used to help federal agencies understand marriage trends, forecast future needs of programs that have spousal benefits, and measure the effects of policies and programs that focus on the well-being of families, including tax policies and financial assistance programs.

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Examples of Federal Uses

- Used to project usage of programs with spousal benefits, including veterans' and social security programs.
- Used to understand the different types of families in need, in federal programs that benefit low-income families.

Examples of Other Uses

- State and local agencies use these statistics to determine what kinds of social services might be needed in local communities, such as support for older adults living without a spouse.
- Researchers use these statistics to understand marriage trends.

Help

Even if widowed, divorced, or separated → enter year last got married.

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yearofmarriage edit message



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i You entered a year in the future. Please check your answer.

23 In what year did Sample Person last get married? ([Help](#))

YYYY

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birth



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24 In the PAST 12 MONTHS, has Sample Person given birth to any children? ([Help](#))

Yes

No

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birth help

Help



Why We Ask?

We ask whether a woman has given birth in the past 12 months to create fertility statistics. These statistics can be used to project the future size of the population, and to understand more about growing families.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to estimate current and future populations eligible for federal programs and services, such as health care.
- Used in programs that investigate poverty, families, and children's health.

Examples of Other Uses

- State and local agencies use these statistics, in combination with their vital statistics, to understand future demands on local education systems, health programs and services, etc.
- Businesses, especially in baby-related industries, use this information to estimate business markets for specific needs in different areas based on fertility rate, and to understand their markets.

Help

- Select "Yes" if the person has given birth in the PAST 12 MONTHS to at least one child born alive, even if the child died or no longer lives with the mother
- Do not consider miscarriages, or stillborn children, or any adopted, foster, or stepchildren

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grandchildrenhome



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25 a. Does Sample Person have any of his or her own grandchildren under the age of 18 living in this mobile home? ([Help](#))

- Yes
- No

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grandchildrenhome help

Help



Why We Ask?

We ask questions about grandparents with primary responsibility for their grandchildren to create statistics about grandparent caregivers. While a variety of events may result in grandparents caring for their grandchildren, older Americans are often in different financial and health circumstances than those in middle-age. Estimates about these grandparents help many federal programs understand the needs of this group and design programs that assist both generations.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to provide performance measures for the administration of the Temporary Assistance for Needy Families (TANF) program.

Examples of Other Uses

- State and local agencies use these statistics to plan programs and services that benefit grandparent caregivers.
- Advocacy groups use this information to provide community support for grandparent caregivers.

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25 b. Is Sample Person currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this mobile home? ([Help](#))

Yes

No

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grandparentsresp help

Help



Why We Ask?

We ask questions about grandparents with primary responsibility for their grandchildren to create statistics about grandparent caregivers. While a variety of events may result in grandparents caring for their grandchildren, older Americans are often in different financial and health circumstances than those in middle-age. Estimates about these grandparents help many federal programs understand the needs of this group and design programs that assist both generations.

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Examples of Federal Uses

- Used to provide performance measures for the administration of the Temporary Assistance for Needy Families (TANF) program.

Examples of Other Uses

- State and local agencies use these statistics to plan programs and services that benefit grandparent caregivers.
- Advocacy groups use this information to provide community support for grandparent caregivers.

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25 c. How long has Sample Person been responsible for these grandchildren? *If Sample Person is financially responsible for more than one grandchild, answer the question for the grandchild for whom Sample Person has been responsible for the longest period of time.*

[\(Help\)](#)

- Less than 6 months
- 6 to 11 months
- 1 or 2 years
- 3 or 4 years
- 5 or more years

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Help



Why We Ask?

We ask questions about grandparents with primary responsibility for their grandchildren to create statistics about grandparent caregivers. While a variety of events may result in grandparents caring for their grandchildren, older Americans are often in different financial and health circumstances than those in middle-age. Estimates about these grandparents help many federal programs understand the needs of this group and design programs that assist both generations.

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Examples of Federal Uses

- Used to provide performance measures for the administration of the Temporary Assistance for Needy Families (TANF) program.

Examples of Other Uses

- State and local agencies use these statistics to plan programs and services that benefit grandparent caregivers.
- Advocacy groups use this information to provide community support for grandparent caregivers.

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veteranstat



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26 Has **Sample Person** ever served on active duty in the U.S. Armed Forces, Reserves, or **National Guard**? *Select ONE box.* [\(Help\)](#)

- Never served in the military
- Only on active duty for training in the Reserves or National Guard
- Now on active duty
- On active duty in the past, but not now

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veteranstat help

Help

**Why We Ask?**

We ask about a person's military service to create estimates of veterans and their needs at the community level. Though the Department of Veterans' Affairs (VA) maintains veterans' records, ACS statistics are able to provide federal program planners, policy-makers and researchers with additional statistics about all veterans, regardless of whether they utilize VA services. Statistics about where veterans are moving throughout the country, their ages, and their VA service-connected disability rating status, help communities plan for future health care and nursing homes. Statistics about whether veterans are in school or working help plan and fund job training, and statistics about veterans' homes help improve the home loan guarantee program.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to estimate the number of nursing home and domiciliary beds necessary for VA extended care services to serve older veterans.
- Used to assess the eligible population for federal programs benefiting veterans, such as the VA Home Loan Guarantee program, the Post-9/11 GI Bill, health care and job training, and the effect of these programs on participants.

Examples of Other Uses

- State and local agencies use these statistics to determine what kinds of social services might be needed in a community.
- Businesses may use these estimates to understand potential employees or trainees.

Help

| If: | Then select: |
|---|--|
| <ul style="list-style-type: none"> • Served in the military Reserves, or National Guard, AND called up for active duty other than for training • Served as a commissioned officer of the: <ul style="list-style-type: none"> • Public Health Service • National Oceanic and Atmospheric Administration • Coast and Geodetic Survey • Environmental Science Service Administration | "Now on active duty." OR "On active duty in the past, but not now." |
| Civilian employee or volunteer for: <ul style="list-style-type: none"> • Red Cross • USO • Public Health Service • War or Defense Department | "Never served in the military." |
| World War II Merchant Marine service | "On active duty in the past, but not now." |
| Merchant Marine service other than World War II | "Never served in the military" OR "Only on active duty for training in the Reserves or National Guard." |

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periodofservice

| United States [™] Census Bureau | | American Community Survey | |
|--|------|---|---|
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| <p>27 When did Sample Person serve on active duty in the U.S. Armed Forces? <i>Select EACH period in which Sample Person served, even if just for part of the period.</i> (Help)</p> <p><input type="checkbox"/> September 2001 or later</p> <p><input type="checkbox"/> August 1990 to August 2001 (including Persian Gulf War)</p> <p><input type="checkbox"/> May 1975 to July 1990</p> <p><input type="checkbox"/> Vietnam Era (August 1964 to April 1975)</p> <p><input type="checkbox"/> February 1955 to July 1964</p> <p><input type="checkbox"/> Korean War (July 1950 to January 1955)</p> <p><input type="checkbox"/> January 1947 to June 1950</p> <p><input type="checkbox"/> World War II (December 1941 to December 1946)</p> <p><input type="checkbox"/> November 1941 or earlier</p> <p>← Previous Next →</p> | | | <p>Where You Are</p> <p>Basic Info</p> <p>Housing Questions</p> <p>Person Info</p> <ul style="list-style-type: none"> • Sample Person • Another Person • Third Person |
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Why We Ask?

We ask about a person's military service to create estimates of veterans and their needs at the community level. Though the Department of Veterans' Affairs (VA) maintains veterans' records, ACS statistics are able to provide federal program planners, policy-makers and researchers with additional statistics about all veterans, regardless of whether they utilize VA services. Statistics about where veterans are moving throughout the country, their ages, and their VA service-connected disability rating status, help communities plan for future health care and nursing homes. Statistics about whether veterans are in school or working help plan and fund job training, and statistics about veterans' homes help improve the home loan guarantee program.

- [Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to estimate the number of nursing home and domiciliary beds necessary for VA extended care services to serve older veterans.
- Used to assess the eligible population for federal programs benefiting veterans, such as the VA Home Loan Guarantee program, the Post-9/11 GI Bill, health care and job training, and the effect of these programs on participants.

Examples of Other Uses

- State and local agencies use these statistics to determine what kinds of social services might be needed in a community.
- Businesses may use these estimates to understand potential employees or trainees.

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vadisability



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28 a. Does Sample Person have a VA service-connected disability rating? [\(Help\)](#)

Yes (such as 0%, 10%, 20%, ..., 100%)

No

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vadisability help

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Why We Ask?

We ask about a person's military service to create estimates of veterans and their needs at the community level. Though the Department of Veterans' Affairs (VA) maintains veterans' records, ACS statistics are able to provide federal program planners, policy-makers and researchers with additional statistics about all veterans, regardless of whether they utilize VA services. Statistics about where veterans are moving throughout the country, their ages, and their VA service-connected disability rating status, help communities plan for future health care and nursing homes. Statistics about whether veterans are in school or working help plan and fund job training, and statistics about veterans' homes help improve the home loan guarantee program.

- [Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to estimate the number of nursing home and domiciliary beds necessary for VA extended care services to serve older veterans.
- Used to assess the eligible population for federal programs benefiting veterans, such as the VA Home Loan Guarantee program, the Post-9/11 GI Bill, health care and job training, and the effect of these programs on participants.

Examples of Other Uses

- State and local agencies use these statistics to determine what kinds of social services might be needed in a community.
- Businesses may use these estimates to understand potential employees or trainees.

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disabilityrate



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28

b. What is Sample Person's service-connected disability rating? ([Help](#))

- 0 percent
- 10 or 20 percent
- 30 or 40 percent
- 50 or 60 percent
- 70 percent or higher

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Why We Ask?

We ask about a person's military service to create estimates of veterans and their needs at the community level. Though the Department of Veterans' Affairs (VA) maintains veterans' records, ACS statistics are able to provide federal program planners, policy-makers and researchers with additional statistics about all veterans, regardless of whether they utilize VA services. Statistics about where veterans are moving throughout the country, their ages, and their VA service-connected disability rating status, help communities plan for future health care and nursing homes. Statistics about whether veterans are in school or working help plan and fund job training, and statistics about veterans' homes help improve the home loan guarantee program.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to estimate the number of nursing home and domiciliary beds necessary for VA extended care services to serve older veterans.
- Used to assess the eligible population for federal programs benefiting veterans, such as the VA Home Loan Guarantee program, the Post-9/11 GI Bill, health care and job training, and the effect of these programs on participants.

Examples of Other Uses

- State and local agencies use these statistics to determine what kinds of social services might be needed in a community.
- Businesses may use these estimates to understand potential employees or trainees.

Help

- Received service-connected disability rating of zero → select "0 percent"
- Do NOT select "0 percent" to indicate no rating

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worklastweek



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29 a. LAST WEEK, did Sample Person work for pay at a job (or business)? [\(Help\)](#)

Yes

No - Did not work (or retired)

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worklastweek help

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Why We Ask?

We ask about whether a person worked last week, and if the answer is no, why they were not working, and whether they are looking for work to produce statistics about the labor force. These statistics about the employed, unemployed, and those out of the labor force help the federal government understand more about unemployment and the availability of workers, plan unemployment programs and services, and plan programs to grow employment over time.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to enforce nondiscrimination provisions in employment by private employers, employment agencies, and labor organizations. Used in federal affirmative employment programs, to identify under-representation in job categories, including veterans and people with disabilities.
- Used to help make other federal surveys more accurate, including those that produce the nation's official labor market estimates.

Examples of Other Uses

- State and local agencies use these statistics to identify labor surplus areas (areas with people available for hiring and training), plan workforce development programs including job fairs and training programs, and to promote business opportunities.

Help

- Count as work → Select "Yes" if this person performed:
 - Work for someone else for wages, salary, piece rate, commission, tips, or payments "in kind" (for example, food or lodging received as payment for work performed)
 - Work in own business, professional practice, or farm
 - Any work in a family business or farm, paid (for any amount of time) or without pay (for 15 or more hours per week).
 - Any part-time work including babysitting, paper routes, etc.
 - Active duty in the Armed Forces
- Do not count as work → Select "No" if this person's activities were limited to the following:
 - Housework or yard work at home
 - Unpaid volunteer work
 - School work done as a student
 - Work done as a resident or inmate of an institutional facility (like a nursing facility or correctional facility)

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Please answer this important question.

29 a. LAST WEEK, did Sample Person work for pay at a job (or business)? [\(Help\)](#)

- Yes
- No - Did not work (or retired)

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anywork



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29

b. LAST WEEK, did Sample Person do ANY work for pay, even for as little as one hour?

[\(Help\)](#)

Yes

No

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**Why We Ask?**

We ask about whether a person worked last week, and if the answer is no, why they were not working, and whether they are looking for work to produce statistics about the labor force. These statistics about the employed, unemployed, and those out of the labor force help the federal government understand more about unemployment and the availability of workers, plan unemployment programs and services, and plan programs to grow employment over time.

- [Click Here to Collapse Additional Text](#)

Examples of Federal Uses

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Help

- Count as work - Select "Yes" if this person performed:
 - Work for someone else for wages, salary, piece rate, commission, tips, or payments "in kind" (for example, food or lodging received as payment for work performed)
 - Work in own business, professional practice, or farm
 - Any work in a family business or farm, paid (for any amount of time) or without pay (for 15 or more hours per week).
 - Any part-time work including babysitting, paper routes, etc.
 - Active duty in the Armed Forces
- Do not count as work - Select "No" if this person's activities were limited to the following:
 - Housework or yard work at home
 - Unpaid volunteer work
 - School work done as a student
 - Work done as a resident or inmate of an institutional facility (like a nursing facility or correctional facility)

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worklocal



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30 At what location did Sample Person work LAST WEEK? *If Sample Person worked at more than one location, enter where he or she worked most last week.* [\(Help\)](#)

a. Address (Number and street name)

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

b. Name of city, town, or post office

c. Is the work location inside the limits of that city or town?

Yes

No, outside the city/town limits

d. Name of county

e. Name of U.S. state or foreign country

f. ZIP Code

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**Why We Ask?**

We ask questions about where people work, how they get there, when they leave, and how long it takes, to create statistics about commuting, or a person's journey to work. This information is crucial for planning improvements to the Nation's transportation systems, such as roads, bridges, and transit networks.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used in transportation planning to ensure compliance with various Federal regulations.
- Used to forecast an area's workforce size and density, predict peak travel demand on roads, bridges, and transit systems, and plan emergency response routes.
- Used to protect against employment discrimination through the Equal Employment Opportunity Act (EEO).
- The Office of Management and Budget's (OMB's) uses information about where people work to delineate the nation's metropolitan and micropolitan areas. These areas are used by Federal statistical agencies in collecting, tabulating, and publishing Federal statistics.

Examples of Other Uses

- State Departments of Transportation and regional planning agencies use commuting information for long range transportation planning and travel demand forecasting.
- Planning bodies use this information to address unmet transportation needs such as services for the physically disabled population and programs to promote a diverse set of travel options such as bicycling, walking, and transit.

Help**Include:**

- Building or structure number;
- Street name;
- Street type (for example, St., Road, Ave.);
- Street direction (if direction such as "North" is part of the address);
 - For example, type 1239 N. Main St. or 1239 Main St., N.W., not just 1239 Main

| If: | Then: |
|--|--|
| Only known address is post office box | <ul style="list-style-type: none"> • Do NOT give a post office box number • Enter description of work location, such as name of building or shopping center, nearest intersection, or nearest street |
| Worked at military installation or military base that has no street address | Enter name of military installation or base, AND enter description of work location, such as building number, building name, nearest street or intersection |
| Worked at several locations, but reported to same location each day to begin work | Enter street address of location reported |
| Worked at several locations, but did NOT report to same location each day to begin work | Enter address of location worked most of the time last week |
| Employer operates in more than one location, such as: <ul style="list-style-type: none"> • Grocery store chain • Public school system | <ul style="list-style-type: none"> • Enter street address of location or branch where worked • If street address of a school is not known, enter name of school, AND description of location, such as nearest street or intersection |
| Person worked on a college or university campus AND street address of the workplace is not known | Enter name of building where worked, AND description of location, such as nearest street or intersection |

Close Help

transporttowork

Question Wording

How did (Name) usually get to work LAST WEEK? *Select ONE box for the method of transportation used for most of the distance.*
([Help](#))

Response Options

See graphic below

The screenshot shows the American Community Survey interface. At the top, there is a green header with the United States Census Bureau logo on the left and the text "American Community Survey" on the right. Below the header is a navigation bar with three buttons: "Instructions", "FAQs", and "Save and Log Out". The main content area displays question 31: "How did usually get to work LAST WEEK? Select ONE box for the method of transportation used for most of the distance." followed by a "(Help)" link. Below the question is a list of 13 radio button options: "Car, truck, or van", "Bus", "Subway or elevated rail", "Long-distance train or commuter rail", "Light rail, streetcar, or trolley", "Ferryboat", "Taxicab", "Motorcycle", "Bicycle", "Walked", "Worked from home", and "Other method". At the bottom of the question area are two green buttons: "Previous" with a left arrow and "Next" with a right arrow. The footer of the page is a green bar with links for "Contact Us", "Accessibility", "Privacy", and "Security".

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31 **How did usually get to work LAST WEEK?** *Select ONE box for the method of transportation used for most of the distance.*
([Help](#))

- Car, truck, or van
- Bus
- Subway or elevated rail
- Long-distance train or commuter rail
- Light rail, streetcar, or trolley
- Ferryboat
- Taxicab
- Motorcycle
- Bicycle
- Walked
- Worked from home
- Other method

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transportwork help

Why We Ask?

We ask questions about where people work, how they get there, when they leave, and how long it takes, to create statistics about commuting, or a person's journey to work. This information is crucial for planning improvements to the Nation's transportation systems, such as roads, bridges, and transit networks.

[< + Click Here to Learn More>](#) / [< - Click Here to Collapse Additional Text>](#)

Examples of Federal Uses

- Used in transportation planning to ensure compliance with various Federal regulations.
- Used to forecast an area's workforce size and density, predict peak travel demand on roads, bridges, and transit systems, and plan emergency response routes.
- Used to protect against employment discrimination through the Equal Employment Opportunity Act (EEO).
- The Office of Management and Budget's (OMB's) uses information about where people work to delineate the nation's metropolitan and micropolitan areas. These areas are used by Federal statistical agencies in collecting, tabulating, and publishing Federal statistics.

Examples of Other Uses

- State Departments of Transportation and regional planning agencies use commuting information for long range transportation planning and travel demand forecasting.
- Planning bodies use this information to address unmet transportation needs such as services for the physically disabled population and programs to promote a diverse set of travel options such as bicycling, walking, and transit.

Help

- Worked on a farm where he or she lives → select "Worked from home"
- Worked in an office or shop in the person's own home → select "Worked from home"
- If different modes are used on different days -> select mode used on most of the days

| If person rode: | Then select: |
|---|--------------------------------------|
| <ul style="list-style-type: none"> • Company car • Limousine (private) • Mini-bus • Station wagon • Truck cab • Truck (light) of 1-ton capacity or less | Car, truck, or van |
| <ul style="list-style-type: none"> • Light rail • Vehicles that operate on tracks or rails with overhead electrical wires • Streetcar • Trolley • Cable car | Light rail, streetcar, or trolley |
| <ul style="list-style-type: none"> • Amtrak • Commuter train (e.g., MTA Long Island Railroad, SEPTA, MARC, MBTA, Metrolink, Caltrain, Virginia Railway Express) • Any regional rail system that operates between central cities and outlying communities | Long-distance train or commuter rail |
| <ul style="list-style-type: none"> • Cab • Limousines for which fare is charged (airport limousines) | Taxicab |
| <ul style="list-style-type: none"> • Moped | Motorcycle |

Capture Guide

| | |
|--|--------------|
| <ul style="list-style-type: none">• Motor scooter• Similar motor-driven vehicle | |
| <ul style="list-style-type: none">• Bicycle or other vehicle that is pedaled | Bicycle |
| <ul style="list-style-type: none">• Airplane• All-Terrain Vehicle (ATV)• Boat (other than public ferry)• Dogsled• Helicopter• Horse (with or without buggy)• Inline skates• Limousine (for hire)• Motor home (large)• Motorized chair• Self-balancing electric vehicle• Skateboard• Snow machine/snowmobile• Truck (large) or truck rig | Other method |

numberofriders



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32 How many people, including Sample Person, usually rode to work in the car, truck, or van LAST WEEK? ([Help](#))

Person(s)

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numberofriders help

Help



Why We Ask?

We ask questions about where people work, how they get there, when they leave, and how long it takes, to create statistics about commuting, or a person's journey to work. This information is crucial for planning improvements to the Nation's transportation systems, such as roads, bridges, and transit networks.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used in transportation planning to ensure compliance with various Federal regulations.
- Used to forecast an area's workforce size and density, predict peak travel demand on roads, bridges, and transit systems, and plan emergency response routes.
- Used to protect against employment discrimination through the Equal Employment Opportunity Act (EEO).
- The Office of Management and Budget's (OMB's) uses information about where people work to delineate the nation's metropolitan and micropolitan areas. These areas are used by Federal statistical agencies in collecting, tabulating, and publishing Federal statistics.

Examples of Other Uses

- State Departments of Transportation and regional planning agencies use commuting information for long range transportation planning and travel demand forecasting.
- Planning bodies use this information to address unmet transportation needs such as services for the physically disabled population and programs to promote a diverse set of travel options such as bicycling, walking, and transit.

Help

- If driven to work by someone who then drove back home or to a non-work destination → enter "1"
- Do NOT include persons who rode to school or some other non-work destination

Close Help

numberofriders edit message



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ⓘ You reported a very large number of riders. Please check your answer. Remember to include this person in the number of riders.

32 How many people, including Sample Person, usually rode to work in the car, truck, or van LAST WEEK? ([Help](#))

Person(s)

99

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timeleftforwork

Question Wording

LAST WEEK, what time did (Name)'s trip to work usually begin? ([Help](#))

Response Options

See graphic below



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33 LAST WEEK, what time did 's trip to work usually begin? ([Help](#))

Hour Minute a.m.
 p.m.

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timeleftforwork help

Help



Why We Ask?

We ask questions about where people work, how they get there, when they leave, and how long it takes, to create statistics about commuting, or a person's journey to work. This information is crucial for planning improvements to the Nation's transportation systems, such as roads, bridges, and transit networks.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used in transportation planning to ensure compliance with various Federal regulations.
- Used to forecast an area's workforce size and density, predict peak travel demand on roads, bridges, and transit systems, and plan emergency response routes.
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- The Office of Management and Budget's (OMB's) uses information about where people work to delineate the nation's metropolitan and micropolitan areas. These areas are used by Federal statistical agencies in collecting, tabulating, and publishing Federal statistics.

Examples of Other Uses

- State Departments of Transportation and regional planning agencies use commuting information for long range transportation planning and travel demand forecasting.
- Planning bodies use this information to address unmet transportation needs such as services for the physically disabled population and programs to promote a diverse set of travel options such as bicycling, walking, and transit.

Help

- Between 12:00 o'clock midnight and 11:59 a.m. → select "a.m."
- Between 12:00 o'clock noon and 11:59 p.m. → select "p.m."

Close Help

timeleftforwork edit message (1)

*This image displays only the edit message functionality of the instrument. See initial timeleftforwork screenshot above for the actual question wording.

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! Please enter an hour between 00 and 23.

33 What time did Sample Person usually leave home to go to work LAST WEEK? ([Help](#))

Hour: Minute:

a.m. p.m.

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timeleftforwork edit message (2)

*This image displays only the edit message functionality of the instrument. See initial timeleftforwork screenshot above for the actual question wording.

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ⓘ Please enter minutes between 00 and 59.

33 What time did Sample Person usually leave home to go to work LAST WEEK? [\(Help\)](#)

Hour : Minute

a.m.
 p.m.

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mintowork



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34 How many minutes did it usually take Sample Person to get from home to work LAST WEEK? [\(Help\)](#)

Minutes

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mintowork help**Help****Why We Ask?**

We ask questions about where people work, how they get there, when they leave, and how long it takes, to create statistics about commuting, or a person's journey to work. This information is crucial for planning improvements to the Nation's transportation systems, such as roads, bridges, and transit networks.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

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- Used to forecast an area's workforce size and density, predict peak travel demand on roads, bridges, and transit systems, and plan emergency response routes.
- Used to protect against employment discrimination through the Equal Employment Opportunity Act (EEO).
- The Office of Management and Budget's (OMB's) uses information about where people work to delineate the nation's metropolitan and micropolitan areas. These areas are used by Federal statistical agencies in collecting, tabulating, and publishing Federal statistics.

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- State Departments of Transportation and regional planning agencies use commuting information for long range transportation planning and travel demand forecasting.
- Planning bodies use this information to address unmet transportation needs such as services for the physically disabled population and programs to promote a diverse set of travel options such as bicycling, walking, and transit.

Help

- Travel time is from door to door
- Enter one-way commute time for this person's usual daily commute
- Include time waiting for public transportation or picking up passengers in a carpool

Close Help

mintowork edit message

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! You reported a very large number of minutes to work. Please check your answer. The number of minutes to work should be the average number of minutes it took from home to work for a one-way commute last week.

34 How many minutes did it usually take Sample Person to get from home to work LAST WEEK? ([Help](#))

Minutes

240

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fiftymoreweeks

Question Wording

a. During the PAST 12 MONTHS (52 weeks), did (Name) work EVERY week? Count paid vacation, paid sick leave, and military service as work. ([Help](#))

Response Options

See graphic below

The screenshot shows the American Community Survey interface. At the top, there is a green header with the United States Census Bureau logo on the left and the text "American Community Survey" on the right. Below the header is a navigation bar with three buttons: "Instructions", "FAQs", and "Save and Log Out". The main content area displays question 39: "a. During the PAST 12 MONTHS (52 weeks), did work EVERY week? Count paid vacation, paid sick leave, and military service as work. ([Help](#))". Below the question are two radio button options: "Yes" and "No". At the bottom of the question area are two green buttons: "Previous" with a left arrow and "Next" with a right arrow. The footer of the page is a green bar with links for "Contact Us", "Accessibility", "Privacy", and "Security".

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39 a. During the PAST 12 MONTHS (52 weeks), did work EVERY week? Count paid vacation, paid sick leave, and military service as work. ([Help](#))

Yes

No

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fiftymoreweeks help

Why We Ask?

We ask about how many weeks a person worked in the last year, and how many hours he or she worked each week to produce statistics about full-time and part-time workers, as well as full-year and part-year workers. These statistics help federal agencies understand trends and differences in wages, benefits, work hours, and seasonal work.

[< + Click Here to Learn More>](#) / [< - Click Here to Collapse Additional Text>](#)

Examples of Federal Uses

- Used to examine the labor force participation and income status of all service-connected (SC) veterans compared to non service-connected (NSC) veterans and non-veterans. This comparison is important to compensate and care for disabled veterans.
- Used to enforce against discrimination in employment by private employers, employment agencies, and labor organizations. Used in federal affirmative employment programs, to identify under-representation in job categories, including veterans and people with disabilities.

Examples of Other Uses

- State and local agencies use these statistics to identify the percentage of people employed full-time, and the percentage of residents who work in each community year-round.

Help

- Count every week in which the person did any work at all, even for an hour
- Count weeks this person was on paid vacation, paid sick leave, or military service
- Count weeks if this person performed:
 - Work for someone else for wages, salary, piece rate, commission, tips, or payments "in kind" (for example, food or lodging received as payment for work performed)
 - Work in own business, professional practice, or farm
 - Any work in a family business or farm, paid (for any amount of time) or without pay (for 15 or more hours per week).
 - Any part-time work including babysitting, paper routes, etc.
 - Active duty in the Armed Forces
- Do NOT count weeks in which this person's activities were limited to the following:
 - Housework or yard work at home
 - Unpaid volunteer work
 - School work done as a student
 - Work done as a resident or inmate of an institution

Note- in the past 12 months there were a total of 52 weeks

Capture Guide

weeksworked**Question Wording**

b. During the PAST 12 MONTHS (52 weeks), how many WEEKS did (Name) work? Include paid time off and include weeks when (Name) only worked for a few hours. ([Help](#))

Response Options

See graphic below

The screenshot shows the American Community Survey interface for question 39b. At the top, there is a green header with the United States Census Bureau logo on the left and the text "American Community Survey" on the right. Below the header is a navigation bar with three tabs: "Instructions", "FAQs", and "Save and Log Out". The main content area contains question 39b, which asks for the number of weeks worked in the past 12 months. The question is followed by a radio button for "Yes" and a radio button for "No". Below the radio buttons is a text input field labeled "Week(s)". At the bottom of the question area are two green buttons: "Previous" with a left arrow and "Next" with a right arrow. The footer of the page is green and contains links for "Contact Us", "Accessibility", "Privacy", and "Security".

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39 a. During the PAST 12 MONTHS (52 weeks), did work EVERY week? Count paid vacation, paid sick leave, and military service as work. ([Help](#))

Yes

No

39 b. During the PAST 12 MONTHS (52 weeks), how many WEEKS did work? Include paid time off and include weeks when only worked for a few hours. ([Help](#))

Week(s)

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weeksworked help

Help



Why We Ask?

We ask about how many weeks a person worked in the last year, and how many hours he or she worked each week to produce statistics about full-time and part-time workers, as well as full-year and part-year workers. These statistics help federal agencies understand trends and differences in wages, benefits, work hours, and seasonal work.

- [Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to examine the labor force participation and income status of all service-connected (SC) veterans compared to non service-connected (NSC) veterans and non-veterans. This comparison is important to compensate and care for disabled veterans.
- Used to enforce against discrimination in employment by private employers, employment agencies, and labor organizations. Used in federal affirmative employment programs, to identify under-representation in job categories, including veterans and people with disabilities.

Examples of Other Uses

- State and local agencies use these statistics to identify the percentage of people employed full-time, and the percentage of residents who work in each community year-round.

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hoursworked



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40 During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did Sample Person usually work each WEEK? ([Help](#))

Usual hours worked each WEEK

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hoursworked help

Help



Why We Ask?

We ask about how many weeks a person worked in the last year, and how many hours he or she worked each week to produce statistics about full-time and part-time workers, as well as full-year and part-year workers. These statistics help federal agencies understand trends and differences in wages, benefits, work hours, and seasonal work.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to examine the labor force participation and income status of all service-connected (SC) veterans compared to non service-connected (NSC) veterans and non-veterans. This comparison is important to compensate and care for disabled veterans.
- Used to enforce against discrimination in employment by private employers, employment agencies, and labor organizations. Used in federal affirmative employment programs, to identify under-representation in job categories, including veterans and people with disabilities.

Examples of Other Uses

- State and local agencies use these statistics to identify the percentage of people employed full-time, and the percentage of residents who work in each community year-round.

Help

If hours worked each week varied considerably → enter approximate average number of hours worked each week

Close Help

hoursworked edit message

American Community Survey

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! You reported a very large number of hours. Please check the number of hours this person worked last week.

40 During the **PAST 12 MONTHS**, in the **WEEKS WORKED**, how many hours did **Sample Person** usually work each **WEEK**? ([Help](#))

Usual hours worked each WEEK

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layoff



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35 a. LAST WEEK, was Sample Person on layoff from a job? ([Help](#))

Yes

No

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layoff help

Help



Why We Ask?

We ask about whether a person worked last week, and if the answer is no, why they were not working, and whether they are looking for work to produce statistics about the labor force. These statistics about the employed, unemployed, and those out of the labor force help the federal government understand more about unemployment and the availability of workers, plan unemployment programs and services, and plan programs to grow employment over time.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to enforce nondiscrimination provisions in employment by private employers, employment agencies, and labor organizations. Used in federal affirmative employment programs, to identify under-representation in job categories, including veterans and people with disabilities.
- Used to help make other federal surveys more accurate, including those that produce the nation's official labor market estimates.

Examples of Other Uses

- State and local agencies use these statistics to identify labor surplus areas (areas with people available for hiring and training), plan workforce development programs including job fairs and training programs, and to promote business opportunities.

Help

- Waiting to be recalled to a job from which the person was temporarily separated for business-related reasons → select "Yes"

Close Help

tempabsent



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35 b. LAST WEEK, was Sample Person TEMPORARILY absent from a job or business?

[\(Help\)](#)

- Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc.
- No

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tempabsent help

Help



Why We Ask?

We ask about whether a person worked last week, and if the answer is no, why they were not working, and whether they are looking for work to produce statistics about the labor force. These statistics about the employed, unemployed, and those out of the labor force help the federal government understand more about unemployment and the availability of workers, plan unemployment programs and services, and plan programs to grow employment over time.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to enforce nondiscrimination provisions in employment by private employers, employment agencies, and labor organizations. Used in federal affirmative employment programs, to identify under-representation in job categories, including veterans and people with disabilities.
- Used to help make other federal surveys more accurate, including those that produce the nation's official labor market estimates.

Examples of Other Uses

- State and local agencies use these statistics to identify labor surplus areas (areas with people available for hiring and training), plan workforce development programs including job fairs and training programs, and to promote business opportunities.

Help

Select "No" if the person:

- Works only during certain seasons
- Works only on a day-by-day basis when work is available

Close Help

recalltowork



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35 c. Has Sample 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? ([Help](#))

 Yes

 No

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recallto work help**Help****Why We Ask?**

We ask about whether a person worked last week, and if the answer is no, why they were not working, and whether they are looking for work to produce statistics about the labor force. These statistics about the employed, unemployed, and those out of the labor force help the federal government understand more about unemployment and the availability of workers, plan unemployment programs and services, and plan programs to grow employment over time.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to enforce nondiscrimination provisions in employment by private employers, employment agencies, and labor organizations. Used in federal affirmative employment programs, to identify under-representation in job categories, including veterans and people with disabilities.
- Used to help make other federal surveys more accurate, including those that produce the nation's official labor market estimates.

Examples of Other Uses

- State and local agencies use these statistics to identify labor surplus areas (areas with people available for hiring and training), plan workforce development programs including job fairs and training programs, and to promote business opportunities.

Help

Select "Yes" if the person was:

- Informed by employer, either formally or informally, that they will be recalled within next 6 months
- Given, formally or informally, specific date to return to work, even if that date is more than 6 months away

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activelookforwork



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During the LAST 4 WEEKS, has Sample Person been ACTIVELY looking for work?

[\(Help\)](#)

Yes

No

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activelookforwork help**Help****Why We Ask?**

We ask about whether a person worked last week, and if the answer is no, why they were not working, and whether they are looking for work to produce statistics about the labor force. These statistics about the employed, unemployed, and those out of the labor force help the federal government understand more about unemployment and the availability of workers, plan unemployment programs and services, and plan programs to grow employment over time.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to enforce nondiscrimination provisions in employment by private employers, employment agencies, and labor organizations. Used in federal affirmative employment programs, to identify under-representation in job categories, including veterans and people with disabilities.
- Used to help make other federal surveys more accurate, including those that produce the nation's official labor market estimates.

Examples of Other Uses

- State and local agencies use these statistics to identify labor surplus areas (areas with people available for hiring and training), plan workforce development programs including job fairs and training programs, and to promote business opportunities.


Help

Select "Yes" if the person tried to get a job or start a business or professional practice at any time in the last 4 weeks. For example:

- Registered at a public or private employment office
- Went to a job interview
- Placed or answered employment ads
- Did anything toward starting a business or professional practice

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couldwork


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37 LAST WEEK, could Sample Person have started a job if offered one, or returned to work if recalled? ([Help](#))

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

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Why We Ask?

We ask about whether a person worked last week, and if the answer is no, why they were not working, and whether they are looking for work to produce statistics about the labor force. These statistics about the employed, unemployed, and those out of the labor force help the federal government understand more about unemployment and the availability of workers, plan unemployment programs and services, and plan programs to grow employment over time.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to enforce nondiscrimination provisions in employment by private employers, employment agencies, and labor organizations. Used in federal affirmative employment programs, to identify under-representation in job categories, including veterans and people with disabilities.
- Used to help make other federal surveys more accurate, including those that produce the nation's official labor market estimates.

Examples of Other Uses

- State and local agencies use these statistics to identify labor surplus areas (areas with people available for hiring and training), plan workforce development programs including job fairs and training programs, and to promote business opportunities.

Help

- If the person was expecting to report to a job within 30 days → select "Yes, could have gone to work"
- Select "No, because of own temporary illness" only if the person expects to be able to work within 30 days
- If the person could not have gone to work because he or she was going to school, taking care of children, etc. → select "No, because of all other reasons (in school, etc.)"

Close Help

lastworked



American Community Survey

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Where You Are

Basic Info

Housing Questions

Person Info

• Sample Person

• Another Person

• Third Person

38 When did Sample Person last work, even for a few days? [\(Help\)](#)

- Within the past 12 months
- 1 to 5 years ago
- Over 5 years ago or never worked

[← Previous](#)

[Next →](#)

lastworked help

Help



Why We Ask?

We ask about whether a person worked last week, and if the answer is no, why they were not working, and whether they are looking for work to produce statistics about the labor force. These statistics about the employed, unemployed, and those out of the labor force help the federal government understand more about unemployment and the availability of workers, plan unemployment programs and services, and plan programs to grow employment over time.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to enforce nondiscrimination provisions in employment by private employers, employment agencies, and labor organizations. Used in federal affirmative employment programs, to identify under-representation in job categories, including veterans and people with disabilities.
- Used to help make other federal surveys more accurate, including those that produce the nation's official labor market estimates.

Examples of Other Uses


- State and local agencies use these statistics to identify labor surplus areas (areas with people available for hiring and training), plan workforce development programs including job fairs and training programs, and to promote business opportunities.

Help

- Count as work if this person performed:
 - Work for someone else for wages, salary, piece rate, commission, tips, or payments "in kind" (for example, food or lodging received as payment for work performed)
 - Work in own business, professional practice, or farm
 - Any work in a family business or farm, paid (for any amount of time) or without pay (for 15 or more hours per week).
 - Any part-time work including babysitting, paper routes, etc.
 - Active duty in the Armed Forces
- Do NOT count as work if this person's activities were limited to the following:
 - Housework or yard work at home
 - Unpaid volunteer work
 - School work done as a student
 - Work done as a resident or inmate of an institution
- Select "Over 5 years ago or never worked" if the person:
 - Never worked at any kind of job or business, either full or part time, AND
 - Never worked, with or without pay, in a family business or farm, AND
 - Never served on active duty in Armed Forces

Close Help

lastworked edit message


American Community Survey

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! Please answer this important question.

38 When did Sample Person last work, even for a few days? [\(Help\)](#)

- Within the past 12 months
- 1 to 5 years ago
- Over 5 years ago or never worked

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Where You Are

- Basic Info
- Housing Questions
- Person Info
- Sample Person
- Another Person
- Third Person

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employeetype**Question Wording****DESCRIPTION OF EMPLOYMENT**

The next series of questions are about the type of employment (Name) had last week.

If (name) had more than one job, describe the one at which most hours were worked.

If (name) did not work last week, describe the most recent employment in the past five years.

a. Which one of the following best describes (Name)'s employment last week or the most recent employment in the past 5 years?

[\(Help\)](#)

Response Options

See graphic below

The screenshot shows the question interface for the American Community Survey. At the top, there is a header with the United States Census Bureau logo and the title 'American Community Survey'. Below the header are navigation links: 'Instructions', 'FAQs', and 'Save and Log Out'. The main content area displays question 41, titled 'DESCRIPTION OF EMPLOYMENT'. The question text is: 'The next series of questions are about the type of employment had last week. If had more than one job, describe the one at which most hours were worked. If did not work last week, describe the most recent employment in the past five years.' Below the question is a sub-question 'a. Which one of the following best describes 's employment last week or the most recent employment in the past 5 years?' with a '(Help)' link. The response options are grouped into three categories: 'PRIVATE SECTOR EMPLOYEE' (For-profit company or organization, Non-profit organization), 'GOVERNMENT EMPLOYEE' (Local government, State government, Active duty U.S. Armed Forces or Commissioned Corps, Federal government civilian employee), and 'SELF-EMPLOYED OR OTHER' (Owner of non-incorporated business, Owner of incorporated business, Worked without pay in a for-profit family business). At the bottom of the question area are 'Previous' and 'Next' buttons. The footer contains 'Contact Us', 'Accessibility', 'Privacy', and 'Security' links.

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41 DESCRIPTION OF EMPLOYMENT

The next series of questions are about the type of employment had last week.
If had more than one job, describe the one at which most hours were worked.
If did not work last week, describe the most recent employment in the past five years.

a. Which one of the following best describes 's employment last week or the most recent employment in the past 5 years?
[\(Help\)](#)

PRIVATE SECTOR EMPLOYEE

For-profit company or organization

Non-profit organization (including tax-exempt and charitable organizations)

GOVERNMENT EMPLOYEE

Local government (for example: city or county school district)

State government (including state colleges/universities)

Active duty U.S. Armed Forces or Commissioned Corps

Federal government civilian employee

SELF-EMPLOYED OR OTHER

Owner of non-incorporated business, professional practice, or farm

Owner of incorporated business, professional practice, or farm

Worked without pay in a for-profit family business or farm for 15 hours or more per week

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employeetype help

Help

x

Why We Ask?

We ask about whether a person was a private employee, government employee, self-employed, or working without pay in a family business, to produce statistics about class of worker. These statistics are used to understand more about the type of ownership of employing organizations, to plan and measure education, employment, career development and job training programs, and to measure compliance with antidiscrimination policies.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to support cooperative agricultural extension work.
- Used to enforce against discrimination in employment by private employers, government agencies, and labor organizations. Used in federal affirmative employment programs, to identify underrepresentation in job categories, including veterans and people with disabilities.

Examples of Other Uses

- State and local agencies use these statistics to identify the percentage of people employed full-time, and the percentage of residents who work in each community year-round.

Help

| If worked for: | Then select: |
|--|---|
| <ul style="list-style-type: none"> • Department store • Restaurant • Automobile dealer • National investment firm | An employee of a PRIVATE FOR-PROFIT company or business, or of an individual, for wages, salary, or commissions |
| <ul style="list-style-type: none"> • Cooperative • Credit union • Mutual insurance company | An employee of a PRIVATE NOT-FOR-PROFIT, tax exempt, or charitable organization |
| <ul style="list-style-type: none"> • County-run community college • City-run public school • City-owned bus lines | A local GOVERNMENT employee (city, county, etc.) |
| <ul style="list-style-type: none"> • State university • State police | A State GOVERNMENT employee |
| <ul style="list-style-type: none"> • Armed Forces, regular service • Military Reserves AND called to service by military order (not weekend training) | An active duty U.S. Armed Forces member |
| <ul style="list-style-type: none"> • Foreign government • United Nations | A Federal GOVERNMENT employee |
| <ul style="list-style-type: none"> • Profit or fees in his or her own business, farm, office, etc. • Sole proprietorships and partnerships, but the company is not incorporated | SELF-EMPLOYED in own NOT INCORPORATED |
| <ul style="list-style-type: none"> • Own business or organization which was a legal entity created by filing documents with the local secretary of state, commissioner of corporations, or similar official | SELF-EMPLOYED in own INCORPORATED |
| <ul style="list-style-type: none"> • Worked on a farm or in a business operated by a relative. • This category only applies to workers in the family business or farm, not the owners. • The work does not include housework or yard work at home, caring for a family member, unpaid volunteer work or unpaid internships. • If the worker receives money, which is considered wages for work, do not assign this category. | An employee WITHOUT PAY in a family business or farm |

Close Help

Capture Guide

employer**Question Wording**

What was the name of (Name's) employer, business, or agency? ([Help](#))

Response Options

See graphic below

The screenshot shows the user interface for question 41b in the American Community Survey. At the top left is the United States Census Bureau logo. The page title is "American Community Survey". A navigation bar contains "Instructions", "FAQs", and "Save and Log Out". The question text is "41 b. What was the name of 's employer, business, or agency? (Help)". Below the text is a text input field. At the bottom of the question area are two buttons: "Previous" with a left arrow and "Next" with a right arrow. The footer contains "Contact Us", "Accessibility", "Privacy", and "Security".

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41 b. What was the name of 's employer, business, or agency? ([Help](#))

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employer help

Help

**Why We Ask?**

We ask about a person's employer, the kind of business or industry of that employer, the work a person was doing, and that person's most important duties at that job to produce industry and occupation statistics. These statistics are used to understand more about the labor force, to plan and measure education, employment, career development and job training programs, and to measure compliance with antidiscrimination policies.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to enforce against discrimination in employment by private employers, government agencies, and labor organizations. Used in federal affirmative employment programs, to identify underrepresentation in job categories and specific occupations.
- Used to help make other federal surveys more accurate, including those that produce the nation's official labor market estimates.

Examples of Other Uses

- Used by Federal, State and local agencies to identify the demand of specific occupational categories by geographic areas.
- Used by companies to decide where to locate new plants, stores, or offices.

Help

| If worked for: | Then enter: |
|--|--|
| <ul style="list-style-type: none"> • Company • Business • Government agency | Name of company, NOT name of person's supervisor |
| <ul style="list-style-type: none"> • Individual or business that had no company name | Name of individual this person worked for |
| <ul style="list-style-type: none"> • His or her own un-named business | "Self-employed" |

Close Help



militaryemployer

Question Wording

Which branch of the Armed Forces or Commissioned Corps did (Name) work for? ([Help](#))

Response Options

See graphic below



American Community Survey

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41 b. Which branch of the Armed Forces or Commissioned Corps did work for? ([Help](#))

- U.S. Army
- U.S. Navy
- U.S. Air Force
- U.S. Marine Corps
- U.S. Coast Guard
- U.S. Public Health Service
- National Oceanic and Atmospheric Administration (NOAA)

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militaryemployer help

Help



Why We Ask?

We ask about a person's employer, the kind of business or industry of that employer, the work a person was doing, and that person's most important duties at that job to produce industry and occupation statistics. These statistics are used to understand more about the labor force, to plan and measure education, employment, career development and job training programs, and to measure compliance with antidiscrimination policies.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to enforce against discrimination in employment by private employers, government agencies, and labor organizations. Used in federal affirmative employment programs, to identify underrepresentation in job categories and specific occupations.
- Used to help make other federal surveys more accurate, including those that produce the nation's official labor market estimates.

Examples of Other Uses

- Used by Federal, State and local agencies to identify the demand of specific occupational categories by geographic areas.
- Used by companies to decide where to locate new plants, stores, or offices.

Help

- Do NOT include:
 - Persons elected to federal offices
 - Civilian employees of the Armed Forces
- Include ACTIVE DUTY members of:
 - U.S. Army
 - U.S. Navy
 - U.S. Air Force
 - U.S. Marine Corps
 - U.S. Coast Guard

Close Help

typeofbusiness

Question Wording

What kind of business or industry was this? *Include the main activity, product, or service provided at the location where employed. (For example: elementary school, residential construction)* ([Help](#))

Response Options

See graphic below

The screenshot shows the American Community Survey interface. At the top, there is a green header with the United States Census Bureau logo on the left and the text 'American Community Survey' on the right. Below the header is a navigation bar with three buttons: 'Instructions', 'FAQs', and 'Save and Log Out'. The main content area displays question 41: 'c. What kind of business or industry was this? Include the main activity, product, or service provided at the location where employed. (For example: elementary school, residential construction) (Help)'. Below the question is a text input field. At the bottom of the question area are two green buttons: 'Previous' with a left arrow and 'Next' with a right arrow. The footer of the page is a green bar with links for 'Contact Us', 'Accessibility', 'Privacy', and 'Security'.

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41 c. **What kind of business or industry was this?** *Include the main activity, product, or service provided at the location where employed. (For example: elementary school, residential construction)* ([Help](#))

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typeofbusiness help

Help

**Why We Ask?**

We ask about a person's employer, the kind of business or industry of that employer, the work a person was doing, and that person's most important duties at that job to produce industry and occupation statistics. These statistics are used to understand more about the labor force, to plan and measure education, employment, career development and job training programs, and to measure compliance with antidiscrimination policies.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to enforce against discrimination in employment by private employers, government agencies, and labor organizations. Used in federal affirmative employment programs, to identify underrepresentation in job categories and specific occupations.
- Used to help make other federal surveys more accurate, including those that produce the nation's official labor market estimates.

Examples of Other Uses

- Used by Federal, State and local agencies to identify the demand of specific occupational categories by geographic areas.
- Used by companies to decide where to locate new plants, stores, or offices.

Help

- Clearly and specifically describe what the business, industry, or individual employer does at the location where the person worked
- More than one activity → describe only major activity
- Enter what is made, what is sold, or what service is given
- Enter descriptions like the following:
 - Newspaper publishing
 - Mail Order House
 - Auto engine manufacturing

Close Help

businessclass

*Question number changed to 41 d.

| United States Census Bureau | | American Community Survey | |
|---|------|---------------------------|--|
| Instructions | FAQs | Save and Log Out | |
| <p>44 Is this business mainly — (Help)</p> <p><input type="radio"/> manufacturing?</p> <p><input type="radio"/> wholesale trade?</p> <p><input type="radio"/> retail trade?</p> <p><input type="radio"/> other (agriculture, construction, service, government, etc.)?</p> <p>← Previous Next →</p> | | | Where You Are |
| | | | Basic Info |
| | | | Housing Questions |
| | | | Person Info |
| | | | • Sample Person |
| • Another Person | | | |
| • Third Person | | | |
| Contact Us | | | Accessibility Privacy Security |

businessclass help

Help

**Why We Ask?**

We ask about a person's employer, the kind of business or industry of that employer, the work a person was doing, and that person's most important duties at that job to produce industry and occupation statistics. These statistics are used to understand more about the labor force, to plan and measure education, employment, career development and job training programs, and to measure compliance with antidiscrimination policies.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to enforce against discrimination in employment by private employers, government agencies, and labor organizations. Used in federal affirmative employment programs, to identify underrepresentation in job categories and specific occupations.
- Used to help make other federal surveys more accurate, including those that produce the nation's official labor market estimates.

Examples of Other Uses

- Used by Federal, State and local agencies to identify the demand of specific occupational categories by geographic areas.
- Used by companies to decide where to locate new plants, stores, or offices.

Help

| If main industry activity was: | Then select: |
|--|--|
| <ul style="list-style-type: none"> • Making and processing of products, OR • Making, processing, and selling of products in large lots to other manufacturers, wholesalers, or retailers | Manufacturing |
| <ul style="list-style-type: none"> • Buying of goods in large quantities from the manufacturer and selling the goods, usually in large volume, to other wholesalers or retailers, or industrial users | Wholesale trade |
| <ul style="list-style-type: none"> • Selling of products to individual consumers or users | Retail trade |
| <ul style="list-style-type: none"> • Other kinds of industries not previously mentioned, such as farms, construction firms, government offices, and services | Other (agriculture, construction, service, government, etc.) |

Close Help

Capture Guide

typeofwork**Question Wording**

What was (Name)'s main occupation? *(For example: 4th grade teacher, entry-level plumber)* ([Help](#))

Response Options

See graphic below

The screenshot shows the user interface for the American Community Survey. At the top, there is a green header with the United States Census Bureau logo on the left and the text "American Community Survey" on the right. Below the header is a navigation bar with three buttons: "Instructions", "FAQs", and "Save and Log Out". The main content area displays question 41, part e: "What was 's main occupation? (For example: 4th grade teacher, entry-level plumber) (Help)". Below the question is a text input field. At the bottom of the question area are two green buttons: "Previous" with a left arrow and "Next" with a right arrow. The footer of the page contains links for "Contact Us", "Accessibility", "Privacy", and "Security".

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41 e. What was 's main occupation? *(For example: 4th grade teacher, entry-level plumber)* ([Help](#))

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typeofwork help

Help



Why We Ask?

We ask about a person's employer, the kind of business or industry of that employer, the work a person was doing, and that person's most important duties at that job to produce industry and occupation statistics. These statistics are used to understand more about the labor force, to plan and measure education, employment, career development and job training programs, and to measure compliance with antidiscrimination policies.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to enforce against discrimination in employment by private employers, government agencies, and labor organizations. Used in federal affirmative employment programs, to identify underrepresentation in job categories and specific occupations.
- Used to help make other federal surveys more accurate, including those that produce the nation's official labor market estimates.

Examples of Other Uses

- Used by Federal, State and local agencies to identify the demand of specific occupational categories by geographic areas.
- Used by companies to decide where to locate new plants, stores, or offices.

Help

- Provide clearly and specifically a description of the kind of work the person does.
- If possible, avoid single words such as: nurse, manager, and teacher.
- Enter descriptions like the following:
 - Registered nurse
 - Personnel manager
 - Supervisor of order department
 - High school teacher
- If trainee, apprentice, or helper → include in description

Close Help

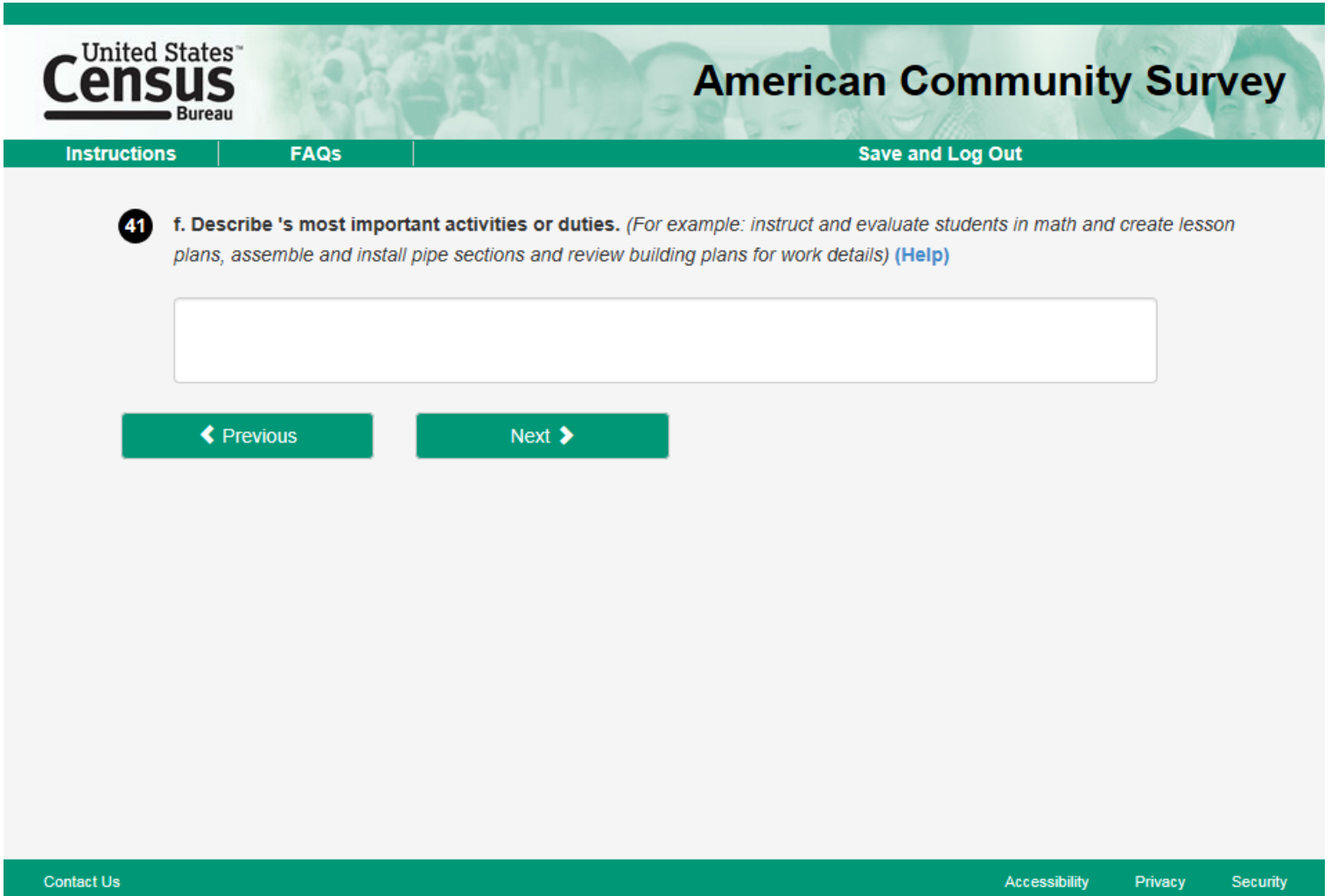
duties

Question Wording

Describe (Names)'s most important activities or duties. *(For example: instruct and evaluate students in math and create lesson plans, assemble and install pipe sections and review building plans for work details)* ([Help](#))

Response Options

See graphic below



The screenshot shows the American Community Survey interface. At the top, there is a green header with the United States Census Bureau logo on the left and the text "American Community Survey" on the right. Below the header is a navigation bar with three buttons: "Instructions", "FAQs", and "Save and Log Out". The main content area displays question 41, which asks for the respondent's most important activities or duties. The question text is: "41 f. Describe 's most important activities or duties. (For example: instruct and evaluate students in math and create lesson plans, assemble and install pipe sections and review building plans for work details) (Help)". Below the question is a large, empty text input field. At the bottom of the question area are two green buttons: "Previous" with a left arrow and "Next" with a right arrow. The footer of the page is a green bar with links for "Contact Us", "Accessibility", "Privacy", and "Security".

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41 f. Describe 's most important activities or duties. *(For example: instruct and evaluate students in math and create lesson plans, assemble and install pipe sections and review building plans for work details)* ([Help](#))

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duties help

Help



Why We Ask?

We ask about a person's employer, the kind of business or industry of that employer, the work a person was doing, and that person's most important duties at that job to produce industry and occupation statistics. These statistics are used to understand more about the labor force, to plan and measure education, employment, career development and job training programs, and to measure compliance with antidiscrimination policies.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to enforce against discrimination in employment by private employers, government agencies, and labor organizations. Used in federal affirmative employment programs, to identify underrepresentation in job categories and specific occupations.
- Used to help make other federal surveys more accurate, including those that produce the nation's official labor market estimates.

Examples of Other Uses

- Used by Federal, State and local agencies to identify the demand of specific occupational categories by geographic areas.
- Used by companies to decide where to locate new plants, stores, or offices.



Help

- Provide clearly and specifically a description of the most important activities or duties performed
- Enter descriptions like the following:
 - Patient care
 - Directing hiring policies
 - Supervising order clerks
 - Typing and filing
 - Reconciling financial records

Close Help

wages

*question number changed from 47 to 43

|  |  | |
|---|--|---|
| Instructions | FAQs | Save and Log Out |
| <p>47 The next few questions are about Sample Person's income during the PAST 12 MONTHS.</p> <p><i>For each type of income Sample Person received, 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.)</i></p> <p><i>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 select "No" for the other person.</i></p> <p>a. Did Sample Person receive any wages, salary, commissions, bonuses, or tips during the PAST 12 MONTHS? (Help)</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p>← Previous Next →</p> | | <p>Where You Are</p> <ul style="list-style-type: none"> Basic Info Housing Questions Person Info <ul style="list-style-type: none"> • Sample Person • Another Person • Third Person |
| Contact Us | | Accessibility Privacy Security |

wages help

Help

**Why We Ask?**

We ask questions about the funds a person receives from various sources to create statistics about income, earnings, and poverty. These estimates measure the economic well-being of the nation. Income and poverty estimates are often part of allocation formulas that determine how food, health care, job training, housing and other assistance are distributed.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used in formulas that provide funding to populations with the greatest need (such as children and seniors).
- Used to understand the characteristics of people living at or below the poverty line. These estimates are then used to set eligibility requirements for individuals, governments, and organizations seeking funding for education, housing assistance, health care, food assistance, legal services, and many other programs.

Examples of Other Uses

- States and counties use these statistics to identify local areas eligible for grants to stimulate economic recovery, run job-training programs, and define areas as empowerment or enterprise zones.
- States and counties also use this information to assist children in poverty, and to provide funds to counties and school districts for resources and services that improve the education of economically disadvantaged children.

Help

| If person received: | Then select: |
|--|---------------------|
| <ul style="list-style-type: none"> • Wages and salaries before deductions from ALL jobs • Tips • Commissions • Bonuses • Salary from incorporated businesses • Sick leave pay • Vacation pay • Director fees • Severance pay • Assistantships and teaching fellowships • Piece-rate • Military personnel: <ul style="list-style-type: none"> • Base pay • Cash housing and/or subsistence allowance • Flight pay • Uniform allotments • Reenlistment bonuses • Armed forces or national guard pay | Yes |

Close Help

wages edit message

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! Please answer this important question.

47 The next few questions are about Sample Person's income during the PAST 12 MONTHS.

For each type of income Sample Person received, 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.)

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 select "No" for the other person.

a. Did Sample Person receive any wages, salary, commissions, bonuses, or tips during the PAST 12 MONTHS? ([Help](#))

Yes

No

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Next →

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For each type of income Sample Person received, 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.)

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 select "No" for the other person.

a. Did Sample Person receive any wages, salary, commissions, bonuses, or tips during the PAST 12 MONTHS? [\(Help\)](#)

Yes

No

➔ What was the amount? Report amount from all jobs before any deductions for taxes, bonds, dues, or other items. [\(Help\)](#)

TOTAL AMOUNT for past 12 months

\$.00

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wagesamt help

Help

**Why We Ask?**

We ask questions about the funds a person receives from various sources to create statistics about income, earnings, and poverty. These estimates measure the economic well-being of the nation. Income and poverty estimates are often part of allocation formulas that determine how food, health care, job training, housing and other assistance are distributed.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used in formulas that provide funding to populations with the greatest need (such as children and seniors).
- Used to understand the characteristics of people living at or below the poverty line. These estimates are then used to set eligibility requirements for individuals, governments, and organizations seeking funding for education, housing assistance, health care, food assistance, legal services, and many other programs.

Examples of Other Uses

- States and counties use these statistics to identify local areas eligible for grants to stimulate economic recovery, run job-training programs, and define areas as empowerment or enterprise zones.
- States and counties also use this information to assist children in poverty, and to provide funds to counties and school districts for resources and services that improve the education of economically disadvantaged children.

Help

| If person received: | Then: |
|--|--------------------------|
| <ul style="list-style-type: none"> • Wages and salaries before deductions from ALL jobs • Tips • Commissions • Bonuses • Salary from incorporated businesses • Sick leave pay • Vacation pay • Director fees • Severance pay • Assistantships and teaching fellowships • Piece-rate • Military personnel: <ul style="list-style-type: none"> • Base pay • Cash housing and/or subsistence allowance • Flight pay • Uniform allotments • Reenlistment bonuses • Armed forces or national guard pay | Include in amount |
| <ul style="list-style-type: none"> • Refunds or rebates of any kind • Withdrawals from savings of any kind • Capital gains or losses from the sale of homes, shares of stock, etc. • Inheritances or insurance settlements • Any type of loan • Pay in-kind such as food, free rent • Lottery winnings taken in lump sum | Do NOT include in amount |

Close Help

wagesamt edit message



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47 The next few questions are about Sample Person's income during the PAST 12 MONTHS.

For each type of income Sample Person received, 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.)

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 select "No" for the other person.

a. Did Sample Person receive any wages, salary, commissions, bonuses, or tips during the PAST 12 MONTHS? ([Help](#))

- Yes
- No

! Please give your best estimate.

➔ **What was the amount?** Report amount from all jobs before any deductions for taxes, bonds, dues, or other items. ([Help](#))

TOTAL AMOUNT for past 12 months

| | | |
|----|--------|-----|
| \$ | Amount | .00 |
|----|--------|-----|

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selfemp

*question number changed from 47 to 43

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| <p>47 b. Did Sample Person receive any self-employment income from his or her own nonfarm businesses or farm businesses, including proprietorships and partnerships, during the PAST 12 MONTHS? (Help)</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p>← Previous Next →</p> | | | <p>Where You Are</p> <p>Basic Info</p> <p>Housing Questions</p> <p>Person Info</p> <ul style="list-style-type: none"> • Sample Person • Another Person • Third Person |
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**Why We Ask?**

We ask questions about the funds a person receives from various sources to create statistics about income, earnings, and poverty. These estimates measure the economic well-being of the nation. Income and poverty estimates are often part of allocation formulas that determine how food, health care, job training, housing and other assistance are distributed.

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Examples of Federal Uses

- Used in formulas that provide funding to populations with the greatest need (such as children and seniors).
- Used to understand the characteristics of people living at or below the poverty line. These estimates are then used to set eligibility requirements for individuals, governments, and organizations seeking funding for education, housing assistance, health care, food assistance, legal services, and many other programs.

Examples of Other Uses

- States and counties use these statistics to identify local areas eligible for grants to stimulate economic recovery, run job-training programs, and define areas as empowerment or enterprise zones.
- States and counties also use this information to assist children in poverty, and to provide funds to counties and school districts for resources and services that improve the education of economically disadvantaged children.

Help

If income received jointly by household members:

- If possible, report appropriate share for each person
- If not possible, report whole amount for one person AND select "No" for other person

| If: | Then select: |
|------------|---|
| Nonfarm | <p>"Yes" if:</p> <ul style="list-style-type: none"> • Person received profit (or loss) from self-employment in sole proprietorships and partnerships <p>"No" if:</p> <ul style="list-style-type: none"> • Person received profit (or loss) from incorporated business |
| Farm | <p>"Yes" if:</p> <ul style="list-style-type: none"> • Person received amounts from land rented for shares • Person received profit (or loss) from self-employment in sole proprietorships and partnerships <p>"No" if:</p> <ul style="list-style-type: none"> • Person received amounts from land rented for cash • Person received profit (or loss) from incorporated business |

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47 b. Did Sample Person receive any self-employment income from his or her own nonfarm businesses or farm businesses, including proprietorships and partnerships, during the PAST 12 MONTHS? [\(Help\)](#)

 Yes

 No

➔ **What was the amount?** Report NET income after business expenses. If net income was a loss, enter the amount and select "Loss." [\(Help\)](#)

TOTAL AMOUNT for past 12 months

 Loss

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**Why We Ask?**

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Examples of Federal Uses

- Used in formulas that provide funding to populations with the greatest need (such as children and seniors).
- Used to understand the characteristics of people living at or below the poverty line. These estimates are then used to set eligibility requirements for individuals, governments, and organizations seeking funding for education, housing assistance, health care, food assistance, legal services, and many other programs.

Examples of Other Uses

- States and counties use these statistics to identify local areas eligible for grants to stimulate economic recovery, run job-training programs, and define areas as empowerment or enterprise zones.
- States and counties also use this information to assist children in poverty, and to provide funds to counties and school districts for resources and services that improve the education of economically disadvantaged children.

Help

If income received jointly by household members:

- If possible, report appropriate share for each person
- If not possible, report whole amount for one person AND select "No" for other person

| If: | Then: |
|------------|---|
| Nonfarm | Include: <ul style="list-style-type: none"> • Profit or Loss (report <i>net</i> money income - gross receipts minus expenses) from self-employment in sole proprietorships and partnerships Exclude: <ul style="list-style-type: none"> • Profit (or loss) of incorporated businesses the person owns |
| Farm | Include: <ul style="list-style-type: none"> • Profit (or loss) from self-employment in sole proprietorships and partnerships • Amounts from land rented for shares Exclude: <ul style="list-style-type: none"> • Profit (or loss) of incorporated farm businesses the person owns • Amounts from land rented for cash |

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- 47** c. Did Sample Person receive any interest, dividends, net rental income, royalty income, or income from estates and trusts during the PAST 12 MONTHS? Report even small amounts credited to an account. [\(Help\)](#)

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 select "No" for the other person.

 Yes

 No

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Why We Ask?

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- Used in formulas that provide funding to populations with the greatest need (such as children and seniors).
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Examples of Other Uses

- States and counties use these statistics to identify local areas eligible for grants to stimulate economic recovery, run job-training programs, and define areas as empowerment or enterprise zones.
- States and counties also use this information to assist children in poverty, and to provide funds to counties and school districts for resources and services that improve the education of economically disadvantaged children.

Help

| If person received: | Then select: |
|---|--------------|
| <ul style="list-style-type: none"> • Interest received or credited to: <ul style="list-style-type: none"> • Checking and saving accounts • Money market funds • Certificates of deposit (CDs) • Individual Retirement Accounts (IRAs) • KEOGHs • Government bonds • Dividends received, credited, or reinvested from ownership of stocks or mutual funds • Profit (or loss) from: <ul style="list-style-type: none"> • Royalties • Rental of land, buildings or real estate • Roomers or boarders • Regular payments from estate or trust fund | Yes |

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47 c. Did Sample Person receive any interest, dividends, net rental income, royalty income, or income from estates and trusts during the PAST 12 MONTHS? Report even small amounts credited to an account.

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 select "No" for the other person.

[\(Help\)](#)

Yes

No

➔ What was the amount?

If net income was a loss, enter the amount and select "Loss." [\(Help\)](#)

TOTAL AMOUNT for past 12 months

\$

Loss

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Why We Ask?

We ask questions about the funds a person receives from various sources to create statistics about income, earnings, and poverty. These estimates measure the economic well-being of the nation. Income and poverty estimates are often part of allocation formulas that determine how food, health care, job training, housing and other assistance are distributed.

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Help

| If person received: | Then: |
|---|--------------------------|
| <ul style="list-style-type: none"> • Interest received or credited to: <ul style="list-style-type: none"> • Checking and saving accounts • Money market funds • Certificates of deposit (CDs) • Individual Retirement Accounts (IRAs) • KEOGHs • Government bonds • Dividends received, credited, or reinvested from ownership of stocks or mutual funds • Profit (or loss) from: <ul style="list-style-type: none"> • Royalties • Rental of land, buildings or real estate • Roomers or boarders • Regular payments from estate or trust fund | Include in amount |
| <ul style="list-style-type: none"> • Refunds or rebates of any kind • Withdrawals from savings of any kind • Capital gains or losses from the sale of homes, shares of stock, etc. • Inheritances or insurance settlements • Any type of loan • Pay in-kind such as food, free rent • Lottery winnings taken in lump sum | Do NOT include in amount |

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social security



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d. Did Sample Person receive any Social Security or Railroad Retirement benefits during the PAST 12 MONTHS? ([Help](#))

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 select "No" for the other person.

 Yes

 No

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socialsecurity help**Help****Why We Ask?**

We ask questions about the funds a person receives from various sources to create statistics about income, earnings, and poverty. These estimates measure the economic well-being of the nation. Income and poverty estimates are often part of allocation formulas that determine how food, health care, job training, housing and other assistance are distributed.

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- States and counties also use this information to assist children in poverty, and to provide funds to counties and school districts for resources and services that improve the education of economically disadvantaged children.

Help

| If person received: | Then select: |
|---|---------------------|
| <ul style="list-style-type: none"> • Before Medicare deductions: <ul style="list-style-type: none"> • Social Security • Railroad Retirement payments • Payments to retired persons • Payments to dependents of deceased insured workers • Payments to disabled workers | Yes |

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47 d. Did Sample Person receive any Social Security or Railroad Retirement benefits during the PAST 12 MONTHS? [\(Help\)](#)

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 select "No" for the other person.

- Yes
- No

➔ What was the amount? [\(Help\)](#)

TOTAL AMOUNT for past 12 months

| | | |
|----|--------|-----|
| \$ | Amount | .00 |
|----|--------|-----|

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**Why We Ask?**

We ask questions about the funds a person receives from various sources to create statistics about income, earnings, and poverty. These estimates measure the economic well-being of the nation. Income and poverty estimates are often part of allocation formulas that determine how food, health care, job training, housing and other assistance are distributed.

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- States and counties also use this information to assist children in poverty, and to provide funds to counties and school districts for resources and services that improve the education of economically disadvantaged children.

Help

| If person received: | Then: |
|---|--------------------------|
| <ul style="list-style-type: none"> • Before Medicare deductions: <ul style="list-style-type: none"> • Social Security • Railroad Retirement payments • Payments to retired persons • Payments to dependents of deceased insured workers • Payments to disabled workers | Include in amount |
| <ul style="list-style-type: none"> • Refunds or rebates of any kind • Withdrawals from savings of any kind • Capital gains or losses from the sale of homes, shares of stock, etc. • Inheritances or insurance settlements • Any type of loan • Pay in-kind such as food, free rent | Do NOT include in amount |

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ssi

*question number changed from 47 to 43

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47 e. Did Sample Person receive any Supplemental Security Income (SSI) payments during the PAST 12 MONTHS? [\(Help\)](#)

Yes

No

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ssi help**Help****Why We Ask?**

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- States and counties also use this information to assist children in poverty, and to provide funds to counties and school districts for resources and services that improve the education of economically disadvantaged children.

Help

If income received jointly by household members:

- If possible, report appropriate share for each person
- If not possible, report whole amount for one person AND select "No" for other person

| If person received: | Then select: |
|---|---------------------|
| <ul style="list-style-type: none"> • Supplemental Security Income (SSI) provided to: <ul style="list-style-type: none"> • Elderly • Blind • Disabled persons | Yes |

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47 e. Did Sample Person receive any Supplemental Security Income (SSI) payments during the PAST 12 MONTHS? ([Help](#))

Yes

No

[→](#) What was the amount? ([Help](#))

TOTAL AMOUNT for past 12 months

\$.00

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**Why We Ask?**

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Examples of Other Uses

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If income received jointly by household members:

- If possible, report appropriate share for each person
- If not possible, report whole amount for one person AND select "No" for other person

| If person received: | Then: |
|---|--------------------------|
| <ul style="list-style-type: none"> • Supplemental Security Income (SSI) provided to: <ul style="list-style-type: none"> • Elderly • Blind • Disabled persons | Include in amount |
| <ul style="list-style-type: none"> • Refunds or rebates of any kind • Withdrawals from savings of any kind • Capital gains or losses from the sale of homes, shares of stock, etc. • Inheritances or insurance settlements • Any type of loan • Pay in-kind such as food, free rent | Do NOT include in amount |

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47 f. Did Sample Person receive any public assistance or welfare payments from the state or local welfare office during the PAST 12 MONTHS? ([Help](#))

Yes

No

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We ask questions about the funds a person receives from various sources to create statistics about income, earnings, and poverty. These estimates measure the economic well-being of the nation. Income and poverty estimates are often part of allocation formulas that determine how food, health care, job training, housing and other assistance are distributed.

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- Used in formulas that provide funding to populations with the greatest need (such as children and seniors).
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- States and counties use these statistics to identify local areas eligible for grants to stimulate economic recovery, run job-training programs, and define areas as empowerment or enterprise zones.
- States and counties also use this information to assist children in poverty, and to provide funds to counties and school districts for resources and services that improve the education of economically disadvantaged children.

Help

If income received jointly by household members:

- If possible, report appropriate share for each person
- If not possible, report whole amount for one person AND select "No" for other person

| If person received: | Then select: |
|--|---------------------|
| • Cash public assistance or welfare payments from state or county welfare office | Yes |

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47 f. Did Sample Person receive any public assistance or welfare payments from the state or local welfare office during the PAST 12 MONTHS? ([Help](#))

Yes

No

➔ What was the amount? ([Help](#))

TOTAL AMOUNT for past 12 months

\$.00

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Help

If income received jointly by household members:

- If possible, report appropriate share for each person
- If not possible, report whole amount for one person AND select "No" for other person

| If person received: | Then: |
|--|--------------------------|
| <ul style="list-style-type: none"> • Public assistance or welfare payments received by check or electronic transfer from the state or local welfare office, even if received for only one month or less than a year • Benefits received on behalf of children (Temporary Assistance for Needy Families (TANF), Aid to Families with Dependent Children (AFDC), Aid to Dependent Children (ADC)) • Welfare to work, General Assistance, General Relief, Emergency Assistance, and Diversion Payments | Include in the amount |
| <ul style="list-style-type: none"> • Supplemental Security Income (SSI) • Food assistance (such as food stamps and benefits from the Supplemental Nutrition Assistance Program, or SNAP) • Rental assistance • Educational assistance • Child care assistance • Transportation assistance • Assistance with heating or cooling costs or ANY other energy assistance (such as Low Income Home Energy Assistance Program, or LIHEAP) | Do NOT include in amount |

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Question Wording

g. Did (Name) receive any survivor or disability income DURING THE PAST 12 MONTHS? ([Help](#))



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42 g. Did receive any survivor or disability income DURING THE PAST 12 MONTHS? ([Help](#))

Yes

No

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Why We Ask?

We ask questions about various types of income to determine poverty levels, measure economic well-being, and gauge the need for economic assistance. This information is used to supply funds for food, health care, job training, housing, and other assistance programs.

Help

Include survivor income which is paid to spouses or children of a deceased person. Include regular income from a disability pension paid to those who are unable to work due to a disability. Do not include Social Security.

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42 g. Did receive any survivor or disability income DURING THE PAST 12 MONTHS? [\(Help\)](#)

- Yes
 No

➔ **What was the amount?**

(Do not include Social Security)

[\(Help\)](#)

TOTAL AMOUNT for past 12 months

\$.00

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Why We Ask?

We ask questions about various types of income to determine poverty levels, measure economic well-being, and gauge the need for economic assistance. This information is used to supply funds for food, health care, job training, housing, and other assistance programs.

Help

Include survivor income which is paid to spouses or children of a deceased person. Include regular income from a disability pension paid to those who are unable to work due to a disability. Do not include Social Security.



retirement

Question Wording

g. Did (Name) receive a pension or any retirement income from a previous employer or union, or any regular withdrawals or distributions from retirement accounts such as a 401(k), 403(b), IRA, Roth IRA, or other accounts designed specifically for retirement DURING THE PAST 12 MONTHS? ([Help](#))

Response Options

See graphic below



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42 g. Did receive a pension or any retirement income from a previous employer or union, or any regular withdrawals or distributions from retirement accounts such as a 401(k), 403(b), IRA, Roth IRA, or other accounts designed specifically for retirement DURING THE PAST 12 MONTHS? ([Help](#))

Yes

No

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**Why We Ask?**

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Examples of Federal Uses

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Help

If income received jointly by household members:

- If possible, report appropriate share for each person
- If not possible, report whole amount for one person AND select "No" for other person

| If person received: | Then select: |
|--|---------------------|
| <ul style="list-style-type: none"> • Retirement, survivor or disability benefits from: <ul style="list-style-type: none"> • Companies or unions • Federal, state or local governments • U.S. military • Regular income from: <ul style="list-style-type: none"> • Annuities • IRA or KEOGH retirement plans | Yes |

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- 42 g. Did receive a pension or any retirement income from a previous employer or union, or any regular withdrawals or distributions from retirement accounts such as a 401(k), 403(b), IRA, Roth IRA, or other accounts designed specifically for retirement DURING THE PAST 12 MONTHS? ([Help](#))

 Yes No

➔ **What was the amount?**

(Do not include Social Security)

[\(Help\)](#)

TOTAL AMOUNT for the past 12 months

\$.00

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**Why We Ask?**

We ask questions about the funds a person receives from various sources to create statistics about income, earnings, and poverty. These estimates measure the economic well-being of the nation. Income and poverty estimates are often part of allocation formulas that determine how food, health care, job training, housing and other assistance are distributed.

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- If possible, report appropriate share for each person
- If not possible, report whole amount for one person AND select "No" for other person

| If person received: | Then: |
|--|--------------------------|
| <ul style="list-style-type: none"> • Retirement, survivor or disability benefits from: <ul style="list-style-type: none"> • Companies or unions • Federal, state or local governments • U.S. military • Regular income from: <ul style="list-style-type: none"> • Annuities • IRA or KEOGH retirement plans | Include in amount |
| <ul style="list-style-type: none"> • Refunds or rebates of any kind • Withdrawals from savings of any kind • Capital gains or losses from the sale of homes, shares of stock, etc. • Inheritances or insurance settlements • Any type of loan • Pay in-kind such as food, free rent • Lottery winnings taken in lump sum | Do NOT include in amount |

Close Help

otherincome



American Community Survey

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47

h. Did Sample Person receive income on a **REGULAR** basis from any other sources such as Department of Veterans Affairs (VA) payments, unemployment compensation, child support or alimony during the **PAST 12 MONTHS**? Do **NOT** include lump sum payments such as money from an inheritance or the sale of a home. [\(Help\)](#)

 Yes

 No

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otherincome help

Help x

Why We Ask?

We ask questions about the funds a person receives from various sources to create statistics about income, earnings, and poverty. These estimates measure the economic well-being of the nation. Income and poverty estimates are often part of allocation formulas that determine how food, health care, job training, housing and other assistance are distributed.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used in formulas that provide funding to populations with the greatest need (such as children and seniors).
- Used to understand the characteristics of people living at or below the poverty line. These estimates are then used to set eligibility requirements for individuals, governments, and organizations seeking funding for education, housing assistance, health care, food assistance, legal services, and many other programs.

Examples of Other Uses

- States and counties use these statistics to identify local areas eligible for grants to stimulate economic recovery, run job-training programs, and define areas as empowerment or enterprise zones.
- States and counties also use this information to assist children in poverty, and to provide funds to counties and school districts for resources and services that improve the education of economically disadvantaged children.

Help

If income received jointly by household members:

- If possible, report appropriate share for each person
- If not possible, report whole amount for one person AND select "No" for other person

| If person received: | Then select: |
|--|--------------|
| <ul style="list-style-type: none"> • Veterans' (VA) disability compensation • Veterans' educational assistance payments (VEAP) • Unemployment compensation • Child Support • Alimony • Other regular payments, such as: <ul style="list-style-type: none"> • Armed Forces transfer payments • Assistance from private charities • Regular contributions from persons not living in the household | Yes |

Close Help

Other income amt



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47 h. Did Sample Person receive income on a **REGULAR** basis from any other sources such as Veterans' Administration (VA) payments, unemployment compensation, child support or alimony during the **PAST 12 MONTHS**? Do **NOT** include lump sum payments such as money from an inheritance or the sale of a home. [\(Help\)](#)

- Yes
- No

➔ What was the amount? [\(Help\)](#)

TOTAL AMOUNT for past 12 months

| | | |
|----|--------|-----|
| \$ | Amount | .00 |
|----|--------|-----|

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otherincomeamt help

Help



Why We Ask?

We ask questions about the funds a person receives from various sources to create statistics about income, earnings, and poverty. These estimates measure the economic well-being of the nation. Income and poverty estimates are often part of allocation formulas that determine how food, health care, job training, housing and other assistance are distributed.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used in formulas that provide funding to populations with the greatest need (such as children and seniors).
- Used to understand the characteristics of people living at or below the poverty line. These estimates are then used to set eligibility requirements for individuals, governments, and organizations seeking funding for education, housing assistance, health care, food assistance, legal services, and many other programs.

Examples of Other Uses

- States and counties use these statistics to identify local areas eligible for grants to stimulate economic recovery, run job-training programs, and define areas as empowerment or enterprise zones.
- States and counties also use this information to assist children in poverty, and to provide funds to counties and school districts for resources and services that improve the education of economically disadvantaged children.

Help

| If person received: | Then: |
|--|--------------------------|
| <ul style="list-style-type: none"> • Veterans' (VA) disability compensation • Veterans' educational assistance payments (VEAP) • Unemployment compensation • Child Support • Alimony • Other regular payments, such as: <ul style="list-style-type: none"> • Armed Forces transfer payments • Assistance from private charities • Regular contributions from persons not living in the household | Include in amount |
| <ul style="list-style-type: none"> • Refunds or rebates of any kind • Withdrawals from savings of any kind • Capital gains or losses from the sale of homes, shares of stock, etc. • Inheritances or insurance settlements • Any type of loan • Pay in-kind such as food, free rent • Lottery winnings taken in lump sum | Do NOT include in amount |

Close Help

totalincome



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48 What was Sample Person's total income during the PAST 12 MONTHS? ([Help](#))

If net income was a loss, enter the amount and select "Loss."

None

OR

TOTAL AMOUNT for past 12 months

\$.00

Loss

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totalincome help

Help

**Why We Ask?**

We ask questions about the funds a person receives from various sources to create statistics about income, earnings, and poverty. These estimates measure the economic well-being of the nation. Income and poverty estimates are often part of allocation formulas that determine how food, health care, job training, housing and other assistance are distributed.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used in formulas that provide funding to populations with the greatest need (such as children and seniors).
- Used to understand the characteristics of people living at or below the poverty line. These estimates are then used to set eligibility requirements for individuals, governments, and organizations seeking funding for education, housing assistance, health care, food assistance, legal services, and many other programs.

Examples of Other Uses

- States and counties use these statistics to identify local areas eligible for grants to stimulate economic recovery, run job-training programs, and define areas as empowerment or enterprise zones.
- States and counties also use this information to assist children in poverty, and to provide funds to counties and school districts for resources and services that improve the education of economically disadvantaged children.

[Close Help](#)

vrfyincome



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48 According to our calculations, Sample Person received \$80,000 from all income sources during the PAST 12 MONTHS. Is this correct? [\(Help\)](#)

Yes

No

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vrfyincome help**Help****Why We Ask?**

We ask questions about the funds a person receives from various sources to create statistics about income, earnings, and poverty. These estimates measure the economic well-being of the nation. Income and poverty estimates are often part of allocation formulas that determine how food, health care, job training, housing and other assistance are distributed.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used in formulas that provide funding to populations with the greatest need (such as children and seniors).
- Used to understand the characteristics of people living at or below the poverty line. These estimates are then used to set eligibility requirements for individuals, governments, and organizations seeking funding for education, housing assistance, health care, food assistance, legal services, and many other programs.

Examples of Other Uses

- States and counties use these statistics to identify local areas eligible for grants to stimulate economic recovery, run job-training programs, and define areas as empowerment or enterprise zones.
- States and counties also use this information to assist children in poverty, and to provide funds to counties and school districts for resources and services that improve the education of economically disadvantaged children.

Close Help

estincome



American Community Survey

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What is your best estimate of the total income Sample Person received from all sources during the PAST 12 MONTHS? ([Help](#))

If net income was a loss, enter the amount and select "Loss."

TOTAL AMOUNT for past 12 months

Dollars

| | | |
|----|--------|-----|
| \$ | Amount | .00 |
|----|--------|-----|

Loss

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Where You Are

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estincome help

Help



Why We Ask?

We ask questions about the funds a person receives from various sources to create statistics about income, earnings, and poverty. These estimates measure the economic well-being of the nation. Income and poverty estimates are often part of allocation formulas that determine how food, health care, job training, housing and other assistance are distributed.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used in formulas that provide funding to populations with the greatest need (such as children and seniors).
- Used to understand the characteristics of people living at or below the poverty line. These estimates are then used to set eligibility requirements for individuals, governments, and organizations seeking funding for education, housing assistance, health care, food assistance, legal services, and many other programs.

Examples of Other Uses

- States and counties use these statistics to identify local areas eligible for grants to stimulate economic recovery, run job-training programs, and define areas as empowerment or enterprise zones.
- States and counties also use this information to assist children in poverty, and to provide funds to counties and school districts for resources and services that improve the education of economically disadvantaged children.

Close Help

presummary



American Community Survey

[Instructions](#)[FAQs](#)[Save and Log Out](#)

You are almost done. You may choose to review and edit your answers by clicking **REVIEW**.



To submit your answers and complete the American Community Survey without reviewing, click **SUBMIT**.

[Review](#)[Submit](#)

summary



American Community Survey

[Instructions](#)[FAQs](#)[Save and Log Out](#)

Summary



Please click [Review Answers](#) below to view a list of your answers.

Then click **SUBMIT** to complete the American Community Survey.

| | |
|--------------------------|--------------------------------|
| Housing Questions | Review Answers |
| Person Info | |
| • Sample Person | Review Answers |
| • Another Person | Review Answers |
| • Third Person | Review Answers |

Submit

housing (review and edit)

| United States Census Bureau | | American Community Survey | |
|---|---|---------------------------|--|
| Instructions | FAQs | Save and Log Out | |
| Review & Edit | | | |
| Answers to Housing Questions | | | |
| <p>➔ To change a response, click on the underlined answer to return to that question.</p> <p>➔ To complete an unanswered question, click on the underlined [BLANK] to return to that question.</p> <p style="text-align: right;">Print for your records</p> | | | |
| Building Type | Mobile home | | |
| Year Built | [BLANK] | | |
| Month/Year Sample Person Moved into building | [BLANK] | | |
| Number of Acres | [BLANK] | | |
| Agricultural Sales-past 12 months | [BLANK] | | |
| Number of Rooms | [BLANK] | | |
| Number of Bedrooms | [BLANK] | | |
| Mobile home has: | | | |
| a. hot and cold running water | [BLANK] | | |
| b. a bathtub or shower? | [BLANK] | | |
| c. a sink with a faucet | [BLANK] | | |
| d. a stove or range? | [BLANK] | | |
| e. a refrigerator? | [BLANK] | | |
| f. telephone service from which you can both make and receive calls? | [BLANK] | | |
| Computer use at this mobile home: | | | |
| a. Desktop or laptop | [BLANK] | | |
| b. Smartphone | [BLANK] | | |
| c. Tablet or other portable wireless computer | [BLANK] | | |
| d. Some other type of computer | Yes Specify: [BLANK] | | |
| Internet Access | Yes, by paying service provider | | |
| Internet subscription | | | |
| a. Cellular data plan for a smartphone or other mobile device | [BLANK] | | |
| b. Broadband (high speed) Internet service | [BLANK] | | |
| c. Satellite Internet service | [BLANK] | | |
| d. Dial-up Internet service | [BLANK] | | |
| e. Some other service | Yes Specify: [BLANK] | | |
| Number of vehicles | [BLANK] | | |
| Heating fuel used most | [BLANK] | | |
| Pay for electricity | Yes | | |
| Electricity cost last month | [BLANK] | | |
| Use gas at this address | Yes | | |
| Pay for gas | No | | |
| Gas payment | [BLANK] | | |
| Pay for water/sewer | No | | |
| Water/sewer payment | [BLANK] | | |
| Use other fuels | Yes | | |
| Pay for other fuel | No | | |
| Other fuel payment | [BLANK] | | |
| Received food stamps | [BLANK] | | |
| Part of a condominium | Yes | | |
| Pay condominium fee | Yes | | |
| Monthly condominium fee | [BLANK] | | |
| Tenure | Owned with mortgage/loan | | |
| Value of property | [BLANK] | | |
| Annual real estate taxes | [BLANK] | | |
| Annual fire/hazard/flood insurance | [BLANK] | | |
| Mortgage/contract to purchase | Mortgage/deed/other | | |
| Monthly mortgage payment | [BLANK] | | |
| Mortgage payment includes real estate tax | [BLANK] | | |
| Mortgage payment includes insurance | [BLANK] | | |
| Second/junior mortgage/ home equity loan | [BLANK] | | |
| Monthly second mortgage | [BLANK] | | |
| Annual mobile home taxes and fees | [BLANK] | | |
| Return to Summary Screen | | | |

person (review and edit)

American Community Survey

Instructions
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Review & Edit

Answers to Questions for Sample Person

➔ To change a response, click on the underlined answer to return to that question.

➔ To complete an unanswered question, click on the underlined [BLANK] to return to that question.

Print for your records

| | |
|---|--|
| Sex | [BLANK] |
| Date of birth | [BLANK] |
| Age | [BLANK] |
| Hispanic, Latino, or Spanish origin | [BLANK] |
| Race | [BLANK] |
| Place of birth | Outside the United States Specify [BLANK] |
| Citizenship | Naturalized U.S. citizen (2100) |
| Year came to live in U.S. | 2100 |
| Attended school | Public school/college |
| Grade level attended | Grade 01-12 Specify [BLANK] |
| Highest level of school completed | Bachelor's degree |
| Bachelor's degree major | [BLANK] |
| Ancestry | [BLANK] |
| Language other than English at home | [BLANK] |
| Language spoken | [BLANK] |
| How well is English spoken | [BLANK] |
| Residence one year ago | Different address in U.S./Puerto Rico |
| Address one year ago: | |
| Address (Number and Street Name) | [BLANK] |
| City, town, or post office | [BLANK] |
| U.S. county or municipio in Puerto Rico | [BLANK] |
| U.S. state or Puerto Rico | [BLANK] |
| Zip code | [BLANK] |
| Health Insurance: | |
| a. through employer/union | [BLANK] |
| b. purchased directly from insurance company | [BLANK] |
| c. Medicare | [BLANK] |
| d. Medicaid/medical assistance | [BLANK] |
| e. TRICARE/other military health care | [BLANK] |
| f. VA | [BLANK] |
| g. Indian Health Service | [BLANK] |
| h. Other health insurance | Yes Specify: [BLANK] |
| Deaf/difficulty hearing | [BLANK] |
| Blind/difficulty seeing | [BLANK] |
| Difficulty concentrating/remembering | [BLANK] |
| Difficulty walking/climbing stairs | [BLANK] |
| Difficulty dressing/bathing | [BLANK] |
| Difficulty doing errands alone | [BLANK] |
| Marital status | [BLANK] |
| Got married-last 12 months | [BLANK] |
| Became widowed-last 12 months | [BLANK] |
| Got divorced-last 12 months | [BLANK] |
| Number of times married | [BLANK] |
| Year last married | 2100 |
| Gave birth-last 12 months | [BLANK] |
| Live-in grandchildren | Yes |
| Responsible for basic needs of grandchildren | Yes |
| How long responsible for grandchildren | [BLANK] |
| Serve on active duty | [BLANK] |
| When serve on active duty | [BLANK] |
| VA disability rating | [BLANK] |
| VA disability rating-percent | [BLANK] |
| Work for pay-last week | [BLANK] |
| Any work for pay-last week | No |
| On layoff from job-last week | [BLANK] |
| Temporarily absent from job-last week | [BLANK] |
| Informed recall to work | [BLANK] |
| Actively looked for work-last 4 weeks | [BLANK] |
| Could start job if offered-last week | [BLANK] |
| When last worked | [BLANK] |
| Worked 50 or more weeks-last 12 months | [BLANK] |
| Weeks worked | [BLANK] |
| Hours worked per week | [BLANK] |
| Type of employee | Active duty member of U.S. Armed forces |
| Branch of armed forces | [BLANK] |
| Kind of business or industry | [BLANK] |
| Type of industry | [BLANK] |
| Kind of work | [BLANK] |
| Activity or Duty at Job | [BLANK] |
| Receive wages/salary/bonuses/tips | Yes |
| Amount-from all jobs | \$10,000.00 |
| Receive self-employment income | Yes |
| Amount | \$10,000.00 |
| Receive interest, rental, royalty, estates/trust income | Yes |
| Amount | \$10,000.00 |
| Receive Social Security, Railroad Retirement income | Yes |
| Amount | \$10,000.00 |
| Receive Supplemental Security Income (SSI) | Yes |
| Amount | \$10,000.00 |
| Receive public assistance | Yes |
| Amount | \$10,000.00 |
| Receive retirement, survivor, disability pensions | Yes |
| Amount | \$10,000.00 |
| Receive any other income | Yes |
| Amount | \$10,000.00 |
| Is the calculated income of \$80,000 correct? | No |
| Estimated total income - last 12 months | [BLANK] |

Return to Summary Screen

Contact Us
Accessibility
Privacy
Security

change answer from review and edit



American Community Survey


[Instructions](#)[FAQs](#)[Save and Log Out](#)

9 At this mobile home, do you or any member of this household have access to the Internet? ([Help](#))

- Yes, by paying a cell phone company or Internet service provider
- Yes, without paying a cell phone company or Internet service provider
- No access to the internet at this mobile home

[Return to Review](#)[Contact Us](#)[Accessibility](#)[Privacy](#)[Security](#)

new item on review and edit



American Community Survey

Instructions
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Review & Edit

Answers to Housing Questions

❗ Additional information is needed. Please click the link on the highlighted row below to answer an additional question.

- ↩ To change a response, click on the underlined answer to return to that question.
- ➡ To complete an unanswered question, click on the underlined [BLANK] to return to that question.

[Print for your records](#)

| | |
|--|--|
| Building Type | Mobile home |
| Year Built | [BLANK] |
| Month/Year Sample Person Moved Into building | [BLANK] |
| Number of Acres | [BLANK] |
| Agricultural Sales-past 12 months | [BLANK] |
| Number of Rooms | [BLANK] |
| Number of Bedrooms | [BLANK] |
| Mobile home has: | |
| a. hot and cold running water | [BLANK] |
| b. a bathtub or shower? | [BLANK] |
| c. a sink with a faucet | [BLANK] |
| d. a stove or range? | [BLANK] |
| e. a refrigerator? | [BLANK] |
| f. telephone service from which you can both make and receive calls? | [BLANK] |
| Computer use at this mobile home: | |
| a. Desktop or laptop | [BLANK] |
| b. Smartphone | [BLANK] |
| c. Tablet or other portable wireless computer | [BLANK] |
| d. Some other type of computer | Yes Specify: [BLANK] |
| Internet Access | Yes, by paying service provider |
| Internet subscription | |
| a. Cellular data plan for a smartphone or other mobile device | [BLANK] |
| b. Broadband (high speed) Internet service | [BLANK] |
| c. Satellite Internet service | [BLANK] |
| d. Dial-up Internet service | [BLANK] |
| e. Some other service | Yes Specify: [BLANK] |
| Number of vehicles | [BLANK] |
| Heating fuel used most | [BLANK] |
| Pay for electricity | Yes |
| Electricity cost last month | [BLANK] |
| Use gas at this address | Yes |
| Pay for gas | Yes |
| ↩ Gas cost last month | ➡ [BLANK] |
| Gas payment | [BLANK] |
| Pay for water/sewer | No |
| Water/sewer payment | [BLANK] |

save**American Community Survey**

U.S. Department of Commerce | Economic and Statistics Administration

- ➔ Your answers have been saved.
- ➔ Please return to complete the survey at <https://respond.census.gov/acs> as soon as possible with your User ID and PIN.

Your complete response is needed to make important decisions about your community, including where new schools, hospitals, and fire stations are needed.

[Continue Survey](#)[Exit Survey](#)

welcomeback



American Community Survey

[Instructions](#)[FAQs](#)[Save and Log Out](#)

Thank you for returning to the survey.

When you click the Next button, you will be taken to the screen where you left off.

[Next >](#)[Contact Us](#)[Accessibility](#)[Privacy](#)[Security](#)

security



American Community Survey

U.S. Department of Commerce | Economic and Statistics Administration

Data are Encrypted at all Times

Our secure servers use "HTTPS", Hypertext Transfer Protocol over Secure Socket Layer, to ensure the encrypted transmission of data between your browser and the U.S. Census Bureau. This means that instead of sending readable text over the Internet, both your browser and our server encode (scramble) all text using a security key. That way, personal data sent to your browser or data you send back are extremely difficult to decode in the unlikely event it was intercepted by an unauthorized party.

All browsers connecting to our secure server must use a minimum encryption key size of 128 bits. If you cannot connect to our secure server and you are using an older browser, please upgrade to a newer browser capable of using the required encryption key size. In addition to data being encrypted while transmitted, all data are strongly encrypted when stored on our servers (even if stored temporarily).

Third Party Identity Proofing

Our secure server uses a digital certificate (digital ID) issued by a trusted, third party Certificate Authority (CA) as proof of identity. The only way to be sure of a web site's authenticity is to view their digital ID. In this way, you can be assured that you are not being "spoofed" or tricked by an imposter. The digital ID will contain information such as:

The name of the organization that owns the web site (e.g., "U.S. Census Bureau")

The site's registered Internet name/address (e.g., "respond.census.gov")

The name of the Certification Authority under which the digital ID was issued (e.g., "VeriSign Trust Network")

The method for viewing a web site's Digital Certificate/ID varies depending on the web browser. (For example, Mozilla's Firefox will display a clickable locked padlock icon in the lower right corner of your screen when in secure mode, Microsoft Internet Explorer shows a clickable locked padlock icon in the menu bar.) Please see your browser's "help" information for instructions on how to verify a web site's identity.

instructions

Instructions for Completing this Survey

Navigation: Do NOT use the Forward or Back buttons on your browser to navigate from screen to screen. Use only the navigation buttons on the bottom of each screen.

Survey Time out: For your security, this survey will automatically time out after 15 minutes of inactivity. If you need to leave for more than 15 minutes, please click "Save & Logout" on the survey menu bar so you may return to the survey at a later time.

Exiting/Returning to the Survey: If you need to leave the survey before you have fully completed it, you may click "Save & Logout" on the survey menu bar. When you return to the survey, you will begin at the same point where you left.

Saving your Answers: Your answers will be saved as you click "Next" and proceed through the survey.

Help with Survey Questions: If you need assistance on a specific survey question, use the "[Help](#)" link that appears with each question.

Submitting your Survey: You will be asked to submit your answers when you have completed the survey. If you also received an American Community Survey questionnaire in the mail, there is no need to mail it back once you have submitted your answers online.

FAQs

FAQs

- [What is the American Community Survey?](#)
 - [How do I get help regarding the content of a question?](#)
 - [Do I have to mail back my questionnaire if I complete the American Community Survey online?](#)
 - [For this survey, is it safe to provide my information over the Internet?](#)
 - [How can I be sure my information is really going to the Census Bureau and not some third party?](#)
 - [Will the Census Bureau keep my information confidential?](#)
 - [How was I selected for the survey?](#)
 - [How long will it take to complete the survey?](#)
 - [Do I have to answer the questions on the American Community Survey?](#)
 - [How do I benefit by answering the American Community Survey?](#)
 - [How will the Census Bureau use the information that I provide?](#)
 - [What do I do if I don't know the answer to a question?](#)
 - [Where can I find more information about the American Community Survey or get assistance?](#)
-

contactus**Contact Us**

If you need help or have questions, please call **1-800-354-7271** to speak with a Census Bureau representative. The telephone call is free. Representatives are available from 9 a.m. to 9 p.m. Monday through Saturday and noon to 9 p.m. on Sundays.

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

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

Close Contact Us

finalize**American Community Survey**

U.S. Department of Commerce | Economic and Statistics Administration

Thank you for completing the American Community Survey.
Your answers have been submitted to the U.S. Census Bureau.

(September 28, 2017 1:42 pm EST)

[Exit Survey](#)

completed**American Community Survey**

U.S. Department of Commerce | Economic and Statistics Administration

The American Community Survey has already been completed for this address. If you have any questions, please call 1-800-354-7271.

[Exit Survey](#)

[Contact Us](#)

[Accessibility](#)

[Privacy](#)

[Security](#)

document_accessibility

VI. Document Accessibility

The Census Bureau is committed to making online forms and other public documents on its Internet server accessible to all. Currently, we are reviewing our websites and making modifications to those pages which are not in compliance with the Americans with Disabilities Act. We use Hypertext Markup Language (HTML) to create pages that are generally accessible to persons using screen reading devices, and we are careful in our construction of HTML documents to ensure maximum accessibility. We include alternate text describing graphics.

Many Census Bureau Internet documents are in ASCII or HTML formats. These documents are accessible to persons using screen reading software. We also have a large number of documents in Adobe Acrobat PDF (Portable Document Format) files. Currently, many people using screen reading devices cannot read documents in PDF format, specifically those that were created from a scanned hard copy.

Adobe Systems, Inc. is producing various products designed to make Adobe Acrobat documents accessible to persons using screen reading software. Adobe's [accessibility web pages](#) describe their efforts.

To better serve those with visual disabilities whom are having difficulty accessing PDF documents; you may contact us directly for further assistance at 301-763-INFO (4636), 800-923-8282, or by submitting a request at <https://ask.census.gov>.

VII. Third Party Websites & Applications

The Census Bureau has a presence on several social media/Web 2.0 platforms (Facebook, YouTube, Twitter and Flickr) and clearly contain the Census Bureau's official logo. Each of these web sites provides visitors with a unique way to communicate with the agency. Some may allow visitors to log in, create profiles and save information in those profiles. We do not collect any personally identifiable information about you through your use of these social media/Web 2.0 platforms. We may collect non-identifying information, such as city, state, and zip code of visitors to these web sites for statistical, research, and promotional purposes only. Further, the Census Bureau has no control over the third-party's use of this information and is not liable regarding the third-party's safeguarding your information. These web sites have their own privacy, security and accessibility policies.

The Census Bureau will from time-to-time use a third-party web site or application (hosted service) to conduct customer satisfaction surveys and/or feedback forms. These surveys and/or feedback forms do not collect personally identifiable information. The results from these surveys or forms are used to conduct primary research into the quality of the Census Bureau programs and products. The results collected will be used strictly for internal program management purposes to assess staff work, material design and development and to enhance planning efforts for current and future surveys and censuses.

VIII. Security & Third Party Links


Security, Intrusion, and Detection

To ensure that computer service remains available to all users, this government IT system employs software programs to monitor network traffic to identify unauthorized attempts to upload or change information, or otherwise cause damage to our computer system. websites identified as representing an actual or potential security threat to Census Bureau information and/or information resources are blocked. Further, websites that are known to violate Census Bureau, Department of Commerce, and/or Federal guidelines regarding access to certain types of websites and/or content are blocked, for example:

- Websites hosting malware/spam
- Websites involved in the compromise of other government agencies
- Adult content websites
- On-line storage and file sharing websites
- Freeware/Shareware websites
- Websites attacking Census Bureau systems (attempting to identify and exploit vulnerabilities in Internet facing systems)
- Websites scanning Census Bureau systems (attempting to identify Internet facing systems)

Links to Other Websites

Our website contains links to other federal agencies, international agencies, and private organizations. Once you link to another website you are subject to the policies of the new website.

Links to non-government websites are denoted by . Our linking to non-government websites does not constitute an endorsement of any products, services or the information found on them.

IX. Contact Us

Need more information about the Census Bureau's privacy and confidentiality protections? Contact our Policy Coordination Office on 301-763-6440 or toll-free 1-800-923-8282.

privacy

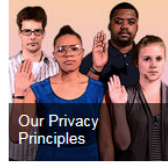


- Topics**
Population, Economy
- Geography**
Maps, Products
- Library**
Infographics, Publications
- Data**
Tools, Developers
- Surveys/Programs**
Respond, Survey Data
- Newsroom**
News, Blogs
- About Us**
Our Research

Data Protection and Privacy

- Data Protection
- Privacy Impact Assessments (PIA)
- System of Records Notices (SORN)
- Online Privacy Policy
- Contact Us

We are committed to handling your information responsibly. Your information is kept confidential. This commitment applies to the individuals, households, and businesses that answer our surveys, and to those browsing our website.



Latest

Survey Information



Are You in a Survey?
If you have received a survey, this site will help you verify that the survey came from us, understand and complete the form, and know how we protect your data.



Our Surveys and Programs
Our surveys provide periodic and comprehensive statistics about the nation, critical for government programs, policies, and decisionmaking.

**ACS-20(L)(2018)
(2-2018)**



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau
Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

A message from the Director, U.S. Census Bureau ...

A few days ago, you should have received instructions for completing the **American Community Survey** online. Local communities depend on information from this survey to decide where schools, highways, hospitals, and other important services are needed. If you have not already responded, please do so now.

Respond now at **<https://respond.census.gov/acs>**
Log in using this user ID:

If we do not receive your response online, we will mail a paper questionnaire to your address.

Your response to this survey is required by law. Your response is critically important to your local community and your country. Responding promptly will prevent your receiving additional reminder mailings, phone calls, or personal visits from Census Bureau interviewers.

If you need help completing the survey or have questions, please call 1-800-354-7271.

Thank you in advance for your prompt response.

Security Security Security Security Security

U.S. DEPARTMENT OF COMMERCE

Economics and Statistics Administration

U.S. CENSUS BUREAU

1201 E 10th Street
Jeffersonville IN 47132-0001

OFFICIAL BUSINESS
Penalty for Private Use \$300

ACS-20(L)(2018) (2-2018)

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ACS-14(L)(2017)
(6-2017)



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau
Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

A message from the Director, U.S. Census Bureau...

About two weeks ago, the U.S. Census Bureau sent instructions for completing the American Community Survey to your address. We asked you to help us with this very important survey by completing it online. But we have not received your response yet.

If you have already completed the survey, thank you very much. If you have not, please complete the survey soon using ONE of the following two options.

- Option 1:** Go to <https://respond.census.gov/acs> to complete the survey online.
- Option 2:** Fill out and mail back the enclosed questionnaire.

This survey is so important that a Census Bureau representative may attempt to contact you by telephone or personal visit if we do not receive your response.

The information collected in this survey will help decide where new schools, hospitals, and fire stations are needed. The information also is used to develop programs to reduce traffic congestion, provide job training, and plan for the health care needs of the elderly.

The Census Bureau chose your address, not you personally, as part of a randomly selected sample. You are required by U.S. law to respond to this survey. The U.S. Census Bureau is required by law to keep your information confidential. The Census Bureau is not permitted to publicly release your responses in a way that could identify you. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. The enclosed brochure answers frequently asked questions about the survey.

If you need help completing the survey, please call our toll-free number (1-800-354-7271).

Thank you.

Enclosures



THE American Community Survey

Start Here

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

OR

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

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



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

Telephone Device for the Deaf (TDD):

Call 1-800-582-8330. The telephone call is free.

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

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

→ Please print today's date.

| | | |
|----------------------|----------------------|----------------------|
| Month | Day | Year |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

→ Please print the name and telephone number of the person who is filling out this form. We will only contact you if needed for official Census Bureau business.

Last Name

First Name MI

Area Code + Number -

→ How many people are living or staying at this address?

- **INCLUDE** everyone who is living or staying here for more than 2 months.
- **INCLUDE** yourself if you are living here for more than 2 months.
- **INCLUDE** anyone else staying here who does not have another place to stay, even if they are here for 2 months or less.
- **DO NOT INCLUDE** anyone who is living somewhere else for more than 2 months, such as a college student living away or someone in the Armed Forces on deployment.

Number of people

→ Fill out pages 2, 3, and 4 for everyone, including yourself, who is living or staying at this address for more than 2 months. Then complete the rest of the form.



Person 1

(Person 1 is the person living or staying here in whose name this house or apartment is owned, being bought, or rented. If there is no such person, start with the name of any adult living or staying here.)

1 What is Person 1's name?

Last Name *(Please print)* First Name MI

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

Person 1

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

Male Female

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

Age (in years) *Print numbers in boxes.* Month Day Year of birth

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

5 Is Person 1 of Hispanic, Latino, or Spanish origin?

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

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

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

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

Some other race – *Print race.* ↘

Person 2

1 What is Person 2's name?

Last Name *(Please print)* First Name MI

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

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

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

Male Female

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

Age (in years) *Print numbers in boxes.* Month Day Year of birth

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

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

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

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

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

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

Some other race – *Print race.* ↘



Person 3

1 What is Person 3's name?

Last Name *(Please print)* First Name MI

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

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

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

- Male Female

4 What is Person 3's age and what is Person 3's date of birth?

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

Print numbers in boxes.

Age (in years) Month Day Year of birth

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

5 Is Person 3 of Hispanic, Latino, or Spanish origin?

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

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

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

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

- Some other race – *Print race.* ↘

Person 4

1 What is Person 4's name?

Last Name *(Please print)* First Name MI

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

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

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

- Male Female

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

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

Print numbers in boxes.

Age (in years) Month Day Year of birth

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

5 Is Person 4 of Hispanic, Latino, or Spanish origin?

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

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

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

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

- Some other race – *Print race.* ↘



Person 5

1 What is Person 5's name?

Last Name (Please print)

First Name

MI

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

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

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

- Male Female

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

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 5 of Hispanic, Latino, or Spanish origin?

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

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

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

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

- Some other race – Print race. ↘



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

Person 6

Last Name (Please print)

First Name

MI

Sex Male Female

Age (in years)

Person 7

Last Name (Please print)

First Name

MI

Sex Male Female

Age (in years)

Person 8

Last Name (Please print)

First Name

MI

Sex Male Female

Age (in years)

Person 9

Last Name (Please print)

First Name

MI

Sex Male Female

Age (in years)

Person 10

Last Name (Please print)

First Name

MI

Sex Male Female

Age (in years)

Person 11

Last Name (Please print)

First Name

MI

Sex Male Female

Age (in years)

Person 12

Last Name (Please print)

First Name

MI

Sex Male Female

Age (in years)



Housing

→ Please answer the following questions about the house, apartment, or mobile home at the address on the mailing label.

1 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 3 or 4 apartments
- A building with 5 to 9 apartments
- A building with 10 to 19 apartments
- A building with 20 to 49 apartments
- A building with 50 or more apartments
- Boat, RV, van, etc.

2 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

3 When did PERSON 1 (listed on page 2) move into this house, apartment, or mobile home?

Month Year

A Answer questions 4 – 5 if this is a HOUSE OR A MOBILE HOME; otherwise, SKIP to question 6a.

4 How many acres is this house or mobile home on?

- Less than 1 acre → SKIP to question 6a
- 1 to 9.9 acres
- 10 or more acres

5 IN THE 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

6 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

b. 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

7 Does this house, apartment, or mobile home have –

- | | Yes | No |
|--------------------------------|--------------------------|--------------------------|
| a. hot and cold running water? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. a bathtub or shower? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. a sink with a faucet? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. a stove or range? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. a refrigerator? | <input type="checkbox"/> | <input type="checkbox"/> |

8 Can you or any member of this household both make and receive phone calls when at this house, apartment, or mobile home?

Include calls using cell phones, land lines, or other phone devices.

- Yes
- No

9 At this house, apartment, or mobile home – do you or any member of this household own or use any of the following types of computer?

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Desktop or laptop | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Smartphone | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Tablet or other portable wireless computer | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Some other type of computer Specify ↴ | <input type="checkbox"/> | <input type="checkbox"/> |

10 At this house, apartment, or mobile home – do you or any member of this household have access to the internet?

- Yes, by paying a cell phone company or internet service provider
- Yes, without paying a cell phone company or internet service provider → SKIP to question 12
- No access to the internet at this house, apartment, or mobile home → SKIP to question 12

11 Do you or any member of this household have access to the internet using a –

- | | Yes | No |
|--|--------------------------|--------------------------|
| a. cellular data plan for a smartphone or other mobile device? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. broadband (high speed) internet service such as cable, fiber optic, or DSL service installed in this household? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. satellite internet service installed in this household? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. dial-up internet service installed in this household? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. some other service? Specify service ↴ | <input type="checkbox"/> | <input type="checkbox"/> |



Housing (continued)

12 How many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use by members of this household?

- None
- 1
- 2
- 3
- 4
- 5
- 6 or more

13 Which FUEL is used MOST for heating this house, apartment, or mobile home?

- Gas: from underground pipes serving the neighborhood
- Gas: bottled, tank, or LP
- Electricity
- Fuel oil, kerosene, etc.
- Coal or coke
- Wood
- Solar energy
- Other fuel
- No fuel used

14 a. LAST MONTH, what was the cost of electricity for this house, apartment, or mobile home?

Last month's cost – Dollars

\$.00

OR

- Included in rent or condominium fee
- No charge or electricity not used

b. LAST MONTH, what was the cost of gas for this house, apartment, or mobile home?

Last month's cost – Dollars

\$.00

OR

- Included in rent or condominium fee
- Included in electricity payment entered above
- No charge or gas not used

c. IN THE PAST 12 MONTHS, what was the cost of water and sewer for this house, apartment, or mobile home? If you have lived here less than 12 months, estimate the cost.

Past 12 months' cost – Dollars

\$.00

OR

- Included in rent or condominium fee
- 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.

Past 12 months' cost – Dollars

\$.00

OR

- Included in rent or condominium fee
- No charge or these fuels not used

15 IN THE PAST 12 MONTHS, did you or any member of this household receive benefits from the Food Stamp Program or SNAP (the Supplemental Nutrition Assistance Program)? Do NOT include WIC, the School Lunch Program, or assistance from food banks.

- Yes
- No

16 Is this house, apartment, or mobile home part of a condominium?

- Yes → What is the monthly condominium fee? For renters, answer only if you pay the condominium fee in addition to your rent; otherwise, mark the "None" box.

Monthly amount – Dollars

\$.00

OR

- None
- No

17 Is this house, apartment, or mobile home – Mark (X) ONE box.

- Owned by you or someone in this household with a mortgage or loan? Include home equity loans.
- Owned by you or someone in this household free and clear (without a mortgage or loan)?
- Rented?
- Occupied without payment of rent? → SKIP to **C** on the next page



Person 1

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

Last Name

First Name

MI

7 Where was this person born?

In the United States – Print name of state.

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

8 Is this person a citizen of the United States?

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

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

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

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

No, not a U.S. citizen

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

10 a. At any time IN THE LAST 3 MONTHS, has this person attended school or college? Include only nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.

No, has not attended in the last 3 months → SKIP to question 11

Yes, public school, public college

Yes, private school, private college, home school

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

Nursery school, preschool

Kindergarten

Grade 1 through 12 – Specify grade 1 – 12

College undergraduate years (freshman to senior)

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

11 What is the highest degree or level of school this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received.

NO SCHOOLING COMPLETED

No schooling completed

NURSERY OR PRESCHOOL THROUGH GRADE 12

Nursery school

Kindergarten

Grade 1 through 11 – Specify grade 1 – 11

12th grade – NO DIPLOMA

HIGH SCHOOL GRADUATE

Regular high school diploma

GED or alternative credential

COLLEGE OR SOME COLLEGE

Some college credit, but less than 1 year of college credit

1 or more years of college credit, no degree

Associate's degree (for example: AA, AS)

Bachelor's degree (for example: BA, BS)

AFTER BACHELOR'S DEGREE

Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)

Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)

Doctorate degree (for example: PhD, EdD)

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

12 This question focuses on this person's BACHELOR'S DEGREE. Please print below the specific major(s) of any BACHELOR'S DEGREES this person has received. (For example: chemical engineering, elementary teacher education, organizational psychology)

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

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

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

Yes

No → SKIP to question 15a

b. What is this language?

For example: Korean, Italian, Spanish, Vietnamese

c. How well does this person speak English?

Very well

Well

Not well

Not at all

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

Person is under 1 year old → SKIP to question 16

Yes, this house → SKIP to question 16

No, outside the United States and Puerto Rico – Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 16

No, different house in the United States or Puerto Rico

b. Where did this person live 1 year ago?

Address (Number and street name)

Name of city, town, or post office

Name of U.S. county or municipio in Puerto Rico

Name of U.S. state or Puerto Rico

ZIP Code



Person 1 (continued)

- 16** Is this person **CURRENTLY** covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h.

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Insurance through a current or former employer or union (of this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Insurance purchased directly from an insurance company, (by this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicare, for people 65 and older, or people with certain disabilities | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability | <input type="checkbox"/> | <input type="checkbox"/> |
| e. TRICARE or other military health care | <input type="checkbox"/> | <input type="checkbox"/> |
| f. VA (enrolled for VA health care) | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Indian Health Service | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Any other type of health insurance or health coverage plan – <i>Specify</i> | <input type="checkbox"/> | <input type="checkbox"/> |

- G** Answer question 17a if this person is covered by health insurance. Otherwise, SKIP to question 18a.

- 17** a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs.

- Yes
 No → SKIP to question 18a

- b. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium?

- Yes
 No

- 18** 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

- H** Answer questions 19a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 2 on page 12.

- 19** a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?

- Yes
 No

- b. Does this person have serious difficulty walking or climbing stairs?

- Yes
 No

- c. Does this person have difficulty dressing or bathing?

- Yes
 No

- I** Answer question 20 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 2 on page 12.

- 20** 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

- 21** What is this person's marital status?

- Now married
 Widowed
 Divorced
 Separated
 Never married → SKIP to **J**

- 22** In the PAST 12 MONTHS, did this person get –

- | | Yes | No |
|--------------|--------------------------|--------------------------|
| a. Married? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Widowed? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Divorced? | <input type="checkbox"/> | <input type="checkbox"/> |

- 23** How many times has this person been married?

- Once
 Two times
 Three or more times

- 24** In what year did this person last get married?
 Year

- J** Answer question 25 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 26a.

- 25** In the PAST 12 MONTHS, has this person given birth to any children?

- Yes
 No

- 26** a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?

- Yes
 No → SKIP to question 27

- b. Is this grandparent currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment?

- Yes
 No → SKIP to question 27

- 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.

- Less than 6 months
 6 to 11 months
 1 or 2 years
 3 or 4 years
 5 or more years

- 27** 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 30a
 Only on active duty for training in the Reserves or National Guard → SKIP to question 29a
 Now on active duty
 On active duty in the past, but not now

- 28** When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period.

- September 2001 or later
 August 1990 to August 2001 (including Persian Gulf War)
 May 1975 to July 1990
 Vietnam era (August 1964 to April 1975)
 February 1955 to July 1964
 Korean War (July 1950 to January 1955)
 January 1947 to June 1950
 World War II (December 1941 to December 1946)
 November 1941 or earlier



Person 1 (continued)

- 29 a. Does this person have a VA service-connected disability rating?**

Yes (such as 0%, 10%, 20%, ... , 100%)
 No → SKIP to question 30a

- b. What is this person's service-connected disability rating?**

0 percent
 10 or 20 percent
 30 or 40 percent
 50 or 60 percent
 70 percent or higher

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

Yes → SKIP to question 31
 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 36a

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

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

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

- b. Name of city, town, or post office**

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

Yes
 No, outside the city/town limits

- d. Name of county**

- e. Name of U.S. state or foreign country**

- f. ZIP Code**

- 32 How did this person usually get to work LAST WEEK? Mark ONE box for the method of transportation used for most of the distance.**

| | |
|---|--|
| <input type="checkbox"/> Car, truck, or van | <input type="checkbox"/> Taxicab |
| <input type="checkbox"/> Bus | <input type="checkbox"/> Motorcycle |
| <input type="checkbox"/> Subway or elevated rail | <input type="checkbox"/> Bicycle |
| <input type="checkbox"/> Long-distance train or commuter rail | <input type="checkbox"/> Walked |
| <input type="checkbox"/> Light rail, streetcar, or trolley | <input type="checkbox"/> Worked from home → SKIP to question 40a |
| <input type="checkbox"/> Ferryboat | <input type="checkbox"/> Other method |

K Answer question 33 if you marked "Car, truck, or van" in question 32. Otherwise, SKIP to question 34.

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

Person(s)

- 34 LAST WEEK, what time did this person's trip to work usually begin?**

Hour : Minute
 : a.m.
 p.m.

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

Minutes

L Answer questions 36 – 39 if this person did NOT work last week. Otherwise, SKIP to question 40a.

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

Yes → SKIP to question 36c
 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 39
 No → SKIP to question 37

- 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 38
 No

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

Yes
 No → SKIP to question 39

- 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.)

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

Within the past 12 months
 1 to 5 years ago → SKIP to **M**
 Over 5 years ago or never worked → SKIP to question 43

- 40 a. During the PAST 12 MONTHS (52 weeks), did this person work EVERY week? Count paid vacation, paid sick leave, and military service as work.**

Yes → SKIP to question 41
 No

- b. During the PAST 12 MONTHS (52 weeks), how many WEEKS did this person work? Include paid time off and include weeks when the person only worked for a few hours.**

Weeks

- 41 During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?**

Usual hours worked each WEEK



Person 1 (continued)

M Answer questions 42a – f if this person worked in the past 5 years. Otherwise, SKIP to question 43.

42 DESCRIPTION OF EMPLOYMENT

The next series of questions is about the type of employment this person had last week.

If this person had more than one job, describe the one at which the most hours were worked. If this person did not work last week, describe the most recent employment in the past five years.

a. Which one of the following best describes this person's employment last week or the most recent employment in the past 5 years?

Mark (X) ONE box.

PRIVATE SECTOR EMPLOYEE

- For-profit** company or organization
- Non-profit** organization (including tax-exempt and charitable organizations)

GOVERNMENT EMPLOYEE

- Local government** (for example: city or county school district)
- State government** (including state colleges/universities)
- Active duty** U.S. Armed Forces or Commissioned Corps
- Federal government** civilian employee

SELF-EMPLOYED OR OTHER

- Owner of non-incorporated business**, professional practice, or farm
- Owner of incorporated business**, professional practice, or farm
- Worked **without pay** in a **for-profit** family business or farm for 15 hours or more per week

b. What was the name of this person's employer, business, agency, or branch of the Armed Forces?

c. What kind of business or industry was this?

Include the main activity, product, or service provided at the location where employed. (For example: elementary school, residential construction)

d. Was this mainly – Mark (X) ONE box.

- manufacturing?
- wholesale trade?
- retail trade?
- other (agriculture, construction, service, government, etc.)?

e. What was this person's main occupation?

(For example: 4th grade teacher, entry-level plumber)

f. Describe this person's most important activities or duties. (For example: instruct and evaluate students and create lesson plans, assemble and install pipe sections and review building plans for work details)

43 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 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.

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, 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.

- 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.

- Yes → \$, , , .00 Loss
- No
- 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
- No
- TOTAL AMOUNT for past 12 months

d. Social Security or Railroad Retirement.

- Yes → \$, , , .00
- No
- TOTAL AMOUNT for past 12 months

e. Supplemental Security Income (SSI).

- Yes → \$, , , .00
- No
- TOTAL AMOUNT for past 12 months

f. Any public assistance or welfare payments from the state or local welfare office.

- Yes → \$, , , .00
- No
- TOTAL AMOUNT for past 12 months

g. Retirement income, pensions, survivor or disability income. Include income from a previous employer or union, or any regular withdrawals or distributions from IRA, Roth IRA, 401(k), 403(b), or other accounts specifically designed for retirement. Do NOT include Social Security.

- Yes → \$, , , .00
- No
- TOTAL AMOUNT for past 12 months

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

44 What was this person's total income during the PAST 12 MONTHS? Add entries in questions 43a to 43h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.

- OR \$, , , .00 Loss
- None
- 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 28 for mailing instructions.



Person 2

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

Last Name

First Name

MI

7 Where was this person born?

In the United States – Print name of state.

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

8 Is this person a citizen of the United States?

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

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

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

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

No, not a U.S. citizen

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

10 a. At any time IN THE LAST 3 MONTHS, has this person attended school or college? Include only nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.

No, has not attended in the last 3 months → SKIP to question 11

Yes, public school, public college

Yes, private school, private college, home school

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

Nursery school, preschool

Kindergarten

Grade 1 through 12 – Specify grade 1 – 12 →

College undergraduate years (freshman to senior)

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

11 What is the highest degree or level of school this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received.

NO SCHOOLING COMPLETED

No schooling completed

NURSERY OR PRESCHOOL THROUGH GRADE 12

Nursery school

Kindergarten

Grade 1 through 11 – Specify grade 1 – 11 →

12th grade – NO DIPLOMA

HIGH SCHOOL GRADUATE

Regular high school diploma

GED or alternative credential

COLLEGE OR SOME COLLEGE

Some college credit, but less than 1 year of college credit

1 or more years of college credit, no degree

Associate's degree (for example: AA, AS)

Bachelor's degree (for example: BA, BS)

AFTER BACHELOR'S DEGREE

Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)

Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)

Doctorate degree (for example: PhD, EdD)

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

12 This question focuses on this person's BACHELOR'S DEGREE. Please print below the specific major(s) of any BACHELOR'S DEGREES this person has received. (For example: chemical engineering, elementary teacher education, organizational psychology)

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

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

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

Yes

No → SKIP to question 15a

b. What is this language?

For example: Korean, Italian, Spanish, Vietnamese

c. How well does this person speak English?

Very well

Well

Not well

Not at all

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

Person is under 1 year old → SKIP to question 16

Yes, this house → SKIP to question 16

No, outside the United States and Puerto Rico – Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 16

No, different house in the United States or Puerto Rico

b. Where did this person live 1 year ago?

Address (Number and street name)

Name of city, town, or post office

Name of U.S. county or municipio in Puerto Rico

Name of U.S. state or Puerto Rico

ZIP Code



Person 2 (continued)

- 16** Is this person **CURRENTLY** covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h.

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Insurance through a current or former employer or union (of this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Insurance purchased directly from an insurance company, (by this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicare, for people 65 and older, or people with certain disabilities | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability | <input type="checkbox"/> | <input type="checkbox"/> |
| e. TRICARE or other military health care | <input type="checkbox"/> | <input type="checkbox"/> |
| f. VA (enrolled for VA health care) | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Indian Health Service | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Any other type of health insurance or health coverage plan – <i>Specify</i> | <input type="checkbox"/> | <input type="checkbox"/> |

- G** Answer question 17a if this person is covered by health insurance. Otherwise, SKIP to question 18a.

- 17** a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs.
- Yes
 No → SKIP to question 18a

- b. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium?

- Yes
 No

- 18** 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

- H** Answer questions 19a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 3 on page 16.

- 19** a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?

- Yes
 No

- b. Does this person have serious difficulty walking or climbing stairs?

- Yes
 No

- c. Does this person have difficulty dressing or bathing?

- Yes
 No

- I** Answer question 20 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 3 on page 16.

- 20** 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

- 21** What is this person's marital status?

- Now married
 Widowed
 Divorced
 Separated
 Never married → SKIP to **J**

- 22** In the PAST 12 MONTHS, did this person get –

- | | Yes | No |
|--------------|--------------------------|--------------------------|
| a. Married? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Widowed? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Divorced? | <input type="checkbox"/> | <input type="checkbox"/> |

- 23** How many times has this person been married?

- Once
 Two times
 Three or more times

- 24** In what year did this person last get married?
Year

- J** Answer question 25 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 26a.

- 25** In the PAST 12 MONTHS, has this person given birth to any children?

- Yes
 No

- 26** a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?

- Yes
 No → SKIP to question 27

- b. Is this grandparent currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment?

- Yes
 No → SKIP to question 27

- 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.

- Less than 6 months
 6 to 11 months
 1 or 2 years
 3 or 4 years
 5 or more years

- 27** 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 30a
 Only on active duty for training in the Reserves or National Guard → SKIP to question 29a
 Now on active duty
 On active duty in the past, but not now

- 28** When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period.

- September 2001 or later
 August 1990 to August 2001 (including Persian Gulf War)
 May 1975 to July 1990
 Vietnam era (August 1964 to April 1975)
 February 1955 to July 1964
 Korean War (July 1950 to January 1955)
 January 1947 to June 1950
 World War II (December 1941 to December 1946)
 November 1941 or earlier



Person 2 (continued)

- 29 a. Does this person have a VA service-connected disability rating?**

Yes (such as 0%, 10%, 20%, ... , 100%)
 No → SKIP to question 30a

- b. What is this person's service-connected disability rating?**

0 percent
 10 or 20 percent
 30 or 40 percent
 50 or 60 percent
 70 percent or higher

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

Yes → SKIP to question 31
 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 36a

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

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

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

- b. Name of city, town, or post office**

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

Yes
 No, outside the city/town limits

- d. Name of county**

- e. Name of U.S. state or foreign country**

- f. ZIP Code**

- 32 How did this person usually get to work LAST WEEK?** *Mark ONE box for the method of transportation used for most of the distance.*

| | |
|---|--|
| <input type="checkbox"/> Car, truck, or van | <input type="checkbox"/> Taxicab |
| <input type="checkbox"/> Bus | <input type="checkbox"/> Motorcycle |
| <input type="checkbox"/> Subway or elevated rail | <input type="checkbox"/> Bicycle |
| <input type="checkbox"/> Long-distance train or commuter rail | <input type="checkbox"/> Walked |
| <input type="checkbox"/> Light rail, streetcar, or trolley | <input type="checkbox"/> Worked from home → SKIP to question 40a |
| <input type="checkbox"/> Ferryboat | <input type="checkbox"/> Other method |

K Answer question 33 if you marked "Car, truck, or van" in question 32. Otherwise, SKIP to question 34.

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

Person(s)

- 34 LAST WEEK, what time did this person's trip to work usually begin?**

Hour Minute a.m. p.m.

 :

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

Minutes

L Answer questions 36 – 39 if this person did NOT work last week. Otherwise, SKIP to question 40a.

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

Yes → SKIP to question 36c
 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 39
 No → SKIP to question 37

- 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 38
 No

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

Yes
 No → SKIP to question 39

- 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.)

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

Within the past 12 months
 1 to 5 years ago → SKIP to **M**
 Over 5 years ago or never worked → SKIP to question 43

- 40 a. During the PAST 12 MONTHS (52 weeks), did this person work EVERY week? Count paid vacation, paid sick leave, and military service as work.**

Yes → SKIP to question 41
 No

- b. During the PAST 12 MONTHS (52 weeks), how many WEEKS did this person work? Include paid time off and include weeks when the person only worked for a few hours.**

Weeks

- 41 During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?**

Usual hours worked each WEEK



Person 2 (continued)

M Answer questions 42a – f if this person worked in the past 5 years. Otherwise, SKIP to question 43.

42 DESCRIPTION OF EMPLOYMENT

The next series of questions is about the type of employment this person had last week.

If this person had more than one job, describe the one at which the most hours were worked. If this person did not work last week, describe the most recent employment in the past five years.

a. Which one of the following best describes this person's employment last week or the most recent employment in the past 5 years?

Mark (X) ONE box.

PRIVATE SECTOR EMPLOYEE

- For-profit** company or organization
- Non-profit** organization (including tax-exempt and charitable organizations)

GOVERNMENT EMPLOYEE

- Local government** (for example: city or county school district)
- State government** (including state colleges/universities)
- Active duty** U.S. Armed Forces or Commissioned Corps
- Federal government** civilian employee

SELF-EMPLOYED OR OTHER

- Owner of non-incorporated business**, professional practice, or farm
- Owner of incorporated business**, professional practice, or farm
- Worked **without pay** in a **for-profit** family business or farm for 15 hours or more per week

b. What was the name of this person's employer, business, agency, or branch of the Armed Forces?

c. What kind of business or industry was this?

Include the main activity, product, or service provided at the location where employed. (For example: elementary school, residential construction)

d. Was this mainly – Mark (X) ONE box.

- manufacturing?
- wholesale trade?
- retail trade?
- other (agriculture, construction, service, government, etc.)?

e. What was this person's main occupation?

(For example: 4th grade teacher, entry-level plumber)

f. Describe this person's most important activities or duties. (For example: instruct and evaluate students and create lesson plans, assemble and install pipe sections and review building plans for work details)

43 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 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.

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, 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.

- 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.

- Yes → \$, , , .00 Loss
- No
- 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
- No
- TOTAL AMOUNT for past 12 months

d. Social Security or Railroad Retirement.

- Yes → \$, , , .00
- No
- TOTAL AMOUNT for past 12 months

e. Supplemental Security Income (SSI).

- Yes → \$, , , .00
- No
- TOTAL AMOUNT for past 12 months

f. Any public assistance or welfare payments from the state or local welfare office.

- Yes → \$, , , .00
- No
- TOTAL AMOUNT for past 12 months

g. Retirement income, pensions, survivor or disability income. Include income from a previous employer or union, or any regular withdrawals or distributions from IRA, Roth IRA, 401(k), 403(b), or other accounts specifically designed for retirement. Do NOT include Social Security.

- Yes → \$, , , .00
- No
- TOTAL AMOUNT for past 12 months

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

44 What was this person's total income during the PAST 12 MONTHS? Add entries in questions 43a to 43h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.

- OR \$, , , .00 Loss
- None
- 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 28 for mailing instructions.



Person 3

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

Last Name

First Name

MI

7 Where was this person born?

In the United States – Print name of state.

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

8 Is this person a citizen of the United States?

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

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

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

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

No, not a U.S. citizen

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

10 a. At any time IN THE LAST 3 MONTHS, has this person attended school or college? Include only nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.

No, has not attended in the last 3 months → SKIP to question 11

Yes, public school, public college

Yes, private school, private college, home school

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

Nursery school, preschool

Kindergarten

Grade 1 through 12 – Specify grade 1 – 12 →

College undergraduate years (freshman to senior)

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

11 What is the highest degree or level of school this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received.

NO SCHOOLING COMPLETED

No schooling completed

NURSERY OR PRESCHOOL THROUGH GRADE 12

Nursery school

Kindergarten

Grade 1 through 11 – Specify grade 1 – 11 →

12th grade – NO DIPLOMA

HIGH SCHOOL GRADUATE

Regular high school diploma

GED or alternative credential

COLLEGE OR SOME COLLEGE

Some college credit, but less than 1 year of college credit

1 or more years of college credit, no degree

Associate's degree (for example: AA, AS)

Bachelor's degree (for example: BA, BS)

AFTER BACHELOR'S DEGREE

Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)

Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)

Doctorate degree (for example: PhD, EdD)

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

12 This question focuses on this person's BACHELOR'S DEGREE. Please print below the specific major(s) of any BACHELOR'S DEGREES this person has received. (For example: chemical engineering, elementary teacher education, organizational psychology)

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

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

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

Yes

No → SKIP to question 15a

b. What is this language?

For example: Korean, Italian, Spanish, Vietnamese

c. How well does this person speak English?

Very well

Well

Not well

Not at all

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

Person is under 1 year old → SKIP to question 16

Yes, this house → SKIP to question 16

No, outside the United States and Puerto Rico – Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 16

No, different house in the United States or Puerto Rico

b. Where did this person live 1 year ago?

Address (Number and street name)

Name of city, town, or post office

Name of U.S. county or municipio in Puerto Rico

Name of U.S. state or Puerto Rico

ZIP Code



Person 3 (continued)

- 16** Is this person **CURRENTLY** covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h.

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Insurance through a current or former employer or union (of this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Insurance purchased directly from an insurance company, (by this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicare, for people 65 and older, or people with certain disabilities | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability | <input type="checkbox"/> | <input type="checkbox"/> |
| e. TRICARE or other military health care | <input type="checkbox"/> | <input type="checkbox"/> |
| f. VA (enrolled for VA health care) | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Indian Health Service | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Any other type of health insurance or health coverage plan – <i>Specify</i> | <input type="checkbox"/> | <input type="checkbox"/> |

- G** Answer question 17a if this person is covered by health insurance. Otherwise, SKIP to question 18a.

- 17** a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs.

- Yes
 No → SKIP to question 18a

- b. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium?

- Yes
 No

- 18** 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

- H** Answer questions 19a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 3 on page 16.

- 19** a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?

- Yes
 No

- b. Does this person have serious difficulty walking or climbing stairs?

- Yes
 No

- c. Does this person have difficulty dressing or bathing?

- Yes
 No

- I** Answer question 20 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 3 on page 16.

- 20** 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

- 21** What is this person's marital status?

- Now married
 Widowed
 Divorced
 Separated
 Never married → SKIP to **J**

- 22** In the PAST 12 MONTHS, did this person get –

- | | Yes | No |
|--------------|--------------------------|--------------------------|
| a. Married? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Widowed? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Divorced? | <input type="checkbox"/> | <input type="checkbox"/> |

- 23** How many times has this person been married?

- Once
 Two times
 Three or more times

- 24** In what year did this person last get married?
 Year

- J** Answer question 25 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 26a.

- 25** In the PAST 12 MONTHS, has this person given birth to any children?

- Yes
 No

- 26** a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?

- Yes
 No → SKIP to question 27

- b. Is this grandparent currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment?

- Yes
 No → SKIP to question 27

- 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.

- Less than 6 months
 6 to 11 months
 1 or 2 years
 3 or 4 years
 5 or more years

- 27** 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 30a
 Only on active duty for training in the Reserves or National Guard → SKIP to question 29a
 Now on active duty
 On active duty in the past, but not now

- 28** When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period.

- September 2001 or later
 August 1990 to August 2001 (including Persian Gulf War)
 May 1975 to July 1990
 Vietnam era (August 1964 to April 1975)
 February 1955 to July 1964
 Korean War (July 1950 to January 1955)
 January 1947 to June 1950
 World War II (December 1941 to December 1946)
 November 1941 or earlier



Person 3 (continued)

- 29 a. Does this person have a VA service-connected disability rating?**

Yes (such as 0%, 10%, 20%, ... , 100%)
 No → SKIP to question 30a

- b. What is this person's service-connected disability rating?**

0 percent
 10 or 20 percent
 30 or 40 percent
 50 or 60 percent
 70 percent or higher

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

Yes → SKIP to question 31
 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 36a

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

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

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

- b. Name of city, town, or post office**

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

Yes
 No, outside the city/town limits

- d. Name of county**

- e. Name of U.S. state or foreign country**

- f. ZIP Code**

- 32 How did this person usually get to work LAST WEEK? Mark ONE box for the method of transportation used for most of the distance.**

| | |
|---|--|
| <input type="checkbox"/> Car, truck, or van | <input type="checkbox"/> Taxicab |
| <input type="checkbox"/> Bus | <input type="checkbox"/> Motorcycle |
| <input type="checkbox"/> Subway or elevated rail | <input type="checkbox"/> Bicycle |
| <input type="checkbox"/> Long-distance train or commuter rail | <input type="checkbox"/> Walked |
| <input type="checkbox"/> Light rail, streetcar, or trolley | <input type="checkbox"/> Worked from home → SKIP to question 40a |
| <input type="checkbox"/> Ferryboat | <input type="checkbox"/> Other method |

K Answer question 33 if you marked "Car, truck, or van" in question 32. Otherwise, SKIP to question 34.

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

Person(s)

- 34 LAST WEEK, what time did this person's trip to work usually begin?**

Hour : Minute
 : a.m.
 p.m.

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

Minutes

L Answer questions 36 – 39 if this person did NOT work last week. Otherwise, SKIP to question 40a.

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

Yes → SKIP to question 36c
 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 39
 No → SKIP to question 37

- 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 38
 No

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

Yes
 No → SKIP to question 39

- 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.)

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

Within the past 12 months
 1 to 5 years ago → SKIP to **M**
 Over 5 years ago or never worked → SKIP to question 43

- 40 a. During the PAST 12 MONTHS (52 weeks), did this person work EVERY week? Count paid vacation, paid sick leave, and military service as work.**

Yes → SKIP to question 41
 No

- b. During the PAST 12 MONTHS (52 weeks), how many WEEKS did this person work? Include paid time off and include weeks when the person only worked for a few hours.**

Weeks

- 41 During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?**

Usual hours worked each WEEK



Person 3 (continued)

M Answer questions 42a – f if this person worked in the past 5 years. Otherwise, SKIP to question 43.

42 DESCRIPTION OF EMPLOYMENT

The next series of questions is about the type of employment this person had last week.

If this person had more than one job, describe the one at which the most hours were worked. If this person did not work last week, describe the most recent employment in the past five years.

a. Which one of the following best describes this person's employment last week or the most recent employment in the past 5 years?

Mark (X) ONE box.

PRIVATE SECTOR EMPLOYEE

- For-profit** company or organization
- Non-profit** organization (including tax-exempt and charitable organizations)

GOVERNMENT EMPLOYEE

- Local government** (for example: city or county school district)
- State government** (including state colleges/universities)
- Active duty** U.S. Armed Forces or Commissioned Corps
- Federal government** civilian employee

SELF-EMPLOYED OR OTHER

- Owner of non-incorporated business**, professional practice, or farm
- Owner of incorporated business**, professional practice, or farm
- Worked **without pay** in a **for-profit** family business or farm for 15 hours or more per week

b. What was the name of this person's employer, business, agency, or branch of the Armed Forces?

c. What kind of business or industry was this?

Include the main activity, product, or service provided at the location where employed. (For example: elementary school, residential construction)

d. Was this mainly – Mark (X) ONE box.

- manufacturing?
- wholesale trade?
- retail trade?
- other (agriculture, construction, service, government, etc.)?

e. What was this person's main occupation?

(For example: 4th grade teacher, entry-level plumber)

f. Describe this person's most important activities or duties. (For example: instruct and evaluate students and create lesson plans, assemble and install pipe sections and review building plans for work details)

43 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 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.

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, 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.

- 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.

- Yes → \$, , , .00 Loss
- No
- 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
- No
- TOTAL AMOUNT for past 12 months

d. Social Security or Railroad Retirement.

- Yes → \$, , , .00
- No
- TOTAL AMOUNT for past 12 months

e. Supplemental Security Income (SSI).

- Yes → \$, , , .00
- No
- TOTAL AMOUNT for past 12 months

f. Any public assistance or welfare payments from the state or local welfare office.

- Yes → \$, , , .00
- No
- TOTAL AMOUNT for past 12 months

g. Retirement income, pensions, survivor or disability income. Include income from a previous employer or union, or any regular withdrawals or distributions from IRA, Roth IRA, 401(k), 403(b), or other accounts specifically designed for retirement. Do NOT include Social Security.

- Yes → \$, , , .00
- No
- TOTAL AMOUNT for past 12 months

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

44 What was this person's total income during the PAST 12 MONTHS? Add entries in questions 43a to 43h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.

- OR \$, , , .00 Loss
- None
- 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 28 for mailing instructions.



Person 4

→ Please copy the name of Person 4 from page 3, then continue answering questions below.

Last Name

First Name

MI

7 Where was this person born?

In the United States – Print name of state.

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

8 Is this person a citizen of the United States?

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

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

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

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

No, not a U.S. citizen

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

10 a. At any time IN THE LAST 3 MONTHS, has this person attended school or college? Include only nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.

No, has not attended in the last 3 months → SKIP to question 11

Yes, public school, public college

Yes, private school, private college, home school

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

Nursery school, preschool

Kindergarten

Grade 1 through 12 – Specify grade 1 – 12

College undergraduate years (freshman to senior)

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

11 What is the highest degree or level of school this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received.

NO SCHOOLING COMPLETED

No schooling completed

NURSERY OR PRESCHOOL THROUGH GRADE 12

Nursery school

Kindergarten

Grade 1 through 11 – Specify grade 1 – 11

12th grade – NO DIPLOMA

HIGH SCHOOL GRADUATE

Regular high school diploma

GED or alternative credential

COLLEGE OR SOME COLLEGE

Some college credit, but less than 1 year of college credit

1 or more years of college credit, no degree

Associate's degree (for example: AA, AS)

Bachelor's degree (for example: BA, BS)

AFTER BACHELOR'S DEGREE

Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)

Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)

Doctorate degree (for example: PhD, EdD)

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

12 This question focuses on this person's BACHELOR'S DEGREE. Please print below the specific major(s) of any BACHELOR'S DEGREES this person has received. (For example: chemical engineering, elementary teacher education, organizational psychology)

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

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

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

Yes

No → SKIP to question 15a

b. What is this language?

For example: Korean, Italian, Spanish, Vietnamese

c. How well does this person speak English?

Very well

Well

Not well

Not at all

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

Person is under 1 year old → SKIP to question 16

Yes, this house → SKIP to question 16

No, outside the United States and Puerto Rico – Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 16

No, different house in the United States or Puerto Rico

b. Where did this person live 1 year ago?

Address (Number and street name)

Name of city, town, or post office

Name of U.S. county or municipio in Puerto Rico

Name of U.S. state or Puerto Rico

ZIP Code



Person 4 (continued)

- 16** Is this person **CURRENTLY** covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h.

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Insurance through a current or former employer or union (of this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Insurance purchased directly from an insurance company, (by this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicare, for people 65 and older, or people with certain disabilities | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability | <input type="checkbox"/> | <input type="checkbox"/> |
| e. TRICARE or other military health care | <input type="checkbox"/> | <input type="checkbox"/> |
| f. VA (enrolled for VA health care) | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Indian Health Service | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Any other type of health insurance or health coverage plan – <i>Specify</i> | <input type="checkbox"/> | <input type="checkbox"/> |

- G** Answer question 17a if this person is covered by health insurance. Otherwise, SKIP to question 18a.

- 17** a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs.

- Yes
 No → SKIP to question 18a

- b. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium?

- Yes
 No

- 18** 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

- H** Answer questions 19a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 5 on page 24.

- 19** a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?

- Yes
 No

- b. Does this person have serious difficulty walking or climbing stairs?

- Yes
 No

- c. Does this person have difficulty dressing or bathing?

- Yes
 No

- I** Answer question 20 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 5 on page 24.

- 20** 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

- 21** What is this person's marital status?

- Now married
 Widowed
 Divorced
 Separated
 Never married → SKIP to **J**

- 22** In the PAST 12 MONTHS, did this person get –

- | | Yes | No |
|--------------|--------------------------|--------------------------|
| a. Married? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Widowed? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Divorced? | <input type="checkbox"/> | <input type="checkbox"/> |

- 23** How many times has this person been married?

- Once
 Two times
 Three or more times

- 24** In what year did this person last get married?
 Year

- J** Answer question 25 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 26a.

- 25** In the PAST 12 MONTHS, has this person given birth to any children?

- Yes
 No

- 26** a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?

- Yes
 No → SKIP to question 27

- b. Is this grandparent currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment?

- Yes
 No → SKIP to question 27

- 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.

- Less than 6 months
 6 to 11 months
 1 or 2 years
 3 or 4 years
 5 or more years

- 27** 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 30a
 Only on active duty for training in the Reserves or National Guard → SKIP to question 29a
 Now on active duty
 On active duty in the past, but not now

- 28** When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period.

- September 2001 or later
 August 1990 to August 2001 (including Persian Gulf War)
 May 1975 to July 1990
 Vietnam era (August 1964 to April 1975)
 February 1955 to July 1964
 Korean War (July 1950 to January 1955)
 January 1947 to June 1950
 World War II (December 1941 to December 1946)
 November 1941 or earlier



Person 4 (continued)

- 29 a. Does this person have a VA service-connected disability rating?**

Yes (such as 0%, 10%, 20%, ... , 100%)
 No → SKIP to question 30a

- b. What is this person's service-connected disability rating?**

0 percent
 10 or 20 percent
 30 or 40 percent
 50 or 60 percent
 70 percent or higher

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

Yes → SKIP to question 31
 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 36a

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

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

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

- b. Name of city, town, or post office**

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

Yes
 No, outside the city/town limits

- d. Name of county**

- e. Name of U.S. state or foreign country**

- f. ZIP Code**

- 32 How did this person usually get to work LAST WEEK? Mark ONE box for the method of transportation used for most of the distance.**

| | |
|---|--|
| <input type="checkbox"/> Car, truck, or van | <input type="checkbox"/> Taxicab |
| <input type="checkbox"/> Bus | <input type="checkbox"/> Motorcycle |
| <input type="checkbox"/> Subway or elevated rail | <input type="checkbox"/> Bicycle |
| <input type="checkbox"/> Long-distance train or commuter rail | <input type="checkbox"/> Walked |
| <input type="checkbox"/> Light rail, streetcar, or trolley | <input type="checkbox"/> Worked from home → SKIP to question 40a |
| <input type="checkbox"/> Ferryboat | <input type="checkbox"/> Other method |

K Answer question 33 if you marked "Car, truck, or van" in question 32. Otherwise, SKIP to question 34.

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

Person(s)

- 34 LAST WEEK, what time did this person's trip to work usually begin?**

Hour : Minute
 : a.m.
 p.m.

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

Minutes

L Answer questions 36 – 39 if this person did NOT work last week. Otherwise, SKIP to question 40a.

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

Yes → SKIP to question 36c
 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 39
 No → SKIP to question 37

- 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 38
 No

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

Yes
 No → SKIP to question 39

- 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.)

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

Within the past 12 months
 1 to 5 years ago → SKIP to **M**
 Over 5 years ago or never worked → SKIP to question 43

- 40 a. During the PAST 12 MONTHS (52 weeks), did this person work EVERY week? Count paid vacation, paid sick leave, and military service as work.**

Yes → SKIP to question 41
 No

- b. During the PAST 12 MONTHS (52 weeks), how many WEEKS did this person work? Include paid time off and include weeks when the person only worked for a few hours.**

Weeks

- 41 During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?**

Usual hours worked each WEEK



Person 4 (continued)

M Answer questions 42a – f if this person worked in the past 5 years. Otherwise, SKIP to question 43.

42 DESCRIPTION OF EMPLOYMENT

The next series of questions is about the type of employment this person had last week.

If this person had more than one job, describe the one at which the most hours were worked. If this person did not work last week, describe the most recent employment in the past five years.

a. Which one of the following best describes this person's employment last week or the most recent employment in the past 5 years?

Mark (X) ONE box.

PRIVATE SECTOR EMPLOYEE

- For-profit** company or organization
- Non-profit** organization (including tax-exempt and charitable organizations)

GOVERNMENT EMPLOYEE

- Local government** (for example: city or county school district)
- State government** (including state colleges/universities)
- Active duty** U.S. Armed Forces or Commissioned Corps
- Federal government** civilian employee

SELF-EMPLOYED OR OTHER

- Owner of non-incorporated business**, professional practice, or farm
- Owner of incorporated business**, professional practice, or farm
- Worked **without pay** in a **for-profit** family business or farm for 15 hours or more per week

b. What was the name of this person's employer, business, agency, or branch of the Armed Forces?

c. What kind of business or industry was this?

Include the main activity, product, or service provided at the location where employed. (For example: elementary school, residential construction)

d. Was this mainly – Mark (X) ONE box.

- manufacturing?
- wholesale trade?
- retail trade?
- other (agriculture, construction, service, government, etc.)?

e. What was this person's main occupation?

(For example: 4th grade teacher, entry-level plumber)

f. Describe this person's most important activities or duties. (For example: instruct and evaluate students and create lesson plans, assemble and install pipe sections and review building plans for work details)

43 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 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.

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, 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.

- 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.

- Yes → \$, , , .00 Loss
- No
- 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
- No
- TOTAL AMOUNT for past 12 months

d. Social Security or Railroad Retirement.

- Yes → \$, , , .00
- No
- TOTAL AMOUNT for past 12 months

e. Supplemental Security Income (SSI).

- Yes → \$, , , .00
- No
- TOTAL AMOUNT for past 12 months

f. Any public assistance or welfare payments from the state or local welfare office.

- Yes → \$, , , .00
- No
- TOTAL AMOUNT for past 12 months

g. Retirement income, pensions, survivor or disability income. Include income from a previous employer or union, or any regular withdrawals or distributions from IRA, Roth IRA, 401(k), 403(b), or other accounts specifically designed for retirement. Do NOT include Social Security.

- Yes → \$, , , .00
- No
- TOTAL AMOUNT for past 12 months

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

44 What was this person's total income during the PAST 12 MONTHS? Add entries in questions 43a to 43h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.

- OR \$, , , .00 Loss
- None
- TOTAL AMOUNT for past 12 months

➔ Continue with the questions for Person 5 on the next page. If no one is listed as person 5 on page 4, SKIP to page 28 for mailing instructions.



Person 5

→ Please copy the name of Person 5 from page 4, then continue answering questions below.

Last Name

First Name

MI

7 Where was this person born?

In the United States – Print name of state.

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

8 Is this person a citizen of the United States?

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

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

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

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

No, not a U.S. citizen

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

10 a. At any time IN THE LAST 3 MONTHS, has this person attended school or college? Include only nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.

No, has not attended in the last 3 months → SKIP to question 11

Yes, public school, public college

Yes, private school, private college, home school

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

Nursery school, preschool

Kindergarten

Grade 1 through 12 – Specify grade 1 – 12

College undergraduate years (freshman to senior)

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

11 What is the highest degree or level of school this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received.

NO SCHOOLING COMPLETED

No schooling completed

NURSERY OR PRESCHOOL THROUGH GRADE 12

Nursery school

Kindergarten

Grade 1 through 11 – Specify grade 1 – 11

12th grade – NO DIPLOMA

HIGH SCHOOL GRADUATE

Regular high school diploma

GED or alternative credential

COLLEGE OR SOME COLLEGE

Some college credit, but less than 1 year of college credit

1 or more years of college credit, no degree

Associate's degree (for example: AA, AS)

Bachelor's degree (for example: BA, BS)

AFTER BACHELOR'S DEGREE

Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)

Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)

Doctorate degree (for example: PhD, EdD)

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

12 This question focuses on this person's BACHELOR'S DEGREE. Please print below the specific major(s) of any BACHELOR'S DEGREES this person has received. (For example: chemical engineering, elementary teacher education, organizational psychology)

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

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

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

Yes

No → SKIP to question 15a

b. What is this language?

For example: Korean, Italian, Spanish, Vietnamese

c. How well does this person speak English?

Very well

Well

Not well

Not at all

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

Person is under 1 year old → SKIP to question 16

Yes, this house → SKIP to question 16

No, outside the United States and Puerto Rico – Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 16

No, different house in the United States or Puerto Rico

b. Where did this person live 1 year ago?

Address (Number and street name)

Name of city, town, or post office

Name of U.S. county or municipio in Puerto Rico

Name of U.S. state or Puerto Rico

ZIP Code



Person 5 (continued)

- 16** Is this person **CURRENTLY** covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h.

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Insurance through a current or former employer or union (of this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Insurance purchased directly from an insurance company, (by this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicare, for people 65 and older, or people with certain disabilities | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability | <input type="checkbox"/> | <input type="checkbox"/> |
| e. TRICARE or other military health care | <input type="checkbox"/> | <input type="checkbox"/> |
| f. VA (enrolled for VA health care) | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Indian Health Service | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Any other type of health insurance or health coverage plan – <i>Specify</i> | <input type="checkbox"/> | <input type="checkbox"/> |

- G** Answer question 17a if this person is covered by health insurance. Otherwise, SKIP to question 18a.

- 17** a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs.

- Yes
 No → SKIP to question 18a

- b. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium?

- Yes
 No

- 18** 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

- H** Answer questions 19a – c if this person is 5 years old or over. Otherwise, SKIP to the mailing instructions on page 28.

- 19** a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?

- Yes
 No

- b. Does this person have serious difficulty walking or climbing stairs?

- Yes
 No

- c. Does this person have difficulty dressing or bathing?

- Yes
 No

- I** Answer question 20 if this person is 15 years old or over. Otherwise, SKIP to the mailing instructions on page 28.

- 20** 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

- 21** What is this person's marital status?

- Now married
 Widowed
 Divorced
 Separated
 Never married → SKIP to **J**

- 22** In the PAST 12 MONTHS, did this person get –

- | | Yes | No |
|--------------|--------------------------|--------------------------|
| a. Married? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Widowed? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Divorced? | <input type="checkbox"/> | <input type="checkbox"/> |

- 23** How many times has this person been married?

- Once
 Two times
 Three or more times

- 24** In what year did this person last get married?
 Year

- J** Answer question 25 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 26a.

- 25** In the PAST 12 MONTHS, has this person given birth to any children?

- Yes
 No

- 26** a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?

- Yes
 No → SKIP to question 27

- b. Is this grandparent currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment?

- Yes
 No → SKIP to question 27

- 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.

- Less than 6 months
 6 to 11 months
 1 or 2 years
 3 or 4 years
 5 or more years

- 27** 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 30a
 Only on active duty for training in the Reserves or National Guard → SKIP to question 29a
 Now on active duty
 On active duty in the past, but not now

- 28** When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period.

- September 2001 or later
 August 1990 to August 2001 (including Persian Gulf War)
 May 1975 to July 1990
 Vietnam era (August 1964 to April 1975)
 February 1955 to July 1964
 Korean War (July 1950 to January 1955)
 January 1947 to June 1950
 World War II (December 1941 to December 1946)
 November 1941 or earlier



Person 5 (continued)

- 29 a. Does this person have a VA service-connected disability rating?**

Yes (such as 0%, 10%, 20%, ... , 100%)
 No → SKIP to question 30a

- b. What is this person's service-connected disability rating?**

0 percent
 10 or 20 percent
 30 or 40 percent
 50 or 60 percent
 70 percent or higher

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

Yes → SKIP to question 31
 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 36a

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

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

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

- b. Name of city, town, or post office**

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

Yes
 No, outside the city/town limits

- d. Name of county**

- e. Name of U.S. state or foreign country**

- f. ZIP Code**

- 32 How did this person usually get to work LAST WEEK?** *Mark ONE box for the method of transportation used for most of the distance.*

| | |
|---|--|
| <input type="checkbox"/> Car, truck, or van | <input type="checkbox"/> Taxicab |
| <input type="checkbox"/> Bus | <input type="checkbox"/> Motorcycle |
| <input type="checkbox"/> Subway or elevated rail | <input type="checkbox"/> Bicycle |
| <input type="checkbox"/> Long-distance train or commuter rail | <input type="checkbox"/> Walked |
| <input type="checkbox"/> Light rail, streetcar, or trolley | <input type="checkbox"/> Worked from home → SKIP to question 40a |
| <input type="checkbox"/> Ferryboat | <input type="checkbox"/> Other method |

K Answer question 33 if you marked "Car, truck, or van" in question 32. Otherwise, SKIP to question 34.

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

Person(s)

- 34 LAST WEEK, what time did this person's trip to work usually begin?**

Hour : Minute
 : a.m.
 p.m.

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

Minutes

L Answer questions 36 – 39 if this person did NOT work last week. Otherwise, SKIP to question 40a.

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

Yes → SKIP to question 36c
 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 39
 No → SKIP to question 37

- 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 38
 No

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

Yes
 No → SKIP to question 39

- 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.)

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

Within the past 12 months
 1 to 5 years ago → SKIP to **M**
 Over 5 years ago or never worked → SKIP to question 43

- 40 a. During the PAST 12 MONTHS (52 weeks), did this person work EVERY week? Count paid vacation, paid sick leave, and military service as work.**

Yes → SKIP to question 41
 No

- b. During the PAST 12 MONTHS (52 weeks), how many WEEKS did this person work? Include paid time off and include weeks when the person only worked for a few hours.**

Weeks

- 41 During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?**

Usual hours worked each WEEK



Person 5 (continued)

M Answer questions 42a – f if this person worked in the past 5 years. Otherwise, SKIP to question 43.

42 DESCRIPTION OF EMPLOYMENT

The next series of questions is about the type of employment this person had last week.

If this person had more than one job, describe the one at which the most hours were worked. If this person did not work last week, describe the most recent employment in the past five years.

a. Which one of the following best describes this person's employment last week or the most recent employment in the past 5 years?

Mark (X) ONE box.

PRIVATE SECTOR EMPLOYEE

- For-profit** company or organization
- Non-profit** organization (including tax-exempt and charitable organizations)

GOVERNMENT EMPLOYEE

- Local government** (for example: city or county school district)
- State government** (including state colleges/universities)
- Active duty** U.S. Armed Forces or Commissioned Corps
- Federal government** civilian employee

SELF-EMPLOYED OR OTHER

- Owner of non-incorporated business**, professional practice, or farm
- Owner of incorporated business**, professional practice, or farm
- Worked **without pay** in a **for-profit** family business or farm for 15 hours or more per week

b. What was the name of this person's employer, business, agency, or branch of the Armed Forces?

c. What kind of business or industry was this?

Include the main activity, product, or service provided at the location where employed. (For example: elementary school, residential construction)

d. Was this mainly – Mark (X) ONE box.

- manufacturing?
- wholesale trade?
- retail trade?
- other (agriculture, construction, service, government, etc.)?

e. What was this person's main occupation?

(For example: 4th grade teacher, entry-level plumber)

f. Describe this person's most important activities or duties. (For example: instruct and evaluate students and create lesson plans, assemble and install pipe sections and review building plans for work details)

43 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 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.

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, 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.

- 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.

- Yes → \$, , , .00 Loss
- No
- 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
- No
- TOTAL AMOUNT for past 12 months

d. Social Security or Railroad Retirement.

- Yes → \$, , , .00
- No
- TOTAL AMOUNT for past 12 months

e. Supplemental Security Income (SSI).

- Yes → \$, , , .00
- No
- TOTAL AMOUNT for past 12 months

f. Any public assistance or welfare payments from the state or local welfare office.

- Yes → \$, , , .00
- No
- TOTAL AMOUNT for past 12 months

g. Retirement income, pensions, survivor or disability income. Include income from a previous employer or union, or any regular withdrawals or distributions from IRA, Roth IRA, 401(k), 403(b), or other accounts specifically designed for retirement. Do NOT include Social Security.

- Yes → \$, , , .00
- No
- TOTAL AMOUNT for past 12 months

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

44 What was this person's total income during the PAST 12 MONTHS? Add entries in questions 43a to 43h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.

- OR \$, , , .00 Loss
- None
- TOTAL AMOUNT for past 12 months

➔ Now continue with the mailing instructions on page 28.



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

TELEPHONE CLERK

JIC3

JIC4

The Census Bureau estimates that, for the average household, this form will take 40 minutes to complete, including the time for reviewing the instructions and answers. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Paperwork Project xxxx-xxxx0 and xxxx-xxxx, U.S. Census Bureau, 4600 Silver Hill Road, AMSD – 3K138, Washington, D.C. 20233. You may e-mail comments to AMSD.Paperwork@census.gov; use "Paperwork Project xxxx-xxxx and xxxx-xxxx" 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(2019) (02-01-2018)



Hay dos maneras para completar la Encuesta sobre la Comunidad Estadounidense:



Opción 1 – Vaya a <https://respond.census.gov/acs> para completar la encuesta por Internet en español. **ATENCIÓN:** Necesitará información que aparece en la etiqueta del cuestionario adjunto para iniciar la sesión.



Opción 2 – Llene y devuelva **por correo** el cuestionario adjunto en el sobre de envío incluido.

Por favor, escoja **SOLAMENTE** una manera de responder. Si usted necesita ayuda para llenar la encuesta o tiene preguntas acerca de la Encuesta sobre la Comunidad Estadounidense, llame sin cargo al 1-877-833-5625.

See other side for English.

Two Ways to Complete the American Community Survey:



Option 1 – Go to <https://respond.census.gov/acs> to complete the survey online.
IMPORTANT: You will need information from the address label on the enclosed questionnaire to log in.



Option 2 – Fill out the enclosed questionnaire and mail it back in the postage-paid envelope.

Please choose **ONLY** one way to respond. If you need help or have questions about the American Community Survey, call the toll-free number 1-800-354-7271.

Vea el otro lado para español.

census.gov/acs
1-888-354-7271

Frequently Asked Questions



AMERICAN
COMMUNITY
SURVEY



American
Community
Survey

Si necesita ayuda para completar su cuestionario,
llame sin cargo alguno al: 1-877-833-5625.

Issued August 2017
ACS-10SM(2017)


U.S. Department of Commerce
Economics and Statistics Administration
U.S. CENSUS BUREAU
census.gov

United States™
Census
Bureau



Frequently Asked Questions

What is the American Community Survey?

The American Community Survey collects information about population and housing characteristics for the nation, states, cities, counties, metropolitan areas, and communities on a continuous basis. Based on the American Community Survey, the U.S. Census Bureau can provide up-to-date data about our rapidly changing country more often than once every 10 years when the census is conducted.

How do I benefit by answering the American Community Survey?

Communities need data about the well-being of children, families, and the older population to provide services to them. By responding to the American Community Survey questionnaire, you are helping your community to establish goals, identify problems and solutions, and measure the performance of programs.

The data also are used to decide where to locate new highways, schools, hospitals, and community centers; to show a large corporation that a town has the workforce the company needs; and in many other ways.

Do I have to answer the questions on the American Community Survey?

Yes. Your response to this survey is required by law (Title 13, U.S. Code, Sections 141,193, and 221). Title 13, as changed by Title 18, imposes a penalty for not responding. We estimate this survey will take about 40 minutes to complete.

How will the Census Bureau use the information that I provide?

By law, the Census Bureau can only use your responses to produce statistics. Your information will be used in combination with information from other households to produce data for your community. Similar data will be produced for communities across Puerto Rico and the United States.

We may combine your answers with information that you gave to other agencies to enhance the statistical uses of these data. This information will be given the same protections as your survey information. Based on the information that you provide, you may be asked to participate in other Census Bureau surveys that are voluntary.

Will the Census Bureau keep my information confidential?

Yes. The Census Bureau is required by law to protect your information. The Census Bureau is not permitted to publicly release your responses in a way that could identify you. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data.

Where can I find more information about the American Community Survey or get assistance?

You may visit our Web site at [census.gov/acs](https://www.census.gov/acs) or call 1-800-354-7271, if you need assistance or more information.

AN EQUAL OPPORTUNITY EMPLOYER

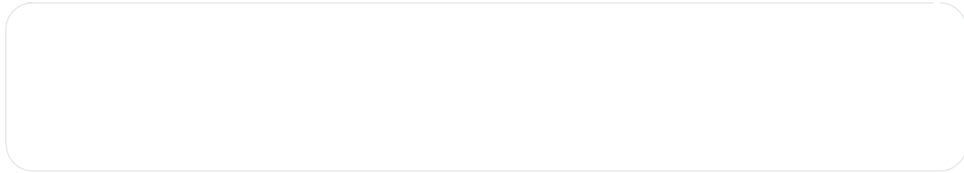
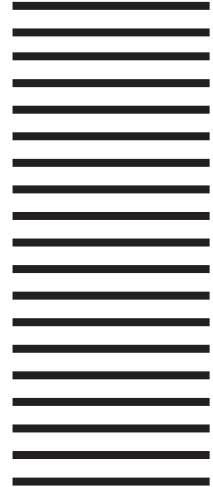


Attachment E

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The American Community Survey
Form Enclosed

**YOUR RESPONSE IS
REQUIRED BY LAW**

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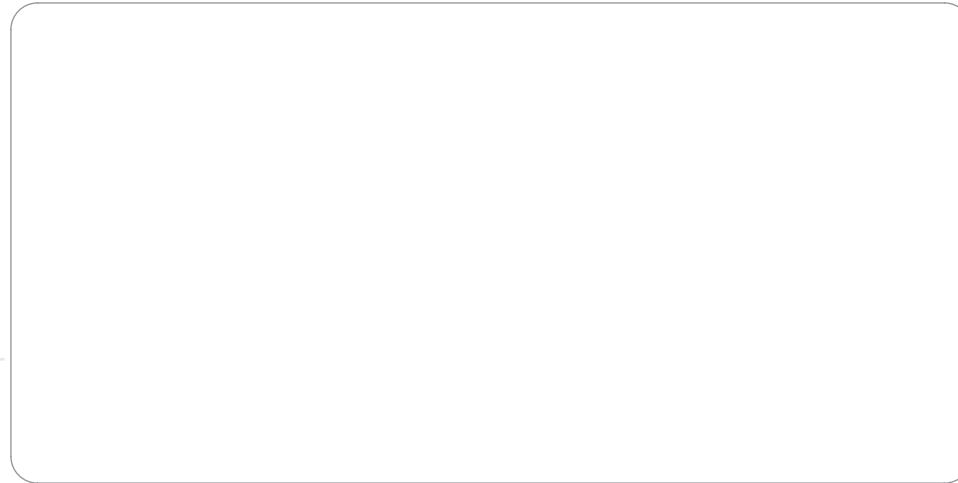
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The American Community Survey
Form Enclosed

**YOUR RESPONSE IS
REQUIRED BY LAW**



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2-1/2"

5"

1-1/2"

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Economic and Statistics Administration
U.S. Census Bureau**

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UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau
Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

A message from the Director, U.S. Census Bureau . . .

Within the last few weeks, the U.S. Census Bureau sent you several requests to complete the American Community Survey. **Now is the time to complete the survey if you have not already done so.** Please complete the questionnaire and return it now OR go to <https://respond.census.gov/acs> to respond online.

Your response to this survey is required by U.S. law. If you do not respond, a Census Bureau interviewer may contact you to complete the survey. Local and national leaders use the information from this survey for planning schools, hospitals, roads, and other community needs.

If you need help completing the survey or have questions, please call our toll-free number (1-800-354-7271).

Thank you.



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau
Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

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Your response to this survey is required by U.S. law. If you do not respond, a Census Bureau interviewer may contact you to complete the survey. Local and national leaders use the information from this survey for planning schools, hospitals, roads, and other community needs.

If you need help completing the survey or have questions, please call our toll-free number (1-800-354-7271).

Thank you.



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau
Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

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Your response to this survey is required by U.S. law. If you do not respond, a Census Bureau interviewer may contact you to complete the survey. Local and national leaders use the information from this survey for planning schools, hospitals, roads, and other community needs.

If you need help completing the survey or have questions, please call our toll-free number (1-800-354-7271).

Thank you.



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau
Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

A message from the Director, U.S. Census Bureau . . .

Within the last few weeks, the U.S. Census Bureau sent you several requests to complete the American Community Survey. **Now is the time to complete the survey if you have not already done so.** Please complete the questionnaire and return it now OR go to <https://respond.census.gov/acs> to respond online.

Your response to this survey is required by U.S. law. If you do not respond, a Census Bureau interviewer may contact you to complete the survey. Local and national leaders use the information from this survey for planning schools, hospitals, roads, and other community needs.

If you need help completing the survey or have questions, please call our toll-free number (1-800-354-7271).

Thank you.

**ACS-23(L)(2018)
(2-2018)**



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau
Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

A message from the Director, U.S. Census Bureau ...

Within the last few weeks, the U.S. Census Bureau mailed an American Community Survey questionnaire package to your address. **You are required by U.S. law to respond to this survey.** The U.S. Census Bureau is required by law to keep your information confidential. The Census Bureau is not permitted to publicly release your responses in a way that could identify you. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. If you have already responded, thank you. If you have not, please complete the questionnaire and send it now, or complete the survey online.

Respond now at <https://respond.census.gov/acs>
Log in using this user ID:

Your response is critically important to your local community and to your country. If you do not respond, a Census Bureau interviewer may contact you by personal visit to complete the survey.

If you would like to complete the survey by telephone or need assistance, please call our toll-free number (1-800-354-7271).

Thank you.

Security Security Security Security Security

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Economics and Statistics Administration

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ACS-23(L)(2018) (2-2018)

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ACS-13(L)SP (2017)
(6-2017)



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau
Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

Un mensaje del Director de la Oficina del Censo de los Estados Unidos ...

Recientemente, la Oficina del Censo le envió a su hogar una carta acerca de la Encuesta sobre la Comunidad Estadounidense. Hay dos maneras de completar la encuesta. Por favor, escoja una SOLAMENTE.

Opción 1: Vaya a <https://respond.census.gov/acs> para completar la encuesta por Internet. Para entrar a la encuesta, usted necesitará la información de la etiqueta de dirección del cuestionario que se incluye.

Opción 2: Complete el cuestionario que se incluye y devuélvalo por correo.

Esta encuesta recopila información vital actualizada que se utiliza para responder a las necesidades de las comunidades en los Estados Unidos. Por ejemplo, los resultados de esta encuesta se usan para determinar dónde se necesitan nuevas escuelas, hospitales y estaciones de bomberos. Esta información también ayuda a las comunidades a prepararse para las emergencias que los pueden afectar a usted y a sus vecinos, tales como inundaciones y otros desastres naturales.

La Oficina del Censo de los EE. UU. escogió su dirección, y no a usted personalmente, como parte de una muestra de hogares seleccionados al azar. Usted está obligado(a) por ley a responder a esta encuesta. La Oficina del Censo de los EE. UU. está obligada por ley a proteger su información. A la Oficina del Censo no se le permite divulgar sus respuestas de manera que este hogar pudiera ser identificado. En conformidad con la Ley para el Fortalecimiento de la Seguridad Cibernética Federal del 2015, sus datos están protegidos contra los riesgos de seguridad cibernética mediante los controles aplicados a los sistemas que transmiten su información. El folleto que acompaña esta carta contesta a algunas de las preguntas frecuentes sobre la encuesta.

Si usted necesita ayuda para llenar la encuesta, por favor, llame sin cargo a nuestro número de teléfono (1-800-354-7271).

Gracias.

Documentos adjuntos



La Encuesta sobre la Comunidad Estadounidense

DEPARTAMENTO DE COMERCIO DE LOS EE. UU.
Administración de Economía y Estadísticas
OFICINA DEL CENSO DE LOS EE. UU.

Comience Aquí

Responda hoy por la Internet en:
<https://respond.census.gov/acs>

O

Llene y devuelva por correo este cuestionario tan pronto sea posible.

Este cuestionario pide información sobre las personas que viven o se quedan en la dirección en la etiqueta. También pide información sobre la casa, apartamento o casa móvil ubicada en la dirección que se indica en la etiqueta.



Si necesita ayuda o si tiene alguna pregunta sobre cómo completar este cuestionario, por favor, llame al 1-877-833-5625. La llamada telefónica es gratis.

Aparato telefónico para las personas con impedimentos auditivos (TDD, por sus siglas en inglés):

Llame al 1-800-786-9448. La llamada telefónica es gratis.

NEED HELP? If you speak English and need help completing this form, call toll-free **1-800-354-7271**. You can also complete your interview over the phone with an English-speaking interviewer. Or you can respond online at: <https://respond.census.gov/acs>

Para más información sobre la Encuesta sobre la Comunidad Estadounidense, vaya a nuestra página en la Internet: <http://www.census.gov/acs>

➔ **Por favor, escriba la fecha de hoy en letra de molde.**

| | | |
|----------------------|----------------------|----------------------|
| Mes | Día | Año |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

➔ **Por favor, escriba en letra de molde el nombre y número de teléfono de la persona que está completando este cuestionario.**

Nos comunicaremos con usted solo si es necesario para asuntos oficiales de la Oficina del Censo.

Apellido

Nombre

Inicial

Código de área y número de teléfono

| | | | |
|----------------------|----------------------|---|----------------------|
| <input type="text"/> | <input type="text"/> | - | <input type="text"/> |
|----------------------|----------------------|---|----------------------|

➔ **¿Cuántas personas están viviendo o quedándose en esta dirección?**

- **INCLUYA** a todas las personas que viven o se quedan aquí por más de 2 meses.
- **INCLÚYASE** a usted mismo si vive aquí por más de 2 meses.
- **INCLUYA** a cualquier otra persona que se queda aquí que no tiene otro lugar donde quedarse, aunque esté aquí por 2 meses o menos.
- **NO INCLUYA** a cualquier persona que viva en otro lugar por más de 2 meses, tal como un estudiante universitario que vive en otro lugar o personal de las Fuerzas Armadas que se ha activado.

Número de personas

➔ **Complete las páginas 2, 3 y 4 para todas las personas, incluyéndose a usted mismo, que estén viviendo o quedándose en esta dirección por más de 2 meses. Luego, complete el resto del cuestionario.**



Persona 1

(Persona 1 es la persona que está viviendo o quedándose aquí que es dueña de esta casa o apartamento, o lo está comprando o alquilando. Si no existe tal persona, comience con el nombre de cualquier adulto que está viviendo o quedándose aquí.)

1 ¿Cuál es el nombre de la Persona 1?

Apellido (Por favor, escriba en letra de molde) Nombre Inicial

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

Persona 1

3 ¿Cuál es el sexo de la Persona 1? Marque (X) UNA casilla.

Masculino Femenino

4 ¿Cuál es la edad de la Persona 1 y cuál es su fecha de nacimiento?

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

Escriba los números en los cuadrados.

Edad (en años) Mes Día Año de nacimiento

→ **NOTA:** Por favor, conteste la Pregunta 5 sobre origen hispano Y la Pregunta 6 sobre raza. Para esta encuesta, origen hispano no es una raza.

5 ¿Es la Persona 1 de origen hispano, latino o español?

- No**, no es de origen hispano, latino o español
- Sí, mexicano, mexicano americano, chicano
- Sí, puertorriqueño
- Sí, cubano
- Sí, otro origen hispano, latino o español – *Escriba el origen en letra de molde, por ejemplo, argentino, colombiano, dominicano, nicaragüense, salvadoreño, español, etc.* ↴
-

6 ¿Cuál es la raza de la Persona 1? Marque (X) una o más casillas.

- Blanca
- Negra o africana americana
- India americana o nativa de Alaska – *Escriba en letra de molde el nombre de la tribu en la cual está inscrita o la tribu principal.* ↴
-

- | | | |
|--|---|---|
| <input type="checkbox"/> India asiática | <input type="checkbox"/> Japonesa | <input type="checkbox"/> Nativa de Hawái |
| <input type="checkbox"/> China | <input type="checkbox"/> Coreana | <input type="checkbox"/> Guameña o Chamorra |
| <input type="checkbox"/> Filipina | <input type="checkbox"/> Vietnamita | <input type="checkbox"/> Samoana |
| <input type="checkbox"/> Otra asiática – <i>Escriba la raza en letra de molde, por ejemplo, hmong, laosiana, tailandesa, paquistaní, camboyana, etc.</i> ↴ | <input type="checkbox"/> Otra de las islas del Pacífico – <i>Escriba la raza en letra de molde, por ejemplo, fiyiana, tongana, etc.</i> ↴ | |
-

Alguna otra raza – *Escriba la raza en letra de molde.* ↴

Persona 2

1 ¿Cuál es el nombre de la Persona 2?

Apellido (Por favor, escriba en letra de molde) Nombre Inicial

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

Marque (X) UNA casilla.

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

3 ¿Cuál es el sexo de la Persona 2? Marque (X) UNA casilla.

Masculino Femenino

4 ¿Cuál es la edad de la Persona 2 y cuál es su fecha de nacimiento?

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

Escriba los números en los cuadrados.

Edad (en años) Mes Día Año de nacimiento

→ **NOTA:** Por favor, conteste la Pregunta 5 sobre origen hispano Y la Pregunta 6 sobre raza. Para esta encuesta, origen hispano no es una raza.

5 ¿Es la Persona 2 de origen hispano, latino o español?

- No**, no es de origen hispano, latino o español
- Sí, mexicano, mexicano americano, chicano
- Sí, puertorriqueño
- Sí, cubano
- Sí, otro origen hispano, latino o español – *Escriba el origen en letra de molde, por ejemplo, argentino, colombiano, dominicano, nicaragüense, salvadoreño, español, etc.* ↴
-

6 ¿Cuál es la raza de la Persona 2? Marque (X) una o más casillas.

- Blanca
- Negra o africana americana
- India americana o nativa de Alaska – *Escriba en letra de molde el nombre de la tribu en la cual está inscrita o la tribu principal.* ↴
-

- | | | |
|--|---|---|
| <input type="checkbox"/> India asiática | <input type="checkbox"/> Japonesa | <input type="checkbox"/> Nativa de Hawái |
| <input type="checkbox"/> China | <input type="checkbox"/> Coreana | <input type="checkbox"/> Guameña o Chamorra |
| <input type="checkbox"/> Filipina | <input type="checkbox"/> Vietnamita | <input type="checkbox"/> Samoana |
| <input type="checkbox"/> Otra asiática – <i>Escriba la raza en letra de molde, por ejemplo, hmong, laosiana, tailandesa, paquistaní, camboyana, etc.</i> ↴ | <input type="checkbox"/> Otra de las islas del Pacífico – <i>Escriba la raza en letra de molde, por ejemplo, fiyiana, tongana, etc.</i> ↴ | |
-

Alguna otra raza – *Escriba la raza en letra de molde.* ↴



Persona 3

1 ¿Cuál es el nombre de la Persona 3?

Apellido (Por favor, escriba en letra de molde) Nombre Inicial

| | | |
|--|--|--|
| | | |
|--|--|--|

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

Marque (X) UNA casilla.

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

3 ¿Cuál es el sexo de la Persona 3? Marque (X) UNA casilla.

- Masculino Femenino

4 ¿Cuál es la edad de la Persona 3 y cuál es su fecha de nacimiento?

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

Escriba los números en los cuadrados.

| Edad (en años) | Mes | Día | Año de nacimiento |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

→ **NOTA:** Por favor, conteste la Pregunta 5 sobre origen hispano Y la Pregunta 6 sobre raza. Para esta encuesta, origen hispano no es una raza.

5 ¿Es la Persona 3 de origen hispano, latino o español?

- No**, no es de origen hispano, latino o español
- Sí, mexicano, mexicano americano, chicano
- Sí, puertorriqueño
- Sí, cubano
- Sí, otro origen hispano, latino o español – *Escriba el origen en letra de molde, por ejemplo, argentino, colombiano, dominicano, nicaragüense, salvadoreño, español, etc.* ↴

6 ¿Cuál es la raza de la Persona 3? Marque (X) una o más casillas.

- Blanca
- Negra o africana americana
- India americana o nativa de Alaska – *Escriba en letra de molde el nombre de la tribu en la cual está inscrita o la tribu principal.* ↴

- | | | |
|--|---|---|
| <input type="checkbox"/> India asiática | <input type="checkbox"/> Japonesa | <input type="checkbox"/> Nativa de Hawái |
| <input type="checkbox"/> China | <input type="checkbox"/> Coreana | <input type="checkbox"/> Guameña o Chamorra |
| <input type="checkbox"/> Filipina | <input type="checkbox"/> Vietnamita | <input type="checkbox"/> Samoana |
| <input type="checkbox"/> Otra asiática – <i>Escriba la raza en letra de molde, por ejemplo, hmong, laosiana, tailandesa, paquistaní, camboyana, etc.</i> ↴ | <input type="checkbox"/> Otra de las islas del Pacífico – <i>Escriba la raza en letra de molde, por ejemplo, fiyiana, tongana, etc.</i> ↴ | |

- Alguna otra raza – *Escriba la raza en letra de molde.* ↴

Persona 4

1 ¿Cuál es el nombre de la Persona 4?

Apellido (Por favor, escriba en letra de molde) Nombre Inicial

| | | |
|--|--|--|
| | | |
|--|--|--|

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

Marque (X) UNA casilla.

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

3 ¿Cuál es el sexo de la Persona 4? Marque (X) UNA casilla.

- Masculino Femenino

4 ¿Cuál es la edad de la Persona 4 y cuál es su fecha de nacimiento?

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

Escriba los números en los cuadrados.

| Edad (en años) | Mes | Día | Año de nacimiento |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

→ **NOTA:** Por favor, conteste la Pregunta 5 sobre origen hispano Y la Pregunta 6 sobre raza. Para esta encuesta, origen hispano no es una raza.

5 ¿Es la Persona 4 de origen hispano, latino o español?

- No**, no es de origen hispano, latino o español
- Sí, mexicano, mexicano americano, chicano
- Sí, puertorriqueño
- Sí, cubano
- Sí, otro origen hispano, latino o español – *Escriba el origen en letra de molde, por ejemplo, argentino, colombiano, dominicano, nicaragüense, salvadoreño, español, etc.* ↴

6 ¿Cuál es la raza de la Persona 4? Marque (X) una o más casillas.

- Blanca
- Negra o africana americana
- India americana o nativa de Alaska – *Escriba en letra de molde el nombre de la tribu en la cual está inscrita o la tribu principal.* ↴

- | | | |
|--|---|---|
| <input type="checkbox"/> India asiática | <input type="checkbox"/> Japonesa | <input type="checkbox"/> Nativa de Hawái |
| <input type="checkbox"/> China | <input type="checkbox"/> Coreana | <input type="checkbox"/> Guameña o Chamorra |
| <input type="checkbox"/> Filipina | <input type="checkbox"/> Vietnamita | <input type="checkbox"/> Samoana |
| <input type="checkbox"/> Otra asiática – <i>Escriba la raza en letra de molde, por ejemplo, hmong, laosiana, tailandesa, paquistaní, camboyana, etc.</i> ↴ | <input type="checkbox"/> Otra de las islas del Pacífico – <i>Escriba la raza en letra de molde, por ejemplo, fiyiana, tongana, etc.</i> ↴ | |

- Alguna otra raza – *Escriba la raza en letra de molde.* ↴



Persona 5

1 ¿Cuál es el nombre de la Persona 5?

Apellido (Por favor, escriba en letra de molde) Nombre Inicial

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

Marque (X) UNA casilla.

- | | |
|--|--|
| <input type="checkbox"/> Espos(a) del sexo opuesto | <input type="checkbox"/> Padre o madre |
| <input type="checkbox"/> Pareja no casada del sexo opuesto | <input type="checkbox"/> Nieto(a) |
| <input type="checkbox"/> Espos(a) del mismo sexo | <input type="checkbox"/> Suegro(a) |
| <input type="checkbox"/> Pareja no casada del mismo sexo | <input type="checkbox"/> Yerno o nuera |
| <input type="checkbox"/> Hijo(a) biológico(a) o de sangre | <input type="checkbox"/> Otro pariente |
| <input type="checkbox"/> Hijo(a) adoptivo(a) | <input type="checkbox"/> Roommate o compañero(a) de casa |
| <input type="checkbox"/> Hijastro(a) | <input type="checkbox"/> Hijo(a) foster |
| <input type="checkbox"/> Hermano(a) | <input type="checkbox"/> Otra persona que no es pariente |

3 ¿Cuál es el sexo de la Persona 5? Marque (X) UNA casilla.

- Masculino Femenino

4 ¿Cuál es la edad de la Persona 5 y cuál es su fecha de nacimiento?

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

Escriba los números en los cuadrados.

Edad (en años) Mes Día Año de nacimiento

→ **NOTA:** Por favor, conteste la Pregunta 5 sobre origen hispano Y la Pregunta 6 sobre raza. Para esta encuesta, origen hispano no es una raza.

5 ¿Es la Persona 5 de origen hispano, latino o español?

- No, no es de origen hispano, latino o español
- Sí, mexicano, mexicano americano, chicano
- Sí, puertorriqueño
- Sí, cubano
- Sí, otro origen hispano, latino o español – Escriba el origen en letra de molde, por ejemplo, argentino, colombiano, dominicano, nicaragüense, salvadoreño, español, etc. ↘

6 ¿Cuál es la raza de la Persona 5? Marque (X) una o más casillas.

- Blanca
- Negra o africana americana
- India americana o nativa de Alaska – Escriba en letra de molde el nombre de la tribu en la cual está inscrita o la tribu principal. ↘

- | | | |
|---|--|---|
| <input type="checkbox"/> India asiática | <input type="checkbox"/> Japonesa | <input type="checkbox"/> Nativa de Hawái |
| <input type="checkbox"/> China | <input type="checkbox"/> Coreana | <input type="checkbox"/> Guameña o Chamorra |
| <input type="checkbox"/> Filipina | <input type="checkbox"/> Vietnamita | <input type="checkbox"/> Samoana |
| <input type="checkbox"/> Otra asiática – Escriba la raza en letra de molde, por ejemplo, hmong, laosiana, tailandesa, paquistaní, camboyana, etc. ↘ | <input type="checkbox"/> Otra de las islas del Pacífico – Escriba la raza en letra de molde, por ejemplo, fiyiana, tongana, etc. ↘ | |

- Alguna otra raza – Escriba la raza en letra de molde. ↘

→ Si hay más de cinco personas que están viviendo o quedándose aquí, escriba sus nombres en letra de molde en los espacios para las personas de la 6 a la 12. Es posible que lo llamemos para obtener más información sobre ellos. ↘

Persona 6

Apellido (Por favor, escriba en letra de molde) Nombre Inicial

Sexo Masculino Femenino Edad (en años)

Persona 7

Apellido (Por favor, escriba en letra de molde) Nombre Inicial

Sexo Masculino Femenino Edad (en años)

Persona 8

Apellido (Por favor, escriba en letra de molde) Nombre Inicial

Sexo Masculino Femenino Edad (en años)

Persona 9

Apellido (Por favor, escriba en letra de molde) Nombre Inicial

Sexo Masculino Femenino Edad (en años)

Persona 10

Apellido (Por favor, escriba en letra de molde) Nombre Inicial

Sexo Masculino Femenino Edad (en años)

Persona 11

Apellido (Por favor, escriba en letra de molde) Nombre Inicial

Sexo Masculino Femenino Edad (en años)

Persona 12

Apellido (Por favor, escriba en letra de molde) Nombre Inicial

Sexo Masculino Femenino Edad (en años)



Vivienda

➔ **Por favor, conteste las siguientes preguntas sobre la casa, apartamento o casa móvil en la dirección indicada en la etiqueta.**

1 ¿Cuál describe mejor este edificio?
Incluya todos los apartamentos, pisos, etc. aunque estén desocupados.

- Una casa móvil
- Una casa separada de cualquier otra casa
- Una casa unida a una o más casas
- Un edificio con 2 apartamentos
- Un edificio con 3 o 4 apartamentos
- Un edificio con 5 a 9 apartamentos
- Un edificio con 10 a 19 apartamentos
- Un edificio con 20 a 49 apartamentos
- Un edificio con 50 apartamentos o más
- Bote o barco, vehículo recreativo, van, etc.

2 Aproximadamente, ¿cuándo se construyó originalmente este edificio?

2000 ó después –
Especifique el año ↘

- 1990 a 1999
- 1980 a 1989
- 1970 a 1979
- 1960 a 1969
- 1950 a 1959
- 1940 a 1949
- 1939 ó antes

3 ¿Cuándo se mudó la Persona 1 (listada en la página 2) a esta casa, apartamento o casa móvil?

Mes Año

A Conteste las preguntas 4 a 5 si esta es una CASA O CASA MÓVIL; de lo contrario, PASE a la pregunta 6a.

4 ¿En cuántos acres está situada esta casa o casa móvil?

- Menos de un acre → PASE a la pregunta 6a
- 1 a 9.9 acres
- 10 acres o más

5 EN LOS ÚLTIMOS 12 MESES, ¿cuánto fue el total de las ventas realizadas de todos los productos agrícolas de esta propiedad?

- Cero
- \$1 a \$999
- \$1,000 a \$2,499
- \$2,500 a \$4,999
- \$5,000 a \$9,999
- \$10,000 ó más

6 a. ¿Cuántas habitaciones separadas hay en esta casa, apartamento o casa móvil?
Las habitaciones deben estar separadas por arcos o paredes que se extienden hacia fuera por lo menos seis pulgadas y van desde el piso hasta el techo.

- INCLUYA dormitorios, cocinas, salas, etc.
- NO INCLUYA baños, terrazas, balcones, entradas, pasillos, o sótanos sin terminar.

Número de habitaciones

b. ¿Cuántas de estas habitaciones son dormitorios? Cuente como dormitorios las habitaciones que usted incluiría en un anuncio si esta casa, apartamento o casa móvil estuviera a la venta o para alquiler. Si es un estudio/apartamento sin dormitorios separados, escriba "0".

Número de dormitorios

7 ¿Tiene esta casa, apartamento o casa móvil –

- | | Sí | No |
|--------------------------------------|--------------------------|--------------------------|
| a. agua caliente y fría por tubería? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. una bañera o ducha? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. fregadero con llave del agua? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. una estufa para cocinar? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. un refrigerador? | <input type="checkbox"/> | <input type="checkbox"/> |

8 ¿Puede usted o algún miembro del hogar hacer y recibir llamadas telefónicas cuando está en esta casa, este apartamento, o esta casa móvil? Incluya llamadas hechas con teléfonos celulares, teléfonos fijos o cualquier otro tipo de teléfono.

- Sí
- No

9 En esta casa, apartamento o casa móvil, ¿tiene o usa usted o algún otro miembro de este hogar alguno de los siguientes tipos de computadoras?

- | | Sí | No |
|---|--------------------------|--------------------------|
| a. Computadora de escritorio o laptop | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Smartphone | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Tableta u otra computadora de mano inalámbrica | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Algún otro tipo de computadora | <input type="checkbox"/> | <input type="checkbox"/> |

Especifique: ↘

10 En esta casa, apartamento o casa móvil, ¿tiene usted o algún otro miembro de este hogar acceso a Internet?

- Sí, pagando a una compañía de teléfonos celulares o proveedor de servicio de Internet
- Sí, sin pagar a una compañía de teléfonos celulares o proveedor de servicio de Internet → PASE a la pregunta 12
- No hay acceso a Internet en esta casa, apartamento o casa móvil → PASE a la pregunta 12

11 ¿Tiene usted o algún otro miembro de este hogar acceso a la Internet a través de un –

- | | Sí | No |
|--|--------------------------|--------------------------|
| a. Plan de datos celulares para un smartphone u otro aparato móvil? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Servicio de Internet de banda ancha (alta velocidad) tal como servicio de cable, fibra óptica, o DSL instalado en este hogar? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Servicio de Internet por satélite instalado en este hogar? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Servicio de Internet de conexión Dial Up instalado en este hogar? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Algún otro servicio? | <input type="checkbox"/> | <input type="checkbox"/> |

Especifique el servicio: ↘



Vivienda (continuación)

12 ¿Cuántos automóviles, vans, o camiones hay en su casa para uso de los miembros de este hogar? No cuente camiones que puedan cargar más de una tonelada.

- Ninguno
- 1
- 2
- 3
- 4
- 5
- 6 ó más

13 ¿Cuál COMBUSTIBLE es el que MÁS se utiliza para calentar esta casa, apartamento o casa móvil?

- Gas de una tubería subterránea que sirve al vecindario
- Gas embotellado, en tanque o petróleo líquido
- Electricidad
- Aceite combustible, queroseno, etc.
- Carbón o coque
- Leña
- Energía solar
- Otro combustible
- No se utiliza combustible

14 a. EL MES PASADO, ¿cuánto fue el costo de electricidad para esta casa, apartamento o casa móvil?

Costo el mes pasado – Dólares

\$.00

O

- Incluido en el alquiler o cuota de condominio
- No hay cargo o no se utiliza electricidad

b. EL MES PASADO, ¿cuánto fue el costo de gas para esta casa, apartamento o casa móvil?

Costo el mes pasado – Dólares

\$.00

O

- Incluido en el alquiler o cuota de condominio
- Incluido en el pago de electricidad anotado arriba
- No hay cargo o no se utiliza gas

c. EN LOS ÚLTIMOS 12 MESES, ¿cuánto fue el costo de agua y alcantarillado o desagüe para esta casa, apartamento o casa móvil? Si ha vivido aquí menos de 12 meses, haga un estimado del costo.

Costo en los últimos 12 meses – Dólares

\$.00

O

- Incluido en el alquiler o cuota de condominio
- No hay cargo

d. EN LOS ÚLTIMOS 12 MESES, ¿cuánto fue el costo de carbón, queroseno, aceite, leña, etc., para esta casa, apartamento o casa móvil? Si ha vivido aquí menos de 12 meses, haga un estimado del costo.

Costo en los últimos 12 meses – Dólares

\$.00

O

- Incluido en el alquiler o cuota de condominio
- No hay cargo o no se utilizan estos combustibles

15 EN LOS ÚLTIMOS 12 MESES, ¿recibió usted o algún otro miembro de este hogar beneficios del gobierno por medio del Programa de Cupones de Alimentos o SNAP (el Programa de Asistencia Nutricional Suplementaria)? NO incluya WIC, ni el Programa de Almuerzos Escolares, ni ayuda de bancos de alimentos.

- Sí
- No

16 ¿Es esta casa, apartamento o casa móvil parte de un condominio?

- Sí → ¿Cuánto es la cuota mensual de condominio? Para inquilinos: conteste solo si paga la cuota de condominio además del alquiler; de lo contrario, marque el cuadrado "Ninguna".

Cantidad mensual – Dólares

\$.00

O

- Ninguna
- No

17 ¿Es esta casa, apartamento o casa móvil – Marque (X) UNA casilla.

- Propiedad suya o de alguien en este hogar con una hipoteca o préstamo? Incluya préstamos sobre el valor líquido de la casa.
- Propiedad suya o de alguien en este hogar libre y sin deuda (sin una hipoteca o préstamo)?
- Alquilada?
- Ocupada sin pago de alquiler? → PASE a la sección **C**

B Conteste las preguntas 18a y b si esta casa, apartamento o casa móvil está ALQUILADA. De lo contrario, PASE a la pregunta 19.

18 a. ¿Cuánto es el alquiler mensual para esta casa, apartamento o casa móvil?

Cantidad mensual – Dólares

\$.00

b. ¿Incluye el alquiler mensual algunas comidas?

- Sí
- No



Persona 1

- ➔ Por favor, copie el nombre de la Persona 1 que aparece en la página 2. Luego, continúe contestando las siguientes preguntas.

Apellido

Nombre

Inicial

- 7 ¿Dónde nació esta persona?

En los Estados Unidos – *Escriba en letra de molde el nombre del estado.*

Fuera de los Estados Unidos – *Escriba en letra de molde el nombre del país extranjero, o Puerto Rico, Guam, etc.*

- 8 ¿Es esta persona ciudadana de los Estados Unidos?

Sí, nació en los Estados Unidos → *PASE a la pregunta 10a*

Sí, nació en Puerto Rico, Guam, las Islas Vírgenes de los Estados Unidos o las Islas Marianas del Norte

Sí, nació en el extranjero de padre o madre que es ciudadano(a) de los EE.UU.

Sí, es ciudadana de los Estados Unidos por naturalización – *Escriba el año de naturalización*

No, no es ciudadana de los Estados Unidos

- 9 ¿Cuándo vino esta persona a vivir a los Estados Unidos? *Si esta persona vino a vivir a los Estados Unidos más de una vez, escriba el último año.*

Año

- 10 a. En cualquier momento DURANTE LOS ÚLTIMOS 3 MESES, ¿ha estudiado esta persona en una escuela o universidad? *Incluya sólo pre-escolar o pre-kinder, kindergarten, escuela elemental, enseñanza en el hogar y escuela que conduce a un diploma de escuela secundaria o título universitario.*

No, no ha estudiado durante los últimos 3 meses → *PASE a la pregunta 11*

Escuela o universidad pública

Escuela o universidad privada o enseñanza en el hogar

- b. ¿A qué grado o nivel escolar asistía esta persona? *Marque (X) UNA casilla.*

Pre-escolar o pre-kinder

Kindergarten

Grado 1 al 12 – *Especifique grado 1-12*

Estudios universitarios al nivel de licenciatura (*freshman a senior*)

Escuela graduada o profesional más allá de una licenciatura universitaria (*por ejemplo, un programa de Maestría o Doctorado o una escuela de medicina o leyes*)

- 11 ¿Cuál es el título o nivel escolar más alto que esta persona ha COMPLETADO? *Marque (X) UNA casilla. Si está matriculada actualmente, marque el grado escolar anterior o el título más alto recibido.*

NO HA COMPLETADO NINGÚN GRADO

No ha completado ningún grado

PRE-ESCOLAR O PRE-KINDER HASTA GRADO 12

Pre-escolar o pre-kinder

Kindergarten

Grado 1 al 11 – *Especifique grado 1-11*

Grado 12, **SIN DIPLOMA**

GRADUADO(A) DE ESCUELA SECUNDARIA O PREPARATORIA

Diploma de escuela secundaria o preparatoria

GED o examen equivalente

UNIVERSIDAD O ALGUNOS CRÉDITOS UNIVERSITARIOS

Algunos créditos universitarios, pero menos de 1 año de créditos universitarios

1 año o más de créditos universitarios, sin título

Título asociado universitario (*por ejemplo: AA, AS*)

Título de licenciatura universitaria (*por ejemplo: BA, BS*)

DESPUÉS DEL TÍTULO DE LICENCIATURA UNIVERSITARIA

Título de maestría (*por ejemplo: MA, MS, MEng, MEd, MSW, MBA*)

Título profesional más allá de un título de licenciatura universitaria (*por ejemplo: MD, DDS, DVM, LLB, JD*)

Título de doctorado (*por ejemplo: PhD, EdD*)

- F Conteste la pregunta 12 si esta persona tiene un título de licenciatura universitaria o más alto. De lo contrario, PASE a la pregunta 13.

- 12 Esta pregunta se enfoca en el TÍTULO DE LICENCIATURA UNIVERSITARIA de esta persona. Por favor, escriba en letra de molde el título específico de la concentración de estudio de cualquier TÍTULO DE LICENCIATURA UNIVERSITARIA específico(s) que esta persona recibió. (*Por ejemplo: ingeniería química, enseñanza de educación primaria, o psicología organizacional*)

- 13 ¿Cuál es la ascendencia u origen étnico de esta persona?

(*Por ejemplo: italiana, jamaicana, africana americana, camboyana, de Cabo Verde, noruega, dominicana, franco-canadiense, haitiana, coreana, libanesa, polaca, nigeriana, mexicana, taiwanesa, ucraniana, entre otras.*)

- 14 a. En su hogar, ¿habla esta persona un idioma que no sea inglés?

Sí

No → *PASE a la pregunta 15a*

- b. ¿Qué idioma es ese?

Por ejemplo: coreano, italiano, español, vietnamés

- c. ¿Cuán bien habla esta persona el inglés?

Muy bien

Bien

No bien

No habla inglés



Persona 1 (continuación)

- 15** a. ¿Vivió esta persona en esta casa o apartamento hace 1 año?

- Persona es menor de 1 año de edad → PASE a la pregunta 16
- Sí, en esta casa → PASE a la pregunta 16
- No, fuera de los Estados Unidos y Puerto Rico – *Escriba en letra de molde a continuación el nombre del país extranjero o Islas Vírgenes de los EE.UU., Guam, etc.; luego PASE a la pregunta 16*

- No, en una casa diferente en los Estados Unidos o Puerto Rico

- b. ¿Dónde vivía esta persona hace 1 año?

Dirección (Número y nombre de la calle)

Nombre de la ciudad, pueblo u oficina de correos

Nombre del condado de los Estados Unidos o municipio en Puerto Rico

Nombre del estado de los Estados Unidos o anote Puerto Rico

Código Postal

- 16** ¿Tiene esta persona cobertura **ACTUALMENTE** de cualquiera de los siguientes tipos de seguros de salud o planes de cobertura de seguro de salud? Marque "Sí" o "No" para CADA tipo de cobertura en las respuestas a-h.

- | | | |
|---|--------------------------|--------------------------|
| a. Seguro a través de su empleador o sindicato (<i>union</i>), actual o previo, (de esta persona o de cualquier otro miembro de la familia) | Sí | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Seguro adquirido directamente de una compañía de seguro (por esta persona o por cualquier otro miembro de la familia) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicare, para personas que tienen 65 años o más, o personas con ciertos impedimentos | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Medicaid, Medical Assistance o cualquier tipo de plan de asistencia gubernamental para esas personas con un ingreso bajo o incapacidad | <input type="checkbox"/> | <input type="checkbox"/> |
| e. TRICARE u otro seguro de salud militar | <input type="checkbox"/> | <input type="checkbox"/> |
| f. VA (personas inscritas en el sistema de cuidado de salud de la VA) | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Servicio de Salud Indio (Indian Health Service) | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Cualquier otro tipo de seguro de salud o plan de cobertura de seguro de salud – <i>Especifique</i> ↗ | <input type="checkbox"/> | <input type="checkbox"/> |

- G** Conteste la pregunta 17a si esta persona tiene seguro de salud. De lo contrario, PASE a la pregunta 18a.

- 17** a. ¿Tiene este plan una prima o cuota? Una prima o cuota es una cantidad fija de dinero que se paga regularmente para la cobertura de salud. No incluye los copagos, deducibles ni otros gastos, tales como los costos de las medicinas recetadas.

- Sí
- No → PASE a la pregunta 18a

- b. ¿Recibe esta persona o algún otro miembro de la familia un crédito fiscal o subsidio basado en el ingreso de la familia como ayuda para pagar la prima o cuota?

- Sí
- No

- 18** a. ¿Es esta persona sorda o tiene él/ella una dificultad seria para oír?

- Sí
- No

- b. ¿Es esta persona ciega o tiene él/ella una dificultad seria para ver aunque lleve puestos espejuelos o lentes?

- Sí
- No

- H** Conteste las preguntas 19a – c si esta persona tiene 5 años o más. De lo contrario, PASE a las preguntas para la Persona 2 en la página 12.

- 19** a. Debido a una condición física, mental o emocional, ¿tiene esta persona una dificultad seria para concentrarse, recordar o tomar decisiones?

- Sí
- No

- b. ¿Tiene esta persona una dificultad seria para caminar o subir las escaleras?

- Sí
- No

- c. ¿Tiene esta persona dificultad para vestirse o bañarse?

- Sí
- No

- I** Conteste la pregunta 20 si esta persona tiene 15 años o más. De lo contrario, PASE a las preguntas para la Persona 2 en la página 12.

- 20** Debido a una condición física, mental o emocional, ¿tiene esta persona dificultad para hacer diligencias o mandados sola, tal como ir al consultorio de un médico o ir de compras?

- Sí
- No

- 21** ¿Cuál es el estado civil de esta persona?

- Casada actualmente
- Viuda
- Divorciada
- Separada
- Nunca se ha casado → PASE a la sección **J**

- 22** En los PASADOS 12 MESES, ¿esta persona –

- | | Sí | No |
|-----------------|--------------------------|--------------------------|
| a. se casó? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. enviudó? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. se divorció? | <input type="checkbox"/> | <input type="checkbox"/> |

- 23** ¿Cuántas veces ha estado casada esta persona?

- Una vez
- Dos veces
- Tres veces o más

- 24** ¿En qué año se casó la última vez esta persona?

Año

- J** Conteste la pregunta 25 si esta persona es del sexo femenino y tiene de 15 a 50 años de edad. De lo contrario, PASE a la pregunta 26a.

- 25** En los ÚLTIMOS 12 MESES, ¿ha dado a luz esta persona?

- Sí
- No

- 26** a. ¿Tiene esta persona algún nieto menor de 18 años que viva en esta casa o apartamento?

- Sí
- No → PASE a la pregunta 27

- b. ¿Es este abuelo actualmente responsable de la mayoría de las necesidades básicas de algunos de sus nietos menores de 18 años que viven en esta casa o apartamento?

- Sí
- No → PASE a la pregunta 27

- c. ¿Cuánto tiempo hace que este abuelo es responsable de estos nietos? Si este abuelo es responsable económicamente de más de un nieto, conteste la pregunta para el nieto del cual haya sido responsable por más tiempo.

- Menos de 6 meses
- 6 a 11 meses
- 1 ó 2 años
- 3 ó 4 años
- 5 años o más



Persona 1 (continuación)

27 ¿Ha estado esta persona alguna vez en el servicio militar activo en las Fuerzas Armadas, la Reserva Militar o la Guardia Nacional de los Estados Unidos? Marque (X) UNA casilla.

- Nunca estuvo en el servicio militar → PASE a la pregunta 30a
- Servicio activo solamente para entrenamiento de la Reserva Militar o la Guardia Nacional → PASE a la pregunta 29a
- En servicio activo ahora
- En servicio activo en el pasado, pero no ahora

28 ¿Cuándo estuvo esta persona en servicio militar activo en las Fuerzas Armadas de los Estados Unidos? Marque (X) una casilla para CADA período durante el cual esta persona estuvo en servicio militar, aunque fuera sólo por parte del período.

- Septiembre del 2001 ó después
- Agosto del 1990 a agosto del 2001 (incluyendo la Guerra del Golfo Pérsico)
- Mayo del 1975 a julio del 1990
- Época de Vietnam (agosto del 1964 a abril del 1975)
- Febrero del 1955 a julio del 1964
- Guerra de Corea (julio del 1950 a enero del 1955)
- Enero del 1947 a junio del 1950
- Segunda Guerra Mundial (diciembre del 1941 a diciembre del 1946)
- Noviembre del 1941 ó antes

29 a. ¿Tiene esta persona una clasificación de incapacidad de la VA relacionada con el servicio?

- Sí (tal como 0%, 10%, 20%, ..., 100%)
- No → PASE a la pregunta 30a

b. ¿Qué por ciento de incapacidad relacionada con el servicio militar tiene esta persona?

- 0 por ciento
- 10 ó 20 por ciento
- 30 ó 40 por ciento
- 50 ó 60 por ciento
- 70 por ciento o más

30 a. LA SEMANA PASADA, ¿hizo esta persona algún trabajo por paga en un empleo (o negocio)?

- Sí → PASE a la pregunta 31
- No – No trabajó (o está retirada)

b. LA SEMANA PASADA, ¿hizo esta persona CUALQUIER trabajo por paga, incluso aunque fuese por una hora?

- Sí
- No → PASE a la pregunta 36a

31 ¿En qué lugar trabajó esta persona LA SEMANA PASADA? Si esta persona trabajó en más de un lugar, escriba en letra de molde la dirección donde él o ella trabajó la mayor parte de la semana.

a. Dirección (Número y nombre de la calle)

Si no sabe la dirección exacta, dé una descripción de la localización, tal como el nombre del edificio, calle o intersección más cercana.

b. Nombre de la ciudad, pueblo u oficina de correos

c. ¿Está localizado el lugar de trabajo dentro de los límites de esa ciudad o pueblo?

- Sí
- No, fuera de los límites de la ciudad/pueblo

d. Nombre del condado de los Estados Unidos

e. Nombre del estado o país extranjero

f. Código Postal

32 ¿Cómo llegó usualmente esta persona al trabajo LA SEMANA PASADA? Marque UNA casilla para el medio de transporte que utilizó por más distancia.

- | | |
|---|---|
| <input type="checkbox"/> Automóvil, camión o van | <input type="checkbox"/> Taxi |
| <input type="checkbox"/> Autobús | <input type="checkbox"/> Motocicleta |
| <input type="checkbox"/> Tren subterráneo o elevado | <input type="checkbox"/> Bicicleta |
| <input type="checkbox"/> Tren de viajes largos o de cercanías | <input type="checkbox"/> Camión |
| <input type="checkbox"/> Tren ligero, tranvía o tranvía eléctrico | <input type="checkbox"/> Trabajó en el hogar → PASE a la pregunta 40a |
| <input type="checkbox"/> Lancha (ferry) | <input type="checkbox"/> Otro método |

K Conteste la pregunta 33 si marcó "Automóvil, camión o van" en la pregunta 32. De lo contrario, PASE a la pregunta 34.

33 ¿Cuántas personas, incluyendo a esta persona, usualmente viajaron al trabajo en el automóvil, camión o van LA SEMANA PASADA?

Persona(s)

34 LA SEMANA PASADA, ¿a qué hora usualmente comenzó esta persona su viaje al trabajo?

| | | |
|----------------------|----------------------|-------------------------------|
| Hora | Minutos | <input type="checkbox"/> a.m. |
| <input type="text"/> | <input type="text"/> | <input type="checkbox"/> p.m. |

35 ¿Cuántos minutos le tomó a esta persona usualmente ir de su hogar al trabajo LA SEMANA PASADA?

Minutos

L Conteste las preguntas 36 – 39 si esta persona NO trabajó la semana pasada. De lo contrario, PASE a la pregunta 40a.

36 a. LA SEMANA PASADA, ¿estuvo esta persona suspendida (on layoff) o la descansaron de un empleo?

- Sí → PASE a la pregunta 36c
- No

b. LA SEMANA PASADA, ¿estuvo esta persona ausente TEMPORALMENTE de su empleo o negocio?

- Sí, de vacaciones, enfermedad temporal, licencia por maternidad, otras razones personales o relacionadas con la familia, mal tiempo, etc. → PASE a la pregunta 39
- No → PASE a la pregunta 37

c. ¿Se le ha informado a esta persona que será llamada de nuevo a trabajar dentro de los próximos 6 meses O se le ha dado una fecha para regresar al trabajo?

- Sí → PASE a la pregunta 38
- No

37 Durante las ÚLTIMAS 4 SEMANAS, ¿ha estado esta persona buscando trabajo ACTIVAMENTE?

- Sí
- No → PASE a la pregunta 39

38 LA SEMANA PASADA, ¿hubiera podido esta persona comenzar un empleo si se le hubiera ofrecido uno, o hubiera podido regresar al trabajo si se le hubiera llamado de nuevo?

- Sí, hubiera podido ir a trabajar
- No, debido a una enfermedad temporal propia
- No, debido a otras razones (en la escuela, etc.)

39 ¿Cuándo trabajó esta persona por última vez, aunque fuera por unos pocos días?

- En los últimos 12 meses
- Hace 1 a 5 años → PASE a la sección **M**
- Hace más de 5 años o nunca trabajó → PASE a la pregunta 43



Persona 1 (continuación)

- 40** a. ¿Durante los ÚLTIMOS 12 MESES (52 semanas), ¿trabajó esta persona TODAS las semanas? Incluya como trabajo vacaciones pagadas, licencia por enfermedad pagada y servicio en las Fuerzas Armadas.

Sí → PASE a la pregunta 41
 No

- b. Durante los ÚLTIMOS 12 MESES (52 semanas), ¿cuántas SEMANAS trabajó esta persona? Incluya vacaciones o licencias pagadas e incluya semanas en que esta persona trabajó solo por unas pocas horas.

Semanas

- 41** En las SEMANAS TRABAJADAS durante los ÚLTIMOS 12 MESES, ¿cuántas horas trabajó usualmente esta persona cada SEMANA?

Horas usualmente trabajadas cada SEMANA

M Conteste las preguntas 42a – f si esta persona trabajó durante los últimos 5 años. De lo contrario, PASE a la pregunta 43.

42 DESCRIPCIÓN DEL EMPLEO

La serie de preguntas que sigue es sobre el tipo de empleo que esta persona tenía la semana pasada.

Si esta persona tenía más de un empleo, describa el empleo en el cual trabajó más horas. Si esta persona no trabajó la semana pasada, describa el empleo más reciente en los últimos cinco años.

- a. ¿Cuál de las siguientes opciones describe mejor el empleo de esta persona la semana pasada o el empleo más reciente en los últimos 5 años? Marque (X) UNA casilla.

EMPLEADO DEL SECTOR PRIVADO

- Compañía u organización con fines de lucro
 Organización sin fines de lucro (incluso las organizaciones exentas de impuestos y las organizaciones caritativas)

EMPLEADO DEL GOBIERNO

- Gobierno local (por ejemplo: distrito escolar de la ciudad o condado)
 Gobierno estatal (incluso universidades estatales)
 Servicio activo en las Fuerzas Armadas de los EE. UU. o en el Cuerpo de Comisionados
 Empleado civil del gobierno federal

EMPLEADO POR CUENTA PROPIA U OTRO

- Propietario(a) de un negocio, una práctica profesional o una finca no incorporada
 Propietario(a) de un negocio, una práctica profesional o una finca incorporada
 Trabajó sin paga en un negocio o finca de la familia con fines de lucro 15 horas o más a la semana

- b. ¿Cuál era el nombre del empleador, negocio, agencia o rama de las Fuerzas Armadas de esta persona?

- c. ¿Qué tipo de negocio o industria era este? Incluya la actividad, producto o servicio principal que se ofrecía en el lugar de empleo. (Por ejemplo: escuela primaria, construcción residencial)

- d. ¿Era este principalmente de:
 Marque (X) UNA casilla.

- manufactura?
 comercio al por mayor?
 comercio al por menor?
 otro (agricultura, construcción, servicio, gobierno, etc.)?

- e. ¿Cuál era la ocupación principal de esta persona? (Por ejemplo: maestro[a] de 4to grado, plomero[a] principiante)

- f. Describa las actividades o deberes más importantes de esta persona. (Por ejemplo: dar clases y evaluar a los estudiantes y planificar lecciones, montar e instalar tramos de tubería y revisar los planes de construcción para las especificaciones del trabajo)

43 INGRESO EN LOS ÚLTIMOS 12 MESES.

Marque (X) la casilla "Sí" por cada tipo de ingreso que recibió y anote el mejor estimado de la CANTIDAD TOTAL recibida durante los ÚLTIMOS 12 MESES. (NOTA: Los "últimos 12 meses" es el período desde la fecha de hoy hace un año hasta hoy.)

Marque (X) la casilla "No" para mostrar los tipos de ingresos NO recibidos.

Si el ingreso neto fue una pérdida, marque el cuadrado "Pérdida" a la derecha de la cantidad en dólares.

Para ingreso recibido en conjunto, informe la parte que le corresponde a cada persona; o, si eso no es posible, informe la cantidad total bajo una sola persona y marque el cuadrado "No" para la otra persona.

- a. Jornales, sueldos/salarios, comisiones, bonos o propinas de todos los empleos. Informe la cantidad antes de aplicarse las deducciones por impuestos, bonos, cuotas y otras cosas.

Sí → \$.00
 No
 CANTIDAD TOTAL en los últimos 12 MESES

- b. Ingreso de empleo por cuenta propia en su negocio no agrícola o finca comercial, ya sea como propietario único o en sociedad. Informe el ingreso NETO después de descontar los gastos de negocio.

Sí → \$.00 Pérdida
 No
 CANTIDAD TOTAL en los últimos 12 MESES

- c. Intereses, dividendos, ingreso neto por rentas, ingreso por derechos de autor, o ingreso por herencias y fideicomisos. Informe aun cantidades pequeñas acreditadas a una cuenta.

Sí → \$.00 Pérdida
 No
 CANTIDAD TOTAL en los últimos 12 MESES

- d. Seguro Social o retiro para personal de los ferrocarriles.

Sí → \$.00
 No
 CANTIDAD TOTAL en los últimos 12 MESES

- e. Seguridad de Ingreso Suplementario (SSI).

Sí → \$.00
 No
 CANTIDAD TOTAL en los últimos 12 MESES

- f. Cualquier pago de asistencia o bienestar público (welfare) de la oficina de bienestar estatal o local.

Sí → \$.00
 No
 CANTIDAD TOTAL en los últimos 12 MESES

- g. Ingreso por retiro, pensiones, ingreso por discapacidad o por ser esposo(a) sobreviviente. Incluya ingresos de un empleador o sindicato previo, retiros o distribuciones periódicas de una cuenta individual de retiro (IRA, por sus siglas en inglés), una IRA no deducible (Roth IRA), un plan 401(k), 403(b) u otras cuentas diseñadas específicamente para la jubilación. NO incluya el Seguro Social.

Sí → \$.00
 No
 CANTIDAD TOTAL en los últimos 12 MESES

- h. Alguna otra fuente de ingreso recibido regularmente, tal como pagos de la Administración de Veteranos (VA), compensación por desempleo, pensión para hijos menores, pensión alimenticia, o pensión de su ex pareja. NO incluya pagos de mayor cantidad recibidos una sola vez, tal como dinero de una herencia o venta de una casa.

Sí → \$.00
 No
 CANTIDAD TOTAL en los últimos 12 MESES

- 44** ¿Cuál fue el ingreso total de esta persona durante los ÚLTIMOS 12 MESES? Sume las cantidades anotadas en las preguntas 43a – 43h; reste cualquier pérdida. Si el ingreso neto fue una pérdida, anote la cantidad y marque (X) la casilla "Pérdida" al lado de la cantidad.

Ninguno Pérdida
 \$.00
 CANTIDAD TOTAL en los últimos 12 MESES

- ➔ Continúe con las preguntas para la Persona 2 en la próxima página. Si no hay nadie listado como la persona 2 en la página 2, PASE a la página 28 para ver las instrucciones de envío por correo.



Persona 2

- ➔ Por favor, copie el nombre de la Persona 2 que aparece en la página 2. Luego, continúe contestando las siguientes preguntas.

Apellido

Nombre

Inicial

- 7 ¿Dónde nació esta persona?

En los Estados Unidos – *Escriba en letra de molde el nombre del estado.*

Fuera de los Estados Unidos – *Escriba en letra de molde el nombre del país extranjero, o Puerto Rico, Guam, etc.*

- 8 ¿Es esta persona ciudadana de los Estados Unidos?

Sí, nació en los Estados Unidos → *PASE a la pregunta 10a*

Sí, nació en Puerto Rico, Guam, las Islas Vírgenes de los Estados Unidos o las Islas Marianas del Norte

Sí, nació en el extranjero de padre o madre que es ciudadano(a) de los EE.UU.

Sí, es ciudadana de los Estados Unidos por naturalización – *Escriba el año de naturalización*

No, no es ciudadana de los Estados Unidos

- 9 ¿Cuándo vino esta persona a vivir a los Estados Unidos? *Si esta persona vino a vivir a los Estados Unidos más de una vez, escriba el último año.*

Año

- 10 a. En cualquier momento DURANTE LOS ÚLTIMOS 3 MESES, ¿ha estudiado esta persona en una escuela o universidad? *Incluya sólo pre-escolar o pre-kinder, kindergarten, escuela elemental, enseñanza en el hogar y escuela que conduce a un diploma de escuela secundaria o título universitario.*

No, no ha estudiado durante los últimos 3 meses → *PASE a la pregunta 11*

Escuela o universidad pública

Escuela o universidad privada o enseñanza en el hogar

- b. ¿A qué grado o nivel escolar asistía esta persona? *Marque (X) UNA casilla.*

Pre-escolar o pre-kinder

Kindergarten

Grado 1 al 12 – *Especifique grado 1-12*

Estudios universitarios al nivel de licenciatura (*freshman a senior*)

Escuela graduada o profesional más allá de una licenciatura universitaria (*por ejemplo, un programa de Maestría o Doctorado o una escuela de medicina o leyes*)

- 11 ¿Cuál es el título o nivel escolar más alto que esta persona ha COMPLETADO? *Marque (X) UNA casilla. Si está matriculada actualmente, marque el grado escolar anterior o el título más alto recibido.*

NO HA COMPLETADO NINGÚN GRADO

No ha completado ningún grado

PRE-ESCOLAR O PRE-KINDER HASTA GRADO 12

Pre-escolar o pre-kinder

Kindergarten

Grado 1 al 11 – *Especifique grado 1-11*

Grado 12, **SIN DIPLOMA**

GRADUADO(A) DE ESCUELA SECUNDARIA O PREPARATORIA

Diploma de escuela secundaria o preparatoria

GED o examen equivalente

UNIVERSIDAD O ALGUNOS CRÉDITOS UNIVERSITARIOS

Algunos créditos universitarios, pero menos de 1 año de créditos universitarios

1 año o más de créditos universitarios, sin título

Título asociado universitario (*por ejemplo: AA, AS*)

Título de licenciatura universitaria (*por ejemplo: BA, BS*)

DESPUÉS DEL TÍTULO DE LICENCIATURA UNIVERSITARIA

Título de maestría (*por ejemplo: MA, MS, MEng, MEd, MSW, MBA*)

Título profesional más allá de un título de licenciatura universitaria (*por ejemplo: MD, DDS, DVM, LLB, JD*)

Título de doctorado (*por ejemplo: PhD, EdD*)

- F Conteste la pregunta 12 si esta persona tiene un título de licenciatura universitaria o más alto. De lo contrario, PASE a la pregunta 13.

- 12 Esta pregunta se enfoca en el TÍTULO DE LICENCIATURA UNIVERSITARIA de esta persona. Por favor, escriba en letra de molde el título específico de la concentración de estudio de cualquier TÍTULO DE LICENCIATURA UNIVERSITARIA específico(s) que esta persona recibió. (*Por ejemplo: ingeniería química, enseñanza de educación primaria, o psicología organizacional*)

- 13 ¿Cuál es la ascendencia u origen étnico de esta persona?

(*Por ejemplo: italiana, jamaicana, africana americana, camboyana, de Cabo Verde, noruega, dominicana, franco-canadiense, haitiana, coreana, libanesa, polaca, nigeriana, mexicana, taiwanesa, ucraniana, entre otras.*)

- 14 a. En su hogar, ¿habla esta persona un idioma que no sea inglés?

Sí

No → *PASE a la pregunta 15a*

- b. ¿Qué idioma es ese?

Por ejemplo: coreano, italiano, español, vietnamés

- c. ¿Cuán bien habla esta persona el inglés?

Muy bien

Bien

No bien

No habla inglés



Persona 2 (continuación)

- 15** a. ¿Vivió esta persona en esta casa o apartamento hace 1 año?

- Persona es menor de 1 año de edad → PASE a la pregunta 16
- Sí, en esta casa → PASE a la pregunta 16
- No, fuera de los Estados Unidos y Puerto Rico – Escriba en letra de molde a continuación el nombre del país extranjero o Islas Vírgenes de los EE.UU., Guam, etc.; luego PASE a la pregunta 16

- No, en una casa diferente en los Estados Unidos o Puerto Rico

- b. ¿Dónde vivía esta persona hace 1 año?

Dirección (Número y nombre de la calle)

Nombre de la ciudad, pueblo u oficina de correos

Nombre del condado de los Estados Unidos o municipio en Puerto Rico

Nombre del estado de los Estados Unidos o anote Puerto Rico

Código Postal

- 16** ¿Tiene esta persona cobertura ACTUALMENTE de cualquiera de los siguientes tipos de seguros de salud o planes de cobertura de seguro de salud? Marque "Sí" o "No" para CADA tipo de cobertura en las respuestas a-h.

- | | | |
|---|--------------------------|--------------------------|
| a. Seguro a través de su empleador o sindicato (<i>union</i>), actual o previo, (de esta persona o de cualquier otro miembro de la familia) | Sí | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Seguro adquirido directamente de una compañía de seguro (por esta persona o por cualquier otro miembro de la familia) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicare, para personas que tienen 65 años o más, o personas con ciertos impedimentos | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Medicaid, Medical Assistance o cualquier tipo de plan de asistencia gubernamental para esas personas con un ingreso bajo o incapacidad | <input type="checkbox"/> | <input type="checkbox"/> |
| e. TRICARE u otro seguro de salud militar | <input type="checkbox"/> | <input type="checkbox"/> |
| f. VA (personas inscritas en el sistema de cuidado de salud de la VA) | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Servicio de Salud Indio (Indian Health Service) | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Cualquier otro tipo de seguro de salud o plan de cobertura de seguro de salud – Especifique ↗ | <input type="checkbox"/> | <input type="checkbox"/> |

- G** Conteste la pregunta 17a si esta persona tiene seguro de salud. De lo contrario, PASE a la pregunta 18a.

- 17** a. ¿Tiene este plan una prima o cuota? Una prima o cuota es una cantidad fija de dinero que se paga regularmente para la cobertura de salud. No incluye los copagos, deducibles ni otros gastos, tales como los costos de las medicinas recetadas.

- Sí
- No → PASE a la pregunta 18a

- b. ¿Recibe esta persona o algún otro miembro de la familia un crédito fiscal o subsidio basado en el ingreso de la familia como ayuda para pagar la prima o cuota?

- Sí
- No

- 18** a. ¿Es esta persona sorda o tiene él/ella una dificultad seria para oír?

- Sí
- No

- b. ¿Es esta persona ciega o tiene él/ella una dificultad seria para ver aunque lleve puestos espejuelos o lentes?

- Sí
- No

- H** Conteste las preguntas 19a – c si esta persona tiene 5 años o más. De lo contrario, PASE a las preguntas para la Persona 3 en la página 16.

- 19** a. Debido a una condición física, mental o emocional, ¿tiene esta persona una dificultad seria para concentrarse, recordar o tomar decisiones?

- Sí
- No

- b. ¿Tiene esta persona una dificultad seria para caminar o subir las escaleras?

- Sí
- No

- c. ¿Tiene esta persona dificultad para vestirse o bañarse?

- Sí
- No

- I** Conteste la pregunta 20 si esta persona tiene 15 años o más. De lo contrario, PASE a las preguntas para la Persona 3 en la página 16.

- 20** Debido a una condición física, mental o emocional, ¿tiene esta persona dificultad para hacer diligencias o mandados sola, tal como ir al consultorio de un médico o ir de compras?

- Sí
- No

- 21** ¿Cuál es el estado civil de esta persona?

- Casada actualmente
- Viuda
- Divorciada
- Separada
- Nunca se ha casado → PASE a la sección **J**

- 22** En los PASADOS 12 MESES, ¿esta persona –

- | | Sí | No |
|-----------------|--------------------------|--------------------------|
| a. se casó? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. enviudó? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. se divorció? | <input type="checkbox"/> | <input type="checkbox"/> |

- 23** ¿Cuántas veces ha estado casada esta persona?

- Una vez
- Dos veces
- Tres veces o más

- 24** ¿En qué año se casó la última vez esta persona?

Año

- J** Conteste la pregunta 25 si esta persona es del sexo femenino y tiene de 15 a 50 años de edad. De lo contrario, PASE a la pregunta 26a.

- 25** En los ÚLTIMOS 12 MESES, ¿ha dado a luz esta persona?

- Sí
- No

- 26** a. ¿Tiene esta persona algún nieto menor de 18 años que viva en esta casa o apartamento?

- Sí
- No → PASE a la pregunta 27

- b. ¿Es este abuelo actualmente responsable de la mayoría de las necesidades básicas de algunos de sus nietos menores de 18 años que viven en esta casa o apartamento?

- Sí
- No → PASE a la pregunta 27

- c. ¿Cuánto tiempo hace que este abuelo es responsable de estos nietos? Si este abuelo es responsable económicamente de más de un nieto, conteste la pregunta para el nieto del cual haya sido responsable por más tiempo.

- Menos de 6 meses
- 6 a 11 meses
- 1 ó 2 años
- 3 ó 4 años
- 5 años o más



Persona 2 (continuación)

27 ¿Ha estado esta persona alguna vez en el servicio militar activo en las Fuerzas Armadas, la Reserva Militar o la Guardia Nacional de los Estados Unidos? Marque (X) UNA casilla.

- Nunca estuvo en el servicio militar → PASE a la pregunta 30a
- Servicio activo solamente para entrenamiento de la Reserva Militar o la Guardia Nacional → PASE a la pregunta 29a
- En servicio activo ahora
- En servicio activo en el pasado, pero no ahora

28 ¿Cuándo estuvo esta persona en servicio militar activo en las Fuerzas Armadas de los Estados Unidos? Marque (X) una casilla para CADA período durante el cual esta persona estuvo en servicio militar, aunque fuera sólo por parte del período.

- Septiembre del 2001 ó después
- Agosto del 1990 a agosto del 2001 (incluyendo la Guerra del Golfo Pérsico)
- Mayo del 1975 a julio del 1990
- Época de Vietnam (agosto del 1964 a abril del 1975)
- Febrero del 1955 a julio del 1964
- Guerra de Corea (julio del 1950 a enero del 1955)
- Enero del 1947 a junio del 1950
- Segunda Guerra Mundial (diciembre del 1941 a diciembre del 1946)
- Noviembre del 1941 ó antes

29 a. ¿Tiene esta persona una clasificación de incapacidad de la VA relacionada con el servicio?

- Sí (tal como 0%, 10%, 20%, ..., 100%)
- No → PASE a la pregunta 30a

b. ¿Qué por ciento de incapacidad relacionada con el servicio militar tiene esta persona?

- 0 por ciento
- 10 ó 20 por ciento
- 30 ó 40 por ciento
- 50 ó 60 por ciento
- 70 por ciento o más

30 a. LA SEMANA PASADA, ¿hizo esta persona algún trabajo por paga en un empleo (o negocio)?

- Sí → PASE a la pregunta 31
- No – No trabajó (o está retirada)

b. LA SEMANA PASADA, ¿hizo esta persona CUALQUIER trabajo por paga, incluso aunque fuese por una hora?

- Sí
- No → PASE a la pregunta 36a

31 ¿En qué lugar trabajó esta persona LA SEMANA PASADA? Si esta persona trabajó en más de un lugar, escriba en letra de molde la dirección donde él o ella trabajó la mayor parte de la semana.

a. Dirección (Número y nombre de la calle)

Si no sabe la dirección exacta, dé una descripción de la localización, tal como el nombre del edificio, calle o intersección más cercana.

b. Nombre de la ciudad, pueblo u oficina de correos

c. ¿Está localizado el lugar de trabajo dentro de los límites de esa ciudad o pueblo?

- Sí
- No, fuera de los límites de la ciudad/pueblo

d. Nombre del condado de los Estados Unidos

e. Nombre del estado o país extranjero

f. Código Postal

32 ¿Cómo llegó usualmente esta persona al trabajo LA SEMANA PASADA? Marque UNA casilla para el medio de transporte que utilizó por más distancia.

- | | |
|---|---|
| <input type="checkbox"/> Automóvil, camión o van | <input type="checkbox"/> Taxi |
| <input type="checkbox"/> Autobús | <input type="checkbox"/> Motocicleta |
| <input type="checkbox"/> Tren subterráneo o elevado | <input type="checkbox"/> Bicicleta |
| <input type="checkbox"/> Tren de viajes largos o de cercanías | <input type="checkbox"/> Camión |
| <input type="checkbox"/> Tren ligero, tranvía o tranvía eléctrico | <input type="checkbox"/> Trabajó en el hogar → PASE a la pregunta 40a |
| <input type="checkbox"/> Lancha (ferry) | <input type="checkbox"/> Otro método |

K Conteste la pregunta 33 si marcó "Automóvil, camión o van" en la pregunta 32. De lo contrario, PASE a la pregunta 34.

33 ¿Cuántas personas, incluyendo a esta persona, usualmente viajaron al trabajo en el automóvil, camión o van LA SEMANA PASADA?

Persona(s)

34 LA SEMANA PASADA, ¿a qué hora usualmente comenzó esta persona su viaje al trabajo?

| | | |
|----------------------|----------------------|-------------------------------|
| Hora | Minutos | <input type="checkbox"/> a.m. |
| <input type="text"/> | <input type="text"/> | <input type="checkbox"/> p.m. |

35 ¿Cuántos minutos le tomó a esta persona usualmente ir de su hogar al trabajo LA SEMANA PASADA?

Minutos

L Conteste las preguntas 36 – 39 si esta persona NO trabajó la semana pasada. De lo contrario, PASE a la pregunta 40a.

36 a. LA SEMANA PASADA, ¿estuvo esta persona suspendida (on layoff) o la descansaron de un empleo?

- Sí → PASE a la pregunta 36c
- No

b. LA SEMANA PASADA, ¿estuvo esta persona ausente TEMPORALMENTE de su empleo o negocio?

- Sí, de vacaciones, enfermedad temporal, licencia por maternidad, otras razones personales o relacionadas con la familia, mal tiempo, etc. → PASE a la pregunta 39
- No → PASE a la pregunta 37

c. ¿Se le ha informado a esta persona que será llamada de nuevo a trabajar dentro de los próximos 6 meses O se le ha dado una fecha para regresar al trabajo?

- Sí → PASE a la pregunta 38
- No

37 Durante las ÚLTIMAS 4 SEMANAS, ¿ha estado esta persona buscando trabajo ACTIVAMENTE?

- Sí
- No → PASE a la pregunta 39

38 LA SEMANA PASADA, ¿hubiera podido esta persona comenzar un empleo si se le hubiera ofrecido uno, o hubiera podido regresar al trabajo si se le hubiera llamado de nuevo?

- Sí, hubiera podido ir a trabajar
- No, debido a una enfermedad temporal propia
- No, debido a otras razones (en la escuela, etc.)

39 ¿Cuándo trabajó esta persona por última vez, aunque fuera por unos pocos días?

- En los últimos 12 meses
- Hace 1 a 5 años → PASE a la sección **M**
- Hace más de 5 años o nunca trabajó → PASE a la pregunta 43



Persona 2 (continuación)

- 40** a. ¿Durante los ÚLTIMOS 12 MESES (52 semanas), ¿trabajó esta persona TODAS las semanas? Incluya como trabajo vacaciones pagadas, licencia por enfermedad pagada y servicio en las Fuerzas Armadas.

Sí → PASE a la pregunta 41
 No

- b. Durante los ÚLTIMOS 12 MESES (52 semanas), ¿cuántas SEMANAS trabajó esta persona? Incluya vacaciones o licencias pagadas e incluya semanas en que esta persona trabajó solo por unas pocas horas.

Semanas

- 41** En las SEMANAS TRABAJADAS durante los ÚLTIMOS 12 MESES, ¿cuántas horas trabajó usualmente esta persona cada SEMANA?

Horas usualmente trabajadas cada SEMANA

M Conteste las preguntas 42a – f si esta persona trabajó durante los últimos 5 años. De lo contrario, PASE a la pregunta 43.

42 DESCRIPCIÓN DEL EMPLEO

La serie de preguntas que sigue es sobre el tipo de empleo que esta persona tenía la semana pasada.

Si esta persona tenía más de un empleo, describa el empleo en el cual trabajó más horas. Si esta persona no trabajó la semana pasada, describa el empleo más reciente en los últimos cinco años.

- a. ¿Cuál de las siguientes opciones describe mejor el empleo de esta persona la semana pasada o el empleo más reciente en los últimos 5 años? Marque (X) UNA casilla.

EMPLEADO DEL SECTOR PRIVADO

- Compañía u organización con fines de lucro
 Organización sin fines de lucro (incluso las organizaciones exentas de impuestos y las organizaciones caritativas)

EMPLEADO DEL GOBIERNO

- Gobierno local (por ejemplo: distrito escolar de la ciudad o condado)
 Gobierno estatal (incluso universidades estatales)
 Servicio activo en las Fuerzas Armadas de los EE. UU. o en el Cuerpo de Comisionados
 Empleado civil del gobierno federal

EMPLEADO POR CUENTA PROPIA U OTRO

- Propietario(a) de un negocio, una práctica profesional o una finca no incorporada
 Propietario(a) de un negocio, una práctica profesional o una finca incorporada
 Trabajó sin paga en un negocio o finca de la familia con fines de lucro 15 horas o más a la semana

- b. ¿Cuál era el nombre del empleador, negocio, agencia o rama de las Fuerzas Armadas de esta persona?

- c. ¿Qué tipo de negocio o industria era este? Incluya la actividad, producto o servicio principal que se ofrecía en el lugar de empleo. (Por ejemplo: escuela primaria, construcción residencial)

- d. ¿Era este principalmente de: Marque (X) UNA casilla.

- manufactura?
 comercio al por mayor?
 comercio al por menor?
 otro (agricultura, construcción, servicio, gobierno, etc.)?

- e. ¿Cuál era la ocupación principal de esta persona? (Por ejemplo: maestro[a] de 4to grado, plomero[a] principiante)

- f. Describa las actividades o deberes más importantes de esta persona. (Por ejemplo: dar clases y evaluar a los estudiantes y planificar lecciones, montar e instalar tramos de tubería y revisar los planes de construcción para las especificaciones del trabajo)

43 INGRESO EN LOS ÚLTIMOS 12 MESES.

Marque (X) la casilla "Sí" por cada tipo de ingreso que recibió y anote el mejor estimado de la CANTIDAD TOTAL recibida durante los ÚLTIMOS 12 MESES. (NOTA: Los "últimos 12 meses" es el período desde la fecha de hoy hace un año hasta hoy.)

Marque (X) la casilla "No" para mostrar los tipos de ingresos NO recibidos.

Si el ingreso neto fue una pérdida, marque el cuadrado "Pérdida" a la derecha de la cantidad en dólares.

Para ingreso recibido en conjunto, informe la parte que le corresponde a cada persona; o, si eso no es posible, informe la cantidad total bajo una sola persona y marque el cuadrado "No" para la otra persona.

- a. Jornales, sueldos/salarios, comisiones, bonos o propinas de todos los empleos. Informe la cantidad antes de aplicarse las deducciones por impuestos, bonos, cuotas y otras cosas.

Sí → \$.00
 No
 CANTIDAD TOTAL en los últimos 12 MESES

- b. Ingreso de empleo por cuenta propia en su negocio no agrícola o finca comercial, ya sea como propietario único o en sociedad. Informe el ingreso NETO después de descontar los gastos de negocio.

Sí → \$.00 Pérdida
 No
 CANTIDAD TOTAL en los últimos 12 MESES

- c. Intereses, dividendos, ingreso neto por rentas, ingreso por derechos de autor, o ingreso por herencias y fideicomisos. Informe aun cantidades pequeñas acreditadas a una cuenta.

Sí → \$.00 Pérdida
 No
 CANTIDAD TOTAL en los últimos 12 MESES

- d. Seguro Social o retiro para personal de los ferrocarriles.

Sí → \$.00
 No
 CANTIDAD TOTAL en los últimos 12 MESES

- e. Seguridad de Ingreso Suplementario (SSI).

Sí → \$.00
 No
 CANTIDAD TOTAL en los últimos 12 MESES

- f. Cualquier pago de asistencia o bienestar público (welfare) de la oficina de bienestar estatal o local.

Sí → \$.00
 No
 CANTIDAD TOTAL en los últimos 12 MESES

- g. Ingreso por retiro, pensiones, ingreso por discapacidad o por ser esposo(a) sobreviviente. Incluya ingresos de un empleador o sindicato previo, retiros o distribuciones periódicas de una cuenta individual de retiro (IRA, por sus siglas en inglés), una IRA no deducible (Roth IRA), un plan 401(k), 403(b) u otras cuentas diseñadas específicamente para la jubilación. NO incluya el Seguro Social.

Sí → \$.00
 No
 CANTIDAD TOTAL en los últimos 12 MESES

- h. Alguna otra fuente de ingreso recibido regularmente, tal como pagos de la Administración de Veteranos (VA), compensación por desempleo, pensión para hijos menores, pensión alimenticia, o pensión de su ex pareja. NO incluya pagos de mayor cantidad recibidos una sola vez, tal como dinero de una herencia o venta de una casa.

Sí → \$.00
 No
 CANTIDAD TOTAL en los últimos 12 MESES

- 44** ¿Cuál fue el ingreso total de esta persona durante los ÚLTIMOS 12 MESES? Sume las cantidades anotadas en las preguntas 43a – 43h; reste cualquier pérdida. Si el ingreso neto fue una pérdida, anote la cantidad y marque (X) la casilla "Pérdida" al lado de la cantidad.

Ninguno Pérdida
 \$.00
 CANTIDAD TOTAL en los últimos 12 MESES

- Continúe con las preguntas para la Persona 3 en la próxima página. Si no hay nadie listado como la persona 3 en la página 3, PASE a la página 28 para ver las instrucciones de envío por correo.



Persona 3

- ➔ **Por favor, copie el nombre de la Persona 3 que aparece en la página 3. Luego, continúe contestando las siguientes preguntas.**

Apellido

Nombre

Inicial

- 7 **¿Dónde nació esta persona?**

En los Estados Unidos – *Escriba en letra de molde el nombre del estado.*

Fuera de los Estados Unidos – *Escriba en letra de molde el nombre del país extranjero, o Puerto Rico, Guam, etc.*

- 8 **¿Es esta persona ciudadana de los Estados Unidos?**

Sí, nació en los Estados Unidos → *PASE a la pregunta 10a*

Sí, nació en Puerto Rico, Guam, las Islas Vírgenes de los Estados Unidos o las Islas Marianas del Norte

Sí, nació en el extranjero de padre o madre que es ciudadano(a) de los EE.UU.

Sí, es ciudadana de los Estados Unidos por naturalización – *Escriba el año de naturalización*

No, no es ciudadana de los Estados Unidos

- 9 **¿Cuándo vino esta persona a vivir a los Estados Unidos? Si esta persona vino a vivir a los Estados Unidos más de una vez, escriba el último año.**

Año

- 10 a. **En cualquier momento DURANTE LOS ÚLTIMOS 3 MESES, ¿ha estudiado esta persona en una escuela o universidad? Incluye sólo pre-escolar o pre-kinder, kindergarten, escuela elemental, enseñanza en el hogar y escuela que conduce a un diploma de escuela secundaria o título universitario.**

No, no ha estudiado durante los últimos 3 meses → *PASE a la pregunta 11*

Escuela o universidad pública

Escuela o universidad privada o enseñanza en el hogar

- b. **¿A qué grado o nivel escolar asistía esta persona? Marque (X) UNA casilla.**

Pre-escolar o pre-kinder

Kindergarten

Grado 1 al 12 – *Especifique grado 1-12*

Estudios universitarios al nivel de licenciatura (*freshman a senior*)

Escuela graduada o profesional más allá de una licenciatura universitaria (*por ejemplo, un programa de Maestría o Doctorado o una escuela de medicina o leyes*)

- 11 **¿Cuál es el título o nivel escolar más alto que esta persona ha COMPLETADO? Marque (X) UNA casilla. Si está matriculada actualmente, marque el grado escolar anterior o el título más alto recibido.**

NO HA COMPLETADO NINGÚN GRADO

No ha completado ningún grado

PRE-ESCOLAR O PRE-KINDER HASTA GRADO 12

Pre-escolar o pre-kinder

Kindergarten

Grado 1 al 11 – *Especifique grado 1-11*

Grado 12, **SIN DIPLOMA**

GRADUADO(A) DE ESCUELA SECUNDARIA O PREPARATORIA

Diploma de escuela secundaria o preparatoria

GED o examen equivalente

UNIVERSIDAD O ALGUNOS CRÉDITOS UNIVERSITARIOS

Algunos créditos universitarios, pero menos de 1 año de créditos universitarios

1 año o más de créditos universitarios, sin título

Título asociado universitario (*por ejemplo: AA, AS*)

Título de licenciatura universitaria (*por ejemplo: BA, BS*)

DESPUÉS DEL TÍTULO DE LICENCIATURA UNIVERSITARIA

Título de maestría (*por ejemplo: MA, MS, MEng, MEd, MSW, MBA*)

Título profesional más allá de un título de licenciatura universitaria (*por ejemplo: MD, DDS, DVM, LLB, JD*)

Título de doctorado (*por ejemplo: PhD, EdD*)

- F **Conteste la pregunta 12 si esta persona tiene un título de licenciatura universitaria o más alto. De lo contrario, PASE a la pregunta 13.**

- 12 **Esta pregunta se enfoca en el TÍTULO DE LICENCIATURA UNIVERSITARIA de esta persona. Por favor, escriba en letra de molde el título específico de la concentración de estudio de cualquier TÍTULO DE LICENCIATURA UNIVERSITARIA específico(s) que esta persona recibió. (Por ejemplo: ingeniería química, enseñanza de educación primaria, o psicología organizacional)**

- 13 **¿Cuál es la ascendencia u origen étnico de esta persona?**

(Por ejemplo: italiana, jamaicana, africana americana, camboyana, de Cabo Verde, noruega, dominicana, franco-canadiense, haitiana, coreana, libanesa, polaca, nigeriana, mexicana, taiwanesa, ucraniana, entre otras.)

- 14 a. **En su hogar, ¿habla esta persona un idioma que no sea inglés?**

Sí

No → *PASE a la pregunta 15a*

- b. **¿Qué idioma es ese?**

Por ejemplo: coreano, italiano, español, vietnamés

- c. **¿Cuán bien habla esta persona el inglés?**

Muy bien

Bien

No bien

No habla inglés



Persona 3 (continuación)

- 15** a. ¿Vivió esta persona en esta casa o apartamento hace 1 año?

- Persona es menor de 1 año de edad → PASE a la pregunta 16
- Sí, en esta casa → PASE a la pregunta 16
- No, fuera de los Estados Unidos y Puerto Rico – *Escriba en letra de molde a continuación el nombre del país extranjero o Islas Vírgenes de los EE.UU., Guam, etc.; luego PASE a la pregunta 16*

- No, en una casa diferente en los Estados Unidos o Puerto Rico

- b. ¿Dónde vivía esta persona hace 1 año?

Dirección (Número y nombre de la calle)

Nombre de la ciudad, pueblo u oficina de correos

Nombre del condado de los Estados Unidos o municipio en Puerto Rico

Nombre del estado de los Estados Unidos o anote Puerto Rico

Código Postal

- 16** ¿Tiene esta persona cobertura **ACTUALMENTE** de cualquiera de los siguientes tipos de seguros de salud o planes de cobertura de seguro de salud? Marque "Sí" o "No" para CADA tipo de cobertura en las respuestas a-h.

- | | | |
|---|--------------------------|--------------------------|
| a. Seguro a través de su empleador o sindicato (<i>union</i>), actual o previo, (de esta persona o de cualquier otro miembro de la familia) | Sí | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Seguro adquirido directamente de una compañía de seguro (por esta persona o por cualquier otro miembro de la familia) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicare, para personas que tienen 65 años o más, o personas con ciertos impedimentos | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Medicaid, Medical Assistance o cualquier tipo de plan de asistencia gubernamental para esas personas con un ingreso bajo o incapacidad | <input type="checkbox"/> | <input type="checkbox"/> |
| e. TRICARE u otro seguro de salud militar | <input type="checkbox"/> | <input type="checkbox"/> |
| f. VA (personas inscritas en el sistema de cuidado de salud de la VA) | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Servicio de Salud Indio (Indian Health Service) | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Cualquier otro tipo de seguro de salud o plan de cobertura de seguro de salud – <i>Especifique</i> ↗ | <input type="checkbox"/> | <input type="checkbox"/> |

- G** Conteste la pregunta 17a si esta persona tiene seguro de salud. De lo contrario, PASE a la pregunta 18a.

- 17** a. ¿Tiene este plan una prima o cuota? Una prima o cuota es una cantidad fija de dinero que se paga regularmente para la cobertura de salud. No incluye los copagos, deducibles ni otros gastos, tales como los costos de las medicinas recetadas.

- Sí
- No → PASE a la pregunta 18a

- b. ¿Recibe esta persona o algún otro miembro de la familia un crédito fiscal o subsidio basado en el ingreso de la familia como ayuda para pagar la prima o cuota?

- Sí
- No

- 18** a. ¿Es esta persona sorda o tiene él/ella una dificultad seria para oír?

- Sí
- No

- b. ¿Es esta persona ciega o tiene él/ella una dificultad seria para ver aunque lleve puestos espejuelos o lentes?

- Sí
- No

- H** Conteste las preguntas 19a – c si esta persona tiene 5 años o más. De lo contrario, PASE a las preguntas para la Persona 4 en la página 20.

- 19** a. Debido a una condición física, mental o emocional, ¿tiene esta persona una dificultad seria para concentrarse, recordar o tomar decisiones?

- Sí
- No

- b. ¿Tiene esta persona una dificultad seria para caminar o subir las escaleras?

- Sí
- No

- c. ¿Tiene esta persona dificultad para vestirse o bañarse?

- Sí
- No

- I** Conteste la pregunta 20 si esta persona tiene 15 años o más. De lo contrario, PASE a las preguntas para la Persona 4 en la página 20.

- 20** Debido a una condición física, mental o emocional, ¿tiene esta persona dificultad para hacer diligencias o mandados sola, tal como ir al consultorio de un médico o ir de compras?

- Sí
- No

- 21** ¿Cuál es el estado civil de esta persona?

- Casada actualmente
- Viuda
- Divorciada
- Separada
- Nunca se ha casado → PASE a la sección **J**

- 22** En los PASADOS 12 MESES, ¿esta persona –

- | | Sí | No |
|-----------------|--------------------------|--------------------------|
| a. se casó? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. enviudó? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. se divorció? | <input type="checkbox"/> | <input type="checkbox"/> |

- 23** ¿Cuántas veces ha estado casada esta persona?

- Una vez
- Dos veces
- Tres veces o más

- 24** ¿En qué año se casó la última vez esta persona?

Año

- J** Conteste la pregunta 25 si esta persona es del sexo femenino y tiene de 15 a 50 años de edad. De lo contrario, PASE a la pregunta 26a.

- 25** En los ÚLTIMOS 12 MESES, ¿ha dado a luz esta persona?

- Sí
- No

- 26** a. ¿Tiene esta persona algún nieto menor de 18 años que viva en esta casa o apartamento?

- Sí
- No → PASE a la pregunta 27

- b. ¿Es este abuelo actualmente responsable de la mayoría de las necesidades básicas de algunos de sus nietos menores de 18 años que viven en esta casa o apartamento?

- Sí
- No → PASE a la pregunta 27

- c. ¿Cuánto tiempo hace que este abuelo es responsable de estos nietos? Si este abuelo es responsable económicamente de más de un nieto, conteste la pregunta para el nieto del cual haya sido responsable por más tiempo.

- Menos de 6 meses
- 6 a 11 meses
- 1 ó 2 años
- 3 ó 4 años
- 5 años o más



Persona 3 (continuación)

27 ¿Ha estado esta persona alguna vez en el servicio militar activo en las Fuerzas Armadas, la Reserva Militar o la Guardia Nacional de los Estados Unidos? Marque (X) UNA casilla.

- Nunca estuvo en el servicio militar → PASE a la pregunta 30a
- Servicio activo solamente para entrenamiento de la Reserva Militar o la Guardia Nacional → PASE a la pregunta 29a
- En servicio activo ahora
- En servicio activo en el pasado, pero no ahora

28 ¿Cuándo estuvo esta persona en servicio militar activo en las Fuerzas Armadas de los Estados Unidos? Marque (X) una casilla para CADA período durante el cual esta persona estuvo en servicio militar, aunque fuera sólo por parte del período.

- Septiembre del 2001 ó después
- Agosto del 1990 a agosto del 2001 (incluyendo la Guerra del Golfo Pérsico)
- Mayo del 1975 a julio del 1990
- Época de Vietnam (agosto del 1964 a abril del 1975)
- Febrero del 1955 a julio del 1964
- Guerra de Corea (julio del 1950 a enero del 1955)
- Enero del 1947 a junio del 1950
- Segunda Guerra Mundial (diciembre del 1941 a diciembre del 1946)
- Noviembre del 1941 ó antes

29 a. ¿Tiene esta persona una clasificación de incapacidad de la VA relacionada con el servicio?

- Sí (tal como 0%, 10%, 20%, ..., 100%)
- No → PASE a la pregunta 30a

b. ¿Qué por ciento de incapacidad relacionada con el servicio militar tiene esta persona?

- 0 por ciento
- 10 ó 20 por ciento
- 30 ó 40 por ciento
- 50 ó 60 por ciento
- 70 por ciento o más

30 a. LA SEMANA PASADA, ¿hizo esta persona algún trabajo por paga en un empleo (o negocio)?

- Sí → PASE a la pregunta 31
- No – No trabajó (o está retirada)

b. LA SEMANA PASADA, ¿hizo esta persona CUALQUIER trabajo por paga, incluso aunque fuese por una hora?

- Sí
- No → PASE a la pregunta 36a

31 ¿En qué lugar trabajó esta persona LA SEMANA PASADA? Si esta persona trabajó en más de un lugar, escriba en letra de molde la dirección donde él o ella trabajó la mayor parte de la semana.

a. Dirección (Número y nombre de la calle)

Si no sabe la dirección exacta, dé una descripción de la localización, tal como el nombre del edificio, calle o intersección más cercana.

b. Nombre de la ciudad, pueblo u oficina de correos

c. ¿Está localizado el lugar de trabajo dentro de los límites de esa ciudad o pueblo?

- Sí
- No, fuera de los límites de la ciudad/pueblo

d. Nombre del condado de los Estados Unidos

e. Nombre del estado o país extranjero

f. Código Postal

32 ¿Cómo llegó usualmente esta persona al trabajo LA SEMANA PASADA? Marque UNA casilla para el medio de transporte que utilizó por más distancia.

- | | |
|---|---|
| <input type="checkbox"/> Automóvil, camión o van | <input type="checkbox"/> Taxi |
| <input type="checkbox"/> Autobús | <input type="checkbox"/> Motocicleta |
| <input type="checkbox"/> Tren subterráneo o elevado | <input type="checkbox"/> Bicicleta |
| <input type="checkbox"/> Tren de viajes largos o de cercanías | <input type="checkbox"/> Camión |
| <input type="checkbox"/> Tren ligero, tranvía o tranvía eléctrico | <input type="checkbox"/> Trabajó en el hogar → PASE a la pregunta 40a |
| <input type="checkbox"/> Lancha (ferry) | <input type="checkbox"/> Otro método |

K Conteste la pregunta 33 si marcó "Automóvil, camión o van" en la pregunta 32. De lo contrario, PASE a la pregunta 34.

33 ¿Cuántas personas, incluyendo a esta persona, usualmente viajaron al trabajo en el automóvil, camión o van LA SEMANA PASADA?

Persona(s)

34 LA SEMANA PASADA, ¿a qué hora usualmente comenzó esta persona su viaje al trabajo?

| | | |
|----------------------|----------------------|-------------------------------|
| Hora | Minutos | <input type="checkbox"/> a.m. |
| <input type="text"/> | <input type="text"/> | <input type="checkbox"/> p.m. |

35 ¿Cuántos minutos le tomó a esta persona usualmente ir de su hogar al trabajo LA SEMANA PASADA?

Minutos

L Conteste las preguntas 36 – 39 si esta persona NO trabajó la semana pasada. De lo contrario, PASE a la pregunta 40a.

36 a. LA SEMANA PASADA, ¿estuvo esta persona suspendida (on layoff) o la descansaron de un empleo?

- Sí → PASE a la pregunta 36c
- No

b. LA SEMANA PASADA, ¿estuvo esta persona ausente TEMPORALMENTE de su empleo o negocio?

- Sí, de vacaciones, enfermedad temporal, licencia por maternidad, otras razones personales o relacionadas con la familia, mal tiempo, etc. → PASE a la pregunta 39
- No → PASE a la pregunta 37

c. ¿Se le ha informado a esta persona que será llamada de nuevo a trabajar dentro de los próximos 6 meses O se le ha dado una fecha para regresar al trabajo?

- Sí → PASE a la pregunta 38
- No

37 Durante las ÚLTIMAS 4 SEMANAS, ¿ha estado esta persona buscando trabajo ACTIVAMENTE?

- Sí
- No → PASE a la pregunta 39

38 LA SEMANA PASADA, ¿hubiera podido esta persona comenzar un empleo si se le hubiera ofrecido uno, o hubiera podido regresar al trabajo si se le hubiera llamado de nuevo?

- Sí, hubiera podido ir a trabajar
- No, debido a una enfermedad temporal propia
- No, debido a otras razones (en la escuela, etc.)

39 ¿Cuándo trabajó esta persona por última vez, aunque fuera por unos pocos días?

- En los últimos 12 meses
- Hace 1 a 5 años → PASE a la sección **M**
- Hace más de 5 años o nunca trabajó → PASE a la pregunta 43



Persona 3 (continuación)

- 40** a. ¿Durante los ÚLTIMOS 12 MESES (52 semanas), ¿trabajó esta persona TODAS las semanas? Incluya como trabajo vacaciones pagadas, licencia por enfermedad pagada y servicio en las Fuerzas Armadas.

Sí → PASE a la pregunta 41
 No

- b. Durante los ÚLTIMOS 12 MESES (52 semanas), ¿cuántas SEMANAS trabajó esta persona? Incluya vacaciones o licencias pagadas e incluya semanas en que esta persona trabajó solo por unas pocas horas.

Semanas

- 41** En las SEMANAS TRABAJADAS durante los ÚLTIMOS 12 MESES, ¿cuántas horas trabajó usualmente esta persona cada SEMANA?

Horas usualmente trabajadas cada SEMANA

M Conteste las preguntas 42a – f si esta persona trabajó durante los últimos 5 años. De lo contrario, PASE a la pregunta 43.

42 DESCRIPCIÓN DEL EMPLEO

La serie de preguntas que sigue es sobre el tipo de empleo que esta persona tenía la semana pasada.

Si esta persona tenía más de un empleo, describa el empleo en el cual trabajó más horas. Si esta persona no trabajó la semana pasada, describa el empleo más reciente en los últimos cinco años.

- a. ¿Cuál de las siguientes opciones describe mejor el empleo de esta persona la semana pasada o el empleo más reciente en los últimos 5 años? Marque (X) UNA casilla.

EMPLEADO DEL SECTOR PRIVADO

- Compañía u organización con fines de lucro
 Organización sin fines de lucro (incluso las organizaciones exentas de impuestos y las organizaciones caritativas)

EMPLEADO DEL GOBIERNO

- Gobierno local (por ejemplo: distrito escolar de la ciudad o condado)
 Gobierno estatal (incluso universidades estatales)
 Servicio activo en las Fuerzas Armadas de los EE. UU. o en el Cuerpo de Comisionados
 Empleado civil del gobierno federal

EMPLEADO POR CUENTA PROPIA U OTRO

- Propietario(a) de un negocio, una práctica profesional o una finca no incorporada
 Propietario(a) de un negocio, una práctica profesional o una finca incorporada
 Trabajó sin paga en un negocio o finca de la familia con fines de lucro 15 horas o más a la semana

- b. ¿Cuál era el nombre del empleador, negocio, agencia o rama de las Fuerzas Armadas de esta persona?

- c. ¿Qué tipo de negocio o industria era este? Incluya la actividad, producto o servicio principal que se ofrecía en el lugar de empleo. (Por ejemplo: escuela primaria, construcción residencial)

- d. ¿Era este principalmente de:
 Marque (X) UNA casilla.

- manufactura?
 comercio al por mayor?
 comercio al por menor?
 otro (agricultura, construcción, servicio, gobierno, etc.)?

- e. ¿Cuál era la ocupación principal de esta persona? (Por ejemplo: maestro[a] de 4to grado, plomero[a] principiante)

- f. Describa las actividades o deberes más importantes de esta persona. (Por ejemplo: dar clases y evaluar a los estudiantes y planificar lecciones, montar e instalar tramos de tubería y revisar los planes de construcción para las especificaciones del trabajo)

43 INGRESO EN LOS ÚLTIMOS 12 MESES.

Marque (X) la casilla "Sí" por cada tipo de ingreso que recibió y anote el mejor estimado de la CANTIDAD TOTAL recibida durante los ÚLTIMOS 12 MESES. (NOTA: Los "últimos 12 meses" es el período desde la fecha de hoy hace un año hasta hoy.)

Marque (X) la casilla "No" para mostrar los tipos de ingresos NO recibidos.

Si el ingreso neto fue una pérdida, marque el cuadrado "Pérdida" a la derecha de la cantidad en dólares.

Para ingreso recibido en conjunto, informe la parte que le corresponde a cada persona; o, si eso no es posible, informe la cantidad total bajo una sola persona y marque el cuadrado "No" para la otra persona.

- a. Jornales, sueldos/salarios, comisiones, bonos o propinas de todos los empleos. Informe la cantidad antes de aplicarse las deducciones por impuestos, bonos, cuotas y otras cosas.

Sí → \$.00
 No
 CANTIDAD TOTAL en los últimos 12 MESES

- b. Ingreso de empleo por cuenta propia en su negocio no agrícola o finca comercial, ya sea como propietario único o en sociedad. Informe el ingreso NETO después de descontar los gastos de negocio.

Sí → \$.00 Pérdida
 No
 CANTIDAD TOTAL en los últimos 12 MESES

- c. Intereses, dividendos, ingreso neto por rentas, ingreso por derechos de autor, o ingreso por herencias y fideicomisos. Informe aun cantidades pequeñas acreditadas a una cuenta.

Sí → \$.00 Pérdida
 No
 CANTIDAD TOTAL en los últimos 12 MESES

- d. Seguro Social o retiro para personal de los ferrocarriles.

Sí → \$.00
 No
 CANTIDAD TOTAL en los últimos 12 MESES

- e. Seguridad de Ingreso Suplementario (SSI).

Sí → \$.00
 No
 CANTIDAD TOTAL en los últimos 12 MESES

- f. Cualquier pago de asistencia o bienestar público (welfare) de la oficina de bienestar estatal o local.

Sí → \$.00
 No
 CANTIDAD TOTAL en los últimos 12 MESES

- g. Ingreso por retiro, pensiones, ingreso por discapacidad o por ser esposo(a) sobreviviente. Incluya ingresos de un empleador o sindicato previo, retiros o distribuciones periódicas de una cuenta individual de retiro (IRA, por sus siglas en inglés), una IRA no deducible (Roth IRA), un plan 401(k), 403(b) u otras cuentas diseñadas específicamente para la jubilación. NO incluya el Seguro Social.

Sí → \$.00
 No
 CANTIDAD TOTAL en los últimos 12 MESES

- h. Alguna otra fuente de ingreso recibido regularmente, tal como pagos de la Administración de Veteranos (VA), compensación por desempleo, pensión para hijos menores, pensión alimenticia, o pensión de su ex pareja. NO incluya pagos de mayor cantidad recibidos una sola vez, tal como dinero de una herencia o venta de una casa.

Sí → \$.00
 No
 CANTIDAD TOTAL en los últimos 12 MESES

- 44** ¿Cuál fue el ingreso total de esta persona durante los ÚLTIMOS 12 MESES? Sume las cantidades anotadas en las preguntas 43a – 43h; reste cualquier pérdida. Si el ingreso neto fue una pérdida, anote la cantidad y marque (X) la casilla "Pérdida" al lado de la cantidad.

Ninguno Pérdida
 \$.00
 CANTIDAD TOTAL en los últimos 12 MESES

- Continúe con las preguntas para la Persona 4 en la próxima página. Si no hay nadie listado como la persona 4 en la página 3, PASE a la página 28 para ver las instrucciones de envío por correo.



Persona 4

- ➔ **Por favor, copie el nombre de la Persona 4 que aparece en la página 3. Luego, continúe contestando las siguientes preguntas.**

Apellido

Nombre

Inicial

- 7 **¿Dónde nació esta persona?**

- En los Estados Unidos – *Escriba en letra de molde el nombre del estado.*

- Fuera de los Estados Unidos – *Escriba en letra de molde el nombre del país extranjero, o Puerto Rico, Guam, etc.*

- 8 **¿Es esta persona ciudadana de los Estados Unidos?**

- Sí, nació en los Estados Unidos → *PASE a la pregunta 10a*

- Sí, nació en Puerto Rico, Guam, las Islas Vírgenes de los Estados Unidos o las Islas Marianas del Norte

- Sí, nació en el extranjero de padre o madre que es ciudadano(a) de los EE.UU.

- Sí, es ciudadana de los Estados Unidos por naturalización – *Escriba el año de naturalización*

- No, no es ciudadana de los Estados Unidos

- 9 **¿Cuándo vino esta persona a vivir a los Estados Unidos? Si esta persona vino a vivir a los Estados Unidos más de una vez, escriba el último año.**

Año

- 10 a. **En cualquier momento DURANTE LOS ÚLTIMOS 3 MESES, ¿ha estudiado esta persona en una escuela o universidad?** *Incluya sólo pre-escolar o pre-kinder, kindergarten, escuela elemental, enseñanza en el hogar y escuela que conduce a un diploma de escuela secundaria o título universitario.*

- No, no ha estudiado durante los últimos 3 meses → *PASE a la pregunta 11*

- Escuela o universidad pública

- Escuela o universidad privada o enseñanza en el hogar

- b. **¿A qué grado o nivel escolar asistía esta persona?** *Marque (X) UNA casilla.*

- Pre-escolar o pre-kinder

- Kindergarten

- Grado 1 al 12 – *Especifique grado 1-12*

- Estudios universitarios al nivel de licenciatura (*freshman a senior*)

- Escuela graduada o profesional más allá de una licenciatura universitaria (*por ejemplo, un programa de Maestría o Doctorado o una escuela de medicina o leyes*)

- 11 **¿Cuál es el título o nivel escolar más alto que esta persona ha COMPLETADO?** *Marque (X) UNA casilla. Si está matriculada actualmente, marque el grado escolar anterior o el título más alto recibido.*

NO HA COMPLETADO NINGÚN GRADO

- No ha completado ningún grado

PRE-ESCOLAR O PRE-KINDER HASTA GRADO 12

- Pre-escolar o pre-kinder

- Kindergarten

- Grado 1 al 11 – *Especifique grado 1-11*

- Grado 12, **SIN DIPLOMA**

GRADUADO(A) DE ESCUELA SECUNDARIA O PREPARATORIA

- Diploma de escuela secundaria o preparatoria

- GED o examen equivalente

UNIVERSIDAD O ALGUNOS CRÉDITOS UNIVERSITARIOS

- Algunos créditos universitarios, pero menos de 1 año de créditos universitarios

- 1 año o más de créditos universitarios, sin título

- Título asociado universitario (*por ejemplo: AA, AS*)

- Título de licenciatura universitaria (*por ejemplo: BA, BS*)

DESPUÉS DEL TÍTULO DE LICENCIATURA UNIVERSITARIA

- Título de maestría (*por ejemplo: MA, MS, MEng, MEd, MSW, MBA*)

- Título profesional más allá de un título de licenciatura universitaria (*por ejemplo: MD, DDS, DVM, LLB, JD*)

- Título de doctorado (*por ejemplo: PhD, EdD*)

- F **Conteste la pregunta 12 si esta persona tiene un título de licenciatura universitaria o más alto. De lo contrario, PASE a la pregunta 13.**

- 12 **Esta pregunta se enfoca en el TÍTULO DE LICENCIATURA UNIVERSITARIA de esta persona. Por favor, escriba en letra de molde el título específico de la concentración de estudio de cualquier TÍTULO DE LICENCIATURA UNIVERSITARIA específico(s) que esta persona recibió.** (*Por ejemplo: ingeniería química, enseñanza de educación primaria, o psicología organizacional*)

- 13 **¿Cuál es la ascendencia u origen étnico de esta persona?**

(*Por ejemplo: italiana, jamaicana, africana americana, camboyana, de Cabo Verde, noruega, dominicana, franco-canadiense, haitiana, coreana, libanesa, polaca, nigeriana, mexicana, taiwanesa, ucraniana, entre otras.*)

- 14 a. **En su hogar, ¿habla esta persona un idioma que no sea inglés?**

- Sí
- No → *PASE a la pregunta 15a*

- b. **¿Qué idioma es ese?**

Por ejemplo: coreano, italiano, español, vietnamés

- c. **¿Cuán bien habla esta persona el inglés?**

- Muy bien
- Bien
- No bien
- No habla inglés



Persona 4 (continuación)

- 15** a. ¿Vivió esta persona en esta casa o apartamento hace 1 año?

- Persona es menor de 1 año de edad → PASE a la pregunta 16
- Sí, en esta casa → PASE a la pregunta 16
- No, fuera de los Estados Unidos y Puerto Rico – *Escriba en letra de molde a continuación el nombre del país extranjero o Islas Vírgenes de los EE.UU., Guam, etc.; luego PASE a la pregunta 16*

- No, en una casa diferente en los Estados Unidos o Puerto Rico

- b. ¿Dónde vivía esta persona hace 1 año?

Dirección (Número y nombre de la calle)

Nombre de la ciudad, pueblo u oficina de correos

Nombre del condado de los Estados Unidos o municipio en Puerto Rico

Nombre del estado de los Estados Unidos o anote Puerto Rico

Código Postal

- 16** ¿Tiene esta persona cobertura **ACTUALMENTE** de cualquiera de los siguientes tipos de seguros de salud o planes de cobertura de seguro de salud? Marque "Sí" o "No" para CADA tipo de cobertura en las respuestas a-h.

- | | | |
|---|--------------------------|--------------------------|
| a. Seguro a través de su empleador o sindicato (<i>union</i>), actual o previo, (de esta persona o de cualquier otro miembro de la familia) | Sí | No |
| b. Seguro adquirido directamente de una compañía de seguro (por esta persona o por cualquier otro miembro de la familia) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicare, para personas que tienen 65 años o más, o personas con ciertos impedimentos | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Medicaid, Medical Assistance o cualquier tipo de plan de asistencia gubernamental para esas personas con un ingreso bajo o incapacidad | <input type="checkbox"/> | <input type="checkbox"/> |
| e. TRICARE u otro seguro de salud militar | <input type="checkbox"/> | <input type="checkbox"/> |
| f. VA (personas inscritas en el sistema de cuidado de salud de la VA) | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Servicio de Salud Indio (Indian Health Service) | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Cualquier otro tipo de seguro de salud o plan de cobertura de seguro de salud – <i>Especifique</i> ↗ | <input type="checkbox"/> | <input type="checkbox"/> |

- G** Conteste la pregunta 17a si esta persona tiene seguro de salud. De lo contrario, PASE a la pregunta 18a.

- 17** a. ¿Tiene este plan una prima o cuota? Una prima o cuota es una cantidad fija de dinero que se paga regularmente para la cobertura de salud. No incluye los copagos, deducibles ni otros gastos, tales como los costos de las medicinas recetadas.

- Sí
- No → PASE a la pregunta 18a

- b. ¿Recibe esta persona o algún otro miembro de la familia un crédito fiscal o subsidio basado en el ingreso de la familia como ayuda para pagar la prima o cuota?

- Sí
- No

- 18** a. ¿Es esta persona sorda o tiene él/ella una dificultad seria para oír?

- Sí
- No

- b. ¿Es esta persona ciega o tiene él/ella una dificultad seria para ver aunque lleve puestos espejuelos o lentes?

- Sí
- No

- H** Conteste las preguntas 19a – c si esta persona tiene 5 años o más. De lo contrario, PASE a las preguntas para la Persona 5 en la página 24.

- 19** a. Debido a una condición física, mental o emocional, ¿tiene esta persona una dificultad seria para concentrarse, recordar o tomar decisiones?

- Sí
- No

- b. ¿Tiene esta persona una dificultad seria para caminar o subir las escaleras?

- Sí
- No

- c. ¿Tiene esta persona dificultad para vestirse o bañarse?

- Sí
- No

- I** Conteste la pregunta 20 si esta persona tiene 15 años o más. De lo contrario, PASE a las preguntas para la Persona 5 en la página 24.

- 20** Debido a una condición física, mental o emocional, ¿tiene esta persona dificultad para hacer diligencias o mandados sola, tal como ir al consultorio de un médico o ir de compras?

- Sí
- No

- 21** ¿Cuál es el estado civil de esta persona?

- Casada actualmente
- Viuda
- Divorciada
- Separada
- Nunca se ha casado → PASE a la sección **J**

- 22** En los PASADOS 12 MESES, ¿esta persona –

- | | Sí | No |
|-----------------|--------------------------|--------------------------|
| a. se casó? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. enviudó? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. se divorció? | <input type="checkbox"/> | <input type="checkbox"/> |

- 23** ¿Cuántas veces ha estado casada esta persona?

- Una vez
- Dos veces
- Tres veces o más

- 24** ¿En qué año se casó la última vez esta persona?

Año

- J** Conteste la pregunta 25 si esta persona es del sexo femenino y tiene de 15 a 50 años de edad. De lo contrario, PASE a la pregunta 26a.

- 25** En los ÚLTIMOS 12 MESES, ¿ha dado a luz esta persona?

- Sí
- No

- 26** a. ¿Tiene esta persona algún nieto menor de 18 años que viva en esta casa o apartamento?

- Sí
- No → PASE a la pregunta 27

- b. ¿Es este abuelo actualmente responsable de la mayoría de las necesidades básicas de algunos de sus nietos menores de 18 años que viven en esta casa o apartamento?

- Sí
- No → PASE a la pregunta 27

- c. ¿Cuánto tiempo hace que este abuelo es responsable de estos nietos? Si este abuelo es responsable económicamente de más de un nieto, conteste la pregunta para el nieto del cual haya sido responsable por más tiempo.

- Menos de 6 meses
- 6 a 11 meses
- 1 ó 2 años
- 3 ó 4 años
- 5 años o más



Persona 4 (continuación)

27 ¿Ha estado esta persona alguna vez en el servicio militar activo en las Fuerzas Armadas, la Reserva Militar o la Guardia Nacional de los Estados Unidos? Marque (X) UNA casilla.

- Nunca estuvo en el servicio militar → PASE a la pregunta 30a
- Servicio activo solamente para entrenamiento de la Reserva Militar o la Guardia Nacional → PASE a la pregunta 29a
- En servicio activo ahora
- En servicio activo en el pasado, pero no ahora

28 ¿Cuándo estuvo esta persona en servicio militar activo en las Fuerzas Armadas de los Estados Unidos? Marque (X) una casilla para CADA período durante el cual esta persona estuvo en servicio militar, aunque fuera sólo por parte del período.

- Septiembre del 2001 ó después
- Agosto del 1990 a agosto del 2001 (incluyendo la Guerra del Golfo Pérsico)
- Mayo del 1975 a julio del 1990
- Época de Vietnam (agosto del 1964 a abril del 1975)
- Febrero del 1955 a julio del 1964
- Guerra de Corea (julio del 1950 a enero del 1955)
- Enero del 1947 a junio del 1950
- Segunda Guerra Mundial (diciembre del 1941 a diciembre del 1946)
- Noviembre del 1941 ó antes

29 a. ¿Tiene esta persona una clasificación de incapacidad de la VA relacionada con el servicio?

- Sí (tal como 0%, 10%, 20%, ..., 100%)
- No → PASE a la pregunta 30a

b. ¿Qué por ciento de incapacidad relacionada con el servicio militar tiene esta persona?

- 0 por ciento
- 10 ó 20 por ciento
- 30 ó 40 por ciento
- 50 ó 60 por ciento
- 70 por ciento o más

30 a. LA SEMANA PASADA, ¿hizo esta persona algún trabajo por paga en un empleo (o negocio)?

- Sí → PASE a la pregunta 31
- No – No trabajó (o está retirada)

b. LA SEMANA PASADA, ¿hizo esta persona CUALQUIER trabajo por paga, incluso aunque fuese por una hora?

- Sí
- No → PASE a la pregunta 36a

31 ¿En qué lugar trabajó esta persona LA SEMANA PASADA? Si esta persona trabajó en más de un lugar, escriba en letra de molde la dirección donde él o ella trabajó la mayor parte de la semana.

a. Dirección (Número y nombre de la calle)

Si no sabe la dirección exacta, dé una descripción de la localización, tal como el nombre del edificio, calle o intersección más cercana.

b. Nombre de la ciudad, pueblo u oficina de correos

c. ¿Está localizado el lugar de trabajo dentro de los límites de esa ciudad o pueblo?

- Sí
- No, fuera de los límites de la ciudad/pueblo

d. Nombre del condado de los Estados Unidos

e. Nombre del estado o país extranjero

f. Código Postal

32 ¿Cómo llegó usualmente esta persona al trabajo LA SEMANA PASADA? Marque UNA casilla para el medio de transporte que utilizó por más distancia.

- | | |
|---|---|
| <input type="checkbox"/> Automóvil, camión o van | <input type="checkbox"/> Taxi |
| <input type="checkbox"/> Autobús | <input type="checkbox"/> Motocicleta |
| <input type="checkbox"/> Tren subterráneo o elevado | <input type="checkbox"/> Bicicleta |
| <input type="checkbox"/> Tren de viajes largos o de cercanías | <input type="checkbox"/> Camión |
| <input type="checkbox"/> Tren ligero, tranvía o tranvía eléctrico | <input type="checkbox"/> Trabajó en el hogar → PASE a la pregunta 40a |
| <input type="checkbox"/> Lancha (ferry) | <input type="checkbox"/> Otro método |

K Conteste la pregunta 33 si marcó "Automóvil, camión o van" en la pregunta 32. De lo contrario, PASE a la pregunta 34.

33 ¿Cuántas personas, incluyendo a esta persona, usualmente viajaron al trabajo en el automóvil, camión o van LA SEMANA PASADA?

Persona(s)

34 LA SEMANA PASADA, ¿a qué hora usualmente comenzó esta persona su viaje al trabajo?

| | | |
|----------------------|----------------------|-------------------------------|
| Hora | Minutos | <input type="checkbox"/> a.m. |
| <input type="text"/> | <input type="text"/> | <input type="checkbox"/> p.m. |

35 ¿Cuántos minutos le tomó a esta persona usualmente ir de su hogar al trabajo LA SEMANA PASADA?

Minutos

L Conteste las preguntas 36 – 39 si esta persona NO trabajó la semana pasada. De lo contrario, PASE a la pregunta 40a.

36 a. LA SEMANA PASADA, ¿estuvo esta persona suspendida (on layoff) o la descansaron de un empleo?

- Sí → PASE a la pregunta 36c
- No

b. LA SEMANA PASADA, ¿estuvo esta persona ausente TEMPORALMENTE de su empleo o negocio?

- Sí, de vacaciones, enfermedad temporal, licencia por maternidad, otras razones personales o relacionadas con la familia, mal tiempo, etc. → PASE a la pregunta 39
- No → PASE a la pregunta 37

c. ¿Se le ha informado a esta persona que será llamada de nuevo a trabajar dentro de los próximos 6 meses O se le ha dado una fecha para regresar al trabajo?

- Sí → PASE a la pregunta 38
- No

37 Durante las ÚLTIMAS 4 SEMANAS, ¿ha estado esta persona buscando trabajo ACTIVAMENTE?

- Sí
- No → PASE a la pregunta 39

38 LA SEMANA PASADA, ¿hubiera podido esta persona comenzar un empleo si se le hubiera ofrecido uno, o hubiera podido regresar al trabajo si se le hubiera llamado de nuevo?

- Sí, hubiera podido ir a trabajar
- No, debido a una enfermedad temporal propia
- No, debido a otras razones (en la escuela, etc.)

39 ¿Cuándo trabajó esta persona por última vez, aunque fuera por unos pocos días?

- En los últimos 12 meses
- Hace 1 a 5 años → PASE a la sección **M**
- Hace más de 5 años o nunca trabajó → PASE a la pregunta 43



Persona 4 (continuación)

- 40** a. ¿Durante los ÚLTIMOS 12 MESES (52 semanas), ¿trabajó esta persona TODAS las semanas? Incluya como trabajo vacaciones pagadas, licencia por enfermedad pagada y servicio en las Fuerzas Armadas.

Sí → PASE a la pregunta 41
 No

- b. Durante los ÚLTIMOS 12 MESES (52 semanas), ¿cuántas SEMANAS trabajó esta persona? Incluya vacaciones o licencias pagadas e incluya semanas en que esta persona trabajó solo por unas pocas horas.

Semanas

- 41** En las SEMANAS TRABAJADAS durante los ÚLTIMOS 12 MESES, ¿cuántas horas trabajó usualmente esta persona cada SEMANA?

Horas usualmente trabajadas cada SEMANA

M Conteste las preguntas 42a – f si esta persona trabajó durante los últimos 5 años. De lo contrario, PASE a la pregunta 43.

42 DESCRIPCIÓN DEL EMPLEO

La serie de preguntas que sigue es sobre el tipo de empleo que esta persona tenía la semana pasada.

Si esta persona tenía más de un empleo, describa el empleo en el cual trabajó más horas. Si esta persona no trabajó la semana pasada, describa el empleo más reciente en los últimos cinco años.

- a. ¿Cuál de las siguientes opciones describe mejor el empleo de esta persona la semana pasada o el empleo más reciente en los últimos 5 años? Marque (X) UNA casilla.

EMPLEADO DEL SECTOR PRIVADO

- Compañía u organización con fines de lucro
 Organización sin fines de lucro (incluso las organizaciones exentas de impuestos y las organizaciones caritativas)

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- Gobierno local (por ejemplo: distrito escolar de la ciudad o condado)
 Gobierno estatal (incluso universidades estatales)
 Servicio activo en las Fuerzas Armadas de los EE. UU. o en el Cuerpo de Comisionados
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- Propietario(a) de un negocio, una práctica profesional o una finca no incorporada
 Propietario(a) de un negocio, una práctica profesional o una finca incorporada
 Trabajó sin paga en un negocio o finca de la familia con fines de lucro 15 horas o más a la semana

- b. ¿Cuál era el nombre del empleador, negocio, agencia o rama de las Fuerzas Armadas de esta persona?

- c. ¿Qué tipo de negocio o industria era este? Incluya la actividad, producto o servicio principal que se ofrecía en el lugar de empleo. (Por ejemplo: escuela primaria, construcción residencial)

- d. ¿Era este principalmente de:
 Marque (X) UNA casilla.

- manufactura?
 comercio al por mayor?
 comercio al por menor?
 otro (agricultura, construcción, servicio, gobierno, etc.)?

- e. ¿Cuál era la ocupación principal de esta persona? (Por ejemplo: maestro[a] de 4to grado, plomero[a] principiante)

- f. Describa las actividades o deberes más importantes de esta persona. (Por ejemplo: dar clases y evaluar a los estudiantes y planificar lecciones, montar e instalar tramos de tubería y revisar los planes de construcción para las especificaciones del trabajo)

43 INGRESO EN LOS ÚLTIMOS 12 MESES.

Marque (X) la casilla "Sí" por cada tipo de ingreso que recibió y anote el mejor estimado de la CANTIDAD TOTAL recibida durante los ÚLTIMOS 12 MESES. (NOTA: Los "últimos 12 meses" es el período desde la fecha de hoy hace un año hasta hoy.)

Marque (X) la casilla "No" para mostrar los tipos de ingresos NO recibidos.

Si el ingreso neto fue una pérdida, marque el cuadrado "Pérdida" a la derecha de la cantidad en dólares.

Para ingreso recibido en conjunto, informe la parte que le corresponde a cada persona; o, si eso no es posible, informe la cantidad total bajo una sola persona y marque el cuadrado "No" para la otra persona.

- a. Jornales, sueldos/salarios, comisiones, bonos o propinas de todos los empleos. Informe la cantidad antes de aplicarse las deducciones por impuestos, bonos, cuotas y otras cosas.

Sí →
 No
 CANTIDAD TOTAL en los últimos 12 MESES

- b. Ingreso de empleo por cuenta propia en su negocio no agrícola o finca comercial, ya sea como propietario único o en sociedad. Informe el ingreso NETO después de descontar los gastos de negocio.

Sí →
 No
 CANTIDAD TOTAL en los últimos 12 MESES Pérdida

- c. Intereses, dividendos, ingreso neto por rentas, ingreso por derechos de autor, o ingreso por herencias y fideicomisos. Informe aun cantidades pequeñas acreditadas a una cuenta.

Sí →
 No
 CANTIDAD TOTAL en los últimos 12 MESES Pérdida

- d. Seguro Social o retiro para personal de los ferrocarriles.

Sí →
 No
 CANTIDAD TOTAL en los últimos 12 MESES

- e. Seguridad de Ingreso Suplementario (SSI).

Sí →
 No
 CANTIDAD TOTAL en los últimos 12 MESES

- f. Cualquier pago de asistencia o bienestar público (welfare) de la oficina de bienestar estatal o local.

Sí →
 No
 CANTIDAD TOTAL en los últimos 12 MESES

- g. Ingreso por retiro, pensiones, ingreso por discapacidad o por ser esposo(a) sobreviviente. Incluya ingresos de un empleador o sindicato previo, retiros o distribuciones periódicas de una cuenta individual de retiro (IRA, por sus siglas en inglés), una IRA no deducible (Roth IRA), un plan 401(k), 403(b) u otras cuentas diseñadas específicamente para la jubilación. NO incluya el Seguro Social.

Sí →
 No
 CANTIDAD TOTAL en los últimos 12 MESES

- h. Alguna otra fuente de ingreso recibido regularmente, tal como pagos de la Administración de Veteranos (VA), compensación por desempleo, pensión para hijos menores, pensión alimenticia, o pensión de su ex pareja. NO incluya pagos de mayor cantidad recibidos una sola vez, tal como dinero de una herencia o venta de una casa.

Sí →
 No
 CANTIDAD TOTAL en los últimos 12 MESES

- 44** ¿Cuál fue el ingreso total de esta persona durante los ÚLTIMOS 12 MESES? Sume las cantidades anotadas en las preguntas 43a – 43h; reste cualquier pérdida. Si el ingreso neto fue una pérdida, anote la cantidad y marque (X) la casilla "Pérdida" al lado de la cantidad.

Ninguno Pérdida
 CANTIDAD TOTAL en los últimos 12 MESES

- ➔ Continúe con las preguntas para la Persona 5 en la próxima página. Si no hay nadie listado como la persona 5 en la página 4, PASE a la página 28 para ver las instrucciones de envío por correo.



Persona 5

- ➔ Por favor, copie el nombre de la Persona 5 que aparece en la página 4. Luego, continúe contestando las siguientes preguntas.

Apellido

Nombre

Inicial

- 7 ¿Dónde nació esta persona?

En los Estados Unidos – *Escriba en letra de molde el nombre del estado.*

Fuera de los Estados Unidos – *Escriba en letra de molde el nombre del país extranjero, o Puerto Rico, Guam, etc.*

- 8 ¿Es esta persona ciudadana de los Estados Unidos?

Sí, nació en los Estados Unidos → *PASE a la pregunta 10a*

Sí, nació en Puerto Rico, Guam, las Islas Vírgenes de los Estados Unidos o las Islas Marianas del Norte

Sí, nació en el extranjero de padre o madre que es ciudadano(a) de los EE.UU.

Sí, es ciudadana de los Estados Unidos por naturalización – *Escriba el año de naturalización*

No, no es ciudadana de los Estados Unidos

- 9 ¿Cuándo vino esta persona a vivir a los Estados Unidos? *Si esta persona vino a vivir a los Estados Unidos más de una vez, escriba el último año.*

Año

- 10 a. En cualquier momento DURANTE LOS ÚLTIMOS 3 MESES, ¿ha estudiado esta persona en una escuela o universidad? *Incluya sólo pre-escolar o pre-kinder, kindergarten, escuela elemental, enseñanza en el hogar y escuela que conduce a un diploma de escuela secundaria o título universitario.*

No, no ha estudiado durante los últimos 3 meses → *PASE a la pregunta 11*

Escuela o universidad pública

Escuela o universidad privada o enseñanza en el hogar

- b. ¿A qué grado o nivel escolar asistía esta persona? *Marque (X) UNA casilla.*

Pre-escolar o pre-kinder

Kindergarten

Grado 1 al 12 – *Especifique grado 1-12*

Estudios universitarios al nivel de licenciatura (*freshman a senior*)

Escuela graduada o profesional más allá de una licenciatura universitaria (*por ejemplo, un programa de Maestría o Doctorado o una escuela de medicina o leyes*)

- 11 ¿Cuál es el título o nivel escolar más alto que esta persona ha COMPLETADO? *Marque (X) UNA casilla. Si está matriculada actualmente, marque el grado escolar anterior o el título más alto recibido.*

NO HA COMPLETADO NINGÚN GRADO

No ha completado ningún grado

PRE-ESCOLAR O PRE-KINDER HASTA GRADO 12

Pre-escolar o pre-kinder

Kindergarten

Grado 1 al 11 – *Especifique grado 1-11*

Grado 12, **SIN DIPLOMA**

GRADUADO(A) DE ESCUELA SECUNDARIA O PREPARATORIA

Diploma de escuela secundaria o preparatoria

GED o examen equivalente

UNIVERSIDAD O ALGUNOS CRÉDITOS UNIVERSITARIOS

Algunos créditos universitarios, pero menos de 1 año de créditos universitarios

1 año o más de créditos universitarios, sin título

Título asociado universitario (*por ejemplo: AA, AS*)

Título de licenciatura universitaria (*por ejemplo: BA, BS*)

DESPUÉS DEL TÍTULO DE LICENCIATURA UNIVERSITARIA

Título de maestría (*por ejemplo: MA, MS, MEng, MEd, MSW, MBA*)

Título profesional más allá de un título de licenciatura universitaria (*por ejemplo: MD, DDS, DVM, LLB, JD*)

Título de doctorado (*por ejemplo: PhD, EdD*)

- F Conteste la pregunta 12 si esta persona tiene un título de licenciatura universitaria o más alto. De lo contrario, PASE a la pregunta 13.

- 12 Esta pregunta se enfoca en el TÍTULO DE LICENCIATURA UNIVERSITARIA de esta persona. Por favor, escriba en letra de molde el título específico de la concentración de estudio de cualquier TÍTULO DE LICENCIATURA UNIVERSITARIA específico(s) que esta persona recibió. (*Por ejemplo: ingeniería química, enseñanza de educación primaria, o psicología organizacional*)

- 13 ¿Cuál es la ascendencia u origen étnico de esta persona?

(*Por ejemplo: italiana, jamaicana, africana americana, camboyana, de Cabo Verde, noruega, dominicana, franco-canadiense, haitiana, coreana, libanesa, polaca, nigeriana, mexicana, taiwanesa, ucraniana, entre otras.*)

- 14 a. En su hogar, ¿habla esta persona un idioma que no sea inglés?

Sí

No → *PASE a la pregunta 15a*

- b. ¿Qué idioma es ese?

Por ejemplo: coreano, italiano, español, vietnamés

- c. ¿Cuán bien habla esta persona el inglés?

Muy bien

Bien

No bien

No habla inglés



Persona 5 (continuación)

15 a. ¿Vivió esta persona en esta casa o apartamento hace 1 año?

- Persona es menor de 1 año de edad → PASE a la pregunta 16
- Sí, en esta casa → PASE a la pregunta 16
- No, fuera de los Estados Unidos y Puerto Rico – *Escriba en letra de molde a continuación el nombre del país extranjero o Islas Vírgenes de los EE.UU., Guam, etc.; luego PASE a la pregunta 16*

- No, en una casa diferente en los Estados Unidos o Puerto Rico

b. ¿Dónde vivía esta persona hace 1 año?

Dirección (Número y nombre de la calle)

Nombre de la ciudad, pueblo u oficina de correos

Nombre del condado de los Estados Unidos o municipio en Puerto Rico

Nombre del estado de los Estados Unidos o anote Puerto Rico

Código Postal

16 ¿Tiene esta persona cobertura ACTUALMENTE de cualquiera de los siguientes tipos de seguros de salud o planes de cobertura de seguro de salud? Marque "Sí" o "No" para CADA tipo de cobertura en las respuestas a-h.

- | | | |
|---|--------------------------|--------------------------|
| a. Seguro a través de su empleador o sindicato (<i>union</i>), actual o previo, (de esta persona o de cualquier otro miembro de la familia) | Sí | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Seguro adquirido directamente de una compañía de seguro (por esta persona o por cualquier otro miembro de la familia) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicare, para personas que tienen 65 años o más, o personas con ciertos impedimentos | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Medicaid, Medical Assistance o cualquier tipo de plan de asistencia gubernamental para esas personas con un ingreso bajo o incapacidad | <input type="checkbox"/> | <input type="checkbox"/> |
| e. TRICARE u otro seguro de salud militar | <input type="checkbox"/> | <input type="checkbox"/> |
| f. VA (personas inscritas en el sistema de cuidado de salud de la VA) | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Servicio de Salud Indio (Indian Health Service) | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Cualquier otro tipo de seguro de salud o plan de cobertura de seguro de salud – <i>Especifique</i> ↗ | <input type="checkbox"/> | <input type="checkbox"/> |

G Conteste la pregunta 17a si esta persona tiene seguro de salud. De lo contrario, PASE a la pregunta 18a.

17 a. ¿Tiene este plan una prima o cuota? Una prima o cuota es una cantidad fija de dinero que se paga regularmente para la cobertura de salud. No incluye los copagos, deducibles ni otros gastos, tales como los costos de las medicinas recetadas.

- Sí
- No → PASE a la pregunta 18a

b. ¿Recibe esta persona o algún otro miembro de la familia un crédito fiscal o subsidio basado en el ingreso de la familia como ayuda para pagar la prima o cuota?

- Sí
- No

18 a. ¿Es esta persona sorda o tiene él/ella una dificultad seria para oír?

- Sí
- No

b. ¿Es esta persona ciega o tiene él/ella una dificultad seria para ver aunque lleve puestos espejuelos o lentes?

- Sí
- No

H Conteste las preguntas 19a – c si esta persona tiene 5 años o más. De lo contrario, PASE a las instrucciones de envío en la página 28.

19 a. Debido a una condición física, mental o emocional, ¿tiene esta persona una dificultad seria para concentrarse, recordar o tomar decisiones?

- Sí
- No

b. ¿Tiene esta persona una dificultad seria para caminar o subir las escaleras?

- Sí
- No

c. ¿Tiene esta persona dificultad para vestirse o bañarse?

- Sí
- No

I Conteste la pregunta 20 si esta persona tiene 15 años o más. De lo contrario, PASE a las instrucciones de envío en la página 28.

20 Debido a una condición física, mental o emocional, ¿tiene esta persona dificultad para hacer diligencias o mandados sola, tal como ir al consultorio de un médico o ir de compras?

- Sí
- No

21 ¿Cuál es el estado civil de esta persona?

- Casada actualmente
- Viuda
- Divorciada
- Separada
- Nunca se ha casado → PASE a la sección **J**

22 En los PASADOS 12 MESES, ¿esta persona –

- | | Sí | No |
|-----------------|--------------------------|--------------------------|
| a. se casó? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. enviudó? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. se divorció? | <input type="checkbox"/> | <input type="checkbox"/> |

23 ¿Cuántas veces ha estado casada esta persona?

- Una vez
- Dos veces
- Tres veces o más

24 ¿En qué año se casó la última vez esta persona?

Año

J Conteste la pregunta 25 si esta persona es del sexo femenino y tiene de 15 a 50 años de edad. De lo contrario, PASE a la pregunta 26a.

25 En los ÚLTIMOS 12 MESES, ¿ha dado a luz esta persona?

- Sí
- No

26 a. ¿Tiene esta persona algún nieto menor de 18 años que viva en esta casa o apartamento?

- Sí
- No → PASE a la pregunta 27

b. ¿Es este abuelo actualmente responsable de la mayoría de las necesidades básicas de algunos de sus nietos menores de 18 años que viven en esta casa o apartamento?

- Sí
- No → PASE a la pregunta 27

c. ¿Cuánto tiempo hace que este abuelo es responsable de estos nietos? Si este abuelo es responsable económicamente de más de un nieto, conteste la pregunta para el nieto del cual haya sido responsable por más tiempo.

- Menos de 6 meses
- 6 a 11 meses
- 1 ó 2 años
- 3 ó 4 años
- 5 años o más



Persona 5 (continuación)

27 ¿Ha estado esta persona alguna vez en el servicio militar activo en las Fuerzas Armadas, la Reserva Militar o la Guardia Nacional de los Estados Unidos? Marque (X) UNA casilla.

- Nunca estuvo en el servicio militar → PASE a la pregunta 30a
- Servicio activo solamente para entrenamiento de la Reserva Militar o la Guardia Nacional → PASE a la pregunta 29a
- En servicio activo ahora
- En servicio activo en el pasado, pero no ahora

28 ¿Cuándo estuvo esta persona en servicio militar activo en las Fuerzas Armadas de los Estados Unidos? Marque (X) una casilla para CADA período durante el cual esta persona estuvo en servicio militar, aunque fuera sólo por parte del período.

- Septiembre del 2001 ó después
- Agosto del 1990 a agosto del 2001 (incluyendo la Guerra del Golfo Pérsico)
- Mayo del 1975 a julio del 1990
- Época de Vietnam (agosto del 1964 a abril del 1975)
- Febrero del 1955 a julio del 1964
- Guerra de Corea (julio del 1950 a enero del 1955)
- Enero del 1947 a junio del 1950
- Segunda Guerra Mundial (diciembre del 1941 a diciembre del 1946)
- Noviembre del 1941 ó antes

29 a. ¿Tiene esta persona una clasificación de incapacidad de la VA relacionada con el servicio?

- Sí (tal como 0%, 10%, 20%, ..., 100%)
- No → PASE a la pregunta 30a

b. ¿Qué por ciento de incapacidad relacionada con el servicio militar tiene esta persona?

- 0 por ciento
- 10 ó 20 por ciento
- 30 ó 40 por ciento
- 50 ó 60 por ciento
- 70 por ciento o más

30 a. LA SEMANA PASADA, ¿hizo esta persona algún trabajo por paga en un empleo (o negocio)?

- Sí → PASE a la pregunta 31
- No – No trabajó (o está retirada)

b. LA SEMANA PASADA, ¿hizo esta persona CUALQUIER trabajo por paga, incluso aunque fuese por una hora?

- Sí
- No → PASE a la pregunta 36a

31 ¿En qué lugar trabajó esta persona LA SEMANA PASADA? Si esta persona trabajó en más de un lugar, escriba en letra de molde la dirección donde él o ella trabajó la mayor parte de la semana.

a. Dirección (Número y nombre de la calle)

Si no sabe la dirección exacta, dé una descripción de la localización, tal como el nombre del edificio, calle o intersección más cercana.

b. Nombre de la ciudad, pueblo u oficina de correos

c. ¿Está localizado el lugar de trabajo dentro de los límites de esa ciudad o pueblo?

- Sí
- No, fuera de los límites de la ciudad/pueblo

d. Nombre del condado de los Estados Unidos

e. Nombre del estado o país extranjero

f. Código Postal

32 ¿Cómo llegó usualmente esta persona al trabajo LA SEMANA PASADA? Marque UNA casilla para el medio de transporte que utilizó por más distancia.

- | | |
|---|---|
| <input type="checkbox"/> Automóvil, camión o van | <input type="checkbox"/> Taxi |
| <input type="checkbox"/> Autobús | <input type="checkbox"/> Motocicleta |
| <input type="checkbox"/> Tren subterráneo o elevado | <input type="checkbox"/> Bicicleta |
| <input type="checkbox"/> Tren de viajes largos o de cercanías | <input type="checkbox"/> Camión |
| <input type="checkbox"/> Tren ligero, tranvía o tranvía eléctrico | <input type="checkbox"/> Trabajó en el hogar → PASE a la pregunta 40a |
| <input type="checkbox"/> Lancha (ferry) | <input type="checkbox"/> Otro método |

K Conteste la pregunta 33 si marcó "Automóvil, camión o van" en la pregunta 32. De lo contrario, PASE a la pregunta 34.

33 ¿Cuántas personas, incluyendo a esta persona, usualmente viajaron al trabajo en el automóvil, camión o van LA SEMANA PASADA?

Persona(s)

34 LA SEMANA PASADA, ¿a qué hora usualmente comenzó esta persona su viaje al trabajo?

| | | |
|----------------------|----------------------|-------------------------------|
| Hora | Minutos | <input type="checkbox"/> a.m. |
| <input type="text"/> | <input type="text"/> | <input type="checkbox"/> p.m. |

35 ¿Cuántos minutos le tomó a esta persona usualmente ir de su hogar al trabajo LA SEMANA PASADA?

Minutos

L Conteste las preguntas 36 – 39 si esta persona NO trabajó la semana pasada. De lo contrario, PASE a la pregunta 40a.

36 a. LA SEMANA PASADA, ¿estuvo esta persona suspendida (on layoff) o la descansaron de un empleo?

- Sí → PASE a la pregunta 36c
- No

b. LA SEMANA PASADA, ¿estuvo esta persona ausente TEMPORALMENTE de su empleo o negocio?

- Sí, de vacaciones, enfermedad temporal, licencia por maternidad, otras razones personales o relacionadas con la familia, mal tiempo, etc. → PASE a la pregunta 39
- No → PASE a la pregunta 37

c. ¿Se le ha informado a esta persona que será llamada de nuevo a trabajar dentro de los próximos 6 meses O se le ha dado una fecha para regresar al trabajo?

- Sí → PASE a la pregunta 38
- No

37 Durante las ÚLTIMAS 4 SEMANAS, ¿ha estado esta persona buscando trabajo ACTIVAMENTE?

- Sí
- No → PASE a la pregunta 39

38 LA SEMANA PASADA, ¿hubiera podido esta persona comenzar un empleo si se le hubiera ofrecido uno, o hubiera podido regresar al trabajo si se le hubiera llamado de nuevo?

- Sí, hubiera podido ir a trabajar
- No, debido a una enfermedad temporal propia
- No, debido a otras razones (en la escuela, etc.)

39 ¿Cuándo trabajó esta persona por última vez, aunque fuera por unos pocos días?

- En los últimos 12 meses
- Hace 1 a 5 años → PASE a la sección **M**
- Hace más de 5 años o nunca trabajó → PASE a la pregunta 43



Persona 5 (continuación)

- 40** a. ¿Durante los ÚLTIMOS 12 MESES (52 semanas), ¿trabajó esta persona TODAS las semanas? Incluya como trabajo vacaciones pagadas, licencia por enfermedad pagada y servicio en las Fuerzas Armadas.

Sí → PASE a la pregunta 41
 No

- b. Durante los ÚLTIMOS 12 MESES (52 semanas), ¿cuántas SEMANAS trabajó esta persona? Incluya vacaciones o licencias pagadas e incluya semanas en que esta persona trabajó solo por unas pocas horas.

Semanas

- 41** En las SEMANAS TRABAJADAS durante los ÚLTIMOS 12 MESES, ¿cuántas horas trabajó usualmente esta persona cada SEMANA?

Horas usualmente trabajadas cada SEMANA

- M** Conteste las preguntas 42a – f si esta persona trabajó durante los últimos 5 años. De lo contrario, PASE a la pregunta 43.

42 DESCRIPCIÓN DEL EMPLEO

La serie de preguntas que sigue es sobre el tipo de empleo que esta persona tenía la semana pasada.

Si esta persona tenía más de un empleo, describa el empleo en el cual trabajó más horas. Si esta persona no trabajó la semana pasada, describa el empleo más reciente en los últimos cinco años.

- a. ¿Cuál de las siguientes opciones describe mejor el empleo de esta persona la semana pasada o el empleo más reciente en los últimos 5 años? Marque (X) UNA casilla.

EMPLEADO DEL SECTOR PRIVADO

- Compañía u organización con fines de lucro
 Organización sin fines de lucro (incluso las organizaciones exentas de impuestos y las organizaciones caritativas)

EMPLEADO DEL GOBIERNO

- Gobierno local (por ejemplo: distrito escolar de la ciudad o condado)
 Gobierno estatal (incluso universidades estatales)
 Servicio activo en las Fuerzas Armadas de los EE. UU. o en el Cuerpo de Comisionados
 Empleado civil del gobierno federal

EMPLEADO POR CUENTA PROPIA U OTRO

- Propietario(a) de un negocio, una práctica profesional o una finca no incorporada
 Propietario(a) de un negocio, una práctica profesional o una finca incorporada
 Trabajó sin paga en un negocio o finca de la familia con fines de lucro 15 horas o más a la semana

- b. ¿Cuál era el nombre del empleador, negocio, agencia o rama de las Fuerzas Armadas de esta persona?

- c. ¿Qué tipo de negocio o industria era este? Incluya la actividad, producto o servicio principal que se ofrecía en el lugar de empleo. (Por ejemplo: escuela primaria, construcción residencial)

- d. ¿Era este principalmente de:
 Marque (X) UNA casilla.

- manufactura?
 comercio al por mayor?
 comercio al por menor?
 otro (agricultura, construcción, servicio, gobierno, etc.)?

- e. ¿Cuál era la ocupación principal de esta persona? (Por ejemplo: maestro[a] de 4to grado, plomero[a] principiante)

- f. Describa las actividades o deberes más importantes de esta persona. (Por ejemplo: dar clases y evaluar a los estudiantes y planificar lecciones, montar e instalar tramos de tubería y revisar los planes de construcción para las especificaciones del trabajo)

43 INGRESO EN LOS ÚLTIMOS 12 MESES.

Marque (X) la casilla "Sí" por cada tipo de ingreso que recibió y anote el mejor estimado de la CANTIDAD TOTAL recibida durante los ÚLTIMOS 12 MESES. (NOTA: Los "últimos 12 meses" es el período desde la fecha de hoy hace un año hasta hoy.)

Marque (X) la casilla "No" para mostrar los tipos de ingresos NO recibidos.

Si el ingreso neto fue una pérdida, marque el cuadrado "Pérdida" a la derecha de la cantidad en dólares.

Para ingreso recibido en conjunto, informe la parte que le corresponde a cada persona; o, si eso no es posible, informe la cantidad total bajo una sola persona y marque el cuadrado "No" para la otra persona.

- a. Jornales, sueldos/salarios, comisiones, bonos o propinas de todos los empleos. Informe la cantidad antes de aplicarse las deducciones por impuestos, bonos, cuotas y otras cosas.

Sí → \$.00
 No
 CANTIDAD TOTAL en los últimos 12 MESES

- b. Ingreso de empleo por cuenta propia en su negocio no agrícola o finca comercial, ya sea como propietario único o en sociedad. Informe el ingreso NETO después de descontar los gastos de negocio.

Sí → \$.00 Pérdida
 No
 CANTIDAD TOTAL en los últimos 12 MESES

- c. Intereses, dividendos, ingreso neto por rentas, ingreso por derechos de autor, o ingreso por herencias y fideicomisos. Informe aun cantidades pequeñas acreditadas a una cuenta.

Sí → \$.00 Pérdida
 No
 CANTIDAD TOTAL en los últimos 12 MESES

- d. Seguro Social o retiro para personal de los ferrocarriles.

Sí → \$.00
 No
 CANTIDAD TOTAL en los últimos 12 MESES

- e. Seguridad de Ingreso Suplementario (SSI).

Sí → \$.00
 No
 CANTIDAD TOTAL en los últimos 12 MESES

- f. Cualquier pago de asistencia o bienestar público (welfare) de la oficina de bienestar estatal o local.

Sí → \$.00
 No
 CANTIDAD TOTAL en los últimos 12 MESES

- g. Ingreso por retiro, pensiones, ingreso por discapacidad o por ser esposo(a) sobreviviente. Incluya ingresos de un empleador o sindicato previo, retiros o distribuciones periódicas de una cuenta individual de retiro (IRA, por sus siglas en inglés), una IRA no deducible (Roth IRA), un plan 401(k), 403(b) u otras cuentas diseñadas específicamente para la jubilación. NO incluya el Seguro Social.

Sí → \$.00
 No
 CANTIDAD TOTAL en los últimos 12 MESES

- h. Alguna otra fuente de ingreso recibido regularmente, tal como pagos de la Administración de Veteranos (VA), compensación por desempleo, pensión para hijos menores, pensión alimenticia, o pensión de su ex pareja. NO incluya pagos de mayor cantidad recibidos una sola vez, tal como dinero de una herencia o venta de una casa.

Sí → \$.00
 No
 CANTIDAD TOTAL en los últimos 12 MESES

- 44** ¿Cuál fue el ingreso total de esta persona durante los ÚLTIMOS 12 MESES? Sume las cantidades anotadas en las preguntas 43a – 43h; reste cualquier pérdida. Si el ingreso neto fue una pérdida, anote la cantidad y marque (X) la casilla "Pérdida" al lado de la cantidad.

Ninguno Pérdida
 \$.00
 CANTIDAD TOTAL en los últimos 12 MESES

- ➔ Ahora continúe con las instrucciones sobre envío por correo en la página 28.



Instrucciones sobre envío por correo

→ Por favor, asegúrese de que ha...

- listado todos los nombres y contestado todas las preguntas en las páginas 2, 3 y 4.
- contestado todas las preguntas sobre Vivienda
- contestado todas las preguntas sobre Personas para cada persona.

→ Entonces...

- coloque el cuestionario completado en el sobre de envío incluido. Si el sobre se ha extraviado, envíe el cuestionario por correo a:

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

- asegúrese de que el código de barras encima de su dirección está visible en la ventanilla del sobre.

Gracias por participar en la Encuesta sobre la Comunidad Estadounidense.

Para Uso de la Oficina del Censo

POP

EDIT

PHONE

JIC1

JIC2

EDIT CLERK

TELEPHONE CLERK

JIC3

JIC4

La Oficina del Censo estima que, al hogar típico, le tomará 40 minutos completar este cuestionario, incluyendo el tiempo para repasar las instrucciones y respuestas. Los comentarios sobre el estimado del tiempo o cualquier otro aspecto de esta recopilación de información, incluyendo sugerencias para reducir el tiempo que toma, deben dirigirse a: Paperwork Project 0607-0810 and 0607-0936, U.S. Census Bureau, 4600 Silver Hill Road, AMSD – 3K138, Washington, DC 20233. Puede enviar sus comentarios por correo electrónico a AMSD.Paperwork@census.gov: escriba "Paperwork Project 0607-0810 and 0607-0936" en el espacio para el tema. Use el sobre predirigido adjunto para devolver su cuestionario completado.

No se requiere que las personas respondan a ninguna recopilación de información a menos que ésta tenga un número válido aprobado de la Oficina de Administración y Presupuesto. Este número de 8 dígitos se encuentra en la parte inferior derecha de la cubierta de este cuestionario.

Form ACS-1(2019)(SP) (02-08-2018)



Hay dos maneras para completar la Encuesta sobre la Comunidad Estadounidense:



Opción 1 – Vaya a <https://respond.census.gov/acs> para completar la encuesta por Internet en español. **ATENCIÓN:** Necesitará información que aparece en la etiqueta del cuestionario adjunto para iniciar la sesión.



Opción 2 – Llene y devuelva **por correo** el cuestionario adjunto en el sobre de envío incluido.

Por favor, escoja **SOLAMENTE** una manera de responder. Si usted necesita ayuda para llenar la encuesta o tiene preguntas acerca de la Encuesta sobre la Comunidad Estadounidense, llame sin cargo al 1-877-833-5625.

See other side for English.

Two Ways to Complete the American Community Survey:



Option 1 – Go to <https://respond.census.gov/acs> to complete the survey online.
IMPORTANT: You will need information from the address label on the enclosed questionnaire to log in.



Option 2 – Fill out the enclosed questionnaire and mail it back in the postage-paid envelope.

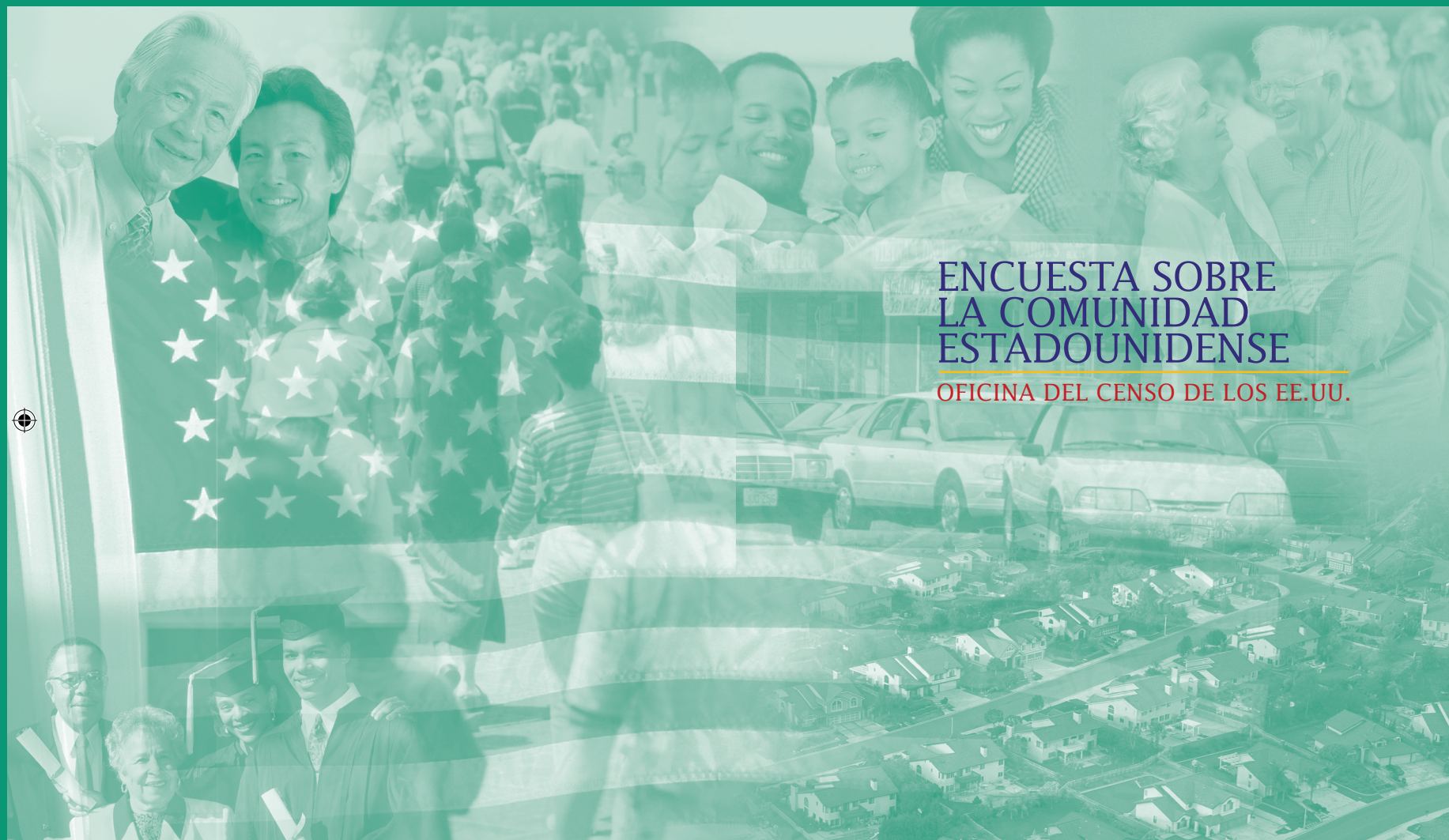
Please choose **ONLY** one way to respond. If you need help or have questions about the American Community Survey, call the toll-free number 1-800-354-7271.

Vea el otro lado para español.



census.gov/acs
1-877-833-5625

Preguntas Frecuentes



ENCUESTA SOBRE LA COMUNIDAD ESTADOUNIDENSE

OFICINA DEL CENSO DE LOS EE.UU.



ENCUESTA SOBRE LA COMUNIDAD ESTADOUNIDENSE

OFICINA DEL CENSO DE LOS EE.UU.

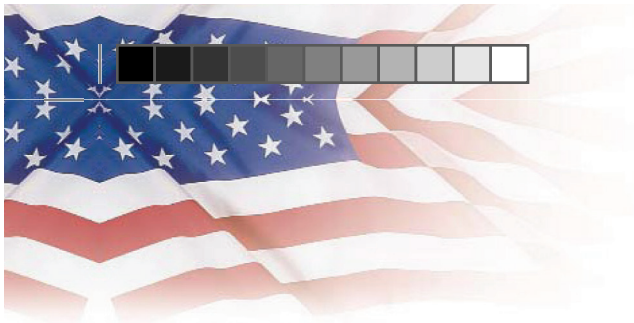
Si necesita ayuda para completar su cuestionario,
 llame sin cargo alguno al: 1-877-833-5625

Issued August 2017
 ACS-10SM(2017)(SP)

Departamento de Comercio de los EE.UU.
 Administración de Economía y Estadísticas
 OFICINA DEL CENSO DE LOS EE.UU.
census.gov

United States™
Census
 Bureau





Preguntas Frecuentes

¿Qué es la Encuesta sobre la Comunidad Estadounidense?

La Encuesta sobre la Comunidad Estadounidense recopila información en forma continua sobre las características de la población y vivienda para la nación, los estados, ciudades, condados, áreas metropolitanas y comunidades. Basándose en la Encuesta sobre la Comunidad Estadounidense, la Oficina del Censo puede proveer datos actualizados sobre los cambios constantes en nuestro país con más frecuencia, no sólo una vez cada diez años cuando se lleva a cabo el censo.

¿Cómo me beneficia responder a la Encuesta sobre la Comunidad Estadounidense?

Las comunidades necesitan datos sobre el bienestar de los niños, las familias y los envejecientes para poder proveerles servicios. Al responder al cuestionario de la Encuesta sobre la Comunidad Estadounidense, usted está ayudando a su comunidad a establecer metas, identificar problemas y sus soluciones, y medir la eficacia de los programas.

Los datos también se usan para decidir dónde construir nuevas carreteras, escuelas, hospitales y centros comunitarios; para demostrarle a una corporación grande que un pueblo tiene la mano de obra que la compañía necesita; y en muchas otras maneras.

¿Estoy obligado(a) a contestar las preguntas de la Encuesta sobre la Comunidad Estadounidense?

Sí. La ley requiere que usted conteste esta encuesta. (Título 13, Código de los Estados Unidos, Secciones 141,193 y 221).

El Título 13, según enmendado por el Título 18, impone sanciones por no responder. Estimamos que esta encuesta le tomará aproximadamente 40 minutos para completar.

¿Cómo utilizará la Oficina del Censo la información que les doy?

Por ley, la Oficina del Censo solamente puede usar sus respuestas para producir estadísticas. Su información será usada en combinación con la de otros hogares para producir datos sobre su comunidad. Se producirán datos similares para otras comunidades en Puerto Rico y los Estados Unidos.

Es posible que combinemos sus respuestas con información que usted ha dado a otras agencias para así aumentar el valor estadístico de los datos. Esta información recibirá la misma protección que se le extiende a la información que usted proveyó a esta encuesta. Basado en la información que usted provee, podría ser invitado(a) a participar voluntariamente en otras encuestas del Negociado del Censo.

¿Mantendrá la Oficina del Censo la confidencialidad de mi información personal?

Si. La Oficina del Censo de los EE. UU. está obligada por ley a proteger su información. A la Oficina del Censo no se le permite divulgar sus respuestas de manera que este hogar pudiera ser identificado. En conformidad con la Ley para el Fortalecimiento de la Seguridad Cibernética Federal del 2015, sus datos están protegidos contra los riesgos de seguridad cibernética mediante los controles aplicados a los sistemas que transmiten su información.

Por ley, todo empleado de la Oficina del Censo—incluso el Director y todos los representantes de campo—han tomado un juramento, y pueden ser encarcelados, multados, o ambos si divulgan CUALQUIER información que lo identificara a usted o a su hogar.

¿Dónde puedo obtener más información acerca de la Encuesta sobre la Comunidad Estadounidense, o dónde puedo pedir ayuda?

Puede acudir a nuestro sitio en la Red [census.gov/acs](https://www.census.gov/acs), o llame al 1-877-833-5625 si necesita asistencia o más información.



ACS-14(L)(SP)(2017)
(6-2017)



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau
Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

Un mensaje del Director de la Oficina del Censo de los Estados Unidos ...

Hace aproximadamente dos semanas, la Oficina del Censo de los EE. UU. envió a su dirección unas instrucciones para que completara la Encuesta sobre la Comunidad Estadounidense. Le pedimos que nos ayudara con esta encuesta proveyendo su información por Internet. Todavía no hemos recibido su respuesta.

Si usted ya ha completado la encuesta, le damos las gracias. Si no, por favor, complétela pronto usando UNA de las siguientes opciones:

Opción 1: Vaya a <https://respond.census.gov/acs> para completar la encuesta por Internet.
Opción 2: Llene y devuelva el cuestionario adjunto.

Esta encuesta es de tanta importancia que, si no recibimos su respuesta, es posible que un representante de la Oficina del Censo se comunice con usted por teléfono o lo visite en su hogar.

La información recopilada por esta encuesta ayudará a decidir dónde se necesitan nuevas escuelas, hospitales y estaciones de bomberos. La información también se utiliza para crear programas para reducir el tráfico, proveer capacitación para el empleo y planificar el cuidado de salud de los ancianos.

La Oficina del Censo escogió su dirección, y no a usted personalmente, como parte de una muestra de hogares seleccionados al azar. La Oficina del Censo de los EE. UU. está obligada por ley a proteger su información. A la Oficina del Censo no se le permite divulgar sus respuestas de manera que este hogar pudiera ser identificado. En conformidad con la Ley para el Fortalecimiento de la Seguridad Cibernética Federal del 2015, sus datos están protegidos contra los riesgos de seguridad cibernética mediante los controles aplicados a los sistemas que transmiten su información. El folleto adjunto contesta algunas de las preguntas frecuentes acerca de esta encuesta.

Si usted necesita ayuda para completar la encuesta, llame sin cargos a nuestro número de teléfono (1-800-354-7271).

Muchas gracias.

Documentos adjuntos

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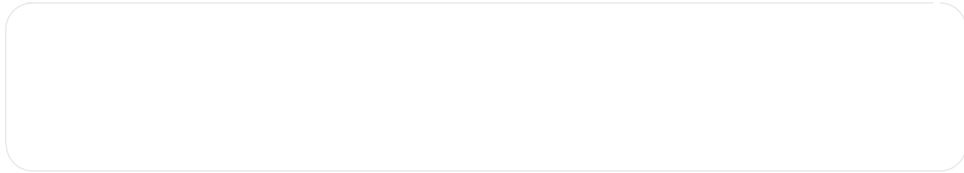
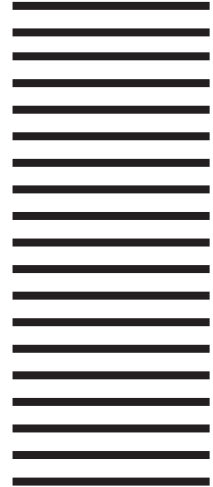


Attachment H

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6385-47(2014) (10-2013)

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UNITED STATES



BUSINESS REPLY MAIL

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DIRECTOR
US CENSUS BUREAU
PO BOX 5240
JEFFERSONVILLE IN 47199-5240



**U.S. DEPARTMENT OF COMMERCE
Economic and Statistics Administration
U.S. Census Bureau**

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Economics and Statistics Administration
U.S. Census Bureau
 Washington, DC 20233-0001
 OFFICE OF THE DIRECTOR

Un mensaje del Director de la Oficina del Censo de los Estados Unidos . . .

En las últimas semanas, la Oficina del Censo de los EE.UU. le ha pedido varias veces que conteste la Encuesta sobre la Comunidad Estadounidense. **El momento para completar la encuesta es ahora, si es que usted todavía no la ha contestado.** Por favor llene el cuestionario y envíelo inmediatamente o vaya a <https://respond.census.gov/acs> para completar la encuesta por Internet.

Su respuesta a esta encuesta es requerida por ley. Si usted no la contesta, es posible que un representante de la Oficina del Censo lo visite en su hogar para completar la encuesta. Los líderes a nivel local y nacional usan la información de esta encuesta para planificar escuelas, hospitales, carreteras y otras necesidades de la comunidad.

Si necesita ayuda para completar la encuesta o si tiene preguntas, llame sin cargos al (1-877-833-5625).

Gracias.



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau
 Washington, DC 20233-0001
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UNITED STATES DEPARTMENT OF COMMERCE
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Gracias.



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau
 Washington, DC 20233-0001
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Gracias.

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UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau
Washington, DC 20233-2000
OFFICE OF THE DIRECTOR

A message from the Director, U.S. Census Bureau . . .

Within the last few weeks, the U.S. Census Bureau mailed American Community Survey questionnaire packages to your address twice. **You are required by U.S. law to respond to this survey.** The U.S. Census Bureau is required by law to keep your information confidential. The Census Bureau is not permitted to publicly release your responses in a way that could identify you. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. If you have already mailed back a questionnaire, thank you. If you have not, please complete one and send it now.

Your response is critically important to your local community and to your country. If you do not send your completed questionnaire, a Census Bureau interviewer may contact you by personal visit to complete the survey.

If you would like to complete the survey by telephone or need assistance, please call our toll-free number (1-800-354-7271).

Thank you.

ACS-23(2017)SP (8-2017)

Un mensaje del Director de la Oficina del Censo de los Estados Unidos . . .

En las últimas semanas, la Oficina del Censo de los EE.UU. le envió a su hogar dos veces un paquete que contiene el cuestionario para la Encuesta sobre la Comunidad Estadounidense. **Usted está obligado(a) por ley a responder a esta encuesta.** La Oficina del Censo de los EE.UU. está obligada por ley a proteger su información. A la Oficina del Censo no se le permite divulgar sus respuestas de manera que este hogar pudiera ser identificado. En conformidad con la Ley para el Fortalecimiento de la Seguridad Cibernética Federal del 2015, sus datos están protegidos contra los riesgos de seguridad cibernética mediante los controles aplicados a los sistemas que transmiten su información. Si ya ha enviado un cuestionario de vuelta por correo, se lo agradecemos. Si no, por favor, complételo y envíelo inmediatamente.

Su respuesta es muy importante para su comunidad local y para su país. Si no llena y envía su cuestionario, es posible que un representante de la Oficina del Censo lo visite en su hogar para completar la encuesta.

Si prefiere completar la encuesta por teléfono o necesita ayuda, llame sin cargos al (1-877-833-5625).

Gracias.

ACS-23(2017)SP (8-2017)



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau
Washington, DC 20233-2000
OFFICE OF THE DIRECTOR

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ACS-23(2017)SP (8-2017)

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Si prefiere completar la encuesta por teléfono o necesita ayuda, llame sin cargos al (1-877-833-5625).

Gracias.

ACS-23(2017)SP (8-2017)

U.S. DEPARTMENT OF COMMERCE
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Se Incluye Cuestionario
de la Encuesta sobre
la Comunidad Estadounidense

**SU RESPUESTA ES
REQUERIDA POR LEY**

The American Community Survey
Form Enclosed

**YOUR RESPONSE IS
REQUIRED BY LAW**

United States™
Census
Bureau

**ACS-12(L)PR (2018)
(8-2017)**



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau
Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

A message from the Director, U.S. Census Bureau . . .

In a few days your household will receive a questionnaire in the mail for a very important survey—the Puerto Rico Community Survey. When the questionnaire arrives, please fill it out and mail it back promptly. The U.S. Census Bureau is conducting this survey and chose your address, not you personally, as part of a randomly selected sample.

The Puerto Rico Community Survey collects information about various topics such as education, housing, and jobs. Information from this survey is used by federal, Puerto Rico, and municipio governments to meet the needs of communities in Puerto Rico. For example, the government uses this information to decide where schools, highways, hospitals, and other services are needed. The survey also is used to develop programs to reduce traffic congestion, provide job training, and plan for the health care needs of the elderly.

If you have access to the Internet and want to learn more about the Puerto Rico Community Survey, please visit the Census Bureau's Web site:
www.census.gov/acs/www.

Thank you in advance for your help.

**ACS-12(L)PR (2018)
(8-2017)**



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau
Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

Un mensaje del Director de la Oficina del Censo de los Estados Unidos . . .

En los próximos días su hogar recibirá por correo un cuestionario para una encuesta muy importante, la Encuesta sobre la Comunidad de Puerto Rico. Al recibir su cuestionario, por favor llénelo y devuélvalo por correo lo más pronto posible. La Oficina del Censo de los EE.UU. está llevando a cabo esta encuesta y seleccionó su dirección, y no a usted personalmente, como parte de una muestra de hogares en su comunidad seleccionados al azar.

La Encuesta sobre la Comunidad de Puerto Rico recoge información sobre varios temas, tales como la educación, la vivienda, y el empleo. La información de esta encuesta se utiliza por el gobierno federal, y también por el gobierno de Puerto Rico y los gobiernos municipales, para evaluar las necesidades de las comunidades en Puerto Rico. Por ejemplo, el gobierno utiliza esta información para decidir dónde hay mayor necesidad de escuelas, carreteras, hospitales y otros servicios públicos. La encuesta también se utiliza en desarrollo de programas para reducir el tráfico, proveer adiestramiento para empleos y planificar el cuidado de salud de los envejecientes.

Si usted tiene acceso a la Internet y desea obtener más información acerca de la Encuesta sobre la Comunidad de Puerto Rico, por favor, visite la página de la Oficina del Censo: www.census.gov/acs/www.

Agradeciéndole de antemano su ayuda.

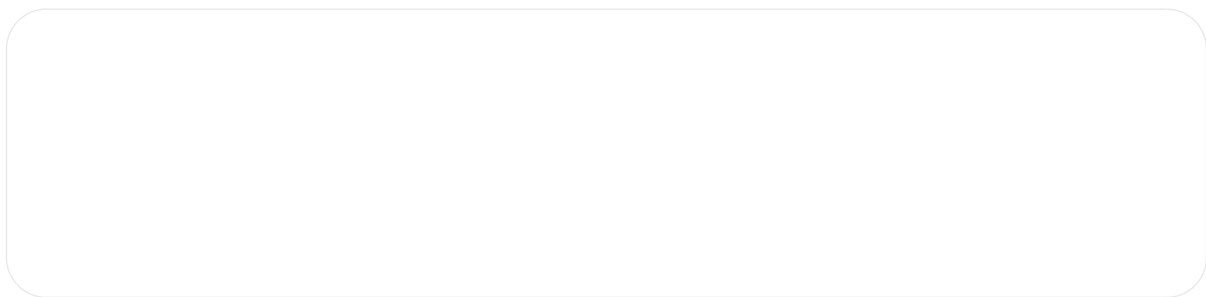
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Census
Bureau
Puerto Rico

**ACS-13(L)PR(2017)
(6-2017)**



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau
Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

A message from the Director, U.S. Census Bureau ...

The U.S. Census Bureau recently sent a letter to your household about the Puerto Rico Community Survey. Enclosed is a questionnaire and information about the survey. Please complete the questionnaire and mail it back as soon as possible in the postage-paid envelope.

This survey collects critical up-to-date information used to meet the needs of communities across Puerto Rico. For example, results from this survey are used to decide where new schools, hospitals, and fire stations are needed. This information also helps communities plan for the kinds of emergency situations that might affect you and your neighbors, such as floods and other natural disasters.

The U.S. Census Bureau chose your address, not you personally, as part of a randomly selected sample. You are required by U.S. law to respond to this survey. The U.S. Census Bureau is required by law to keep your information confidential. The Census Bureau is not permitted to publicly release your responses in a way that could identify you. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. The enclosed brochure answers frequently asked questions about the survey.

If you need help filling out the questionnaire, please call our toll-free number (1-800-717-7381).

Thank you in advance for your cooperation.

Enclosures

**ACS-13(L)PR(2017)
(6-2017)**



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau
Washington, DC 20233-0001
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Un mensaje del Director de la Oficina del Censo de los Estados Unidos ...

La Oficina del Censo recientemente le envió una carta a su hogar acerca de la Encuesta sobre la Comunidad de Puerto Rico. Adjunto encontrará un cuestionario e información sobre la encuesta. Por favor, llene el cuestionario y envíelo en el sobre con franqueo pagado que se incluye lo más pronto posible.

Esta encuesta recopila información vital actualizada que se utiliza para responder a las necesidades de las comunidades en Puerto Rico. Por ejemplo, los resultados de esta encuesta se usan para determinar dónde se necesitan nuevas escuelas, hospitales y estaciones de bomberos. Esta información también ayuda a las comunidades a prepararse para las emergencias que los pueden afectar a usted y a sus vecinos, tales como inundaciones y otros desastres naturales.

La Oficina del Censo de los EE. UU. escogió su dirección, y no a usted personalmente, como parte de una muestra de hogares seleccionados al azar. Usted está obligado(a) por ley a responder a esta encuesta. La Oficina del Censo de los EE. UU. está obligada por ley a proteger su información. A la Oficina del Censo no se le permite divulgar sus respuestas de manera que este hogar pudiera ser identificado. En conformidad con la Ley para el Fortalecimiento de la Seguridad Cibernética Federal del 2015, sus datos están protegidos contra los riesgos de seguridad cibernética mediante los controles aplicados a los sistemas que transmiten su información. El folleto que acompaña esta carta contesta algunas de las preguntas frecuentes sobre la encuesta.

Si usted necesita ayuda para llenar el cuestionario, por favor, llame sin cargo a nuestro número de teléfono (1-800-814-8385).

Le agradecemos de antemano por su ayuda.

Documentos adjuntos

Frequently Asked Questions



PUERTO RICO
COMMUNITY
SURVEY

United States
Census
Bureau

U.S. Department of Commerce
Economics and Statistics Administration
U.S. CENSUS BUREAU
census.gov

Issued September 2017
ACS-10SMPR(2017)

Frequently Asked Questions

What is the Puerto Rico Community Survey?

The Puerto Rico Community Survey collects information about population and housing characteristics for the nation, states, cities, counties, metropolitan areas, and communities on a continuous basis. Based on the Puerto Rico Community Survey, the Census Bureau can provide up-to-date data about our rapidly changing country more often than once every 10 years when the census is conducted.

How do I benefit by answering the Puerto Rico Community Survey?

Communities need data about the well-being of children, families, and the older population to provide services to them. By responding to the Puerto Rico Community Survey questionnaire, you are helping your community to establish goals, identify problems and solutions, and measure the performance of programs.

The data are also used to decide where to locate new highways, schools, hospitals, and community centers; to show a large corporation that a town has the workforce the company needs; and in many other ways.

Do I have to answer the questions on the Puerto Rico Community Survey?

Yes. Your response to this survey is required by law (Title 13, U.S. Code, Sections 141, 193, and 221). Title 13, as changed by Title 18, imposes a penalty for not responding. We estimate this survey will take about 40 minutes to complete.

How will the Census Bureau use the information that I provide?

By law, the Census Bureau can only use your responses to produce statistics. Your information will be used in combination with information from other households to produce data for your community. Similar data will be produced for communities across Puerto Rico and the United States.

We may combine your answers with information that you gave to other agencies to enhance the statistical uses of these data. This information will be given the same protections as your survey information. Based on the information that you provide, you may be asked to participate in other Census Bureau surveys that are voluntary.

Will the Census Bureau keep my information confidential?

Yes. The Census Bureau is required by law to protect your information. The Census Bureau is not permitted to publicly release your responses in a way that could identify you. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit our data.

Where can I find more information about the Puerto Rico Community Survey or get assistance?

You may visit our Web site at census.gov/acs or call 1-800-354-7271, if you need assistance or more information.

Preguntas Frecuentes



ENCUESTA SOBRE LA COMUNIDAD DE PUERTO RICO

Oficina del **Censo** Estados Unidos Puerto Rico

Departamento de Comercio de los EE.UU. Administración de Economía y Estadísticas Oficina del Censo de los EE.UU. census.gov

Issued September 2017 ACS-10SMPR(2017)
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Preguntas Frecuentes

¿Qué es la Encuesta sobre la Comunidad de Puerto Rico?

La Encuesta sobre la Comunidad de Puerto Rico recopila información en forma continua sobre las características de la población y vivienda para la isla, los municipios, áreas metropolitanas y comunidades. Basándose en la Encuesta sobre la Comunidad de Puerto Rico, la Oficina del Censo puede proveer datos actualizados sobre los cambios constantes en nuestro país con más frecuencia, no sólo una vez cada diez años cuando se lleva a cabo el censo.

¿Cómo me beneficia responder a la Encuesta sobre la Comunidad de Puerto Rico?

Las comunidades necesitan datos sobre el bienestar de los niños, las familias y los envejecientes para poder proveerles servicios. Al responder al cuestionario de la Encuesta sobre la Comunidad de Puerto Rico, usted está ayudando a su comunidad a establecer metas, identificar problemas y sus soluciones, y medir la eficacia de los programas.

Los datos también se usan para decidir dónde construir nuevas carreteras, escuelas, hospitales y centros comunitarios; para demostrarle a una corporación grande que un pueblo tiene la mano de obra que la compañía necesita; y en muchas otras maneras.

¿Estoy obligado(a) a contestar las preguntas de la Encuesta sobre la Comunidad de Puerto Rico?

Sí. La ley requiere que usted conteste esta encuesta (secciones 141, 193 y 221 del título 13 del Código de los Estados Unidos). El Título 13, según enmendado por el Título 18, impone sanciones por no responder. Estimamos que esta encuesta le tomará aproximadamente 40 minutos para completar.

¿Cómo utilizará la Oficina del Censo la información que les doy?

La Oficina del Censo solamente puede usar la información que usted nos da para propósitos estadísticos, y no puede publicar o divulgar información que pudiera identificarlo a usted o a su hogar. Su información será usada en combinación con la de otros hogares para producir datos sobre su comunidad. Se producirán datos similares para otras comunidades en Puerto Rico y los Estados Unidos.

Es posible que combinemos sus respuestas con información que usted ha dado a otras agencias para así aumentar el valor estadístico de los datos. Esta información recibirá la misma protección que se le extiende a la información que usted proveyó a esta encuesta. Basado en la información que usted provee, podría ser invitado(a) a participar voluntariamente en otras encuestas de la Oficina del Censo.

¿Mantendrá la Oficina del Censo la confidencialidad de mi información personal?

Sí. La Oficina del Censo de los EE. UU. está obligada por ley a proteger su información. A la Oficina del Censo no se le permite divulgar sus respuestas de manera que este hogar pudiera ser identificado. En conformidad con la Ley para el Fortalecimiento de la Seguridad Cibernética Federal del 2015, sus datos están protegidos contra los riesgos de seguridad cibernética mediante los controles aplicados a los sistemas que transmiten su información.

¿Dónde puedo obtener más información acerca de la Encuesta sobre la Comunidad de Puerto Rico, o dónde puedo pedir ayuda?

Puede acudir a nuestro sitio en la Internet census.gov/acs o llame al 1-800-814-8385 si necesita asistencia o más información.



La Encuesta sobre la Comunidad de Puerto Rico

DEPARTAMENTO DE COMERCIO DE LOS EE. UU.
Administración de Economía y Estadísticas
OFICINA DEL CENSO DE LOS EE. UU.

Por favor, complete este cuestionario y devuélvalo tan pronto como sea posible después de recibirlo por correo.

Este cuestionario pide información sobre las personas que viven o se quedan en la dirección en la etiqueta. También pide información sobre la casa, apartamento o casa móvil ubicada en la dirección que se indica en la etiqueta.



Si necesita ayuda o si tiene alguna pregunta sobre cómo completar este cuestionario, por favor, llame al 1-800-814-8385. La llamada telefónica es gratis.

Aparato telefónico para las personas con impedimentos auditivos (TDD, por sus siglas en inglés):

Llame al 1-800-786-9448. La llamada telefónica es gratis.

NEED HELP? If you speak English and need help completing this form, call toll-free **1-800-717-7381**. You can also request a questionnaire in English, or complete your interview over the phone with an English-speaking interviewer.

Para más información sobre la Encuesta sobre la Comunidad de Puerto Rico, vaya a nuestra página en la Internet: <http://www.census.gov/acs>

Comience Aquí

➔ **Por favor, escriba la fecha de hoy en letra de molde.**

| | | |
|----------------------|----------------------|----------------------|
| Mes | Día | Año |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

➔ **Por favor, escriba en letra de molde el nombre y número de teléfono de la persona que está completando este cuestionario.**

Nos comunicaremos con usted solo si es necesario para asuntos oficiales de la Oficina del Censo.

Apellido

Nombre

Inicial

Código de área y número de teléfono

| | | | |
|----------------------|----------------------|---|----------------------|
| <input type="text"/> | <input type="text"/> | - | <input type="text"/> |
|----------------------|----------------------|---|----------------------|

➔ **¿Cuántas personas están viviendo o quedándose en esta dirección?**

- **INCLUYA** a todas las personas que viven o se quedan aquí por más de 2 meses.
- **INCLÚYASE** a usted mismo si vive aquí por más de 2 meses.
- **INCLUYA** a cualquier otra persona que se queda aquí que no tiene otro lugar donde quedarse, aunque esté aquí por 2 meses o menos.
- **NO INCLUYA** a cualquier persona que viva en otro lugar por más de 2 meses, tal como un estudiante universitario que vive en otro lugar o personal de las Fuerzas Armadas que se ha activado.

Número de personas

➔ **Complete las páginas 2, 3 y 4 para todas las personas, incluyéndose a usted mismo, que estén viviendo o quedándose en esta dirección por más de 2 meses. Luego, complete el resto del cuestionario.**



Persona 1

(Persona 1 es la persona que está viviendo o quedándose aquí que es dueña de esta casa o apartamento, o lo está comprando o alquilando. Si no existe tal persona, comience con el nombre de cualquier adulto que está viviendo o quedándose aquí.)

1 ¿Cuál es el nombre de la Persona 1?

Apellido (Por favor, escriba en letra de molde) Nombre Inicial

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

Persona 1

3 ¿Cuál es el sexo de la Persona 1? Marque (X) UNA casilla.

Masculino Femenino

4 ¿Cuál es la edad de la Persona 1 y cuál es su fecha de nacimiento?

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

Escriba los números en los cuadrados.

Edad (en años) Mes Día Año de nacimiento

→ **NOTA:** Por favor, conteste la Pregunta 5 sobre origen hispano Y la Pregunta 6 sobre raza. Para esta encuesta, origen hispano no es una raza.

5 ¿Es la Persona 1 de origen hispano, latino o español?

- No, no es de origen hispano, latino o español
- Sí, mexicano, mexicano americano, chicano
- Sí, puertorriqueño
- Sí, cubano
- Sí, otro origen hispano, latino o español – *Escriba el origen en letra de molde, por ejemplo, argentino, colombiano, dominicano, nicaragüense, salvadoreño, español, etc.* ↴

6 ¿Cuál es la raza de la Persona 1? Marque (X) una o más casillas.

- Blanca
- Negra o africana americana
- India americana o nativa de Alaska – *Escriba en letra de molde el nombre de la tribu en la cual está inscrita o la tribu principal.* ↴

- | | | |
|--|---|---|
| <input type="checkbox"/> India asiática | <input type="checkbox"/> Japonesa | <input type="checkbox"/> Nativa de Hawái |
| <input type="checkbox"/> China | <input type="checkbox"/> Coreana | <input type="checkbox"/> Guameña o Chamorra |
| <input type="checkbox"/> Filipina | <input type="checkbox"/> Vietnamita | <input type="checkbox"/> Samoana |
| <input type="checkbox"/> Otra asiática – <i>Escriba la raza en letra de molde, por ejemplo, hmong, laosiana, tailandesa, paquistaní, camboyana, etc.</i> ↴ | <input type="checkbox"/> Otra de las islas del Pacífico – <i>Escriba la raza en letra de molde, por ejemplo, fiyiana, tongana, etc.</i> ↴ | |

Alguna otra raza – *Escriba la raza en letra de molde.* ↴

Persona 2

1 ¿Cuál es el nombre de la Persona 2?

Apellido (Por favor, escriba en letra de molde) Nombre Inicial

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

Marque (X) UNA casilla.

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

3 ¿Cuál es el sexo de la Persona 2? Marque (X) UNA casilla.

Masculino Femenino

4 ¿Cuál es la edad de la Persona 2 y cuál es su fecha de nacimiento?

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

Escriba los números en los cuadrados.

Edad (en años) Mes Día Año de nacimiento

→ **NOTA:** Por favor, conteste la Pregunta 5 sobre origen hispano Y la Pregunta 6 sobre raza. Para esta encuesta, origen hispano no es una raza.

5 ¿Es la Persona 2 de origen hispano, latino o español?

- No, no es de origen hispano, latino o español
- Sí, mexicano, mexicano americano, chicano
- Sí, puertorriqueño
- Sí, cubano
- Sí, otro origen hispano, latino o español – *Escriba el origen en letra de molde, por ejemplo, argentino, colombiano, dominicano, nicaragüense, salvadoreño, español, etc.* ↴

6 ¿Cuál es la raza de la Persona 2? Marque (X) una o más casillas.

- Blanca
- Negra o africana americana
- India americana o nativa de Alaska – *Escriba en letra de molde el nombre de la tribu en la cual está inscrita o la tribu principal.* ↴

- | | | |
|--|---|---|
| <input type="checkbox"/> India asiática | <input type="checkbox"/> Japonesa | <input type="checkbox"/> Nativa de Hawái |
| <input type="checkbox"/> China | <input type="checkbox"/> Coreana | <input type="checkbox"/> Guameña o Chamorra |
| <input type="checkbox"/> Filipina | <input type="checkbox"/> Vietnamita | <input type="checkbox"/> Samoana |
| <input type="checkbox"/> Otra asiática – <i>Escriba la raza en letra de molde, por ejemplo, hmong, laosiana, tailandesa, paquistaní, camboyana, etc.</i> ↴ | <input type="checkbox"/> Otra de las islas del Pacífico – <i>Escriba la raza en letra de molde, por ejemplo, fiyiana, tongana, etc.</i> ↴ | |

Alguna otra raza – *Escriba la raza en letra de molde.* ↴



Persona 3

1 ¿Cuál es el nombre de la Persona 3?

Apellido (Por favor, escriba en letra de molde) Nombre Inicial

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

Marque (X) UNA casilla.

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| <input type="checkbox"/> Esposo(a) del sexo opuesto | <input type="checkbox"/> Padre o madre |
| <input type="checkbox"/> Pareja no casada del sexo opuesto | <input type="checkbox"/> Nieto(a) |
| <input type="checkbox"/> Esposo(a) del mismo sexo | <input type="checkbox"/> Suegro(a) |
| <input type="checkbox"/> Pareja no casada del mismo sexo | <input type="checkbox"/> Yerno o nuera |
| <input type="checkbox"/> Hijo(a) biológico(a) o de sangre | <input type="checkbox"/> Otro pariente |
| <input type="checkbox"/> Hijo(a) adoptivo(a) | <input type="checkbox"/> Roommate o compañero(a) de casa |
| <input type="checkbox"/> Hijastro(a) | <input type="checkbox"/> Hijo(a) foster |
| <input type="checkbox"/> Hermano(a) | <input type="checkbox"/> Otra persona que no es pariente |

3 ¿Cuál es el sexo de la Persona 3? Marque (X) UNA casilla.

- Masculino Femenino

4 ¿Cuál es la edad de la Persona 3 y cuál es su fecha de nacimiento?

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

Escriba los números en los cuadrados.

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| Edad (en años) | Mes | Día | Año de nacimiento |
| □ □ □ □ | □ □ | □ □ | □ □ □ □ |

→ **NOTA:** Por favor, conteste la Pregunta 5 sobre origen hispano Y la Pregunta 6 sobre raza. Para esta encuesta, origen hispano no es una raza.

5 ¿Es la Persona 3 de origen hispano, latino o español?

- No**, no es de origen hispano, latino o español
- Sí, mexicano, mexicano americano, chicano
- Sí, puertorriqueño
- Sí, cubano
- Sí, otro origen hispano, latino o español – *Escriba el origen en letra de molde, por ejemplo, argentino, colombiano, dominicano, nicaragüense, salvadoreño, español, etc.* ↴

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6 ¿Cuál es la raza de la Persona 3? Marque (X) una o más casillas.

- Blanca
- Negra o africana americana
- India americana o nativa de Alaska – *Escriba en letra de molde el nombre de la tribu en la cual está inscrita o la tribu principal.* ↴

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- | | | |
|--|---|---|
| <input type="checkbox"/> India asiática | <input type="checkbox"/> Japonesa | <input type="checkbox"/> Nativa de Hawái |
| <input type="checkbox"/> China | <input type="checkbox"/> Coreana | <input type="checkbox"/> Guameña o Chamorra |
| <input type="checkbox"/> Filipina | <input type="checkbox"/> Vietnamita | <input type="checkbox"/> Samoana |
| <input type="checkbox"/> Otra asiática – <i>Escriba la raza en letra de molde, por ejemplo, hmong, laosiana, tailandesa, paquistaní, camboyana, etc.</i> ↴ | <input type="checkbox"/> Otra de las islas del Pacífico – <i>Escriba la raza en letra de molde, por ejemplo, fiyiana, tongana, etc.</i> ↴ | |

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- Alguna otra raza – *Escriba la raza en letra de molde.* ↴

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Persona 4

1 ¿Cuál es el nombre de la Persona 4?

Apellido (Por favor, escriba en letra de molde) Nombre Inicial

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

Marque (X) UNA casilla.

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

3 ¿Cuál es el sexo de la Persona 4? Marque (X) UNA casilla.

- Masculino Femenino

4 ¿Cuál es la edad de la Persona 4 y cuál es su fecha de nacimiento?

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

Escriba los números en los cuadrados.

| | | | |
|----------------|-----|-----|-------------------|
| Edad (en años) | Mes | Día | Año de nacimiento |
| □ □ □ □ | □ □ | □ □ | □ □ □ □ |

→ **NOTA:** Por favor, conteste la Pregunta 5 sobre origen hispano Y la Pregunta 6 sobre raza. Para esta encuesta, origen hispano no es una raza.

5 ¿Es la Persona 4 de origen hispano, latino o español?

- No**, no es de origen hispano, latino o español
- Sí, mexicano, mexicano americano, chicano
- Sí, puertorriqueño
- Sí, cubano
- Sí, otro origen hispano, latino o español – *Escriba el origen en letra de molde, por ejemplo, argentino, colombiano, dominicano, nicaragüense, salvadoreño, español, etc.* ↴

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6 ¿Cuál es la raza de la Persona 4? Marque (X) una o más casillas.

- Blanca
- Negra o africana americana
- India americana o nativa de Alaska – *Escriba en letra de molde el nombre de la tribu en la cual está inscrita o la tribu principal.* ↴

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- | | | |
|--|---|---|
| <input type="checkbox"/> India asiática | <input type="checkbox"/> Japonesa | <input type="checkbox"/> Nativa de Hawái |
| <input type="checkbox"/> China | <input type="checkbox"/> Coreana | <input type="checkbox"/> Guameña o Chamorra |
| <input type="checkbox"/> Filipina | <input type="checkbox"/> Vietnamita | <input type="checkbox"/> Samoana |
| <input type="checkbox"/> Otra asiática – <i>Escriba la raza en letra de molde, por ejemplo, hmong, laosiana, tailandesa, paquistaní, camboyana, etc.</i> ↴ | <input type="checkbox"/> Otra de las islas del Pacífico – <i>Escriba la raza en letra de molde, por ejemplo, fiyiana, tongana, etc.</i> ↴ | |

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- Alguna otra raza – *Escriba la raza en letra de molde.* ↴

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Persona 5

1 ¿Cuál es el nombre de la Persona 5?

Apellido (Por favor, escriba en letra de molde) Nombre Inicial

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

Marque (X) UNA casilla.

- | | |
|--|--|
| <input type="checkbox"/> Espos(a) del sexo opuesto | <input type="checkbox"/> Padre o madre |
| <input type="checkbox"/> Pareja no casada del sexo opuesto | <input type="checkbox"/> Nieto(a) |
| <input type="checkbox"/> Espos(a) del mismo sexo | <input type="checkbox"/> Suegro(a) |
| <input type="checkbox"/> Pareja no casada del mismo sexo | <input type="checkbox"/> Yerno o nuera |
| <input type="checkbox"/> Hijo(a) biológico(a) o de sangre | <input type="checkbox"/> Otro pariente |
| <input type="checkbox"/> Hijo(a) adoptivo(a) | <input type="checkbox"/> Roommate o compañero(a) de casa |
| <input type="checkbox"/> Hijastro(a) | <input type="checkbox"/> Hijo(a) foster |
| <input type="checkbox"/> Hermano(a) | <input type="checkbox"/> Otra persona que no es pariente |

3 ¿Cuál es el sexo de la Persona 5? Marque (X) UNA casilla.

- Masculino Femenino

4 ¿Cuál es la edad de la Persona 5 y cuál es su fecha de nacimiento?

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

Escriba los números en los cuadrados.

Edad (en años) Mes Día Año de nacimiento

→ **NOTA:** Por favor, conteste la Pregunta 5 sobre origen hispano Y la Pregunta 6 sobre raza. Para esta encuesta, origen hispano no es una raza.

5 ¿Es la Persona 5 de origen hispano, latino o español?

- No, no es de origen hispano, latino o español
- Sí, mexicano, mexicano americano, chicano
- Sí, puertorriqueño
- Sí, cubano
- Sí, otro origen hispano, latino o español – *Escriba el origen en letra de molde, por ejemplo, argentino, colombiano, dominicano, nicaragüense, salvadoreño, español, etc.*

6 ¿Cuál es la raza de la Persona 5? Marque (X) una o más casillas.

- Blanca
- Negra o africana americana
- India americana o nativa de Alaska – *Escriba en letra de molde el nombre de la tribu en la cual está inscrita o la tribu principal.*

- | | | |
|--|---|---|
| <input type="checkbox"/> India asiática | <input type="checkbox"/> Japonesa | <input type="checkbox"/> Nativa de Hawái |
| <input type="checkbox"/> China | <input type="checkbox"/> Coreana | <input type="checkbox"/> Guameña o Chamorra |
| <input type="checkbox"/> Filipina | <input type="checkbox"/> Vietnamita | <input type="checkbox"/> Samoana |
| <input type="checkbox"/> Otra asiática – <i>Escriba la raza en letra de molde, por ejemplo, hmong, laosiana, tailandesa, paquistaní, camboyana, etc.</i> | <input type="checkbox"/> Otra de las islas del Pacífico – <i>Escriba la raza en letra de molde, por ejemplo, fiyiana, tongana, etc.</i> | |

- Alguna otra raza – *Escriba la raza en letra de molde.*

→ Si hay más de cinco personas que están viviendo o quedándose aquí, escriba sus nombres en letra de molde en los espacios para las personas de la 6 a la 12. Es posible que lo llamemos para obtener más información sobre ellos. ↗

Persona 6

Apellido (Por favor, escriba en letra de molde) Nombre Inicial

Sexo Masculino Femenino Edad (en años)

Persona 7

Apellido (Por favor, escriba en letra de molde) Nombre Inicial

Sexo Masculino Femenino Edad (en años)

Persona 8

Apellido (Por favor, escriba en letra de molde) Nombre Inicial

Sexo Masculino Femenino Edad (en años)

Persona 9

Apellido (Por favor, escriba en letra de molde) Nombre Inicial

Sexo Masculino Femenino Edad (en años)

Persona 10

Apellido (Por favor, escriba en letra de molde) Nombre Inicial

Sexo Masculino Femenino Edad (en años)

Persona 11

Apellido (Por favor, escriba en letra de molde) Nombre Inicial

Sexo Masculino Femenino Edad (en años)

Persona 12

Apellido (Por favor, escriba en letra de molde) Nombre Inicial

Sexo Masculino Femenino Edad (en años)



Vivienda

→ Por favor, conteste las siguientes preguntas sobre la casa, apartamento o casa móvil en la dirección indicada en la etiqueta.

1 ¿Cuál describe mejor este edificio?
Incluya todos los apartamentos, pisos, etc. aunque estén desocupados.

- Una casa móvil
- Una casa separada de cualquier otra casa
- Una casa unida a una o más casas
- Un edificio con 2 apartamentos
- Un edificio con 3 o 4 apartamentos
- Un edificio con 5 a 9 apartamentos
- Un edificio con 10 a 19 apartamentos
- Un edificio con 20 a 49 apartamentos
- Un edificio con 50 apartamentos o más
- Bote o barco, vehículo recreativo, van, etc.

2 Aproximadamente, ¿cuándo se construyó originalmente este edificio?

2000 ó después –
Especifique el año ↘

- 1990 a 1999
- 1980 a 1989
- 1970 a 1979
- 1960 a 1969
- 1950 a 1959
- 1940 a 1949
- 1939 ó antes

3 ¿Cuándo se mudó la Persona 1 (listada en la página 2) a esta casa, apartamento o casa móvil?

Mes Año

A Conteste las preguntas 4 a 5 si esta es una CASA O CASA MÓVIL; de lo contrario, PASE a la pregunta 6a.

4 ¿En cuántas cuerdas está situada esta casa o casa móvil?

- Menos de una cuerda → PASE a la pregunta 6a
- 1 a 9.9 cuerdas
- 10 cuerdas o más

5 EN LOS ÚLTIMOS 12 MESES, ¿cuánto fue el total de las ventas realizadas de todos los productos agrícolas de esta propiedad?

- Cero
- \$1 a \$999
- \$1,000 a \$2,499
- \$2,500 a \$4,999
- \$5,000 a \$9,999
- \$10,000 ó más

6 a. ¿Cuántas habitaciones separadas hay en esta casa, apartamento o casa móvil?
Las habitaciones deben estar separadas por arcos o paredes que se extienden hacia fuera por lo menos seis pulgadas y van desde el piso hasta el techo.

- INCLUYA dormitorios, cocinas, salas, etc.
- NO INCLUYA baños, terrazas, balcones, entradas, pasillos, o sótanos sin terminar.

Número de habitaciones

b. ¿Cuántas de estas habitaciones son dormitorios? Cunte como dormitorios las habitaciones que usted incluiría en un anuncio si esta casa, apartamento o casa móvil estuviera a la venta o para alquiler. Si es un estudio/apartamento sin dormitorios separados, escriba "0".

Número de dormitorios

7 ¿Tiene esta casa, apartamento o casa móvil –

| | Sí | No |
|----------------------------------|--------------------------|--------------------------|
| a. agua por tubería? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. un calentador de agua? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. una bañera o ducha? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. fregadero con pluma del agua? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. una estufa? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. una nevera? | <input type="checkbox"/> | <input type="checkbox"/> |

8 ¿Puede usted o algún miembro del hogar hacer y recibir llamadas telefónicas cuando está en esta casa, este apartamento, o esta casa móvil? Incluya llamadas hechas con teléfonos celulares, teléfonos fijos o cualquier otro tipo de teléfono.

- Sí
- No

9 En esta casa, apartamento o casa móvil, ¿tiene o usa usted o algún otro miembro de este hogar alguno de los siguientes tipos de computadoras?

- | | Sí | No |
|---|--------------------------|--------------------------|
| a. Computadora de escritorio o laptop | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Smartphone | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Tableta u otra computadora de mano inalámbrica | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Algún otro tipo de computadora Especifique: ↘ | <input type="checkbox"/> | <input type="checkbox"/> |

10 En esta casa, apartamento o casa móvil, ¿tiene usted o algún otro miembro de este hogar acceso a Internet?

- Sí, pagando a una compañía de teléfonos celulares o proveedor de servicio de Internet
- Sí, sin pagar a una compañía de teléfonos celulares o proveedor de servicio de Internet → PASE a la pregunta 12
- No hay acceso a Internet en esta casa, apartamento o casa móvil → PASE a la pregunta 12

11 ¿Tiene usted o algún otro miembro de este hogar acceso a la Internet a través de un –

- | | Sí | No |
|--|--------------------------|--------------------------|
| a. Plan de datos celulares para un smartphone u otro aparato móvil? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Servicio de Internet de banda ancha (alta velocidad) tal como servicio de cable, fibra óptica, o DSL instalado en este hogar? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Servicio de Internet por satélite instalado en este hogar? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Servicio de Internet de conexión Dial Up instalado en este hogar? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Algún otro servicio? Especifique el servicio: ↘ | <input type="checkbox"/> | <input type="checkbox"/> |



Vivienda (continuación)

12 ¿Cuántos automóviles, vans, o camiones hay en su casa para uso de los miembros de este hogar? No cuente camiones que puedan cargar más de una tonelada.

- Ninguno
- 1
- 2
- 3
- 4
- 5
- 6 ó más

13 ¿Cuál COMBUSTIBLE es el que MÁS se utiliza para calentar esta casa, apartamento o casa móvil?

- Gas de una tubería subterránea que sirve al vecindario
- Gas embotellado, en tanque o petróleo líquido
- Electricidad
- Aceite combustible, queroseno, etc.
- Carbón o coque
- Leña
- Energía solar
- Otro combustible
- No se utiliza combustible

14 a. EL MES PASADO, ¿cuánto fue el costo de electricidad para esta casa, apartamento o casa móvil?

Costo el mes pasado – Dólares

\$.00

O

- Incluido en el alquiler o cuota de condominio
- No hay cargo o no se utiliza electricidad

b. EL MES PASADO, ¿cuánto fue el costo de gas para esta casa, apartamento o casa móvil?

Costo el mes pasado – Dólares

\$.00

O

- Incluido en el alquiler o cuota de condominio
- Incluido en el pago de electricidad anotado arriba
- No hay cargo o no se utiliza gas

c. EN LOS ÚLTIMOS 12 MESES, ¿cuánto fue el costo de agua y alcantarillado para esta casa, apartamento o casa móvil? Si ha vivido aquí menos de 12 meses, haga un estimado del costo.

Costo en los últimos 12 meses – Dólares

\$.00

O

- Incluido en el alquiler o cuota de condominio
- No hay cargo

d. EN LOS ÚLTIMOS 12 MESES, ¿cuánto fue el costo de carbón, queroseno, aceite, leña, etc., para esta casa, apartamento o casa móvil? Si ha vivido aquí menos de 12 meses, haga un estimado del costo.

Costo en los últimos 12 meses – Dólares

\$.00

O

- Incluido en el alquiler o cuota de condominio
- No hay cargo o no se utilizan estos combustibles

15 EN LOS ÚLTIMOS 12 MESES, ¿recibió usted o algún otro miembro de este hogar beneficios del gobierno por medio del Programa de Asistencia Nutricional? NO incluya WIC, ni el Programa de Almuerzos Escolares, ni ayuda de bancos de alimentos.

- Sí
- No

16 ¿Es esta casa, apartamento o casa móvil parte de un condominio?

- Sí → ¿Cuánto es la cuota mensual de condominio? Para inquilinos: conteste solo si paga la cuota de condominio además del alquiler; de lo contrario, marque el cuadrado "Ninguna".

Cantidad mensual – Dólares

\$.00

O

- Ninguna
- No

17 ¿Es esta casa, apartamento o casa móvil – Marque (X) UNA casilla.

- Propiedad suya o de alguien en este hogar con una hipoteca o préstamo? Incluya préstamos sobre el valor líquido de la casa.
- Propiedad suya o de alguien en este hogar libre y sin deuda (sin una hipoteca o préstamo)?
- Alquilada?
- Ocupada sin pago de alquiler? → PASE a la sección **C**

B Conteste las preguntas 18a y b si esta casa, apartamento o casa móvil está ALQUILADA. De lo contrario, PASE a la pregunta 19.

18 a. ¿Cuánto es el alquiler mensual para esta casa, apartamento o casa móvil?

Cantidad mensual – Dólares

\$.00

b. ¿Incluye el alquiler mensual algunas comidas?

- Sí
- No



Persona 1

➔ Por favor, copie el nombre de la Persona 1 que aparece en la página 2. Luego, continúe contestando las siguientes preguntas.

Apellido

Nombre

Inicial

7 ¿Dónde nació esta persona?

En los Estados Unidos – *Escriba en letra de molde el nombre del estado.*

Fuera de los Estados Unidos – *Escriba en letra de molde Puerto Rico o el nombre del país extranjero, o de las Islas Vírgenes de los EE.UU., Guam, etc.*

8 ¿Es esta persona ciudadana de los Estados Unidos?

Sí, nació en Puerto Rico → *PASE a la pregunta 10a*

Sí, nació en un estado de los Estados Unidos, el Distrito de Columbia, Guam, las Islas Vírgenes de los Estados Unidos o las Islas Marianas del Norte

Sí, nació en el extranjero de padre o madre que es ciudadano(a) de los EE.UU.

Sí, es ciudadana de los Estados Unidos por naturalización – *Escriba el año de naturalización*

No, no es ciudadana de los Estados Unidos

9 ¿Cuándo vino esta persona a vivir a Puerto Rico? Si esta persona vino a vivir a Puerto Rico más de una vez, escriba el último año.

Año

10 a. En cualquier momento DURANTE LOS ÚLTIMOS 3 MESES, ¿ha estudiado esta persona en una escuela o universidad? *Incluya sólo pre-escolar o pre-kinder, kindergarten, escuela elemental, enseñanza en el hogar y escuela que conduce a un diploma de escuela superior o un título universitario.*

No, no ha estudiado durante los últimos 3 meses → *PASE a la pregunta 11*

Escuela o universidad pública

Escuela o universidad privada o enseñanza en el hogar (home school)

b. ¿A qué grado o nivel escolar asistía esta persona? *Marque (X) UNA casilla.*

Pre-escolar o pre-kinder

Kindergarten

Grado 1 al 12 – *Especifique grado 1-12*

Estudios universitarios al nivel de bachillerato (*freshman a senior*)

Escuela graduada o profesional más allá de un bachillerato universitario (*por ejemplo, un programa de Maestría o Doctorado o una escuela de medicina o leyes*)

11 ¿Cuál es el título o nivel escolar más alto que esta persona ha COMPLETADO? *Marque (X) UNA casilla. Si está matriculada actualmente, marque el grado escolar anterior o el título más alto recibido.*

NO HA COMPLETADO NINGÚN GRADO

No ha completado ningún grado

PRE-ESCOLAR O PRE-KINDER HASTA GRADO 12

Pre-escolar o pre-kinder

Kindergarten

Grado 1 al 11 – *Especifique grado 1-11*

Grado 12, **SIN DIPLOMA**

GRADUADO(A) DE ESCUELA SUPERIOR

Diploma de escuela superior

GED o examen equivalente

UNIVERSIDAD O ALGUNOS CRÉDITOS UNIVERSITARIOS

Algunos créditos universitarios, pero menos de 1 año de créditos universitarios

1 año o más de créditos universitarios, sin título

Título asociado universitario (*por ejemplo: AA, AS*)

Título de bachillerato universitario (*por ejemplo: BA, BS*)

DEPUÉS DEL TÍTULO DE BACHILLERATO UNIVERSITARIO

Título de maestría (*por ejemplo: MA, MS, MEng, MEd, MSW, MBA*)

Título profesional más allá de un título de bachillerato universitario (*por ejemplo: MD, DDS, DVM, LLB, JD*)

Título de doctorado (*por ejemplo: PhD, EdD*)

F Conteste la pregunta 12 si esta persona tiene un título de bachillerato universitario o más alto. De lo contrario, PASE a la pregunta 13.

12 Esta pregunta se enfoca en el TÍTULO DE BACHILLERATO UNIVERSITARIO de esta persona. Por favor, escriba en letra de molde el título específico de la concentración de estudio de cualquier TÍTULO DE BACHILLERATO UNIVERSITARIO específico(s) que esta persona recibió. (*Por ejemplo: ingeniería química, enseñanza de educación primaria, o psicología organizacional*)

13 ¿Cuál es la ascendencia u origen étnico de esta persona?

(*Por ejemplo: italiana, jamaicana, africana americana, camboyana, de Cabo Verde, noruega, dominicana, franco-canadiense, haitiana, coreana, libanesa, polaca, nigeriana, mexicana, taiwanesa, ucraniana, entre otras.*)

14 a. En su hogar, ¿habla esta persona un idioma que no sea inglés?

Sí

No → *PASE a la pregunta 15a*

b. ¿Qué idioma es ese?

Por ejemplo: coreano, italiano, español, vietnamés

c. ¿Cuán bien habla esta persona el inglés?

Muy bien

Bien

No bien

No habla inglés



Persona 1 (continuación)

15 a. ¿Vivía esta persona en esta casa o apartamento hace 1 año?

- Persona es menor de 1 año de edad → PASE a la pregunta 16
- Sí, en esta casa → PASE a la pregunta 16
- No, fuera de Puerto Rico y los Estados Unidos – *Escriba en letra de molde a continuación el nombre del país extranjero o las Islas Vírgenes de los Estados Unidos, Guam, etc.; luego PASE a la pregunta 16*

- No, en una casa diferente en Puerto Rico o los Estados Unidos

b. ¿Dónde vivía esta persona hace 1 año?

Dirección
Nombre de urbanización o condominio
Número y nombre de la calle

Nombre de la ciudad, pueblo u oficina de correos

Nombre del municipio o condado de los Estados Unidos

Anote Puerto Rico o el nombre del estado de los Estados Unidos

Código Postal

16 ¿Tiene esta persona cobertura ACTUALMENTE de cualquiera de los siguientes tipos de seguros de salud o planes de cobertura de seguro de salud? Marque "Sí" o "No" para CADA tipo de cobertura en las respuestas a-h.

- | | | |
|--|--------------------------|--------------------------|
| a. Seguro a través de su patrono o sindicato (unión), actual o previo (de esta persona o de cualquier otro miembro de la familia) | Sí | No |
| b. Seguro adquirido directamente de una compañía de seguro (por esta persona o por cualquier otro miembro de la familia) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicare, para personas que tienen 65 años o más, o personas con ciertos impedimentos | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Medicaid, Medical Assistance, o cualquier tipo de plan de asistencia gubernamental para esas personas con un ingreso bajo o incapacidad | <input type="checkbox"/> | <input type="checkbox"/> |
| e. TRICARE u otro seguro de salud militar | <input type="checkbox"/> | <input type="checkbox"/> |
| f. VA (personas inscritas en el sistema de cuidado de salud de la VA) | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Servicio de Salud Indio (Indian Health Service) | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Cualquier otro tipo de seguro de salud o plan de cobertura de seguro de salud – <i>Especifique</i> ↘ | <input type="checkbox"/> | <input type="checkbox"/> |

G Conteste la pregunta 17a si esta persona tiene seguro de salud. De lo contrario, PASE a la pregunta 18a.

17 a. ¿Tiene este plan una prima o cuota? Una prima o cuota es una cantidad fija de dinero que se paga regularmente para la cobertura de salud. No incluye los copagos, deducibles ni otros gastos, tales como los costos de las medicinas recetadas.

- Sí
- No → PASE a la pregunta 18a

b. ¿Recibe esta persona o algún otro miembro de la familia un crédito fiscal o subsidio basado en el ingreso de la familia como ayuda para pagar la prima o cuota?

- Sí
- No

18 a. ¿Es esta persona sorda o tiene él/ella una dificultad seria para oír?

- Sí
- No

b. ¿Es esta persona ciega o tiene él/ella una dificultad seria para ver aunque lleve puestos espejuelos o lentes?

- Sí
- No

H Conteste las preguntas 19a – c si esta persona tiene 5 años o más. De lo contrario, PASE a las preguntas para la Persona 2 en la página 12.

19 a. Debido a una condición física, mental o emocional, ¿tiene esta persona una dificultad seria para concentrarse, recordar o tomar decisiones?

- Sí
- No

b. ¿Tiene esta persona una dificultad seria para caminar o subir las escaleras?

- Sí
- No

c. ¿Tiene esta persona dificultad para vestirse o bañarse?

- Sí
- No

I Conteste la pregunta 20 si esta persona tiene 15 años o más. De lo contrario, PASE a las preguntas para la Persona 2 en la página 12.

20 Debido a una condición física, mental o emocional, ¿tiene esta persona dificultad para hacer diligencias sola, tal como ir al consultorio de un médico o ir de compras?

- Sí
- No

21 ¿Cuál es el estado civil de esta persona?

- Casada actualmente
- Viuda
- Divorciada
- Separada
- Nunca se ha casado → PASE a la sección **J**

22 En los PASADOS 12 MESES, ¿esta persona –

- | | Sí | No |
|-----------------|--------------------------|--------------------------|
| a. se casó? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. enviudó? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. se divorció? | <input type="checkbox"/> | <input type="checkbox"/> |

23 ¿Cuántas veces ha estado casada esta persona?

- Una vez
- Dos veces
- Tres veces o más

24 ¿En qué año se casó la última vez esta persona?

Año

J Conteste la pregunta 25 si esta persona es del sexo femenino y tiene de 15 a 50 años de edad. De lo contrario, PASE a la pregunta 26a.

25 En los ÚLTIMOS 12 MESES, ¿ha dado a luz esta persona?

- Sí
- No

26 a. ¿Tiene esta persona algún nieto menor de 18 años que viva en esta casa o apartamento?

- Sí
- No → PASE a la pregunta 27

b. ¿Es este abuelo actualmente responsable de la mayoría de las necesidades básicas de algunos de sus nietos menores de 18 años que viven en esta casa o apartamento?

- Sí
- No → PASE a la pregunta 27

c. ¿Cuánto tiempo hace que este abuelo es responsable de estos nietos? Si este abuelo es responsable económicamente de más de un nieto, conteste la pregunta para el nieto del cual haya sido responsable por más tiempo.

- Menos de 6 meses
- 6 a 11 meses
- 1 ó 2 años
- 3 ó 4 años
- 5 años o más



Persona 1 (continuación)

27 ¿Ha estado esta persona alguna vez en el servicio militar activo en las Fuerzas Armadas, la Reserva Militar o la Guardia Nacional de los Estados Unidos? Marque (X) UNA casilla.

- Nunca estuvo en el servicio militar → PASE a la pregunta 30a
- Servicio activo solamente para entrenamiento de la Reserva Militar o la Guardia Nacional → PASE a la pregunta 29a
- En servicio activo ahora
- En servicio activo en el pasado, pero no ahora

28 ¿Cuándo estuvo esta persona en servicio militar activo en las Fuerzas Armadas de los Estados Unidos? Marque (X) una casilla para CADA período durante el cual esta persona estuvo en servicio militar, aunque fuera sólo por parte del período.

- Septiembre del 2001 ó después
- Agosto del 1990 a agosto del 2001 (incluyendo la Guerra del Golfo Pérsico)
- Mayo del 1975 a julio del 1990
- Época de Vietnam (agosto del 1964 a abril del 1975)
- Febrero del 1955 a julio del 1964
- Guerra de Corea (julio del 1950 a enero del 1955)
- Enero del 1947 a junio del 1950
- Segunda Guerra Mundial (diciembre del 1941 a diciembre del 1946)
- Noviembre del 1941 ó antes

29 a. ¿Tiene esta persona una clasificación de incapacidad de la VA relacionada con el servicio?

- Sí (tal como 0%, 10%, 20%, ..., 100%)
- No → PASE a la pregunta 30a

b. ¿Qué por ciento de incapacidad relacionada con el servicio militar tiene esta persona?

- 0 por ciento
- 10 ó 20 por ciento
- 30 ó 40 por ciento
- 50 ó 60 por ciento
- 70 por ciento o más

30 a. LA SEMANA PASADA, ¿hizo esta persona algún trabajo por paga en un empleo (o negocio)?

- Sí → PASE a la pregunta 31
- No – No trabajó (o está retirada)

b. LA SEMANA PASADA, ¿hizo esta persona CUALQUIER trabajo por paga, incluso aunque fuese por una hora?

- Sí
- No → PASE a la pregunta 36a

31 ¿En qué lugar trabajó esta persona LA SEMANA PASADA? Si esta persona trabajó en más de un lugar, escriba en letra de molde la dirección donde él o ella trabajó la mayor parte de la semana.

a. Dirección
Nombre de urbanización o condominio
Número y nombre de la calle

Si no sabe la dirección exacta, dé una descripción de la localización, tal como el nombre del edificio, calle o intersección más cercana.

b. Nombre de la ciudad, pueblo u oficina de correos

c. ¿Está localizado el lugar de trabajo dentro de los límites de esa ciudad o pueblo?

- Sí
- No, fuera de los límites de la ciudad/pueblo

d. Nombre del municipio o condado de los Estados Unidos

e. Anote Puerto Rico o el nombre del estado de los Estados Unidos o país extranjero

f. Código Postal

32 ¿Cómo llegó usualmente esta persona al trabajo LA SEMANA PASADA? Marque UNA casilla para el medio de transportación que utilizó por más distancia.

- | | |
|---|---|
| <input type="checkbox"/> Automóvil, camión o van | <input type="checkbox"/> Taxi |
| <input type="checkbox"/> Autobús | <input type="checkbox"/> Motocicleta |
| <input type="checkbox"/> Tren subterráneo o elevado | <input type="checkbox"/> Bicicleta |
| <input type="checkbox"/> Tren de viajes largos o de cercanías | <input type="checkbox"/> Camión |
| <input type="checkbox"/> Carro público | <input type="checkbox"/> Trabajó en el hogar → PASE a la pregunta 40a |
| <input type="checkbox"/> Lancha (ferry) | <input type="checkbox"/> Otro método |

K Conteste la pregunta 33 si marcó "Automóvil, camión o van" en la pregunta 32. De lo contrario, PASE a la pregunta 34.

33 ¿Cuántas personas, incluyendo a esta persona, usualmente viajaron al trabajo en el automóvil, camión o van LA SEMANA PASADA?

Persona(s)

34 LA SEMANA PASADA ¿a qué hora usualmente comenzó esta persona su viaje al trabajo?

| | | |
|----------------------|----------------------|-------------------------------|
| Hora | Minutos | <input type="checkbox"/> a.m. |
| <input type="text"/> | <input type="text"/> | <input type="checkbox"/> p.m. |

35 ¿Cuántos minutos le tomó a esta persona usualmente ir de su hogar al trabajo LA SEMANA PASADA?

Minutos

L Conteste las preguntas 36 – 39 si esta persona NO trabajó la semana pasada. De lo contrario, PASE a la pregunta 40a.

36 a. LA SEMANA PASADA, ¿estuvo esta persona suspendida (on layoff) o en cesantía de un empleo?

- Sí → PASE a la pregunta 36c
- No

b. LA SEMANA PASADA, ¿estuvo esta persona ausente TEMPORERAMENTE de su empleo o negocio?

- Sí, de vacaciones, enfermedad temporera, licencia por maternidad, otras razones personales o relacionadas con la familia, mal tiempo, etc. → PASE a la pregunta 39
- No → PASE a la pregunta 37

c. ¿Se le ha informado a esta persona que será llamada de nuevo a trabajar dentro de los próximos 6 meses O se le ha dado una fecha para regresar al trabajo?

- Sí → PASE a la pregunta 38
- No

37 Durante las ÚLTIMAS 4 SEMANAS, ¿ha estado esta persona buscando trabajo ACTIVAMENTE?

- Sí
- No → PASE a la pregunta 39

38 LA SEMANA PASADA, ¿hubiera podido esta persona comenzar un empleo si se le hubiera ofrecido uno, o hubiera podido regresar al trabajo si se le hubiera llamado de nuevo?

- Sí, hubiera podido ir a trabajar
- No, debido a una enfermedad temporera propia
- No, debido a otras razones (en la escuela, etc.)

39 ¿Cuándo trabajó esta persona por última vez, aunque fuera por unos pocos días?

- En los últimos 12 meses
- Hace 1 a 5 años → PASE a la sección **M**
- Hace más de 5 años o nunca trabajó → PASE a la pregunta 43



Persona 1 (continuación)

- 40** a. ¿Durante los ÚLTIMOS 12 MESES (52 semanas), ¿trabajó esta persona TODAS las semanas? Incluya como trabajo vacaciones pagadas, licencia por enfermedad pagada y servicio en las Fuerzas Armadas.

Sí → PASE a la pregunta 41
 No

- b. Durante los ÚLTIMOS 12 MESES (52 semanas), ¿cuántas SEMANAS trabajó esta persona? Incluya vacaciones o licencias pagadas e incluya semanas en que esta persona trabajó solo por unas pocas horas.

Semanas

- 41** En las SEMANAS TRABAJADAS durante los ÚLTIMOS 12 MESES, ¿cuántas horas trabajó usualmente esta persona cada SEMANA?

Horas usualmente trabajadas cada SEMANA

- M** Conteste las preguntas 42a – f si esta persona trabajó durante los últimos 5 años. De lo contrario, PASE a la pregunta 43.

42 DESCRIPCIÓN DEL EMPLEO

La serie de preguntas que sigue es sobre el tipo de empleo que esta persona tenía la semana pasada.

Si esta persona tenía más de un empleo, describa el empleo en el cual trabajó más horas. Si esta persona no trabajó la semana pasada, describa el empleo más reciente en los últimos cinco años.

- a. ¿Cuál de las siguientes opciones describe mejor el empleo de esta persona la semana pasada o el empleo más reciente en los últimos 5 años? Marque (X) UNA casilla.

EMPLEADO DEL SECTOR PRIVADO

- Compañía u organización con fines de lucro
 Organización sin fines de lucro (incluso las organizaciones exentas de impuestos y las organizaciones caritativas)

EMPLEADO DEL GOBIERNO

- Gobierno local (por ejemplo: distrito escolar de la ciudad o condado)
 Gobierno estatal (incluso universidades estatales)
 Servicio activo en las Fuerzas Armadas de los EE. UU. o en el Cuerpo de Comisionados
 Empleado civil del gobierno federal

EMPLEADO POR CUENTA PROPIA U OTRO

- Propietario(a) de un negocio, una práctica profesional o una finca no incorporada
 Propietario(a) de un negocio, una práctica profesional o una finca incorporada
 Trabajó sin paga en un negocio o finca de la familia con fines de lucro 15 horas o más a la semana

- b. ¿Cuál era el nombre del empleador, negocio, agencia o rama de las Fuerzas Armadas de esta persona?

- c. ¿Qué tipo de negocio o industria era este? Incluya la actividad, producto o servicio principal que se ofrecía en el lugar de empleo. (Por ejemplo: escuela primaria, construcción residencial)

- d. ¿Era este principalmente de:
 Marque (X) UNA casilla.

- manufactura?
 comercio al por mayor?
 comercio al por menor?
 otro (agricultura, construcción, servicio, gobierno, etc.)?

- e. ¿Cuál era la ocupación principal de esta persona? (Por ejemplo: maestro[a] de 4to grado, plomero[a] principiante)

- f. Describa las actividades o deberes más importantes de esta persona. (Por ejemplo: dar clases y evaluar a los estudiantes y planificar lecciones, montar e instalar tramos de tubería y revisar los planes de construcción para las especificaciones del trabajo)

43 INGRESO EN LOS ÚLTIMOS 12 MESES.

Marque (X) la casilla "Sí" por cada tipo de ingreso que recibió y anote el mejor estimado de la CANTIDAD TOTAL recibida durante los ÚLTIMOS 12 MESES. (NOTA: Los "últimos 12 meses" es el período desde la fecha de hoy hace un año hasta hoy.)

Marque (X) la casilla "No" para mostrar los tipos de ingresos NO recibidos.

Si el ingreso neto fue una pérdida, marque el cuadrado "Pérdida" a la derecha de la cantidad en dólares.

Para ingreso recibido en conjunto, informe la parte que le corresponde a cada persona; o, si eso no es posible, informe la cantidad total bajo una sola persona y marque el cuadrado "No" para la otra persona.

- a. Jornales, sueldos/salarios, comisiones, bonos o propinas de todos los empleos. Informe la cantidad antes de aplicarse las deducciones por impuestos, bonos, cuotas y otras cosas

Sí →
 No
 CANTIDAD TOTAL en los últimos 12 MESES

- b. Ingreso de empleo por cuenta propia en su negocio no agrícola o finca comercial, ya sea como propietario único o en sociedad. Informe el ingreso NETO después de descontar los gastos de negocio.

Sí →
 No Pérdida
 CANTIDAD TOTAL en los últimos 12 MESES

- c. Intereses, dividendos, ingreso neto por rentas, ingreso por derechos de autor, o ingreso por herencias y fideicomisos. Informe aun cantidades pequeñas acreditadas a una cuenta.

Sí →
 No Pérdida
 CANTIDAD TOTAL en los últimos 12 MESES

- d. Seguro Social o retiro para personal de los ferrocarriles.

Sí →
 No
 CANTIDAD TOTAL en los últimos 12 MESES

- e. Seguridad de Ingreso Suplementario (SSI).

Sí →
 No
 CANTIDAD TOTAL en los últimos 12 MESES

- f. Cualquier pago de asistencia o bienestar público (welfare) de la oficina de bienestar estatal o local.

Sí →
 No
 CANTIDAD TOTAL en los últimos 12 MESES

- g. Ingreso por retiro, pensiones, ingreso por discapacidad o por ser esposo(a) sobreviviente.

Incluya ingresos de un patrono o sindicato previo, retiros o distribuciones periódicas de una cuenta individual de retiro (IRA, por sus siglas en inglés), una IRA no deducible (Roth IRA), un plan 401(k), 403(b) u otras cuentas diseñadas específicamente para la jubilación. No incluya el Seguro Social.

Sí →
 No
 CANTIDAD TOTAL en los últimos 12 MESES

- h. Alguna otra fuente de ingreso recibido regularmente, tal como pagos de la Administración de Veteranos (VA), compensación por desempleo, pensión para hijos menores, pensión alimenticia, o pensión de su ex pareja. NO incluya pagos de mayor cantidad recibidos una sola vez, tal como dinero de una herencia o venta de una casa.

Sí →
 No
 CANTIDAD TOTAL en los últimos 12 MESES

- 44** ¿Cuál fue el ingreso total de esta persona durante los ÚLTIMOS 12 MESES? Sume las cantidades anotadas en las preguntas 43a – 43h; reste cualquier pérdida. Si el ingreso neto fue una pérdida, anote la cantidad y marque (X) la casilla "Pérdida" al lado de la cantidad.

Ninguno Pérdida
 CANTIDAD TOTAL en los últimos 12 MESES

- ➔ Continúe con las preguntas para la Persona 2 en la próxima página. Si no hay nadie listado como la persona 2 en la página 2, PASE a la página 28 para ver las instrucciones de envío por correo.



Persona 2

➔ Por favor, copie el nombre de la Persona 2 que aparece en la página 2. Luego, continúe contestando las siguientes preguntas.

Apellido

Nombre

Inicial

7 ¿Dónde nació esta persona?

En los Estados Unidos – *Escriba en letra de molde el nombre del estado.*

Fuera de los Estados Unidos – *Escriba en letra de molde Puerto Rico o el nombre del país extranjero, o de las Islas Vírgenes de los EE.UU., Guam, etc.*

8 ¿Es esta persona ciudadana de los Estados Unidos?

Sí, nació en Puerto Rico → *PASE a la pregunta 10a*

Sí, nació en un estado de los Estados Unidos, el Distrito de Columbia, Guam, las Islas Vírgenes de los Estados Unidos o las Islas Marianas del Norte

Sí, nació en el extranjero de padre o madre que es ciudadano(a) de los EE.UU.

Sí, es ciudadana de los Estados Unidos por naturalización – *Escriba el año de naturalización*

No, no es ciudadana de los Estados Unidos

9 ¿Cuándo vino esta persona a vivir a Puerto Rico? Si esta persona vino a vivir a Puerto Rico más de una vez, escriba el último año.

Año

10 a. En cualquier momento DURANTE LOS ÚLTIMOS 3 MESES, ¿ha estudiado esta persona en una escuela o universidad? *Incluya sólo pre-escolar o pre-kinder, kindergarten, escuela elemental, enseñanza en el hogar y escuela que conduce a un diploma de escuela superior o un título universitario.*

No, no ha estudiado durante los últimos 3 meses → *PASE a la pregunta 11*

Escuela o universidad pública

Escuela o universidad privada o enseñanza en el hogar (home school)

b. ¿A qué grado o nivel escolar asistía esta persona? *Marque (X) UNA casilla.*

Pre-escolar o pre-kinder

Kindergarten

Grado 1 al 12 – *Especifique grado 1-12*

Estudios universitarios al nivel de bachillerato (*freshman a senior*)

Escuela graduada o profesional más allá de un bachillerato universitario (*por ejemplo, un programa de Maestría o Doctorado o una escuela de medicina o leyes*)

11 ¿Cuál es el título o nivel escolar más alto que esta persona ha COMPLETADO? *Marque (X) UNA casilla. Si está matriculada actualmente, marque el grado escolar anterior o el título más alto recibido.*

NO HA COMPLETADO NINGÚN GRADO

No ha completado ningún grado

PRE-ESCOLAR O PRE-KINDER HASTA GRADO 12

Pre-escolar o pre-kinder

Kindergarten

Grado 1 al 11 – *Especifique grado 1-11*

Grado 12, **SIN DIPLOMA**

GRADUADO(A) DE ESCUELA SUPERIOR

Diploma de escuela superior

GED o examen equivalente

UNIVERSIDAD O ALGUNOS CRÉDITOS UNIVERSITARIOS

Algunos créditos universitarios, pero menos de 1 año de créditos universitarios

1 año o más de créditos universitarios, sin título

Título asociado universitario (*por ejemplo: AA, AS*)

Título de bachillerato universitario (*por ejemplo: BA, BS*)

DEPUÉS DEL TÍTULO DE BACHILLERATO UNIVERSITARIO

Título de maestría (*por ejemplo: MA, MS, MEng, MEd, MSW, MBA*)

Título profesional más allá de un título de bachillerato universitario (*por ejemplo: MD, DDS, DVM, LLB, JD*)

Título de doctorado (*por ejemplo: PhD, EdD*)

F Conteste la pregunta 12 si esta persona tiene un título de bachillerato universitario o más alto. De lo contrario, PASE a la pregunta 13.

12 Esta pregunta se enfoca en el TÍTULO DE BACHILLERATO UNIVERSITARIO de esta persona. Por favor, escriba en letra de molde el título específico de la concentración de estudio de cualquier TÍTULO DE BACHILLERATO UNIVERSITARIO específico(s) que esta persona recibió. (*Por ejemplo: ingeniería química, enseñanza de educación primaria, o psicología organizacional*)

13 ¿Cuál es la ascendencia u origen étnico de esta persona?

(*Por ejemplo: italiana, jamaicana, africana americana, camboyana, de Cabo Verde, noruega, dominicana, franco-canadiense, haitiana, coreana, libanesa, polaca, nigeriana, mexicana, taiwanesa, ucraniana, entre otras.*)

14 a. En su hogar, ¿habla esta persona un idioma que no sea inglés?

Sí

No → *PASE a la pregunta 15a*

b. ¿Qué idioma es ese?

Por ejemplo: coreano, italiano, español, vietnamés

c. ¿Cuán bien habla esta persona el inglés?

Muy bien

Bien

No bien

No habla inglés



Persona 2 (continuación)

15 a. ¿Vivió esta persona en esta casa o apartamento hace 1 año?

- Persona es menor de 1 año de edad → PASE a la pregunta 16
- Sí, en esta casa → PASE a la pregunta 16
- No, fuera de Puerto Rico y los Estados Unidos – *Escriba en letra de molde a continuación el nombre del país extranjero o las Islas Vírgenes de los Estados Unidos, Guam, etc.; luego PASE a la pregunta 16*

- No, en una casa diferente en Puerto Rico o los Estados Unidos

b. ¿Dónde vivía esta persona hace 1 año?

Dirección
Nombre de urbanización o condominio
Número y nombre de la calle

Nombre de la ciudad, pueblo u oficina de correos

Nombre del municipio o condado de los Estados Unidos

Anote Puerto Rico o el nombre del estado de los Estados Unidos

Código Postal

16 ¿Tiene esta persona cobertura ACTUALMENTE de cualquiera de los siguientes tipos de seguros de salud o planes de cobertura de seguro de salud? Marque "Sí" o "No" para CADA tipo de cobertura en las respuestas a-h.

- | | | |
|--|--------------------------|--------------------------|
| a. Seguro a través de su patrono o sindicato (unión), actual o previo (de esta persona o de cualquier otro miembro de la familia) | Sí | No |
| b. Seguro adquirido directamente de una compañía de seguro (por esta persona o por cualquier otro miembro de la familia) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicare, para personas que tienen 65 años o más, o personas con ciertos impedimentos | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Medicaid, Medical Assistance, o cualquier tipo de plan de asistencia gubernamental para esas personas con un ingreso bajo o incapacidad | <input type="checkbox"/> | <input type="checkbox"/> |
| e. TRICARE u otro seguro de salud militar | <input type="checkbox"/> | <input type="checkbox"/> |
| f. VA (personas inscritas en el sistema de cuidado de salud de la VA) | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Servicio de Salud Indio (Indian Health Service) | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Cualquier otro tipo de seguro de salud o plan de cobertura de seguro de salud – <i>Especifique</i> ↘ | <input type="checkbox"/> | <input type="checkbox"/> |

G Conteste la pregunta 17a si esta persona tiene seguro de salud. De lo contrario, PASE a la pregunta 18a.

17 a. ¿Tiene este plan una prima o cuota? Una prima o cuota es una cantidad fija de dinero que se paga regularmente para la cobertura de salud. No incluye los copagos, deducibles ni otros gastos, tales como los costos de las medicinas recetadas.

- Sí
- No → PASE a la pregunta 18a

b. ¿Recibe esta persona o algún otro miembro de la familia un crédito fiscal o subsidio basado en el ingreso de la familia como ayuda para pagar la prima o cuota?

- Sí
- No

18 a. ¿Es esta persona sorda o tiene él/ella una dificultad seria para oír?

- Sí
- No

b. ¿Es esta persona ciega o tiene él/ella una dificultad seria para ver aunque lleve puestos espejuelos o lentes?

- Sí
- No

H Conteste las preguntas 19a – c si esta persona tiene 5 años o más. De lo contrario, PASE a las preguntas para la Persona 3 en la página 16.

19 a. Debido a una condición física, mental o emocional, ¿tiene esta persona una dificultad seria para concentrarse, recordar o tomar decisiones?

- Sí
- No

b. ¿Tiene esta persona una dificultad seria para caminar o subir las escaleras?

- Sí
- No

c. ¿Tiene esta persona dificultad para vestirse o bañarse?

- Sí
- No

I Conteste la pregunta 20 si esta persona tiene 15 años o más. De lo contrario, PASE a las preguntas para la Persona 3 en la página 16.

20 Debido a una condición física, mental o emocional, ¿tiene esta persona dificultad para hacer diligencias sola, tal como ir al consultorio de un médico o ir de compras?

- Sí
- No

21 ¿Cuál es el estado civil de esta persona?

- Casada actualmente
- Viuda
- Divorciada
- Separada
- Nunca se ha casado → PASE a la sección **J**

22 En los PASADOS 12 MESES, ¿esta persona –

- | | Sí | No |
|-----------------|--------------------------|--------------------------|
| a. se casó? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. enviudó? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. se divorció? | <input type="checkbox"/> | <input type="checkbox"/> |

23 ¿Cuántas veces ha estado casada esta persona?

- Una vez
- Dos veces
- Tres veces o más

24 ¿En qué año se casó la última vez esta persona?

Año

J Conteste la pregunta 25 si esta persona es del sexo femenino y tiene de 15 a 50 años de edad. De lo contrario, PASE a la pregunta 26a.

25 En los ÚLTIMOS 12 MESES, ¿ha dado a luz esta persona?

- Sí
- No

26 a. ¿Tiene esta persona algún nieto menor de 18 años que viva en esta casa o apartamento?

- Sí
- No → PASE a la pregunta 27

b. ¿Es este abuelo actualmente responsable de la mayoría de las necesidades básicas de algunos de sus nietos menores de 18 años que viven en esta casa o apartamento?

- Sí
- No → PASE a la pregunta 27

c. ¿Cuánto tiempo hace que este abuelo es responsable de estos nietos? Si este abuelo es responsable económicamente de más de un nieto, conteste la pregunta para el nieto del cual haya sido responsable por más tiempo.

- Menos de 6 meses
- 6 a 11 meses
- 1 ó 2 años
- 3 ó 4 años
- 5 años o más



Persona 2 (continuación)

27 ¿Ha estado esta persona alguna vez en el servicio militar activo en las Fuerzas Armadas, la Reserva Militar o la Guardia Nacional de los Estados Unidos? Marque (X) UNA casilla.

- Nunca estuvo en el servicio militar → PASE a la pregunta 30a
- Servicio activo solamente para entrenamiento de la Reserva Militar o la Guardia Nacional → PASE a la pregunta 29a
- En servicio activo ahora
- En servicio activo en el pasado, pero no ahora

28 ¿Cuándo estuvo esta persona en servicio militar activo en las Fuerzas Armadas de los Estados Unidos? Marque (X) una casilla para CADA período durante el cual esta persona estuvo en servicio militar, aunque fuera sólo por parte del período.

- Septiembre del 2001 ó después
- Agosto del 1990 a agosto del 2001 (incluyendo la Guerra del Golfo Pérsico)
- Mayo del 1975 a julio del 1990
- Época de Vietnam (agosto del 1964 a abril del 1975)
- Febrero del 1955 a julio del 1964
- Guerra de Corea (julio del 1950 a enero del 1955)
- Enero del 1947 a junio del 1950
- Segunda Guerra Mundial (diciembre del 1941 a diciembre del 1946)
- Noviembre del 1941 ó antes

29 a. ¿Tiene esta persona una clasificación de incapacidad de la VA relacionada con el servicio?

- Sí (tal como 0%, 10%, 20%, ..., 100%)
- No → PASE a la pregunta 30a

b. ¿Qué por ciento de incapacidad relacionada con el servicio militar tiene esta persona?

- 0 por ciento
- 10 ó 20 por ciento
- 30 ó 40 por ciento
- 50 ó 60 por ciento
- 70 por ciento o más

30 a. LA SEMANA PASADA, ¿hizo esta persona algún trabajo por paga en un empleo (o negocio)?

- Sí → PASE a la pregunta 31
- No – No trabajó (o está retirada)

b. LA SEMANA PASADA, ¿hizo esta persona CUALQUIER trabajo por paga, incluso aunque fuese por una hora?

- Sí
- No → PASE a la pregunta 36a

31 ¿En qué lugar trabajó esta persona LA SEMANA PASADA? Si esta persona trabajó en más de un lugar, escriba en letra de molde la dirección donde él o ella trabajó la mayor parte de la semana.

a. Dirección
Nombre de urbanización o condominio
Número y nombre de la calle

Si no sabe la dirección exacta, dé una descripción de la localización, tal como el nombre del edificio, calle o intersección más cercana.

b. Nombre de la ciudad, pueblo u oficina de correos

c. ¿Está localizado el lugar de trabajo dentro de los límites de esa ciudad o pueblo?

- Sí
- No, fuera de los límites de la ciudad/pueblo

d. Nombre del municipio o condado de los Estados Unidos

e. Anote Puerto Rico o el nombre del estado de los Estados Unidos o país extranjero

f. Código Postal

32 ¿Cómo llegó usualmente esta persona al trabajo LA SEMANA PASADA? Marque UNA casilla para el medio de transportación que utilizó por más distancia.

- | | |
|---|---|
| <input type="checkbox"/> Automóvil, camión o van | <input type="checkbox"/> Taxi |
| <input type="checkbox"/> Autobús | <input type="checkbox"/> Motocicleta |
| <input type="checkbox"/> Tren subterráneo o elevado | <input type="checkbox"/> Bicicleta |
| <input type="checkbox"/> Tren de viajes largos o de cercanías | <input type="checkbox"/> Camión |
| <input type="checkbox"/> Carro público | <input type="checkbox"/> Trabajó en el hogar → PASE a la pregunta 40a |
| <input type="checkbox"/> Lancha (ferry) | <input type="checkbox"/> Otro método |

K Conteste la pregunta 33 si marcó "Automóvil, camión o van" en la pregunta 32. De lo contrario, PASE a la pregunta 34.

33 ¿Cuántas personas, incluyendo a esta persona, usualmente viajaron al trabajo en el automóvil, camión o van LA SEMANA PASADA?

Persona(s)

34 LA SEMANA PASADA ¿a qué hora usualmente comenzó esta persona su viaje al trabajo?

| | | |
|----------------------|----------------------|-------------------------------|
| Hora | Minutos | <input type="checkbox"/> a.m. |
| <input type="text"/> | <input type="text"/> | <input type="checkbox"/> p.m. |

35 ¿Cuántos minutos le tomó a esta persona usualmente ir de su hogar al trabajo LA SEMANA PASADA?

Minutos

L Conteste las preguntas 36 – 39 si esta persona NO trabajó la semana pasada. De lo contrario, PASE a la pregunta 40a.

36 a. LA SEMANA PASADA, ¿estuvo esta persona suspendida (on layoff) o en cesantía de un empleo?

- Sí → PASE a la pregunta 36c
- No

b. LA SEMANA PASADA, ¿estuvo esta persona ausente TEMPORERAMENTE de su empleo o negocio?

- Sí, de vacaciones, enfermedad temporera, licencia por maternidad, otras razones personales o relacionadas con la familia, mal tiempo, etc. → PASE a la pregunta 39
- No → PASE a la pregunta 37

c. ¿Se le ha informado a esta persona que será llamada de nuevo a trabajar dentro de los próximos 6 meses O se le ha dado una fecha para regresar al trabajo?

- Sí → PASE a la pregunta 38
- No

37 Durante las ÚLTIMAS 4 SEMANAS, ¿ha estado esta persona buscando trabajo ACTIVAMENTE?

- Sí
- No → PASE a la pregunta 39

38 LA SEMANA PASADA, ¿hubiera podido esta persona comenzar un empleo si se le hubiera ofrecido uno, o hubiera podido regresar al trabajo si se le hubiera llamado de nuevo?

- Sí, hubiera podido ir a trabajar
- No, debido a una enfermedad temporera propia
- No, debido a otras razones (en la escuela, etc.)

39 ¿Cuándo trabajó esta persona por última vez, aunque fuera por unos pocos días?

- En los últimos 12 meses
- Hace 1 a 5 años → PASE a la sección **M**
- Hace más de 5 años o nunca trabajó → PASE a la pregunta 43



Persona 2 (continuación)

- 40** a. ¿Durante los ÚLTIMOS 12 MESES (52 semanas), ¿trabajó esta persona TODAS las semanas? Incluya como trabajo vacaciones pagadas, licencia por enfermedad pagada y servicio en las Fuerzas Armadas.

Sí → PASE a la pregunta 41
 No

- b. Durante los ÚLTIMOS 12 MESES (52 semanas), ¿cuántas SEMANAS trabajó esta persona? Incluya vacaciones o licencias pagadas e incluya semanas en que esta persona trabajó solo por unas pocas horas.

Semanas

- 41** En las SEMANAS TRABAJADAS durante los ÚLTIMOS 12 MESES, ¿cuántas horas trabajó usualmente esta persona cada SEMANA?

Horas usualmente trabajadas cada SEMANA

- M** Conteste las preguntas 42a – f si esta persona trabajó durante los últimos 5 años. De lo contrario, PASE a la pregunta 43.

42 DESCRIPCIÓN DEL EMPLEO

La serie de preguntas que sigue es sobre el tipo de empleo que esta persona tenía la semana pasada.

Si esta persona tenía más de un empleo, describa el empleo en el cual trabajó más horas. Si esta persona no trabajó la semana pasada, describa el empleo más reciente en los últimos cinco años.

- a. ¿Cuál de las siguientes opciones describe mejor el empleo de esta persona la semana pasada o el empleo más reciente en los últimos 5 años? Marque (X) UNA casilla.

EMPLEADO DEL SECTOR PRIVADO

- Compañía u organización **con fines de lucro**
 Organización **sin fines de lucro** (incluso las organizaciones exentas de impuestos y las organizaciones caritativas)

EMPLEADO DEL GOBIERNO

- Gobierno local** (por ejemplo: distrito escolar de la ciudad o condado)
 Gobierno estatal (incluso universidades estatales)
 Servicio activo en las Fuerzas Armadas de los EE. UU. o en el Cuerpo de Comisionados
 Empleado civil del **gobierno federal**

EMPLEADO POR CUENTA PROPIA U OTRO

- Propietario(a)** de un negocio, una práctica profesional o una finca **no incorporada**
 Propietario(a) de un negocio, una práctica profesional o una finca **incorporada**
 Trabajó **sin paga** en un negocio o finca de la familia **con fines de lucro** 15 horas o más a la semana

- b. ¿Cuál era el nombre del empleador, negocio, agencia o rama de las Fuerzas Armadas de esta persona?

- c. ¿Qué tipo de negocio o industria era este? Incluya la actividad, producto o servicio principal que se ofrecía en el lugar de empleo. (Por ejemplo: escuela primaria, construcción residencial)

- d. ¿Era este principalmente de:
 Marque (X) UNA casilla.

- manufactura?
 comercio al por mayor?
 comercio al por menor?
 otro (agricultura, construcción, servicio, gobierno, etc.)?

- e. ¿Cuál era la ocupación principal de esta persona? (Por ejemplo: maestro[a] de 4to grado, plomero[a] principiante)

- f. Describa las actividades o deberes más importantes de esta persona. (Por ejemplo: dar clases y evaluar a los estudiantes y planificar lecciones, montar e instalar tramos de tubería y revisar los planes de construcción para las especificaciones del trabajo)

43 INGRESO EN LOS ÚLTIMOS 12 MESES.

Marque (X) la casilla "Sí" por cada tipo de ingreso que recibió y anote el mejor estimado de la CANTIDAD TOTAL recibida durante los ÚLTIMOS 12 MESES. (NOTA: Los "últimos 12 meses" es el período desde la fecha de hoy hace un año hasta hoy.)

Marque (X) la casilla "No" para mostrar los tipos de ingresos NO recibidos.

Si el ingreso neto fue una pérdida, marque el cuadrado "Pérdida" a la derecha de la cantidad en dólares.

Para ingreso recibido en conjunto, informe la parte que le corresponde a cada persona; o, si eso no es posible, informe la cantidad total bajo una sola persona y marque el cuadrado "No" para la otra persona.

- a. **Jornales, sueldos/salarios, comisiones, bonos o propinas de todos los empleos.** Informe la cantidad antes de aplicarse las deducciones por impuestos, bonos, cuotas y otras cosas

Sí →
 No
 CANTIDAD TOTAL en los últimos 12 MESES

- b. **Ingreso de empleo por cuenta propia en su negocio no agrícola o finca comercial, ya sea como propietario único o en sociedad.** Informe el ingreso NETO después de descontar los gastos de negocio.

Sí →
 No Pérdida
 CANTIDAD TOTAL en los últimos 12 MESES

- c. **Intereses, dividendos, ingreso neto por rentas, ingreso por derechos de autor, o ingreso por herencias y fideicomisos.** Informe aun cantidades pequeñas acreditadas a una cuenta.

Sí →
 No Pérdida
 CANTIDAD TOTAL en los últimos 12 MESES

- d. **Seguro Social o retiro para personal de los ferrocarriles.**

Sí →
 No
 CANTIDAD TOTAL en los últimos 12 MESES

- e. **Seguridad de Ingreso Suplementario (SSI).**

Sí →
 No
 CANTIDAD TOTAL en los últimos 12 MESES

- f. **Cualquier pago de asistencia o bienestar público (welfare) de la oficina de bienestar estatal o local.**

Sí →
 No
 CANTIDAD TOTAL en los últimos 12 MESES

- g. **Ingreso por retiro, pensiones, ingreso por discapacidad o por ser esposo(a) sobreviviente.**

Incluya ingresos de un patrono o sindicato previo, retiros o distribuciones periódicas de una cuenta individual de retiro (IRA, por sus siglas en inglés), una IRA no deducible (Roth IRA), un plan 401(k), 403(b) u otras cuentas diseñadas específicamente para la jubilación. No incluya el Seguro Social.

Sí →
 No
 CANTIDAD TOTAL en los últimos 12 MESES

- h. **Alguna otra fuente de ingreso recibido regularmente, tal como pagos de la Administración de Veteranos (VA), compensación por desempleo, pensión para hijos menores, pensión alimenticia, o pensión de su ex pareja.** NO incluya pagos de mayor cantidad recibidos una sola vez, tal como dinero de una herencia o venta de una casa.

Sí →
 No
 CANTIDAD TOTAL en los últimos 12 MESES

- 44** ¿Cuál fue el ingreso total de esta persona durante los ÚLTIMOS 12 MESES? Sume las cantidades anotadas en las preguntas 43a – 43h; reste cualquier pérdida. Si el ingreso neto fue una pérdida, anote la cantidad y marque (X) la casilla "Pérdida" al lado de la cantidad.

Ninguno Pérdida
 CANTIDAD TOTAL en los últimos 12 MESES

- ➔ **Continúe con las preguntas para la Persona 3 en la próxima página. Si no hay nadie listado como la persona 3 en la página 3, PASE a la página 28 para ver las instrucciones de envío por correo.**



Persona 3

➔ Por favor, copie el nombre de la Persona 3 que aparece en la página 3. Luego, continúe contestando las siguientes preguntas.

Apellido

Nombre

Inicial

7 ¿Dónde nació esta persona?

En los Estados Unidos – *Escriba en letra de molde el nombre del estado.*

Fuera de los Estados Unidos – *Escriba en letra de molde Puerto Rico o el nombre del país extranjero, o de las Islas Vírgenes de los EE.UU., Guam, etc.*

8 ¿Es esta persona ciudadana de los Estados Unidos?

Sí, nació en Puerto Rico → *PASE a la pregunta 10a*

Sí, nació en un estado de los Estados Unidos, el Distrito de Columbia, Guam, las Islas Vírgenes de los Estados Unidos o las Islas Marianas del Norte

Sí, nació en el extranjero de padre o madre que es ciudadano(a) de los EE.UU.

Sí, es ciudadana de los Estados Unidos por naturalización – *Escriba el año de naturalización*

No, no es ciudadana de los Estados Unidos

9 ¿Cuándo vino esta persona a vivir a Puerto Rico? Si esta persona vino a vivir a Puerto Rico más de una vez, escriba el último año.

Año

10 a. En cualquier momento DURANTE LOS ÚLTIMOS 3 MESES, ¿ha estudiado esta persona en una escuela o universidad? *Incluya sólo pre-escolar o pre-kinder, kindergarten, escuela elemental, enseñanza en el hogar y escuela que conduce a un diploma de escuela superior o un título universitario.*

No, no ha estudiado durante los últimos 3 meses → *PASE a la pregunta 11*

Escuela o universidad pública

Escuela o universidad privada o enseñanza en el hogar (home school)

b. ¿A qué grado o nivel escolar asistía esta persona? *Marque (X) UNA casilla.*

Pre-escolar o pre-kinder

Kindergarten

Grado 1 al 12 – *Especifique grado 1-12*

Estudios universitarios al nivel de bachillerato (*freshman a senior*)

Escuela graduada o profesional más allá de un bachillerato universitario (*por ejemplo, un programa de Maestría o Doctorado o una escuela de medicina o leyes*)

11 ¿Cuál es el título o nivel escolar más alto que esta persona ha COMPLETADO? *Marque (X) UNA casilla. Si está matriculada actualmente, marque el grado escolar anterior o el título más alto recibido.*

NO HA COMPLETADO NINGÚN GRADO

No ha completado ningún grado

PRE-ESCOLAR O PRE-KINDER HASTA GRADO 12

Pre-escolar o pre-kinder

Kindergarten

Grado 1 al 11 – *Especifique grado 1-11*

Grado 12, **SIN DIPLOMA**

GRADUADO(A) DE ESCUELA SUPERIOR

Diploma de escuela superior

GED o examen equivalente

UNIVERSIDAD O ALGUNOS CRÉDITOS UNIVERSITARIOS

Algunos créditos universitarios, pero menos de 1 año de créditos universitarios

1 año o más de créditos universitarios, sin título

Título asociado universitario (*por ejemplo: AA, AS*)

Título de bachillerato universitario (*por ejemplo: BA, BS*)

DEPUÉS DEL TÍTULO DE BACHILLERATO UNIVERSITARIO

Título de maestría (*por ejemplo: MA, MS, MEng, MEd, MSW, MBA*)

Título profesional más allá de un título de bachillerato universitario (*por ejemplo: MD, DDS, DVM, LLB, JD*)

Título de doctorado (*por ejemplo: PhD, EdD*)

F Conteste la pregunta 12 si esta persona tiene un título de bachillerato universitario o más alto. De lo contrario, PASE a la pregunta 13.

12 Esta pregunta se enfoca en el TÍTULO DE BACHILLERATO UNIVERSITARIO de esta persona. Por favor, escriba en letra de molde el título específico de la concentración de estudio de cualquier TÍTULO DE BACHILLERATO UNIVERSITARIO específico(s) que esta persona recibió. (*Por ejemplo: ingeniería química, enseñanza de educación primaria, o psicología organizacional*)

13 ¿Cuál es la ascendencia u origen étnico de esta persona?

(*Por ejemplo: italiana, jamaicana, africana americana, camboyana, de Cabo Verde, noruega, dominicana, franco-canadiense, haitiana, coreana, libanesa, polaca, nigeriana, mexicana, taiwanesa, ucraniana, entre otras.*)

14 a. En su hogar, ¿habla esta persona un idioma que no sea inglés?

Sí

No → *PASE a la pregunta 15a*

b. ¿Qué idioma es ese?

Por ejemplo: coreano, italiano, español, vietnamés

c. ¿Cuán bien habla esta persona el inglés?

Muy bien

Bien

No bien

No habla inglés



Persona 3 (continuación)

15 a. ¿Vivió esta persona en esta casa o apartamento hace 1 año?

- Persona es menor de 1 año de edad → PASE a la pregunta 16
- Sí, en esta casa → PASE a la pregunta 16
- No, fuera de Puerto Rico y los Estados Unidos – *Escriba en letra de molde a continuación el nombre del país extranjero o las Islas Vírgenes de los Estados Unidos, Guam, etc.; luego PASE a la pregunta 16*

- No, en una casa diferente en Puerto Rico o los Estados Unidos

b. ¿Dónde vivía esta persona hace 1 año?

Dirección
Nombre de urbanización o condominio
Número y nombre de la calle

Nombre de la ciudad, pueblo u oficina de correos

Nombre del municipio o condado de los Estados Unidos

Anote Puerto Rico o el nombre del estado de los Estados Unidos

Código Postal

16 ¿Tiene esta persona cobertura ACTUALMENTE de cualquiera de los siguientes tipos de seguros de salud o planes de cobertura de seguro de salud? Marque "Sí" o "No" para CADA tipo de cobertura en las respuestas a-h.

- | | | |
|--|--------------------------|--------------------------|
| a. Seguro a través de su patrono o sindicato (unión), actual o previo (de esta persona o de cualquier otro miembro de la familia) | Sí | No |
| b. Seguro adquirido directamente de una compañía de seguro (por esta persona o por cualquier otro miembro de la familia) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicare, para personas que tienen 65 años o más, o personas con ciertos impedimentos | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Medicaid, Medical Assistance, o cualquier tipo de plan de asistencia gubernamental para esas personas con un ingreso bajo o incapacidad | <input type="checkbox"/> | <input type="checkbox"/> |
| e. TRICARE u otro seguro de salud militar | <input type="checkbox"/> | <input type="checkbox"/> |
| f. VA (personas inscritas en el sistema de cuidado de salud de la VA) | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Servicio de Salud Indio (Indian Health Service) | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Cualquier otro tipo de seguro de salud o plan de cobertura de seguro de salud – <i>Especifique</i> ↘ | <input type="checkbox"/> | <input type="checkbox"/> |

G Conteste la pregunta 17a si esta persona tiene seguro de salud. De lo contrario, PASE a la pregunta 18a.

17 a. ¿Tiene este plan una prima o cuota? Una prima o cuota es una cantidad fija de dinero que se paga regularmente para la cobertura de salud. No incluye los copagos, deducibles ni otros gastos, tales como los costos de las medicinas recetadas.

- Sí
- No → PASE a la pregunta 18a

b. ¿Recibe esta persona o algún otro miembro de la familia un crédito fiscal o subsidio basado en el ingreso de la familia como ayuda para pagar la prima o cuota?

- Sí
- No

18 a. ¿Es esta persona sorda o tiene él/ella una dificultad seria para oír?

- Sí
- No

b. ¿Es esta persona ciega o tiene él/ella una dificultad seria para ver aunque lleve puestos espejuelos o lentes?

- Sí
- No

H Conteste las preguntas 19a – c si esta persona tiene 5 años o más. De lo contrario, PASE a las preguntas para la Persona 4 en la página 20.

19 a. Debido a una condición física, mental o emocional, ¿tiene esta persona una dificultad seria para concentrarse, recordar o tomar decisiones?

- Sí
- No

b. ¿Tiene esta persona una dificultad seria para caminar o subir las escaleras?

- Sí
- No

c. ¿Tiene esta persona dificultad para vestirse o bañarse?

- Sí
- No

I Conteste la pregunta 20 si esta persona tiene 15 años o más. De lo contrario, PASE a las preguntas para la Persona 4 en la página 20.

20 Debido a una condición física, mental o emocional, ¿tiene esta persona dificultad para hacer diligencias sola, tal como ir al consultorio de un médico o ir de compras?

- Sí
- No

21 ¿Cuál es el estado civil de esta persona?

- Casada actualmente
- Viuda
- Divorciada
- Separada
- Nunca se ha casado → PASE a la sección **J**

22 En los PASADOS 12 MESES, ¿esta persona –

- | | Sí | No |
|-----------------|--------------------------|--------------------------|
| a. se casó? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. enviudó? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. se divorció? | <input type="checkbox"/> | <input type="checkbox"/> |

23 ¿Cuántas veces ha estado casada esta persona?

- Una vez
- Dos veces
- Tres veces o más

24 ¿En qué año se casó la última vez esta persona?

Año

J Conteste la pregunta 25 si esta persona es del sexo femenino y tiene de 15 a 50 años de edad. De lo contrario, PASE a la pregunta 26a.

25 En los ÚLTIMOS 12 MESES, ¿ha dado a luz esta persona?

- Sí
- No

26 a. ¿Tiene esta persona algún nieto menor de 18 años que viva en esta casa o apartamento?

- Sí
- No → PASE a la pregunta 27

b. ¿Es este abuelo actualmente responsable de la mayoría de las necesidades básicas de algunos de sus nietos menores de 18 años que viven en esta casa o apartamento?

- Sí
- No → PASE a la pregunta 27

c. ¿Cuánto tiempo hace que este abuelo es responsable de estos nietos? Si este abuelo es responsable económicamente de más de un nieto, conteste la pregunta para el nieto del cual haya sido responsable por más tiempo.

- Menos de 6 meses
- 6 a 11 meses
- 1 ó 2 años
- 3 ó 4 años
- 5 años o más



Persona 3 (continuación)

27 ¿Ha estado esta persona alguna vez en el servicio militar activo en las Fuerzas Armadas, la Reserva Militar o la Guardia Nacional de los Estados Unidos? Marque (X) UNA casilla.

- Nunca estuvo en el servicio militar → PASE a la pregunta 30a
- Servicio activo solamente para entrenamiento de la Reserva Militar o la Guardia Nacional → PASE a la pregunta 29a
- En servicio activo ahora
- En servicio activo en el pasado, pero no ahora

28 ¿Cuándo estuvo esta persona en servicio militar activo en las Fuerzas Armadas de los Estados Unidos? Marque (X) una casilla para CADA período durante el cual esta persona estuvo en servicio militar, aunque fuera sólo por parte del período.

- Septiembre del 2001 ó después
- Agosto del 1990 a agosto del 2001 (incluyendo la Guerra del Golfo Pérsico)
- Mayo del 1975 a julio del 1990
- Época de Vietnam (agosto del 1964 a abril del 1975)
- Febrero del 1955 a julio del 1964
- Guerra de Corea (julio del 1950 a enero del 1955)
- Enero del 1947 a junio del 1950
- Segunda Guerra Mundial (diciembre del 1941 a diciembre del 1946)
- Noviembre del 1941 ó antes

29 a. ¿Tiene esta persona una clasificación de incapacidad de la VA relacionada con el servicio?

- Sí (tal como 0%, 10%, 20%, ..., 100%)
- No → PASE a la pregunta 30a

b. ¿Qué por ciento de incapacidad relacionada con el servicio militar tiene esta persona?

- 0 por ciento
- 10 ó 20 por ciento
- 30 ó 40 por ciento
- 50 ó 60 por ciento
- 70 por ciento o más

30 a. LA SEMANA PASADA, ¿hizo esta persona algún trabajo por paga en un empleo (o negocio)?

- Sí → PASE a la pregunta 31
- No – No trabajó (o está retirada)

b. LA SEMANA PASADA, ¿hizo esta persona CUALQUIER trabajo por paga, incluso aunque fuese por una hora?

- Sí
- No → PASE a la pregunta 36a

31 ¿En qué lugar trabajó esta persona LA SEMANA PASADA? Si esta persona trabajó en más de un lugar, escriba en letra de molde la dirección donde él o ella trabajó la mayor parte de la semana.

a. Dirección
Nombre de urbanización o condominio
Número y nombre de la calle

Si no sabe la dirección exacta, dé una descripción de la localización, tal como el nombre del edificio, calle o intersección más cercana.

b. Nombre de la ciudad, pueblo u oficina de correos

c. ¿Está localizado el lugar de trabajo dentro de los límites de esa ciudad o pueblo?

- Sí
- No, fuera de los límites de la ciudad/pueblo

d. Nombre del municipio o condado de los Estados Unidos

e. Anote Puerto Rico o el nombre del estado de los Estados Unidos o país extranjero

f. Código Postal

32 ¿Cómo llegó usualmente esta persona al trabajo LA SEMANA PASADA? Marque UNA casilla para el medio de transportación que utilizó por más distancia.

- | | |
|---|---|
| <input type="checkbox"/> Automóvil, camión o van | <input type="checkbox"/> Taxi |
| <input type="checkbox"/> Autobús | <input type="checkbox"/> Motocicleta |
| <input type="checkbox"/> Tren subterráneo o elevado | <input type="checkbox"/> Bicicleta |
| <input type="checkbox"/> Tren de viajes largos o de cercanías | <input type="checkbox"/> Camión |
| <input type="checkbox"/> Carro público | <input type="checkbox"/> Trabajó en el hogar → PASE a la pregunta 40a |
| <input type="checkbox"/> Lancha (ferry) | <input type="checkbox"/> Otro método |

K Conteste la pregunta 33 si marcó "Automóvil, camión o van" en la pregunta 32. De lo contrario, PASE a la pregunta 34.

33 ¿Cuántas personas, incluyendo a esta persona, usualmente viajaron al trabajo en el automóvil, camión o van LA SEMANA PASADA?

Persona(s)

34 LA SEMANA PASADA ¿a qué hora usualmente comenzó esta persona su viaje al trabajo?

| | | |
|----------------------|----------------------|-------------------------------|
| Hora | Minutos | <input type="checkbox"/> a.m. |
| <input type="text"/> | <input type="text"/> | <input type="checkbox"/> p.m. |

35 ¿Cuántos minutos le tomó a esta persona usualmente ir de su hogar al trabajo LA SEMANA PASADA?

Minutos

L Conteste las preguntas 36 – 39 si esta persona NO trabajó la semana pasada. De lo contrario, PASE a la pregunta 40a.

36 a. LA SEMANA PASADA, ¿estuvo esta persona suspendida (on layoff) o en cesantía de un empleo?

- Sí → PASE a la pregunta 36c
- No

b. LA SEMANA PASADA, ¿estuvo esta persona ausente TEMPORERAMENTE de su empleo o negocio?

- Sí, de vacaciones, enfermedad temporera, licencia por maternidad, otras razones personales o relacionadas con la familia, mal tiempo, etc. → PASE a la pregunta 39
- No → PASE a la pregunta 37

c. ¿Se le ha informado a esta persona que será llamada de nuevo a trabajar dentro de los próximos 6 meses O se le ha dado una fecha para regresar al trabajo?

- Sí → PASE a la pregunta 38
- No

37 Durante las ÚLTIMAS 4 SEMANAS, ¿ha estado esta persona buscando trabajo ACTIVAMENTE?

- Sí
- No → PASE a la pregunta 39

38 LA SEMANA PASADA, ¿hubiera podido esta persona comenzar un empleo si se le hubiera ofrecido uno, o hubiera podido regresar al trabajo si se le hubiera llamado de nuevo?

- Sí, hubiera podido ir a trabajar
- No, debido a una enfermedad temporera propia
- No, debido a otras razones (en la escuela, etc.)

39 ¿Cuándo trabajó esta persona por última vez, aunque fuera por unos pocos días?

- En los últimos 12 meses
- Hace 1 a 5 años → PASE a la sección **M**
- Hace más de 5 años o nunca trabajó → PASE a la pregunta 43



Persona 3 (continuación)

- 40** a. ¿Durante los ÚLTIMOS 12 MESES (52 semanas), ¿trabajó esta persona TODAS las semanas? Incluya como trabajo vacaciones pagadas, licencia por enfermedad pagada y servicio en las Fuerzas Armadas.

Sí → PASE a la pregunta 41
 No

- b. Durante los ÚLTIMOS 12 MESES (52 semanas), ¿cuántas SEMANAS trabajó esta persona? Incluya vacaciones o licencias pagadas e incluya semanas en que esta persona trabajó solo por unas pocas horas.

Semanas

- 41** En las SEMANAS TRABAJADAS durante los ÚLTIMOS 12 MESES, ¿cuántas horas trabajó usualmente esta persona cada SEMANA?

Horas usualmente trabajadas cada SEMANA

- M** Conteste las preguntas 42a – f si esta persona trabajó durante los últimos 5 años. De lo contrario, PASE a la pregunta 43.

42 DESCRIPCIÓN DEL EMPLEO

La serie de preguntas que sigue es sobre el tipo de empleo que esta persona tenía la semana pasada.

Si esta persona tenía más de un empleo, describa el empleo en el cual trabajó más horas. Si esta persona no trabajó la semana pasada, describa el empleo más reciente en los últimos cinco años.

- a. ¿Cuál de las siguientes opciones describe mejor el empleo de esta persona la semana pasada o el empleo más reciente en los últimos 5 años? Marque (X) UNA casilla.

EMPLEADO DEL SECTOR PRIVADO

- Compañía u organización con fines de lucro
 Organización sin fines de lucro (incluso las organizaciones exentas de impuestos y las organizaciones caritativas)

EMPLEADO DEL GOBIERNO

- Gobierno local (por ejemplo: distrito escolar de la ciudad o condado)
 Gobierno estatal (incluso universidades estatales)
 Servicio activo en las Fuerzas Armadas de los EE. UU. o en el Cuerpo de Comisionados
 Empleado civil del gobierno federal

EMPLEADO POR CUENTA PROPIA U OTRO

- Propietario(a) de un negocio, una práctica profesional o una finca no incorporada
 Propietario(a) de un negocio, una práctica profesional o una finca incorporada
 Trabajó sin paga en un negocio o finca de la familia con fines de lucro 15 horas o más a la semana

- b. ¿Cuál era el nombre del empleador, negocio, agencia o rama de las Fuerzas Armadas de esta persona?

- c. ¿Qué tipo de negocio o industria era este? Incluya la actividad, producto o servicio principal que se ofrecía en el lugar de empleo. (Por ejemplo: escuela primaria, construcción residencial)

- d. ¿Era este principalmente de:
 Marque (X) UNA casilla.

- manufactura?
 comercio al por mayor?
 comercio al por menor?
 otro (agricultura, construcción, servicio, gobierno, etc.)?

- e. ¿Cuál era la ocupación principal de esta persona? (Por ejemplo: maestro[a] de 4to grado, plomero[a] principiante)

- f. Describa las actividades o deberes más importantes de esta persona. (Por ejemplo: dar clases y evaluar a los estudiantes y planificar lecciones, montar e instalar tramos de tubería y revisar los planes de construcción para las especificaciones del trabajo)

43 INGRESO EN LOS ÚLTIMOS 12 MESES.

Marque (X) la casilla "Sí" por cada tipo de ingreso que recibió y anote el mejor estimado de la CANTIDAD TOTAL recibida durante los ÚLTIMOS 12 MESES. (NOTA: Los "últimos 12 meses" es el período desde la fecha de hoy hace un año hasta hoy.)

Marque (X) la casilla "No" para mostrar los tipos de ingresos NO recibidos.

Si el ingreso neto fue una pérdida, marque el cuadrado "Pérdida" a la derecha de la cantidad en dólares.

Para ingreso recibido en conjunto, informe la parte que le corresponde a cada persona; o, si eso no es posible, informe la cantidad total bajo una sola persona y marque el cuadrado "No" para la otra persona.

- a. Jornales, sueldos/salarios, comisiones, bonos o propinas de todos los empleos. Informe la cantidad antes de aplicarse las deducciones por impuestos, bonos, cuotas y otras cosas

Sí →
 No
 CANTIDAD TOTAL en los últimos 12 MESES

- b. Ingreso de empleo por cuenta propia en su negocio no agrícola o finca comercial, ya sea como propietario único o en sociedad. Informe el ingreso NETO después de descontar los gastos de negocio.

Sí →
 No Pérdida
 CANTIDAD TOTAL en los últimos 12 MESES

- c. Intereses, dividendos, ingreso neto por rentas, ingreso por derechos de autor, o ingreso por herencias y fideicomisos. Informe aun cantidades pequeñas acreditadas a una cuenta.

Sí →
 No Pérdida
 CANTIDAD TOTAL en los últimos 12 MESES

- d. Seguro Social o retiro para personal de los ferrocarriles.

Sí →
 No
 CANTIDAD TOTAL en los últimos 12 MESES

- e. Seguridad de Ingreso Suplementario (SSI).

Sí →
 No
 CANTIDAD TOTAL en los últimos 12 MESES

- f. Cualquier pago de asistencia o bienestar público (welfare) de la oficina de bienestar estatal o local.

Sí →
 No
 CANTIDAD TOTAL en los últimos 12 MESES

- g. Ingreso por retiro, pensiones, ingreso por discapacidad o por ser esposo(a) sobreviviente.

Incluya ingresos de un patrono o sindicato previo, retiros o distribuciones periódicas de una cuenta individual de retiro (IRA, por sus siglas en inglés), una IRA no deducible (Roth IRA), un plan 401(k), 403(b) u otras cuentas diseñadas específicamente para la jubilación. No incluya el Seguro Social.

Sí →
 No
 CANTIDAD TOTAL en los últimos 12 MESES

- h. Alguna otra fuente de ingreso recibido regularmente, tal como pagos de la Administración de Veteranos (VA), compensación por desempleo, pensión para hijos menores, pensión alimenticia, o pensión de su ex pareja. NO incluya pagos de mayor cantidad recibidos una sola vez, tal como dinero de una herencia o venta de una casa.

Sí →
 No
 CANTIDAD TOTAL en los últimos 12 MESES

- 44** ¿Cuál fue el ingreso total de esta persona durante los ÚLTIMOS 12 MESES? Sume las cantidades anotadas en las preguntas 43a – 43h; reste cualquier pérdida. Si el ingreso neto fue una pérdida, anote la cantidad y marque (X) la casilla "Pérdida" al lado de la cantidad.

Ninguno Pérdida
 CANTIDAD TOTAL en los últimos 12 MESES

- ➔ Continúe con las preguntas para la Persona 4 en la próxima página. Si no hay nadie listado como la persona 4 en la página 3, PASE a la página 28 para ver las instrucciones de envío por correo.



Persona 4

➔ Por favor, copie el nombre de la Persona 4 que aparece en la página 3. Luego, continúe contestando las siguientes preguntas.

Apellido

Nombre

Inicial

7 ¿Dónde nació esta persona?

En los Estados Unidos – *Escriba en letra de molde el nombre del estado.*

Fuera de los Estados Unidos – *Escriba en letra de molde Puerto Rico o el nombre del país extranjero, o de las Islas Vírgenes de los EE.UU., Guam, etc.*

8 ¿Es esta persona ciudadana de los Estados Unidos?

Sí, nació en Puerto Rico → *PASE a la pregunta 10a*

Sí, nació en un estado de los Estados Unidos, el Distrito de Columbia, Guam, las Islas Vírgenes de los Estados Unidos o las Islas Marianas del Norte

Sí, nació en el extranjero de padre o madre que es ciudadano(a) de los EE.UU.

Sí, es ciudadana de los Estados Unidos por naturalización – *Escriba el año de naturalización*

No, no es ciudadana de los Estados Unidos

9 ¿Cuándo vino esta persona a vivir a Puerto Rico? Si esta persona vino a vivir a Puerto Rico más de una vez, escriba el último año.

Año

10 a. En cualquier momento DURANTE LOS ÚLTIMOS 3 MESES, ¿ha estudiado esta persona en una escuela o universidad? *Incluya sólo pre-escolar o pre-kinder, kindergarten, escuela elemental, enseñanza en el hogar y escuela que conduce a un diploma de escuela superior o un título universitario.*

No, no ha estudiado durante los últimos 3 meses → *PASE a la pregunta 11*

Escuela o universidad pública

Escuela o universidad privada o enseñanza en el hogar (home school)

b. ¿A qué grado o nivel escolar asistía esta persona? *Marque (X) UNA casilla.*

Pre-escolar o pre-kinder

Kindergarten

Grado 1 al 12 – *Especifique grado 1-12*

Estudios universitarios al nivel de bachillerato (*freshman a senior*)

Escuela graduada o profesional más allá de un bachillerato universitario (*por ejemplo, un programa de Maestría o Doctorado o una escuela de medicina o leyes*)

11 ¿Cuál es el título o nivel escolar más alto que esta persona ha COMPLETADO? *Marque (X) UNA casilla. Si está matriculada actualmente, marque el grado escolar anterior o el título más alto recibido.*

NO HA COMPLETADO NINGÚN GRADO

No ha completado ningún grado

PRE-ESCOLAR O PRE-KINDER HASTA GRADO 12

Pre-escolar o pre-kinder

Kindergarten

Grado 1 al 11 – *Especifique grado 1-11*

Grado 12, **SIN DIPLOMA**

GRADUADO(A) DE ESCUELA SUPERIOR

Diploma de escuela superior

GED o examen equivalente

UNIVERSIDAD O ALGUNOS CRÉDITOS UNIVERSITARIOS

Algunos créditos universitarios, pero menos de 1 año de créditos universitarios

1 año o más de créditos universitarios, sin título

Título asociado universitario (*por ejemplo: AA, AS*)

Título de bachillerato universitario (*por ejemplo: BA, BS*)

DEPUÉS DEL TÍTULO DE BACHILLERATO UNIVERSITARIO

Título de maestría (*por ejemplo: MA, MS, MEng, MEd, MSW, MBA*)

Título profesional más allá de un título de bachillerato universitario (*por ejemplo: MD, DDS, DVM, LLB, JD*)

Título de doctorado (*por ejemplo: PhD, EdD*)

F Conteste la pregunta 12 si esta persona tiene un título de bachillerato universitario o más alto. De lo contrario, PASE a la pregunta 13.

12 Esta pregunta se enfoca en el TÍTULO DE BACHILLERATO UNIVERSITARIO de esta persona. Por favor, escriba en letra de molde el título específico de la concentración de estudio de cualquier TÍTULO DE BACHILLERATO UNIVERSITARIO específico(s) que esta persona recibió. (*Por ejemplo: ingeniería química, enseñanza de educación primaria, o psicología organizacional*)

13 ¿Cuál es la ascendencia u origen étnico de esta persona?

(*Por ejemplo: italiana, jamaicana, africana americana, camboyana, de Cabo Verde, noruega, dominicana, franco-canadiense, haitiana, coreana, libanesa, polaca, nigeriana, mexicana, taiwanesa, ucraniana, entre otras.*)

14 a. En su hogar, ¿habla esta persona un idioma que no sea inglés?

Sí

No → *PASE a la pregunta 15a*

b. ¿Qué idioma es ese?

Por ejemplo: coreano, italiano, español, vietnamés

c. ¿Cuán bien habla esta persona el inglés?

Muy bien

Bien

No bien

No habla inglés



Persona 4 (continuación)

15 a. ¿Vivió esta persona en esta casa o apartamento hace 1 año?

- Persona es menor de 1 año de edad → PASE a la pregunta 16
- Sí, en esta casa → PASE a la pregunta 16
- No, fuera de Puerto Rico y los Estados Unidos – *Escriba en letra de molde a continuación el nombre del país extranjero o las Islas Vírgenes de los Estados Unidos, Guam, etc.; luego PASE a la pregunta 16*

- No, en una casa diferente en Puerto Rico o los Estados Unidos

b. ¿Dónde vivía esta persona hace 1 año?

Dirección
Nombre de urbanización o condominio
Número y nombre de la calle

Nombre de la ciudad, pueblo u oficina de correos

Nombre del municipio o condado de los Estados Unidos

Anote Puerto Rico o el nombre del estado de los Estados Unidos

Código Postal

16 ¿Tiene esta persona cobertura ACTUALMENTE de cualquiera de los siguientes tipos de seguros de salud o planes de cobertura de seguro de salud? Marque "Sí" o "No" para CADA tipo de cobertura en las respuestas a-h.

- | | | |
|--|--------------------------|--------------------------|
| a. Seguro a través de su patrono o sindicato (unión), actual o previo (de esta persona o de cualquier otro miembro de la familia) | Sí | No |
| b. Seguro adquirido directamente de una compañía de seguro (por esta persona o por cualquier otro miembro de la familia) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicare, para personas que tienen 65 años o más, o personas con ciertos impedimentos | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Medicaid, Medical Assistance, o cualquier tipo de plan de asistencia gubernamental para esas personas con un ingreso bajo o incapacidad | <input type="checkbox"/> | <input type="checkbox"/> |
| e. TRICARE u otro seguro de salud militar | <input type="checkbox"/> | <input type="checkbox"/> |
| f. VA (personas inscritas en el sistema de cuidado de salud de la VA) | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Servicio de Salud Indio (Indian Health Service) | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Cualquier otro tipo de seguro de salud o plan de cobertura de seguro de salud – <i>Especifique</i> ↘ | <input type="checkbox"/> | <input type="checkbox"/> |

G Conteste la pregunta 17a si esta persona tiene seguro de salud. De lo contrario, PASE a la pregunta 18a.

17 a. ¿Tiene este plan una prima o cuota? Una prima o cuota es una cantidad fija de dinero que se paga regularmente para la cobertura de salud. No incluye los copagos, deducibles ni otros gastos, tales como los costos de las medicinas recetadas.

- Sí
- No → PASE a la pregunta 18a

b. ¿Recibe esta persona o algún otro miembro de la familia un crédito fiscal o subsidio basado en el ingreso de la familia como ayuda para pagar la prima o cuota?

- Sí
- No

18 a. ¿Es esta persona sorda o tiene él/ella una dificultad seria para oír?

- Sí
- No

b. ¿Es esta persona ciega o tiene él/ella una dificultad seria para ver aunque lleve puestos espejuelos o lentes?

- Sí
- No

H Conteste las preguntas 19a – c si esta persona tiene 5 años o más. De lo contrario, PASE a las preguntas para la Persona 5 en la página 24.

19 a. Debido a una condición física, mental o emocional, ¿tiene esta persona una dificultad seria para concentrarse, recordar o tomar decisiones?

- Sí
- No

b. ¿Tiene esta persona una dificultad seria para caminar o subir las escaleras?

- Sí
- No

c. ¿Tiene esta persona dificultad para vestirse o bañarse?

- Sí
- No

I Conteste la pregunta 20 si esta persona tiene 15 años o más. De lo contrario, PASE a las preguntas para la Persona 5 en la página 24.

20 Debido a una condición física, mental o emocional, ¿tiene esta persona dificultad para hacer diligencias sola, tal como ir al consultorio de un médico o ir de compras?

- Sí
- No

21 ¿Cuál es el estado civil de esta persona?

- Casada actualmente
- Viuda
- Divorciada
- Separada
- Nunca se ha casado → PASE a la sección **J**

22 En los PASADOS 12 MESES, ¿esta persona –

- | | Sí | No |
|-----------------|--------------------------|--------------------------|
| a. se casó? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. enviudó? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. se divorció? | <input type="checkbox"/> | <input type="checkbox"/> |

23 ¿Cuántas veces ha estado casada esta persona?

- Una vez
- Dos veces
- Tres veces o más

24 ¿En qué año se casó la última vez esta persona?

Año

J Conteste la pregunta 25 si esta persona es del sexo femenino y tiene de 15 a 50 años de edad. De lo contrario, PASE a la pregunta 26a.

25 En los ÚLTIMOS 12 MESES, ¿ha dado a luz esta persona?

- Sí
- No

26 a. ¿Tiene esta persona algún nieto menor de 18 años que viva en esta casa o apartamento?

- Sí
- No → PASE a la pregunta 27

b. ¿Es este abuelo actualmente responsable de la mayoría de las necesidades básicas de algunos de sus nietos menores de 18 años que viven en esta casa o apartamento?

- Sí
- No → PASE a la pregunta 27

c. ¿Cuánto tiempo hace que este abuelo es responsable de estos nietos? Si este abuelo es responsable económicamente de más de un nieto, conteste la pregunta para el nieto del cual haya sido responsable por más tiempo.

- Menos de 6 meses
- 6 a 11 meses
- 1 ó 2 años
- 3 ó 4 años
- 5 años o más



Persona 4 (continuación)

27 ¿Ha estado esta persona alguna vez en el servicio militar activo en las Fuerzas Armadas, la Reserva Militar o la Guardia Nacional de los Estados Unidos? Marque (X) UNA casilla.

- Nunca estuvo en el servicio militar → PASE a la pregunta 30a
- Servicio activo solamente para entrenamiento de la Reserva Militar o la Guardia Nacional → PASE a la pregunta 29a
- En servicio activo ahora
- En servicio activo en el pasado, pero no ahora

28 ¿Cuándo estuvo esta persona en servicio militar activo en las Fuerzas Armadas de los Estados Unidos? Marque (X) una casilla para CADA período durante el cual esta persona estuvo en servicio militar, aunque fuera sólo por parte del período.

- Septiembre del 2001 ó después
- Agosto del 1990 a agosto del 2001 (incluyendo la Guerra del Golfo Pérsico)
- Mayo del 1975 a julio del 1990
- Época de Vietnam (agosto del 1964 a abril del 1975)
- Febrero del 1955 a julio del 1964
- Guerra de Corea (julio del 1950 a enero del 1955)
- Enero del 1947 a junio del 1950
- Segunda Guerra Mundial (diciembre del 1941 a diciembre del 1946)
- Noviembre del 1941 ó antes

29 a. ¿Tiene esta persona una clasificación de incapacidad de la VA relacionada con el servicio?

- Sí (tal como 0%, 10%, 20%, ..., 100%)
- No → PASE a la pregunta 30a

b. ¿Qué por ciento de incapacidad relacionada con el servicio militar tiene esta persona?

- 0 por ciento
- 10 ó 20 por ciento
- 30 ó 40 por ciento
- 50 ó 60 por ciento
- 70 por ciento o más

30 a. LA SEMANA PASADA, ¿hizo esta persona algún trabajo por paga en un empleo (o negocio)?

- Sí → PASE a la pregunta 31
- No – No trabajó (o está retirada)

b. LA SEMANA PASADA, ¿hizo esta persona CUALQUIER trabajo por paga, incluso aunque fuese por una hora?

- Sí
- No → PASE a la pregunta 36a

31 ¿En qué lugar trabajó esta persona LA SEMANA PASADA? Si esta persona trabajó en más de un lugar, escriba en letra de molde la dirección donde él o ella trabajó la mayor parte de la semana.

a. Dirección
Nombre de urbanización o condominio
Número y nombre de la calle

Si no sabe la dirección exacta, dé una descripción de la localización, tal como el nombre del edificio, calle o intersección más cercana.

b. Nombre de la ciudad, pueblo u oficina de correos

c. ¿Está localizado el lugar de trabajo dentro de los límites de esa ciudad o pueblo?

- Sí
- No, fuera de los límites de la ciudad/pueblo

d. Nombre del municipio o condado de los Estados Unidos

e. Anote Puerto Rico o el nombre del estado de los Estados Unidos o país extranjero

f. Código Postal

32 ¿Cómo llegó usualmente esta persona al trabajo LA SEMANA PASADA? Marque UNA casilla para el medio de transportación que utilizó por más distancia.

- | | |
|---|---|
| <input type="checkbox"/> Automóvil, camión o van | <input type="checkbox"/> Taxi |
| <input type="checkbox"/> Autobús | <input type="checkbox"/> Motocicleta |
| <input type="checkbox"/> Tren subterráneo o elevado | <input type="checkbox"/> Bicicleta |
| <input type="checkbox"/> Tren de viajes largos o de cercanías | <input type="checkbox"/> Camión |
| <input type="checkbox"/> Carro público | <input type="checkbox"/> Trabajó en el hogar → PASE a la pregunta 40a |
| <input type="checkbox"/> Lancha (ferry) | <input type="checkbox"/> Otro método |

K Conteste la pregunta 33 si marcó "Automóvil, camión o van" en la pregunta 32. De lo contrario, PASE a la pregunta 34.

33 ¿Cuántas personas, incluyendo a esta persona, usualmente viajaron al trabajo en el automóvil, camión o van LA SEMANA PASADA?

Persona(s)

34 LA SEMANA PASADA ¿a qué hora usualmente comenzó esta persona su viaje al trabajo?

Hora Minutos

: a.m.
 p.m.

35 ¿Cuántos minutos le tomó a esta persona usualmente ir de su hogar al trabajo LA SEMANA PASADA?

Minutos

L Conteste las preguntas 36 – 39 si esta persona NO trabajó la semana pasada. De lo contrario, PASE a la pregunta 40a.

36 a. LA SEMANA PASADA, ¿estuvo esta persona suspendida (on layoff) o en cesantía de un empleo?

- Sí → PASE a la pregunta 36c
- No

b. LA SEMANA PASADA, ¿estuvo esta persona ausente TEMPORERAMENTE de su empleo o negocio?

- Sí, de vacaciones, enfermedad temporera, licencia por maternidad, otras razones personales o relacionadas con la familia, mal tiempo, etc. → PASE a la pregunta 39
- No → PASE a la pregunta 37

c. ¿Se le ha informado a esta persona que será llamada de nuevo a trabajar dentro de los próximos 6 meses O se le ha dado una fecha para regresar al trabajo?

- Sí → PASE a la pregunta 38
- No

37 Durante las ÚLTIMAS 4 SEMANAS, ¿ha estado esta persona buscando trabajo ACTIVAMENTE?

- Sí
- No → PASE a la pregunta 39

38 LA SEMANA PASADA, ¿hubiera podido esta persona comenzar un empleo si se le hubiera ofrecido uno, o hubiera podido regresar al trabajo si se le hubiera llamado de nuevo?

- Sí, hubiera podido ir a trabajar
- No, debido a una enfermedad temporera propia
- No, debido a otras razones (en la escuela, etc.)

39 ¿Cuándo trabajó esta persona por última vez, aunque fuera por unos pocos días?

- En los últimos 12 meses
- Hace 1 a 5 años → PASE a la sección **M**
- Hace más de 5 años o nunca trabajó → PASE a la pregunta 43



Persona 4 (continuación)

- 40** a. ¿Durante los ÚLTIMOS 12 MESES (52 semanas), ¿trabajó esta persona TODAS las semanas? Incluya como trabajo vacaciones pagadas, licencia por enfermedad pagada y servicio en las Fuerzas Armadas.

Sí → PASE a la pregunta 41
 No

- b. Durante los ÚLTIMOS 12 MESES (52 semanas), ¿cuántas SEMANAS trabajó esta persona? Incluya vacaciones o licencias pagadas e incluya semanas en que esta persona trabajó solo por unas pocas horas.

Semanas

- 41** En las SEMANAS TRABAJADAS durante los ÚLTIMOS 12 MESES, ¿cuántas horas trabajó usualmente esta persona cada SEMANA?

Horas usualmente trabajadas cada SEMANA

- M** Conteste las preguntas 42a – f si esta persona trabajó durante los últimos 5 años. De lo contrario, PASE a la pregunta 43.

42 DESCRIPCIÓN DEL EMPLEO

La serie de preguntas que sigue es sobre el tipo de empleo que esta persona tenía la semana pasada.

Si esta persona tenía más de un empleo, describa el empleo en el cual trabajó más horas. Si esta persona no trabajó la semana pasada, describa el empleo más reciente en los últimos cinco años.

- a. ¿Cuál de las siguientes opciones describe mejor el empleo de esta persona la semana pasada o el empleo más reciente en los últimos 5 años? Marque (X) UNA casilla.

EMPLEADO DEL SECTOR PRIVADO

- Compañía u organización con fines de lucro
 Organización sin fines de lucro (incluso las organizaciones exentas de impuestos y las organizaciones caritativas)

EMPLEADO DEL GOBIERNO

- Gobierno local (por ejemplo: distrito escolar de la ciudad o condado)
 Gobierno estatal (incluso universidades estatales)
 Servicio activo en las Fuerzas Armadas de los EE. UU. o en el Cuerpo de Comisionados
 Empleado civil del gobierno federal

EMPLEADO POR CUENTA PROPIA U OTRO

- Propietario(a) de un negocio, una práctica profesional o una finca no incorporada
 Propietario(a) de un negocio, una práctica profesional o una finca incorporada
 Trabajó sin paga en un negocio o finca de la familia con fines de lucro 15 horas o más a la semana

- b. ¿Cuál era el nombre del empleador, negocio, agencia o rama de las Fuerzas Armadas de esta persona?

- c. ¿Qué tipo de negocio o industria era este? Incluya la actividad, producto o servicio principal que se ofrecía en el lugar de empleo. (Por ejemplo: escuela primaria, construcción residencial)

- d. ¿Era este principalmente de:
 Marque (X) UNA casilla.

- manufactura?
 comercio al por mayor?
 comercio al por menor?
 otro (agricultura, construcción, servicio, gobierno, etc.)?

- e. ¿Cuál era la ocupación principal de esta persona? (Por ejemplo: maestro[a] de 4to grado, plomero[a] principiante)

- f. Describa las actividades o deberes más importantes de esta persona. (Por ejemplo: dar clases y evaluar a los estudiantes y planificar lecciones, montar e instalar tramos de tubería y revisar los planes de construcción para las especificaciones del trabajo)

43 INGRESO EN LOS ÚLTIMOS 12 MESES.

Marque (X) la casilla "Sí" por cada tipo de ingreso que recibió y anote el mejor estimado de la CANTIDAD TOTAL recibida durante los ÚLTIMOS 12 MESES. (NOTA: Los "últimos 12 meses" es el período desde la fecha de hoy hace un año hasta hoy.)

Marque (X) la casilla "No" para mostrar los tipos de ingresos NO recibidos.

Si el ingreso neto fue una pérdida, marque el cuadrado "Pérdida" a la derecha de la cantidad en dólares.

Para ingreso recibido en conjunto, informe la parte que le corresponde a cada persona; o, si eso no es posible, informe la cantidad total bajo una sola persona y marque el cuadrado "No" para la otra persona.

- a. Jornales, sueldos/salarios, comisiones, bonos o propinas de todos los empleos. Informe la cantidad antes de aplicarse las deducciones por impuestos, bonos, cuotas y otras cosas

Sí → \$.00
 No
 CANTIDAD TOTAL en los últimos 12 MESES

- b. Ingreso de empleo por cuenta propia en su negocio no agrícola o finca comercial, ya sea como propietario único o en sociedad. Informe el ingreso NETO después de descontar los gastos de negocio.

Sí → \$.00 Pérdida
 No
 CANTIDAD TOTAL en los últimos 12 MESES

- c. Intereses, dividendos, ingreso neto por rentas, ingreso por derechos de autor, o ingreso por herencias y fideicomisos. Informe aun cantidades pequeñas acreditadas a una cuenta.

Sí → \$.00 Pérdida
 No
 CANTIDAD TOTAL en los últimos 12 MESES

- d. Seguro Social o retiro para personal de los ferrocarriles.

Sí → \$.00
 No
 CANTIDAD TOTAL en los últimos 12 MESES

- e. Seguridad de Ingreso Suplementario (SSI).

Sí → \$.00
 No
 CANTIDAD TOTAL en los últimos 12 MESES

- f. Cualquier pago de asistencia o bienestar público (welfare) de la oficina de bienestar estatal o local.

Sí → \$.00
 No
 CANTIDAD TOTAL en los últimos 12 MESES

- g. Ingreso por retiro, pensiones, ingreso por discapacidad o por ser esposo(a) sobreviviente.

Incluya ingresos de un patrono o sindicato previo, retiros o distribuciones periódicas de una cuenta individual de retiro (IRA, por sus siglas en inglés), una IRA no deducible (Roth IRA), un plan 401(k), 403(b) u otras cuentas diseñadas específicamente para la jubilación. No incluya el Seguro Social.

Sí → \$.00
 No
 CANTIDAD TOTAL en los últimos 12 MESES

- h. Alguna otra fuente de ingreso recibido regularmente, tal como pagos de la Administración de Veteranos (VA), compensación por desempleo, pensión para hijos menores, pensión alimenticia, o pensión de su ex pareja. NO incluya pagos de mayor cantidad recibidos una sola vez, tal como dinero de una herencia o venta de una casa.

Sí → \$.00
 No
 CANTIDAD TOTAL en los últimos 12 MESES

- 44** ¿Cuál fue el ingreso total de esta persona durante los ÚLTIMOS 12 MESES? Sume las cantidades anotadas en las preguntas 43a – 43h; reste cualquier pérdida. Si el ingreso neto fue una pérdida, anote la cantidad y marque (X) la casilla "Pérdida" al lado de la cantidad.

Ninguno Pérdida
 \$.00
 CANTIDAD TOTAL en los últimos 12 MESES

- Continúe con las preguntas para la Persona 5 en la próxima página. Si no hay nadie listado como la persona 5 en la página 4, PASE a la página 28 para ver las instrucciones de envío por correo.



Persona 5

➔ Por favor, copie el nombre de la Persona 5 que aparece en la página 4. Luego, continúe contestando las siguientes preguntas.

Apellido

Nombre

Inicial

7 ¿Dónde nació esta persona?

En los Estados Unidos – *Escriba en letra de molde el nombre del estado.*

Fuera de los Estados Unidos – *Escriba en letra de molde Puerto Rico o el nombre del país extranjero, o de las Islas Vírgenes de los EE.UU., Guam, etc.*

8 ¿Es esta persona ciudadana de los Estados Unidos?

Sí, nació en Puerto Rico → *PASE a la pregunta 10a*

Sí, nació en un estado de los Estados Unidos, el Distrito de Columbia, Guam, las Islas Vírgenes de los Estados Unidos o las Islas Marianas del Norte

Sí, nació en el extranjero de padre o madre que es ciudadano(a) de los EE.UU.

Sí, es ciudadana de los Estados Unidos por naturalización – *Escriba el año de naturalización*

No, no es ciudadana de los Estados Unidos

9 ¿Cuándo vino esta persona a vivir a Puerto Rico? Si esta persona vino a vivir a Puerto Rico más de una vez, escriba el último año.

Año

10 a. En cualquier momento DURANTE LOS ÚLTIMOS 3 MESES, ¿ha estudiado esta persona en una escuela o universidad? *Incluya sólo pre-escolar o pre-kinder, kindergarten, escuela elemental, enseñanza en el hogar y escuela que conduce a un diploma de escuela superior o un título universitario.*

No, no ha estudiado durante los últimos 3 meses → *PASE a la pregunta 11*

Escuela o universidad pública

Escuela o universidad privada o enseñanza en el hogar (home school)

b. ¿A qué grado o nivel escolar asistía esta persona? *Marque (X) UNA casilla.*

Pre-escolar o pre-kinder

Kindergarten

Grado 1 al 12 – *Especifique grado 1-12*

Estudios universitarios al nivel de bachillerato (*freshman a senior*)

Escuela graduada o profesional más allá de un bachillerato universitario (*por ejemplo, un programa de Maestría o Doctorado o una escuela de medicina o leyes*)

11 ¿Cuál es el título o nivel escolar más alto que esta persona ha COMPLETADO? *Marque (X) UNA casilla. Si está matriculada actualmente, marque el grado escolar anterior o el título más alto recibido.*

NO HA COMPLETADO NINGÚN GRADO

No ha completado ningún grado

PRE-ESCOLAR O PRE-KINDER HASTA GRADO 12

Pre-escolar o pre-kinder

Kindergarten

Grado 1 al 11 – *Especifique grado 1-11*

Grado 12, **SIN DIPLOMA**

GRADUADO(A) DE ESCUELA SUPERIOR

Diploma de escuela superior

GED o examen equivalente

UNIVERSIDAD O ALGUNOS CRÉDITOS UNIVERSITARIOS

Algunos créditos universitarios, pero menos de 1 año de créditos universitarios

1 año o más de créditos universitarios, sin título

Título asociado universitario (*por ejemplo: AA, AS*)

Título de bachillerato universitario (*por ejemplo: BA, BS*)

DEPUÉS DEL TÍTULO DE BACHILLERATO UNIVERSITARIO

Título de maestría (*por ejemplo: MA, MS, MEng, MEd, MSW, MBA*)

Título profesional más allá de un título de bachillerato universitario (*por ejemplo: MD, DDS, DVM, LLB, JD*)

Título de doctorado (*por ejemplo: PhD, EdD*)

F Conteste la pregunta 12 si esta persona tiene un título de bachillerato universitario o más alto. De lo contrario, PASE a la pregunta 13.

12 Esta pregunta se enfoca en el TÍTULO DE BACHILLERATO UNIVERSITARIO de esta persona. Por favor, escriba en letra de molde el título específico de la concentración de estudio de cualquier TÍTULO DE BACHILLERATO UNIVERSITARIO específico(s) que esta persona recibió. (*Por ejemplo: ingeniería química, enseñanza de educación primaria, o psicología organizacional*)

13 ¿Cuál es la ascendencia u origen étnico de esta persona?

(*Por ejemplo: italiana, jamaicana, africana americana, camboyana, de Cabo Verde, noruega, dominicana, franco-canadiense, haitiana, coreana, libanesa, polaca, nigeriana, mexicana, taiwanesa, ucraniana, entre otras.*)

14 a. En su hogar, ¿habla esta persona un idioma que no sea inglés?

Sí

No → *PASE a la pregunta 15a*

b. ¿Qué idioma es ese?

Por ejemplo: coreano, italiano, español, vietnamés

c. ¿Cuán bien habla esta persona el inglés?

Muy bien

Bien

No bien

No habla inglés



Persona 5 (continuación)

15 a. ¿Vivía esta persona en esta casa o apartamento hace 1 año?

- Persona es menor de 1 año de edad → PASE a la pregunta 16
- Sí, en esta casa → PASE a la pregunta 16
- No, fuera de Puerto Rico y los Estados Unidos – *Escriba en letra de molde a continuación el nombre del país extranjero o las Islas Virgenes de los Estados Unidos, Guam, etc.; luego PASE a la pregunta 16*

- No, en una casa diferente en Puerto Rico o los Estados Unidos

b. ¿Dónde vivía esta persona hace 1 año?

Dirección
Nombre de urbanización o condominio
Número y nombre de la calle

Nombre de la ciudad, pueblo u oficina de correos

Nombre del municipio o condado de los Estados Unidos

Anote Puerto Rico o el nombre del estado de los Estados Unidos

Código Postal

16 ¿Tiene esta persona cobertura ACTUALMENTE de cualquiera de los siguientes tipos de seguros de salud o planes de cobertura de seguro de salud? Marque "Sí" o "No" para CADA tipo de cobertura en las respuestas a-h.

- | | | |
|--|--------------------------|--------------------------|
| a. Seguro a través de su patrono o sindicato (unión), actual o previo (de esta persona o de cualquier otro miembro de la familia) | Sí | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Seguro adquirido directamente de una compañía de seguro (por esta persona o por cualquier otro miembro de la familia) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicare, para personas que tienen 65 años o más, o personas con ciertos impedimentos | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Medicaid, Medical Assistance, o cualquier tipo de plan de asistencia gubernamental para esas personas con un ingreso bajo o incapacidad | <input type="checkbox"/> | <input type="checkbox"/> |
| e. TRICARE u otro seguro de salud militar | <input type="checkbox"/> | <input type="checkbox"/> |
| f. VA (personas inscritas en el sistema de cuidado de salud de la VA) | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Servicio de Salud Indio (Indian Health Service) | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Cualquier otro tipo de seguro de salud o plan de cobertura de seguro de salud – <i>Especifique</i> ↘ | <input type="checkbox"/> | <input type="checkbox"/> |

G Conteste la pregunta 17a si esta persona tiene seguro de salud. De lo contrario, PASE a la pregunta 18a.

17 a. ¿Tiene este plan una prima o cuota? Una prima o cuota es una cantidad fija de dinero que se paga regularmente para la cobertura de salud. No incluye los copagos, deducibles ni otros gastos, tales como los costos de las medicinas recetadas.

- Sí
- No → PASE a la pregunta 18a

b. ¿Recibe esta persona o algún otro miembro de la familia un crédito fiscal o subsidio basado en el ingreso de la familia como ayuda para pagar la prima o cuota?

- Sí
- No

18 a. ¿Es esta persona sorda o tiene él/ella una dificultad seria para oír?

- Sí
- No

b. ¿Es esta persona ciega o tiene él/ella una dificultad seria para ver aunque lleve puestos espejuelos o lentes?

- Sí
- No

H Conteste las preguntas 19a – c si esta persona tiene 5 años o más. De lo contrario, PASE a las instrucciones de envío en la página 28.

19 a. Debido a una condición física, mental o emocional, ¿tiene esta persona una dificultad seria para concentrarse, recordar o tomar decisiones?

- Sí
- No

b. ¿Tiene esta persona una dificultad seria para caminar o subir las escaleras?

- Sí
- No

c. ¿Tiene esta persona dificultad para vestirse o bañarse?

- Sí
- No

I Conteste la pregunta 20 si esta persona tiene 15 años o más. De lo contrario, PASE a las instrucciones de envío en la página 28.

20 Debido a una condición física, mental o emocional, ¿tiene esta persona dificultad para hacer diligencias sola, tal como ir al consultorio de un médico o ir de compras?

- Sí
- No

21 ¿Cuál es el estado civil de esta persona?

- Casada actualmente
- Viuda
- Divorciada
- Separada
- Nunca se ha casado → PASE a la sección **J**

22 En los PASADOS 12 MESES, ¿esta persona –

- | | Sí | No |
|-----------------|--------------------------|--------------------------|
| a. se casó? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. enviudó? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. se divorció? | <input type="checkbox"/> | <input type="checkbox"/> |

23 ¿Cuántas veces ha estado casada esta persona?

- Una vez
- Dos veces
- Tres veces o más

24 ¿En qué año se casó la última vez esta persona?

Año

J Conteste la pregunta 25 si esta persona es del sexo femenino y tiene de 15 a 50 años de edad. De lo contrario, PASE a la pregunta 26a.

25 En los ÚLTIMOS 12 MESES, ¿ha dado a luz esta persona?

- Sí
- No

26 a. ¿Tiene esta persona algún nieto menor de 18 años que viva en esta casa o apartamento?

- Sí
- No → PASE a la pregunta 27

b. ¿Es este abuelo actualmente responsable de la mayoría de las necesidades básicas de algunos de sus nietos menores de 18 años que viven en esta casa o apartamento?

- Sí
- No → PASE a la pregunta 27

c. ¿Cuánto tiempo hace que este abuelo es responsable de estos nietos? Si este abuelo es responsable económicamente de más de un nieto, conteste la pregunta para el nieto del cual haya sido responsable por más tiempo.

- Menos de 6 meses
- 6 a 11 meses
- 1 ó 2 años
- 3 ó 4 años
- 5 años o más



Persona 5 (continuación)

27 ¿Ha estado esta persona alguna vez en el servicio militar activo en las Fuerzas Armadas, la Reserva Militar o la Guardia Nacional de los Estados Unidos? Marque (X) UNA casilla.

- Nunca estuvo en el servicio militar → PASE a la pregunta 30a
- Servicio activo solamente para entrenamiento de la Reserva Militar o la Guardia Nacional → PASE a la pregunta 29a
- En servicio activo ahora
- En servicio activo en el pasado, pero no ahora

28 ¿Cuándo estuvo esta persona en servicio militar activo en las Fuerzas Armadas de los Estados Unidos? Marque (X) una casilla para CADA período durante el cual esta persona estuvo en servicio militar, aunque fuera sólo por parte del período.

- Septiembre del 2001 ó después
- Agosto del 1990 a agosto del 2001 (incluyendo la Guerra del Golfo Pérsico)
- Mayo del 1975 a julio del 1990
- Época de Vietnam (agosto del 1964 a abril del 1975)
- Febrero del 1955 a julio del 1964
- Guerra de Corea (julio del 1950 a enero del 1955)
- Enero del 1947 a junio del 1950
- Segunda Guerra Mundial (diciembre del 1941 a diciembre del 1946)
- Noviembre del 1941 ó antes

29 a. ¿Tiene esta persona una clasificación de incapacidad de la VA relacionada con el servicio?

- Sí (tal como 0%, 10%, 20%, ..., 100%)
- No → PASE a la pregunta 30a

b. ¿Qué por ciento de incapacidad relacionada con el servicio militar tiene esta persona?

- 0 por ciento
- 10 ó 20 por ciento
- 30 ó 40 por ciento
- 50 ó 60 por ciento
- 70 por ciento o más

30 a. LA SEMANA PASADA, ¿hizo esta persona algún trabajo por paga en un empleo (o negocio)?

- Sí → PASE a la pregunta 31
- No – No trabajó (o está retirada)

b. LA SEMANA PASADA, ¿hizo esta persona CUALQUIER trabajo por paga, incluso aunque fuese por una hora?

- Sí
- No → PASE a la pregunta 36a

31 ¿En qué lugar trabajó esta persona LA SEMANA PASADA? Si esta persona trabajó en más de un lugar, escriba en letra de molde la dirección donde él o ella trabajó la mayor parte de la semana.

a. Dirección
Nombre de urbanización o condominio
Número y nombre de la calle

Si no sabe la dirección exacta, dé una descripción de la localización, tal como el nombre del edificio, calle o intersección más cercana.

b. Nombre de la ciudad, pueblo u oficina de correos

c. ¿Está localizado el lugar de trabajo dentro de los límites de esa ciudad o pueblo?

- Sí
- No, fuera de los límites de la ciudad/pueblo

d. Nombre del municipio o condado de los Estados Unidos

e. Anote Puerto Rico o el nombre del estado de los Estados Unidos o país extranjero

f. Código Postal

32 ¿Cómo llegó usualmente esta persona al trabajo LA SEMANA PASADA? Marque UNA casilla para el medio de transportación que utilizó por más distancia.

- | | |
|---|---|
| <input type="checkbox"/> Automóvil, camión o van | <input type="checkbox"/> Taxi |
| <input type="checkbox"/> Autobús | <input type="checkbox"/> Motocicleta |
| <input type="checkbox"/> Tren subterráneo o elevado | <input type="checkbox"/> Bicicleta |
| <input type="checkbox"/> Tren de viajes largos o de cercanías | <input type="checkbox"/> Camión |
| <input type="checkbox"/> Carro público | <input type="checkbox"/> Trabajó en el hogar → PASE a la pregunta 40a |
| <input type="checkbox"/> Lancha (ferry) | <input type="checkbox"/> Otro método |

K Conteste la pregunta 33 si marcó "Automóvil, camión o van" en la pregunta 32. De lo contrario, PASE a la pregunta 34.

33 ¿Cuántas personas, incluyendo a esta persona, usualmente viajaron al trabajo en el automóvil, camión o van LA SEMANA PASADA?

Persona(s)

34 LA SEMANA PASADA ¿a qué hora usualmente comenzó esta persona su viaje al trabajo?

| | | |
|----------------------|----------------------|-------------------------------|
| Hora | Minutos | <input type="checkbox"/> a.m. |
| <input type="text"/> | <input type="text"/> | <input type="checkbox"/> p.m. |

35 ¿Cuántos minutos le tomó a esta persona usualmente ir de su hogar al trabajo LA SEMANA PASADA?

Minutos

L Conteste las preguntas 36 – 39 si esta persona NO trabajó la semana pasada. De lo contrario, PASE a la pregunta 40a.

36 a. LA SEMANA PASADA, ¿estuvo esta persona suspendida (on layoff) o en cesantía de un empleo?

- Sí → PASE a la pregunta 36c
- No

b. LA SEMANA PASADA, ¿estuvo esta persona ausente TEMPORERAMENTE de su empleo o negocio?

- Sí, de vacaciones, enfermedad temporera, licencia por maternidad, otras razones personales o relacionadas con la familia, mal tiempo, etc. → PASE a la pregunta 39
- No → PASE a la pregunta 37

c. ¿Se le ha informado a esta persona que será llamada de nuevo a trabajar dentro de los próximos 6 meses O se le ha dado una fecha para regresar al trabajo?

- Sí → PASE a la pregunta 38
- No

37 Durante las ÚLTIMAS 4 SEMANAS, ¿ha estado esta persona buscando trabajo ACTIVAMENTE?

- Sí
- No → PASE a la pregunta 39

38 LA SEMANA PASADA, ¿hubiera podido esta persona comenzar un empleo si se le hubiera ofrecido uno, o hubiera podido regresar al trabajo si se le hubiera llamado de nuevo?

- Sí, hubiera podido ir a trabajar
- No, debido a una enfermedad temporera propia
- No, debido a otras razones (en la escuela, etc.)

39 ¿Cuándo trabajó esta persona por última vez, aunque fuera por unos pocos días?

- En los últimos 12 meses
- Hace 1 a 5 años → PASE a la sección **M**
- Hace más de 5 años o nunca trabajó → PASE a la pregunta 43



Persona 5 (continuación)

- 40** a. ¿Durante los ÚLTIMOS 12 MESES (52 semanas), ¿trabajó esta persona TODAS las semanas? Incluya como trabajo vacaciones pagadas, licencia por enfermedad pagada y servicio en las Fuerzas Armadas.

Sí → PASE a la pregunta 41
 No

- b. Durante los ÚLTIMOS 12 MESES (52 semanas), ¿cuántas SEMANAS trabajó esta persona? Incluya vacaciones o licencias pagadas e incluya semanas en que esta persona trabajó solo por unas pocas horas.

Semanas

- 41** En las SEMANAS TRABAJADAS durante los ÚLTIMOS 12 MESES, ¿cuántas horas trabajó usualmente esta persona cada SEMANA?

Horas usualmente trabajadas cada SEMANA

- M** Conteste las preguntas 42a – f si esta persona trabajó durante los últimos 5 años. De lo contrario, PASE a la pregunta 43.

42 DESCRIPCIÓN DEL EMPLEO

La serie de preguntas que sigue es sobre el tipo de empleo que esta persona tenía la semana pasada.

Si esta persona tenía más de un empleo, describa el empleo en el cual trabajó más horas. Si esta persona no trabajó la semana pasada, describa el empleo más reciente en los últimos cinco años.

- a. ¿Cuál de las siguientes opciones describe mejor el empleo de esta persona la semana pasada o el empleo más reciente en los últimos 5 años? Marque (X) UNA casilla.

EMPLEADO DEL SECTOR PRIVADO

- Compañía u organización con fines de lucro
 Organización sin fines de lucro (incluso las organizaciones exentas de impuestos y las organizaciones caritativas)

EMPLEADO DEL GOBIERNO

- Gobierno local (por ejemplo: distrito escolar de la ciudad o condado)
 Gobierno estatal (incluso universidades estatales)
 Servicio activo en las Fuerzas Armadas de los EE. UU. o en el Cuerpo de Comisionados
 Empleado civil del gobierno federal

EMPLEADO POR CUENTA PROPIA U OTRO

- Propietario(a) de un negocio, una práctica profesional o una finca no incorporada
 Propietario(a) de un negocio, una práctica profesional o una finca incorporada
 Trabajó sin paga en un negocio o finca de la familia con fines de lucro 15 horas o más a la semana

- b. ¿Cuál era el nombre del empleador, negocio, agencia o rama de las Fuerzas Armadas de esta persona?

- c. ¿Qué tipo de negocio o industria era este? Incluya la actividad, producto o servicio principal que se ofrecía en el lugar de empleo. (Por ejemplo: escuela primaria, construcción residencial)

- d. ¿Era este principalmente de:
 Marque (X) UNA casilla.

- manufactura?
 comercio al por mayor?
 comercio al por menor?
 otro (agricultura, construcción, servicio, gobierno, etc.)?

- e. ¿Cuál era la ocupación principal de esta persona? (Por ejemplo: maestro[a] de 4to grado, plomero[a] principiante)

- f. Describa las actividades o deberes más importantes de esta persona. (Por ejemplo: dar clases y evaluar a los estudiantes y planificar lecciones, montar e instalar tramos de tubería y revisar los planes de construcción para las especificaciones del trabajo)

43 INGRESO EN LOS ÚLTIMOS 12 MESES.

Marque (X) la casilla "Sí" por cada tipo de ingreso que recibió y anote el mejor estimado de la CANTIDAD TOTAL recibida durante los ÚLTIMOS 12 MESES. (NOTA: Los "últimos 12 meses" es el período desde la fecha de hoy hace un año hasta hoy.)

Marque (X) la casilla "No" para mostrar los tipos de ingresos NO recibidos.

Si el ingreso neto fue una pérdida, marque el cuadrado "Pérdida" a la derecha de la cantidad en dólares.

Para ingreso recibido en conjunto, informe la parte que le corresponde a cada persona; o, si eso no es posible, informe la cantidad total bajo una sola persona y marque el cuadrado "No" para la otra persona.

- a. Jornales, sueldos/salarios, comisiones, bonos o propinas de todos los empleos. Informe la cantidad antes de aplicarse las deducciones por impuestos, bonos, cuotas y otras cosas

Sí → \$.⁰⁰
 No
 CANTIDAD TOTAL en los últimos 12 MESES

- b. Ingreso de empleo por cuenta propia en su negocio no agrícola o finca comercial, ya sea como propietario único o en sociedad. Informe el ingreso NETO después de descontar los gastos de negocio.

Sí → \$.⁰⁰ Pérdida
 No
 CANTIDAD TOTAL en los últimos 12 MESES

- c. Intereses, dividendos, ingreso neto por rentas, ingreso por derechos de autor, o ingreso por herencias y fideicomisos. Informe aun cantidades pequeñas acreditadas a una cuenta.

Sí → \$.⁰⁰ Pérdida
 No
 CANTIDAD TOTAL en los últimos 12 MESES

- d. Seguro Social o retiro para personal de los ferrocarriles.

Sí → \$.⁰⁰
 No
 CANTIDAD TOTAL en los últimos 12 MESES

- e. Seguridad de Ingreso Suplementario (SSI).

Sí → \$.⁰⁰
 No
 CANTIDAD TOTAL en los últimos 12 MESES

- f. Cualquier pago de asistencia o bienestar público (welfare) de la oficina de bienestar estatal o local.

Sí → \$.⁰⁰
 No
 CANTIDAD TOTAL en los últimos 12 MESES

- g. Ingreso por retiro, pensiones, ingreso por discapacidad o por ser esposo(a) sobreviviente.

Incluya ingresos de un patrono o sindicato previo, retiros o distribuciones periódicas de una cuenta individual de retiro (IRA, por sus siglas en inglés), una IRA no deducible (Roth IRA), un plan 401(k), 403(b) u otras cuentas diseñadas específicamente para la jubilación. No incluya el Seguro Social.

Sí → \$.⁰⁰
 No
 CANTIDAD TOTAL en los últimos 12 MESES

- h. Alguna otra fuente de ingreso recibido regularmente, tal como pagos de la Administración de Veteranos (VA), compensación por desempleo, pensión para hijos menores, pensión alimenticia, o pensión de su ex pareja. NO incluya pagos de mayor cantidad recibidos una sola vez, tal como dinero de una herencia o venta de una casa.

Sí → \$.⁰⁰
 No
 CANTIDAD TOTAL en los últimos 12 MESES

- 44** ¿Cuál fue el ingreso total de esta persona durante los ÚLTIMOS 12 MESES? Sume las cantidades anotadas en las preguntas 43a – 43h; reste cualquier pérdida. Si el ingreso neto fue una pérdida, anote la cantidad y marque (X) la casilla "Pérdida" al lado de la cantidad.

Ninguno Pérdida
 \$.⁰⁰
 CANTIDAD TOTAL en los últimos 12 MESES

- ➔ Ahora continúe con las instrucciones sobre envío por correo en la página 28.



Instrucciones sobre envío por correo

→ Por favor, asegúrese de que ha...

- listado todos los nombres y contestado todas las preguntas en las páginas 2, 3 y 4.
- contestado todas las preguntas sobre Vivienda.
- contestado todas las preguntas sobre Personas para cada persona.

→ Entonces...

- coloque el cuestionario completado en el sobre de envío incluido. Si el sobre se ha extraviado, envíe el cuestionario por correo a:

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

- asegúrese de que el código de barras encima de su dirección está visible en la ventanilla del sobre.

Gracias por participar en la Encuesta sobre la Comunidad de Puerto Rico.

Para Uso del Negociado del Censo

POP

EDIT

PHONE

JIC1

JIC2

EDIT CLERK

TELEPHONE CLERK

JIC3

JIC4

El Negociado del Censo estima que, al hogar típico, le tomará 40 minutos completar este cuestionario, incluyendo el tiempo para repasar las instrucciones y respuestas. Los comentarios sobre el estimado del tiempo o cualquier otro aspecto de esta recopilación de información, incluyendo sugerencias para reducir el tiempo que toma, deben dirigirse a: Paperwork Project 0607-0810 and 0607-0936, U.S. Census Bureau, 4600 Silver Hill Road, AMSD – 3K138, Washington, DC 20233. Puede enviar sus comentarios por correo electrónico a AMSD.Paperwork@census.gov: escriba "Paperwork Project 0607-0810 and 0607-0936" en el espacio para el tema. Use el sobre predirigido adjunto para devolver su cuestionario completado.

No se requiere que las personas respondan a ninguna recopilación de información a menos que ésta tenga un número válido aprobado de la Oficina de Administración y Presupuesto. Este número de 8 dígitos se encuentra en la parte inferior derecha de la cubierta de este cuestionario.

Forma ACS-1(2019)PR(SP) (02-07-2018)



AN EQUAL OPPORTUNITY EMPLOYER

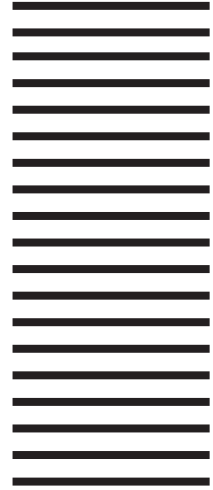
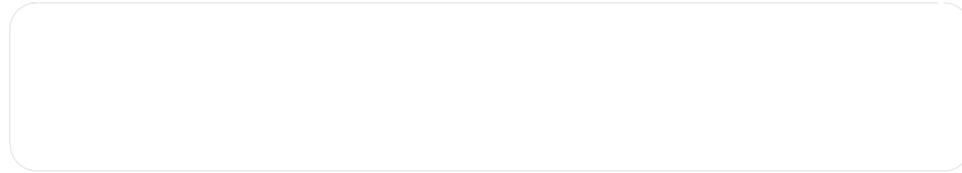


Attachment I

OFFICIAL BUSINESS
Penalty for Private Use \$300

6385-47(2014) (10-2013)

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



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UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau
Washington, DC 20233-2000
OFFICE OF THE DIRECTOR

Un mensaje del Director de la Oficina del Censo de los Estados Unidos . . .

Hace unos días usted debe haber recibido un cuestionario de la Encuesta sobre la Comunidad de Puerto Rico. Si ya lo ha devuelto, le extiendo mi agradecimiento. Si todavía no lo ha enviado, por favor, hágalo pronto.

Los líderes locales y nacionales utilizan la información recogida por esta encuesta para planificar escuelas, hospitales, carreteras y otras necesidades de la comunidad.

Si usted requiere ayuda para completar la encuesta, por favor llame sin cargo a nuestra línea informativa (1-800-814-8385).

Gracias.

ACS-20PR(2018) (8-2017)

A message from the Director, U.S. Census Bureau . . .

A few days ago, you should have received a Puerto Rico Community Survey questionnaire. If you have already mailed it back, thank you. If you have not, please send it soon.

Local and national leaders use the information from this survey for planning schools, hospitals, roads, and other community needs.

If you need help filling out the questionnaire or have questions, please call our toll-free number (1-800-717-7381).

Thank you.



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau
Washington, DC 20233-2000
OFFICE OF THE DIRECTOR

Un mensaje del Director de la Oficina del Censo de los Estados Unidos . . .

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Los líderes locales y nacionales utilizan la información recogida por esta encuesta para planificar escuelas, hospitales, carreteras y otras necesidades de la comunidad.

Si usted requiere ayuda para completar la encuesta, por favor llame sin cargo a nuestra línea informativa (1-800-814-8385).

Gracias.

ACS-20PR(2018) (8-2017)

A message from the Director, U.S. Census Bureau . . .

A few days ago, you should have received a Puerto Rico Community Survey questionnaire. If you have already mailed it back, thank you. If you have not, please send it soon.

Local and national leaders use the information from this survey for planning schools, hospitals, roads, and other community needs.

If you need help filling out the questionnaire or have questions, please call our toll-free number (1-800-717-7381).

Thank you.

ACS-14(L)PR(2017)
(6-2017)



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau
Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

A message from the Director, U.S. Census Bureau ...

About three weeks ago, the U.S. Census Bureau sent a Puerto Rico Community Survey questionnaire to your address. We asked you to help us with this very important survey by completing it and mailing it back. But, we have not received it yet.

If you have already mailed your questionnaire, thank you very much. If you have not mailed the questionnaire, please send it soon. We have included another questionnaire with this letter. This survey is so important that a Census Bureau representative may attempt to contact you by telephone or personal visit if we do not receive your questionnaire.

The information collected in this survey will help decide where new schools, hospitals, and fire stations are needed. The information also is used to develop programs to reduce traffic congestion, provide job training, and plan for the health care needs of the elderly.

The Census Bureau chose your address, not you personally, as part of a randomly selected sample. You are required by U.S. law to respond to this survey. The U.S. Census Bureau is required by law to keep your information confidential. The Census Bureau is not permitted to publicly release your responses in a way that could identify you. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. The enclosed brochure answers frequently asked questions about the survey.

If you need help filling out the questionnaire, please call our toll-free number (1-800-717-7381).

Thank you.

Enclosures

ACS-14(L)PR(2017)
(6-2017)



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau
Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

Un mensaje del Director de la Oficina del Censo de los Estados Unidos ...

Hace unas tres semanas, la Oficina del Censo de los EE. UU. envió un cuestionario de la Encuesta sobre la Comunidad de Puerto Rico a su dirección. Le pedimos que nos ayudara con esta importantísima encuesta, completándola y enviándola por correo. Sin embargo, hasta el momento no hemos recibido su cuestionario.

Si usted ya ha enviado su cuestionario, le damos las gracias. Si todavía no lo ha enviado, por favor, hágalo lo más pronto posible. Hemos incluido otro cuestionario con esta carta. Esta encuesta es de tanta importancia que, si no recibimos su cuestionario, es posible que un representante de la Oficina del Censo se comunique con usted por teléfono o lo visite en su hogar.

La información recopilada por esta encuesta ayudará a decidir dónde se necesitan nuevas escuelas, hospitales y estaciones de bomberos. La información también se utiliza para crear programas para reducir el tráfico, proveer capacitación para el empleo y planificar el cuidado de salud de los ancianos.

La Oficina del Censo escogió su dirección, y no a usted personalmente, como parte de una muestra de hogares seleccionados al azar. La Oficina del Censo de los EE. UU. está obligada por ley a proteger su información. A la Oficina del Censo no se le permite divulgar sus respuestas de manera que este hogar pudiera ser identificado. En conformidad con la Ley para el Fortalecimiento de la Seguridad Cibernética Federal del 2015, sus datos están protegidos contra los riesgos de seguridad cibernética mediante los controles aplicados a los sistemas que transmiten su información. El folleto adjunto contesta algunas de las preguntas frecuentes acerca de esta encuesta.

Si usted necesita ayuda en llenar el cuestionario, por favor, llame sin cargo a nuestro número de teléfono (1-800-814-8385).

Muchas gracias.

Documentos adjuntos

**U.S. DEPARTMENT OF COMMERCE
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UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau
Washington, DC 20233-2000
OFFICE OF THE DIRECTOR

Un mensaje del Director del Negociado del Censo de los Estados Unidos ...

En las últimas semanas, el Negociado del Censo de los EE.UU. le envió a su hogar dos veces un paquete que contiene el cuestionario para la Comunidad de Puerto Rico. **Usted está obligado(a) por ley a responder a esta encuesta.** El Negociado del Censo de los EE. UU. está obligado por ley a proteger su información. El Negociado del Censo no se le permite divulgar sus respuestas de manera que este hogar pudiera ser identificado. En conformidad con la Ley para el Fortalecimiento de la Seguridad Cibernética Federal del 2015, sus datos están protegidos contra los riesgos de seguridad cibernética mediante los controles aplicados a los sistemas que transmiten su información. Si ya ha enviado un cuestionario de vuelta por correo, se lo agradecemos. Si no, por favor, complételo y envíelo inmediatamente.

Su respuesta es muy importante para su comunidad local y para su país. Si no llena y envía su cuestionario, es posible que un representante del Negociado del Censo lo visite en su hogar para completar la encuesta.

Si prefiere completar la encuesta por teléfono o necesita ayuda, sírvase llamar sin carga a (1-800-814-8385).

Gracias.

ACS-23PR(2017) (8-2017)

A message from the Director, U.S. Census Bureau ...

Within the last few weeks, the U.S. Census Bureau mailed Puerto Rico Community Survey questionnaire packages to your address twice. **You are required by U.S. law to respond to this survey.** The U.S. Census Bureau is required by law to keep your information confidential. The Census Bureau is not permitted to publicly release your responses in a way that could identify you. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. If you have already mailed back a questionnaire, thank you. If you have not, please complete one and send it now.

Your response is critically important to your local community and to your country. If you do not send your completed questionnaire, a Census Bureau interviewer may contact you by personal visit to complete the survey.

If you would like to complete the survey by telephone or need assistance, please call our toll-free number (1-800-717-7381).

Thank you.



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau
Washington, DC 20233-2000
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Gracias.

ACS-23PR(2017) (8-2017)

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If you would like to complete the survey by telephone or need assistance, please call our toll-free number (1-800-717-7381).

Thank you.

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Economics and Statistics Administration
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AN EQUAL OPPORTUNITY EMPLOYER

Se Incluye Cuestionario de la Encuesta sobre la Comunidad de Puerto Rico

SU RESPUESTA ES REQUERIDA POR LEY

The Puerto Rico Community Survey Form Enclosed

YOUR RESPONSE IS REQUIRED BY LAW

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**ACS-13(L)PR(2017)
(6-2017)**



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau
Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

A message from the Director, U.S. Census Bureau ...

The U.S. Census Bureau recently sent a letter to your household about the Puerto Rico Community Survey. Enclosed is a questionnaire and information about the survey. Please complete the questionnaire and mail it back as soon as possible in the postage-paid envelope.

This survey collects critical up-to-date information used to meet the needs of communities across Puerto Rico. For example, results from this survey are used to decide where new schools, hospitals, and fire stations are needed. This information also helps communities plan for the kinds of emergency situations that might affect you and your neighbors, such as floods and other natural disasters.

The U.S. Census Bureau chose your address, not you personally, as part of a randomly selected sample. You are required by U.S. law to respond to this survey. The U.S. Census Bureau is required by law to keep your information confidential. The Census Bureau is not permitted to publicly release your responses in a way that could identify you. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. The enclosed brochure answers frequently asked questions about the survey.

If you need help filling out the questionnaire, please call our toll-free number (1-800-717-7381).

Thank you in advance for your cooperation.

Enclosures

**ACS-13(L)PR(2017)
(6-2017)**



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau
Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

Un mensaje del Director de la Oficina del Censo de los Estados Unidos ...

La Oficina del Censo recientemente le envió una carta a su hogar acerca de la Encuesta sobre la Comunidad de Puerto Rico. Adjunto encontrará un cuestionario e información sobre la encuesta. Por favor, llene el cuestionario y envíelo en el sobre con franqueo pagado que se incluye lo más pronto posible.

Esta encuesta recopila información vital actualizada que se utiliza para responder a las necesidades de las comunidades en Puerto Rico. Por ejemplo, los resultados de esta encuesta se usan para determinar dónde se necesitan nuevas escuelas, hospitales y estaciones de bomberos. Esta información también ayuda a las comunidades a prepararse para las emergencias que los pueden afectar a usted y a sus vecinos, tales como inundaciones y otros desastres naturales.

La Oficina del Censo de los EE. UU. escogió su dirección, y no a usted personalmente, como parte de una muestra de hogares seleccionados al azar. Usted está obligado(a) por ley a responder a esta encuesta. La Oficina del Censo de los EE. UU. está obligada por ley a proteger su información. A la Oficina del Censo no se le permite divulgar sus respuestas de manera que este hogar pudiera ser identificado. En conformidad con la Ley para el Fortalecimiento de la Seguridad Cibernética Federal del 2015, sus datos están protegidos contra los riesgos de seguridad cibernética mediante los controles aplicados a los sistemas que transmiten su información. El folleto que acompaña esta carta contesta algunas de las preguntas frecuentes sobre la encuesta.

Si usted necesita ayuda para llenar el cuestionario, por favor, llame sin cargo a nuestro número de teléfono (1-800-814-8385).

Le agradecemos de antemano por su ayuda.

Documentos adjuntos

Frequently Asked Questions



**PUERTO RICO
COMMUNITY
SURVEY**

United States™
Census
Bureau

U.S. Department of Commerce
Economics and Statistics Administration
U.S. CENSUS BUREAU
census.gov

Issued September 2017
ACS-10SMPR(2017)

Frequently Asked Questions

What is the Puerto Rico Community Survey?

The Puerto Rico Community Survey collects information about population and housing characteristics for the nation, states, cities, counties, metropolitan areas, and communities on a continuous basis. Based on the Puerto Rico Community Survey, the Census Bureau can provide up-to-date data about our rapidly changing country more often than once every 10 years when the census is conducted.

How do I benefit by answering the Puerto Rico Community Survey?

Communities need data about the well-being of children, families, and the older population to provide services to them. By responding to the Puerto Rico Community Survey questionnaire, you are helping your community to establish goals, identify problems and solutions, and measure the performance of programs.

The data are also used to decide where to locate new highways, schools, hospitals, and community centers; to show a large corporation that a town has the workforce the company needs; and in many other ways.

Do I have to answer the questions on the Puerto Rico Community Survey?

Yes. Your response to this survey is required by law (Title 13, U.S. Code, Sections 141, 193, and 221). Title 13, as changed by Title 18, imposes a penalty for not responding. We estimate this survey will take about 40 minutes to complete.

How will the Census Bureau use the information that I provide?

By law, the Census Bureau can only use your responses to produce statistics. Your information will be used in combination with information from other households to produce data for your community. Similar data will be produced for communities across Puerto Rico and the United States.

We may combine your answers with information that you gave to other agencies to enhance the statistical uses of these data. This information will be given the same protections as your survey information. Based on the information that you provide, you may be asked to participate in other Census Bureau surveys that are voluntary.

Will the Census Bureau keep my information confidential?

Yes. The Census Bureau is required by law to protect your information. The Census Bureau is not permitted to publicly release your responses in a way that could identify you. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit our data.

Where can I find more information about the Puerto Rico Community Survey or get assistance?

You may visit our Web site at census.gov/acs or call 1-800-354-7271, if you need assistance or more information.

Preguntas Frecuentes



ENCUESTA SOBRE LA COMUNIDAD DE PUERTO RICO

Oficina del **Censo** Estados Unidos Puerto Rico

Departamento de Comercio de los EE.UU. Administración de Economía y Estadísticas Oficina del Censo de los EE.UU. census.gov

Issued September 2017 ACS-10SMPR(2017)

Preguntas Frecuentes

¿Qué es la Encuesta sobre la Comunidad de Puerto Rico?

La Encuesta sobre la Comunidad de Puerto Rico recopila información en forma continua sobre las características de la población y vivienda para la isla, los municipios, áreas metropolitanas y comunidades. Basándose en la Encuesta sobre la Comunidad de Puerto Rico, la Oficina del Censo puede proveer datos actualizados sobre los cambios constantes en nuestro país con más frecuencia, no sólo una vez cada diez años cuando se lleva a cabo el censo.

¿Cómo me beneficia responder a la Encuesta sobre la Comunidad de Puerto Rico?

Las comunidades necesitan datos sobre el bienestar de los niños, las familias y los envejecientes para poder proveerles servicios. Al responder al cuestionario de la Encuesta sobre la Comunidad de Puerto Rico, usted está ayudando a su comunidad a establecer metas, identificar problemas y sus soluciones, y medir la eficacia de los programas.

Los datos también se usan para decidir dónde construir nuevas carreteras, escuelas, hospitales y centros comunitarios; para demostrarle a una corporación grande que un pueblo tiene la mano de obra que la compañía necesita; y en muchas otras maneras.

¿Estoy obligado(a) a contestar las preguntas de la Encuesta sobre la Comunidad de Puerto Rico?

Sí. La ley requiere que usted conteste esta encuesta (secciones 141, 193 y 221 del título 13 del Código de los Estados Unidos). El Título 13, según enmendado por el Título 18, impone sanciones por no responder. Estimamos que esta encuesta le tomará aproximadamente 40 minutos para completar.

¿Cómo utilizará la Oficina del Censo la información que les doy?

La Oficina del Censo solamente puede usar la información que usted nos da para propósitos estadísticos, y no puede publicar o divulgar información que pudiera identificarlo a usted o a su hogar. Su información será usada en combinación con la de otros hogares para producir datos sobre su comunidad. Se producirán datos similares para otras comunidades en Puerto Rico y los Estados Unidos.

Es posible que combinemos sus respuestas con información que usted ha dado a otras agencias para así aumentar el valor estadístico de los datos. Esta información recibirá la misma protección que se le extiende a la información que usted proveyó a esta encuesta. Basado en la información que usted provee, podría ser invitado(a) a participar voluntariamente en otras encuestas de la Oficina del Censo.

¿Mantendrá la Oficina del Censo la confidencialidad de mi información personal?

Sí. La Oficina del Censo de los EE. UU. está obligada por ley a proteger su información. A la Oficina del Censo no se le permite divulgar sus respuestas de manera que este hogar pudiera ser identificado. En conformidad con la Ley para el Fortalecimiento de la Seguridad Cibernética Federal del 2015, sus datos están protegidos contra los riesgos de seguridad cibernética mediante los controles aplicados a los sistemas que transmiten su información.

¿Dónde puedo obtener más información acerca de la Encuesta sobre la Comunidad de Puerto Rico, o dónde puedo pedir ayuda?

Puede acudir a nuestro sitio en la Internet census.gov/acs o llame al 1-800-814-8385 si necesita asistencia o más información.



THE Puerto Rico Community Survey

Please complete this form and return it as soon as possible after receiving it in the mail.

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



If you need help or have questions about completing this form, please call **1-800-717-7381**. The telephone call is free.

Telephone Device for the Deaf (TDD):

Call 1-800-786-9448. The telephone call is free.

¿NECESITA AYUDA? Si usted habla español y necesita ayuda para completar su cuestionario, llame sin cargo alguno al **1-800-814-8385**.

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

Start Here

➔ **Please print today's date.**

| | | |
|----------------------|----------------------|----------------------|
| Month | Day | Year |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

➔ **Please print the name and telephone number of the person who is filling out this form.** We will only contact you if needed for official Census Bureau business.

| | |
|----------------------|----------------------|
| Last Name | |
| <input type="text"/> | |
| First Name | MI |
| <input type="text"/> | <input type="text"/> |

| | |
|----------------------|---|
| Area Code + Number | |
| <input type="text"/> | <input type="text"/> - <input type="text"/> |

➔ **How many people are living or staying at this address?**

- **INCLUDE** everyone who is living or staying here for more than 2 months.
- **INCLUDE** yourself if you are living here for more than 2 months.
- **INCLUDE** anyone else staying here who does not have another place to stay, even if they are here for 2 months or less.
- **DO NOT INCLUDE** anyone who is living somewhere else for more than 2 months, such as a college student living away or someone in the Armed Forces on deployment.

Number of people

➔ **Fill out pages 2, 3, and 4 for everyone, including yourself, who is living or staying at this address for more than 2 months. Then complete the rest of the form.**



Person 1

(Person 1 is the person living or staying here in whose name this house or apartment is owned, being bought, or rented. If there is no such person, start with the name of any adult living or staying here.)

1 What is Person 1's name?

Last Name *(Please print)* First Name MI

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

Person 1

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

Male Female

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

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

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

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

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

Some other race – *Print race.* ↘

Person 2

1 What is Person 2's name?

Last Name *(Please print)* First Name MI

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

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

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

Male Female

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

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

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

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

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

Some other race – *Print race.* ↘



Person 3

1 What is Person 3's name?

Last Name *(Please print)* First Name MI

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

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

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

- Male Female

4 What is Person 3's age and what is Person 3's date of birth?

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

Print numbers in boxes.

Age (in years) Month Day Year of birth

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

5 Is Person 3 of Hispanic, Latino, or Spanish origin?

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

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

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

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

- Some other race – *Print race.* ↘

Person 4

1 What is Person 4's name?

Last Name *(Please print)* First Name MI

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

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

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

- Male Female

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

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

Print numbers in boxes.

Age (in years) Month Day Year of birth

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

5 Is Person 4 of Hispanic, Latino, or Spanish origin?

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

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

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

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

- Some other race – *Print race.* ↘



Person 5

1 What is Person 5's name?

Last Name (Please print)

First Name

MI

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

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

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

- Male Female

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

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 5 of Hispanic, Latino, or Spanish origin?

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

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

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

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

- Some other race – Print race. ↘



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

Person 6

Last Name (Please print)

First Name

MI

Sex Male Female

Age (in years)

Person 7

Last Name (Please print)

First Name

MI

Sex Male Female

Age (in years)

Person 8

Last Name (Please print)

First Name

MI

Sex Male Female

Age (in years)

Person 9

Last Name (Please print)

First Name

MI

Sex Male Female

Age (in years)

Person 10

Last Name (Please print)

First Name

MI

Sex Male Female

Age (in years)

Person 11

Last Name (Please print)

First Name

MI

Sex Male Female

Age (in years)

Person 12

Last Name (Please print)

First Name

MI

Sex Male Female

Age (in years)



Housing

➔ Please answer the following questions about the house, apartment, or mobile home at the address on the mailing label.

1 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 3 or 4 apartments
- A building with 5 to 9 apartments
- A building with 10 to 19 apartments
- A building with 20 to 49 apartments
- A building with 50 or more apartments
- Boat, RV, van, etc.

2 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

3 When did PERSON 1 (listed on page 2) move into this house, apartment, or mobile home?

Month Year

A Answer questions 4 – 5 if this is a HOUSE OR A MOBILE HOME; otherwise, SKIP to question 6a.

4 How many cuerdas is this house or mobile home on?

- Less than 1 cuerda → SKIP to question 6a
- 1 to 9.9 cuerdas
- 10 or more cuerdas

5 IN THE 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

6 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

b. 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

7 Does this house, apartment, or mobile home have –

- | | Yes | No |
|--------------------------|--------------------------|--------------------------|
| a. running water? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. a water heater? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. a bathtub or shower? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. a sink with a faucet? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. a stove or range? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. a refrigerator? | <input type="checkbox"/> | <input type="checkbox"/> |

8 Can you or any member of this household both make and receive phone calls when at this house, apartment, or mobile home?

Include calls using cell phones, land lines, or other phone devices.

- Yes
- No

9 At this house, apartment, or mobile home – do you or any member of this household own or use any of the following types of computer?

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Desktop or laptop | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Smartphone | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Tablet or other portable wireless computer | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Some other type of computer Specify ↴ | <input type="checkbox"/> | <input type="checkbox"/> |

10 At this house, apartment, or mobile home – do you or any member of this household have access to the internet?

- Yes, by paying a cell phone company or internet service provider
- Yes, without paying a cell phone company or internet service provider → SKIP to question 12
- No access to the internet at this house, apartment, or mobile home → SKIP to question 12

11 Do you or any member of this household have access to the internet using a –

- | | Yes | No |
|--|--------------------------|--------------------------|
| a. cellular data plan for a smartphone or other mobile device? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. broadband (high speed) internet service such as cable, fiber optic, or DSL service installed in this household? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. satellite internet service installed in this household? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. dial-up internet service installed in this household? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. some other service? Specify service ↴ | <input type="checkbox"/> | <input type="checkbox"/> |



Person 1

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

Last Name

First Name

MI

7 Where was this person born?

- In the United States – Print name of state.

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

8 Is this person a citizen of the United States?

- Yes, born in Puerto Rico → SKIP to question 10a
- Yes, born in a U.S. state, District of Columbia, Guam, the U.S. Virgin Islands, or Northern Marianas
- Yes, born abroad of U.S. citizen parent or parents
- Yes, U.S. citizen by naturalization – Print year of naturalization

- No, not a U.S. citizen

9 When did this person come to live in Puerto Rico? If this person came to live in Puerto Rico more than once, print latest year.

10 a. At any time IN THE LAST 3 MONTHS, has this person attended school or college? Include only nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.

- No, has not attended in the last 3 months → SKIP to question 11
- Yes, public school, public college
- Yes, private school, private college, home school

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

- Nursery school, preschool
- Kindergarten
- Grade 1 through 12 – Specify grade 1 – 12

- College undergraduate years (freshman to senior)
- Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school)

11 What is the highest degree or level of school this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received.

NO SCHOOLING COMPLETED

- No schooling completed

NURSERY OR PRESCHOOL THROUGH GRADE 12

- Nursery school
- Kindergarten
- Grade 1 through 11 – Specify grade 1 – 11

- 12th grade – NO DIPLOMA

HIGH SCHOOL GRADUATE

- Regular high school diploma
- GED or alternative credential

COLLEGE OR SOME COLLEGE

- Some college credit, but less than 1 year of college credit
- 1 or more years of college credit, no degree
- Associate's degree (for example: AA, AS)
- Bachelor's degree (for example: BA, BS)

AFTER BACHELOR'S DEGREE

- Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
- Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)
- Doctorate degree (for example: PhD, EdD)

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

12 This question focuses on this person's BACHELOR'S DEGREE. Please print below the specific major(s) of any BACHELOR'S DEGREES this person has received. (For example: chemical engineering, elementary teacher education, organizational psychology)

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

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

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

- Yes
- No → SKIP to question 15a

b. What is this language?

(For example: Korean, Italian, Spanish, Vietnamese)

c. How well does this person speak English?

- Very well
- Well
- Not well
- Not at all

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

- Person is under 1 year old → SKIP to question 16
- Yes, this house → SKIP to question 16
- No, outside Puerto Rico and the United States – Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 16.

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

b. Where did this person live 1 year ago?

Address
Development or condominium name
Number and street name

Name of city, town, or post office

Name of municipio in Puerto Rico or U.S. county

Enter Puerto Rico or name of U.S. state

ZIP Code



Person 1 (continued)

- 16** Is this person **CURRENTLY** covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h.

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Insurance through a current or former employer or union (of this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Insurance purchased directly from an insurance company, (by this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicare, for people 65 and older, or people with certain disabilities | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability | <input type="checkbox"/> | <input type="checkbox"/> |
| e. TRICARE or other military health care | <input type="checkbox"/> | <input type="checkbox"/> |
| f. VA (enrolled for VA health care) | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Indian Health Service | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Any other type of health insurance or health coverage plan – <i>Specify</i> | <input type="checkbox"/> | <input type="checkbox"/> |

- G** Answer question 17a if this person is covered by health insurance. Otherwise, SKIP to question 18a.

- 17** a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs.

- Yes
 No → SKIP to question 18a

- b. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium?

- Yes
 No

- 18** 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

- H** Answer questions 19a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 2 on page 12.

- 19** a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?

- Yes
 No

- b. Does this person have serious difficulty walking or climbing stairs?

- Yes
 No

- c. Does this person have difficulty dressing or bathing?

- Yes
 No

- I** Answer question 20 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 2 on page 12.

- 20** 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

- 21** What is this person's marital status?

- Now married
 Widowed
 Divorced
 Separated
 Never married → SKIP to **J**

- 22** In the PAST 12 MONTHS, did this person get –

- | | Yes | No |
|--------------|--------------------------|--------------------------|
| a. Married? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Widowed? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Divorced? | <input type="checkbox"/> | <input type="checkbox"/> |

- 23** How many times has this person been married?

- Once
 Two times
 Three or more times

- 24** In what year did this person last get married?
 Year

- J** Answer question 25 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 26a.

- 25** In the PAST 12 MONTHS, has this person given birth to any children?

- Yes
 No

- 26** a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?

- Yes
 No → SKIP to question 27

- b. Is this grandparent currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment?

- Yes
 No → SKIP to question 27

- 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.

- Less than 6 months
 6 to 11 months
 1 or 2 years
 3 or 4 years
 5 or more years

- 27** 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 30a
 Only on active duty for training in the Reserves or National Guard → SKIP to question 29a
 Now on active duty
 On active duty in the past, but not now

- 28** When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period.

- September 2001 or later
 August 1990 to August 2001 (including Persian Gulf War)
 May 1975 to July 1990
 Vietnam era (August 1964 to April 1975)
 February 1955 to July 1964
 Korean War (July 1950 to January 1955)
 January 1947 to June 1950
 World War II (December 1941 to December 1946)
 November 1941 or earlier



Person 1 (continued)

- 29 a. Does this person have a VA service-connected disability rating?**

Yes (such as 0%, 10%, 20%, ... , 100%)
 No → *SKIP to question 30a*

- b. What is this person's service-connected disability rating?**

0 percent
 10 or 20 percent
 30 or 40 percent
 50 or 60 percent
 70 percent or higher

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

Yes → *SKIP to question 31*
 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 36a*

- 31 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**
 Development or condominium name
 Number and street name

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

- b. Name of city, town, or post office**

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

Yes
 No, outside the city/town limits

- d. Name of municipio in Puerto Rico or U.S. county**

- e. Enter Puerto Rico or name of U.S. state or foreign country**

- f. ZIP Code**

- 32 How did this person usually get to work LAST WEEK? Mark ONE box for the method of transportation used for most of the distance.**

| | |
|---|---|
| <input type="checkbox"/> Car, truck, or van | <input type="checkbox"/> Taxicab |
| <input type="checkbox"/> Bus | <input type="checkbox"/> Motorcycle |
| <input type="checkbox"/> Subway or elevated rail | <input type="checkbox"/> Bicycle |
| <input type="checkbox"/> Long-distance train or commuter rail | <input type="checkbox"/> Walked |
| <input type="checkbox"/> Carro público | <input type="checkbox"/> Worked from home → <i>SKIP to question 40a</i> |
| <input type="checkbox"/> Ferryboat | <input type="checkbox"/> Other method |

K Answer question 33 if you marked "Car, truck, or van" in question 32. Otherwise, *SKIP to question 34.*

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

Person(s)

- 34 LAST WEEK, what time did this person's trip to work usually begin?**

Hour Minute a.m.
 p.m.

 :

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

Minutes

L Answer questions 36 – 39 if this person did NOT work last week. Otherwise, *SKIP to question 40a.*

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

Yes → *SKIP to question 36c*
 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 39*
 No → *SKIP to question 37*

- 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 38*
 No

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

Yes
 No → *SKIP to question 39*

- 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.)

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

Within the past 12 months
 1 to 5 years ago → *SKIP to M*
 Over 5 years ago or never worked → *SKIP to question 43*

- 40 a. During the PAST 12 MONTHS (52 weeks), did this person work EVERY week? Count paid vacation, paid sick leave, and military service as work.**

Yes → *SKIP to question 41*
 No

- b. During the PAST 12 MONTHS (52 weeks), how many WEEKS did this person work? Include paid time off and include weeks when the person only worked for a few hours.**

Weeks

- 41 During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?**

Usual hours worked each WEEK



Person 1 (continued)

M Answer questions 42a – f if this person worked in the past 5 years. Otherwise, SKIP to question 43.

42 DESCRIPTION OF EMPLOYMENT

The next series of questions is about the type of employment this person had last week.

If this person had more than one job, describe the one at which the most hours were worked. If this person did not work last week, describe the most recent employment in the past five years.

a. Which one of the following best describes this person's employment last week or the most recent employment in the past 5 years?

Mark (X) ONE box.

PRIVATE SECTOR EMPLOYEE

- For-profit** company or organization
- Non-profit** organization (including tax-exempt and charitable organizations)

GOVERNMENT EMPLOYEE

- Local government** (for example: city, county or municipio)
- State government** (including state colleges/universities)
- Active duty** U.S. Armed Forces or Commissioned Corps
- Federal government** civilian employee

SELF-EMPLOYED OR OTHER

- Owner of non-incorporated business**, professional practice, or farm
- Owner of incorporated business**, professional practice, or farm
- Worked **without pay** in a **for-profit** family business or farm for 15 hours or more per week

b. What was the name of this person's employer, business, agency, or branch of the Armed Forces?

c. What kind of business or industry was this?

Include the main activity, product, or service provided at the location where employed. (For example: elementary school, residential construction)

d. Was this mainly – Mark (X) ONE box.

- manufacturing?
- wholesale trade?
- retail trade?
- other (agriculture, construction, service, government, etc.)?

e. What was this person's main occupation?

(For example: 4th grade teacher, entry-level plumber)

f. Describe this person's most important activities or duties. (For example: instruct and evaluate students and create lesson plans, assemble and install pipe sections and review building plans for work details)

43 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 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.

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, 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.

- 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.

- Yes → \$, , .00 Loss
- No
- 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
- No
- TOTAL AMOUNT for past 12 months

d. Social Security or Railroad Retirement.

- Yes → \$, , .00
- No
- TOTAL AMOUNT for past 12 months

e. Supplemental Security Income (SSI).

- Yes → \$, , .00
- No
- TOTAL AMOUNT for past 12 months

f. Any public assistance or welfare payments from the state or local welfare office.

- Yes → \$, , .00
- No
- TOTAL AMOUNT for past 12 months

g. Retirement income, pensions, survivor or disability income. Include income from a previous employer or union, or any regular withdrawals or distributions from IRA, Roth IRA, 401(k), 403(b), or other accounts specifically designed for retirement. Do NOT include Social Security.

- Yes → \$, , .00
- No
- TOTAL AMOUNT for past 12 months

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

44 What was this person's total income during the PAST 12 MONTHS? Add entries in questions 43a to 43h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.

- OR \$, , .00 Loss
- None 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 28 for mailing instructions.



Person 2

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

Last Name

First Name

MI

7 Where was this person born?

In the United States – Print name of state.

Outside the United States – Print Puerto Rico or name of foreign country, or U.S. Virgin Islands, Guam, etc.

8 Is this person a citizen of the United States?

Yes, born in Puerto Rico → SKIP to question 10a

Yes, born in a U.S. state, District of Columbia, Guam, the U.S. Virgin Islands, or Northern Marianas

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

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

No, not a U.S. citizen

9 When did this person come to live in Puerto Rico? If this person came to live in Puerto Rico more than once, print latest year.
Year

10 a. At any time IN THE LAST 3 MONTHS, has this person attended school or college? Include only nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.

No, has not attended in the last 3 months → SKIP to question 11

Yes, public school, public college

Yes, private school, private college, home school

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

Nursery school, preschool

Kindergarten

Grade 1 through 12 – Specify grade 1 – 12

College undergraduate years (freshman to senior)

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

11 What is the highest degree or level of school this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received.

NO SCHOOLING COMPLETED

No schooling completed

NURSERY OR PRESCHOOL THROUGH GRADE 12

Nursery school

Kindergarten

Grade 1 through 11 – Specify grade 1 – 11

12th grade – **NO DIPLOMA**

HIGH SCHOOL GRADUATE

Regular high school diploma

GED or alternative credential

COLLEGE OR SOME COLLEGE

Some college credit, but less than 1 year of college credit

1 or more years of college credit, no degree

Associate's degree (for example: AA, AS)

Bachelor's degree (for example: BA, BS)

AFTER BACHELOR'S DEGREE

Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)

Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)

Doctorate degree (for example: PhD, EdD)

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

12 This question focuses on this person's BACHELOR'S DEGREE. Please print below the specific major(s) of any BACHELOR'S DEGREES this person has received. (For example: chemical engineering, elementary teacher education, organizational psychology)

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

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

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

Yes

No → SKIP to question 15a

b. What is this language?

(For example: Korean, Italian, Spanish, Vietnamese)

c. How well does this person speak English?

Very well

Well

Not well

Not at all

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

Person is under 1 year old → SKIP to question 16

Yes, this house → SKIP to question 16

No, outside Puerto Rico and the United States – Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 16.

No, different house in Puerto Rico or the United States

b. Where did this person live 1 year ago?

Address
Development or condominium name
Number and street name

Name of city, town, or post office

Name of municipio in Puerto Rico or U.S. county

Enter Puerto Rico or name of U.S. state

ZIP Code



Person 2 (continued)

- 16** Is this person **CURRENTLY** covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h.

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Insurance through a current or former employer or union (of this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Insurance purchased directly from an insurance company, (by this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicare, for people 65 and older, or people with certain disabilities | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability | <input type="checkbox"/> | <input type="checkbox"/> |
| e. TRICARE or other military health care | <input type="checkbox"/> | <input type="checkbox"/> |
| f. VA (enrolled for VA health care) | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Indian Health Service | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Any other type of health insurance or health coverage plan – Specify | <input type="checkbox"/> | <input type="checkbox"/> |

- G** Answer question 17a if this person is covered by health insurance. Otherwise, SKIP to question 18a.

- 17** a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs.
- Yes
 No → SKIP to question 18a

- b. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium?

- Yes
 No

- 18** 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

- H** Answer questions 19a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 3 on page 16.

- 19** a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?

- Yes
 No

- b. Does this person have serious difficulty walking or climbing stairs?

- Yes
 No

- c. Does this person have difficulty dressing or bathing?

- Yes
 No

- I** Answer question 20 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 3 on page 16.

- 20** 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

- 21** What is this person's marital status?

- Now married
 Widowed
 Divorced
 Separated
 Never married → SKIP to **J**

- 22** In the PAST 12 MONTHS, did this person get –

- | | Yes | No |
|--------------|--------------------------|--------------------------|
| a. Married? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Widowed? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Divorced? | <input type="checkbox"/> | <input type="checkbox"/> |

- 23** How many times has this person been married?

- Once
 Two times
 Three or more times

- 24** In what year did this person last get married?
Year

- J** Answer question 25 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 26a.

- 25** In the PAST 12 MONTHS, has this person given birth to any children?

- Yes
 No

- 26** a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?

- Yes
 No → SKIP to question 27

- b. Is this grandparent currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment?

- Yes
 No → SKIP to question 27

- 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.

- Less than 6 months
 6 to 11 months
 1 or 2 years
 3 or 4 years
 5 or more years

- 27** 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 30a
 Only on active duty for training in the Reserves or National Guard → SKIP to question 29a
 Now on active duty
 On active duty in the past, but not now

- 28** When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period.

- September 2001 or later
 August 1990 to August 2001 (including Persian Gulf War)
 May 1975 to July 1990
 Vietnam era (August 1964 to April 1975)
 February 1955 to July 1964
 Korean War (July 1950 to January 1955)
 January 1947 to June 1950
 World War II (December 1941 to December 1946)
 November 1941 or earlier



Person 2 (continued)

- 29 a. Does this person have a VA service-connected disability rating?**

Yes (such as 0%, 10%, 20%, ... , 100%)
 No → *SKIP to question 30a*

- b. What is this person's service-connected disability rating?**

0 percent
 10 or 20 percent
 30 or 40 percent
 50 or 60 percent
 70 percent or higher

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

Yes → *SKIP to question 31*
 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 36a*

- 31 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**
 Development or condominium name
 Number and street name

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

- b. Name of city, town, or post office**

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

Yes
 No, outside the city/town limits

- d. Name of municipio in Puerto Rico or U.S. county**

- e. Enter Puerto Rico or name of U.S. state or foreign country**

- f. ZIP Code**

- 32 How did this person usually get to work LAST WEEK? Mark ONE box for the method of transportation used for most of the distance.**

| | |
|---|---|
| <input type="checkbox"/> Car, truck, or van | <input type="checkbox"/> Taxicab |
| <input type="checkbox"/> Bus | <input type="checkbox"/> Motorcycle |
| <input type="checkbox"/> Subway or elevated rail | <input type="checkbox"/> Bicycle |
| <input type="checkbox"/> Long-distance train or commuter rail | <input type="checkbox"/> Walked |
| <input type="checkbox"/> Carro público | <input type="checkbox"/> Worked from home → <i>SKIP to question 40a</i> |
| <input type="checkbox"/> Ferryboat | <input type="checkbox"/> Other method |

K Answer question 33 if you marked "Car, truck, or van" in question 32. Otherwise, *SKIP to question 34.*

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

Person(s)

- 34 LAST WEEK, what time did this person's trip to work usually begin?**

Hour Minute a.m.
 p.m.

 :

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

Minutes

L Answer questions 36 – 39 if this person did NOT work last week. Otherwise, *SKIP to question 40a.*

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

Yes → *SKIP to question 36c*
 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 39*
 No → *SKIP to question 37*

- 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 38*
 No

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

Yes
 No → *SKIP to question 39*

- 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.)

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

Within the past 12 months
 1 to 5 years ago → *SKIP to M*
 Over 5 years ago or never worked → *SKIP to question 43*

- 40 a. During the PAST 12 MONTHS (52 weeks), did this person work EVERY week? Count paid vacation, paid sick leave, and military service as work.**

Yes → *SKIP to question 41*
 No

- b. During the PAST 12 MONTHS (52 weeks), how many WEEKS did this person work? Include paid time off and include weeks when the person only worked for a few hours.**

Weeks

- 41 During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?**

Usual hours worked each WEEK



Person 2 (continued)

M Answer questions 42a – f if this person worked in the past 5 years. Otherwise, SKIP to question 43.

42 DESCRIPTION OF EMPLOYMENT

The next series of questions is about the type of employment this person had last week.

If this person had more than one job, describe the one at which the most hours were worked. If this person did not work last week, describe the most recent employment in the past five years.

a. Which one of the following best describes this person's employment last week or the most recent employment in the past 5 years?

Mark (X) ONE box.

PRIVATE SECTOR EMPLOYEE

- For-profit** company or organization
- Non-profit** organization (including tax-exempt and charitable organizations)

GOVERNMENT EMPLOYEE

- Local government** (for example: city, county or municipio)
- State government** (including state colleges/universities)
- Active duty** U.S. Armed Forces or Commissioned Corps
- Federal government** civilian employee

SELF-EMPLOYED OR OTHER

- Owner of non-incorporated business**, professional practice, or farm
- Owner of incorporated business**, professional practice, or farm
- Worked **without pay** in a **for-profit** family business or farm for 15 hours or more per week

b. What was the name of this person's employer, business, agency, or branch of the Armed Forces?

c. What kind of business or industry was this?

Include the main activity, product, or service provided at the location where employed. (For example: elementary school, residential construction)

d. Was this mainly – Mark (X) ONE box.

- manufacturing?
- wholesale trade?
- retail trade?
- other (agriculture, construction, service, government, etc.)?

e. What was this person's main occupation?

(For example: 4th grade teacher, entry-level plumber)

f. Describe this person's most important activities or duties. (For example: instruct and evaluate students and create lesson plans, assemble and install pipe sections and review building plans for work details)

43 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 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.

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, 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.

- 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.

- Yes → \$, , .00 Loss
- No
- 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
- No
- TOTAL AMOUNT for past 12 months

d. Social Security or Railroad Retirement.

- Yes → \$, , .00
- No
- TOTAL AMOUNT for past 12 months

e. Supplemental Security Income (SSI).

- Yes → \$, , .00
- No
- TOTAL AMOUNT for past 12 months

f. Any public assistance or welfare payments from the state or local welfare office.

- Yes → \$, , .00
- No
- TOTAL AMOUNT for past 12 months

g. Retirement income, pensions, survivor or disability income. Include income from a previous employer or union, or any regular withdrawals or distributions from IRA, Roth IRA, 401(k), 403(b), or other accounts specifically designed for retirement. Do NOT include Social Security.

- Yes → \$, , .00
- No
- TOTAL AMOUNT for past 12 months

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

44 What was this person's total income during the PAST 12 MONTHS? Add entries in questions 43a to 43h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.

- OR \$, , .00 Loss
- None 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 28 for mailing instructions.



Person 3

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

Last Name

First Name

MI

7 Where was this person born?

- In the United States – Print name of state.

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

8 Is this person a citizen of the United States?

- Yes, born in Puerto Rico → SKIP to question 10a
- Yes, born in a U.S. state, District of Columbia, Guam, the U.S. Virgin Islands, or Northern Marianas
- Yes, born abroad of U.S. citizen parent or parents
- Yes, U.S. citizen by naturalization – Print year of naturalization

- No, not a U.S. citizen

9 When did this person come to live in Puerto Rico? If this person came to live in Puerto Rico more than once, print latest year.

10 a. At any time IN THE LAST 3 MONTHS, has this person attended school or college? Include only nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.

- No, has not attended in the last 3 months → SKIP to question 11
- Yes, public school, public college
- Yes, private school, private college, home school

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

- Nursery school, preschool
- Kindergarten
- Grade 1 through 12 – Specify grade 1 – 12

- College undergraduate years (freshman to senior)
- Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school)

11 What is the highest degree or level of school this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received.

NO SCHOOLING COMPLETED

- No schooling completed

NURSERY OR PRESCHOOL THROUGH GRADE 12

- Nursery school
- Kindergarten
- Grade 1 through 11 – Specify grade 1 – 11

- 12th grade – NO DIPLOMA

HIGH SCHOOL GRADUATE

- Regular high school diploma
- GED or alternative credential

COLLEGE OR SOME COLLEGE

- Some college credit, but less than 1 year of college credit
- 1 or more years of college credit, no degree
- Associate's degree (for example: AA, AS)
- Bachelor's degree (for example: BA, BS)

AFTER BACHELOR'S DEGREE

- Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
- Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)
- Doctorate degree (for example: PhD, EdD)

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

12 This question focuses on this person's BACHELOR'S DEGREE. Please print below the specific major(s) of any BACHELOR'S DEGREES this person has received. (For example: chemical engineering, elementary teacher education, organizational psychology)

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

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

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

- Yes
- No → SKIP to question 15a

b. What is this language?

For example: Korean, Italian, Spanish, Vietnamese

c. How well does this person speak English?

- Very well
- Well
- Not well
- Not at all

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

- Person is under 1 year old → SKIP to question 16
- Yes, this house → SKIP to question 16
- No, outside Puerto Rico and the United States – Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 16.

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

b. Where did this person live 1 year ago?

Address
Development or condominium name
Number and street name

Name of city, town, or post office

Name of municipio in Puerto Rico or U.S. county

Enter Puerto Rico or name of U.S. state

ZIP Code



Person 3 (continued)

- 16** Is this person **CURRENTLY** covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h.

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Insurance through a current or former employer or union (of this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Insurance purchased directly from an insurance company, (by this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicare, for people 65 and older, or people with certain disabilities | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability | <input type="checkbox"/> | <input type="checkbox"/> |
| e. TRICARE or other military health care | <input type="checkbox"/> | <input type="checkbox"/> |
| f. VA (enrolled for VA health care) | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Indian Health Service | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Any other type of health insurance or health coverage plan – <i>Specify</i> | <input type="checkbox"/> | <input type="checkbox"/> |

- G** Answer question 17a if this person is covered by health insurance. Otherwise, SKIP to question 18a.

- 17** a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs.
- Yes
 No → SKIP to question 18a

- b. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium?

- Yes
 No

- 18** 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

- H** Answer questions 19a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 3 on page 16.

- 19** a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?

- Yes
 No

- b. Does this person have serious difficulty walking or climbing stairs?

- Yes
 No

- c. Does this person have difficulty dressing or bathing?

- Yes
 No

- I** Answer question 20 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 3 on page 16.

- 20** 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

- 21** What is this person's marital status?

- Now married
 Widowed
 Divorced
 Separated
 Never married → SKIP to **J**

- 22** In the PAST 12 MONTHS, did this person get –

- | | Yes | No |
|--------------|--------------------------|--------------------------|
| a. Married? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Widowed? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Divorced? | <input type="checkbox"/> | <input type="checkbox"/> |

- 23** How many times has this person been married?

- Once
 Two times
 Three or more times

- 24** In what year did this person last get married?
Year

- J** Answer question 25 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 26a.

- 25** In the PAST 12 MONTHS, has this person given birth to any children?

- Yes
 No

- 26** a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?

- Yes
 No → SKIP to question 27

- b. Is this grandparent currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment?

- Yes
 No → SKIP to question 27

- 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.

- Less than 6 months
 6 to 11 months
 1 or 2 years
 3 or 4 years
 5 or more years

- 27** 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 30a
 Only on active duty for training in the Reserves or National Guard → SKIP to question 29a
 Now on active duty
 On active duty in the past, but not now

- 28** When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period.

- September 2001 or later
 August 1990 to August 2001 (including Persian Gulf War)
 May 1975 to July 1990
 Vietnam era (August 1964 to April 1975)
 February 1955 to July 1964
 Korean War (July 1950 to January 1955)
 January 1947 to June 1950
 World War II (December 1941 to December 1946)
 November 1941 or earlier



Person 3 (continued)

- 29 a. Does this person have a VA service-connected disability rating?**

Yes (such as 0%, 10%, 20%, ... , 100%)
 No → SKIP to question 30a

- b. What is this person's service-connected disability rating?**

0 percent
 10 or 20 percent
 30 or 40 percent
 50 or 60 percent
 70 percent or higher

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

Yes → SKIP to question 31
 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 36a

- 31 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**
 Development or condominium name
 Number and street name

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

- b. Name of city, town, or post office**

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

Yes
 No, outside the city/town limits

- d. Name of municipio in Puerto Rico or U.S. county**

- e. Enter Puerto Rico or name of U.S. state or foreign country**

- f. ZIP Code**

- 32 How did this person usually get to work LAST WEEK? Mark ONE box for the method of transportation used for most of the distance.**

| | |
|---|--|
| <input type="checkbox"/> Car, truck, or van | <input type="checkbox"/> Taxicab |
| <input type="checkbox"/> Bus | <input type="checkbox"/> Motorcycle |
| <input type="checkbox"/> Subway or elevated rail | <input type="checkbox"/> Bicycle |
| <input type="checkbox"/> Long-distance train or commuter rail | <input type="checkbox"/> Walked |
| <input type="checkbox"/> Carro público | <input type="checkbox"/> Worked from home → SKIP to question 40a |
| <input type="checkbox"/> Ferryboat | <input type="checkbox"/> Other method |

K Answer question 33 if you marked "Car, truck, or van" in question 32. Otherwise, SKIP to question 34.

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

Person(s)

- 34 LAST WEEK, what time did this person's trip to work usually begin?**

Hour Minute a.m.
 p.m.

 :

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

Minutes

L Answer questions 36 – 39 if this person did NOT work last week. Otherwise, SKIP to question 40a.

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

Yes → SKIP to question 36c
 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 39
 No → SKIP to question 37

- 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 38
 No

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

Yes
 No → SKIP to question 39

- 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.)

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

Within the past 12 months
 1 to 5 years ago → SKIP to **M**
 Over 5 years ago or never worked → SKIP to question 43

- 40 a. During the PAST 12 MONTHS (52 weeks), did this person work EVERY week? Count paid vacation, paid sick leave, and military service as work.**

Yes → SKIP to question 41
 No

- b. During the PAST 12 MONTHS (52 weeks), how many WEEKS did this person work? Include paid time off and include weeks when the person only worked for a few hours.**

Weeks

- 41 During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?**

Usual hours worked each WEEK



Person 3 (continued)

M Answer questions 42a – f if this person worked in the past 5 years. Otherwise, SKIP to question 43.

42 DESCRIPTION OF EMPLOYMENT

The next series of questions is about the type of employment this person had last week.

If this person had more than one job, describe the one at which the most hours were worked. If this person did not work last week, describe the most recent employment in the past five years.

a. Which one of the following best describes this person's employment last week or the most recent employment in the past 5 years?

Mark (X) ONE box.

PRIVATE SECTOR EMPLOYEE

- For-profit** company or organization
- Non-profit** organization (including tax-exempt and charitable organizations)

GOVERNMENT EMPLOYEE

- Local government** (for example: city, county or municipio)
- State government** (including state colleges/universities)
- Active duty** U.S. Armed Forces or Commissioned Corps
- Federal government** civilian employee

SELF-EMPLOYED OR OTHER

- Owner of non-incorporated business**, professional practice, or farm
- Owner of incorporated business**, professional practice, or farm
- Worked **without pay** in a **for-profit** family business or farm for 15 hours or more per week

b. What was the name of this person's employer, business, agency, or branch of the Armed Forces?

c. What kind of business or industry was this?

Include the main activity, product, or service provided at the location where employed. (For example: elementary school, residential construction)

d. Was this mainly – Mark (X) ONE box.

- manufacturing?
- wholesale trade?
- retail trade?
- other (agriculture, construction, service, government, etc.)?

e. What was this person's main occupation?

(For example: 4th grade teacher, entry-level plumber)

f. Describe this person's most important activities or duties. (For example: instruct and evaluate students and create lesson plans, assemble and install pipe sections and review building plans for work details)

43 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 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.

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, 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.

- 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.

- Yes → \$, , .00 Loss
- No
- 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
- No
- TOTAL AMOUNT for past 12 months

d. Social Security or Railroad Retirement.

- Yes → \$, , .00
- No
- TOTAL AMOUNT for past 12 months

e. Supplemental Security Income (SSI).

- Yes → \$, , .00
- No
- TOTAL AMOUNT for past 12 months

f. Any public assistance or welfare payments from the state or local welfare office.

- Yes → \$, , .00
- No
- TOTAL AMOUNT for past 12 months

g. Retirement income, pensions, survivor or disability income. Include income from a previous employer or union, or any regular withdrawals or distributions from IRA, Roth IRA, 401(k), 403(b), or other accounts specifically designed for retirement. Do NOT include Social Security.

- Yes → \$, , .00
- No
- TOTAL AMOUNT for past 12 months

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

44 What was this person's total income during the PAST 12 MONTHS? Add entries in questions 43a to 43h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.

- OR \$, , .00 Loss
- None 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 28 for mailing instructions.



Person 4

→ Please copy the name of Person 4 from page 3, then continue answering questions below.

Last Name

First Name

MI

7 Where was this person born?

In the United States – Print name of state.

Outside the United States – Print Puerto Rico or name of foreign country, or U.S. Virgin Islands, Guam, etc.

8 Is this person a citizen of the United States?

Yes, born in Puerto Rico → SKIP to question 10a

Yes, born in a U.S. state, District of Columbia, Guam, the U.S. Virgin Islands, or Northern Marianas

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

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

No, not a U.S. citizen

9 When did this person come to live in Puerto Rico? If this person came to live in Puerto Rico more than once, print latest year.
Year

10 a. At any time IN THE LAST 3 MONTHS, has this person attended school or college? Include only nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.

No, has not attended in the last 3 months → SKIP to question 11

Yes, public school, public college

Yes, private school, private college, home school

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

Nursery school, preschool

Kindergarten

Grade 1 through 12 – Specify grade 1 – 12

College undergraduate years (freshman to senior)

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

11 What is the highest degree or level of school this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received.

NO SCHOOLING COMPLETED

No schooling completed

NURSERY OR PRESCHOOL THROUGH GRADE 12

Nursery school

Kindergarten

Grade 1 through 11 – Specify grade 1 – 11

12th grade – NO DIPLOMA

HIGH SCHOOL GRADUATE

Regular high school diploma

GED or alternative credential

COLLEGE OR SOME COLLEGE

Some college credit, but less than 1 year of college credit

1 or more years of college credit, no degree

Associate's degree (for example: AA, AS)

Bachelor's degree (for example: BA, BS)

AFTER BACHELOR'S DEGREE

Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)

Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)

Doctorate degree (for example: PhD, EdD)

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

12 This question focuses on this person's BACHELOR'S DEGREE. Please print below the specific major(s) of any BACHELOR'S DEGREES this person has received. (For example: chemical engineering, elementary teacher education, organizational psychology)

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

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

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

Yes

No → SKIP to question 15a

b. What is this language?

(For example: Korean, Italian, Spanish, Vietnamese)

c. How well does this person speak English?

Very well

Well

Not well

Not at all

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

Person is under 1 year old → SKIP to question 16

Yes, this house → SKIP to question 16

No, outside Puerto Rico and the United States – Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 16.

No, different house in Puerto Rico or the United States

b. Where did this person live 1 year ago?

Address
Development or condominium name
Number and street name

Name of city, town, or post office

Name of municipio in Puerto Rico or U.S. county

Enter Puerto Rico or name of U.S. state

ZIP Code



Person 4 (continued)

- 16** Is this person **CURRENTLY** covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h.

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Insurance through a current or former employer or union (of this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Insurance purchased directly from an insurance company, (by this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicare, for people 65 and older, or people with certain disabilities | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability | <input type="checkbox"/> | <input type="checkbox"/> |
| e. TRICARE or other military health care | <input type="checkbox"/> | <input type="checkbox"/> |
| f. VA (enrolled for VA health care) | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Indian Health Service | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Any other type of health insurance or health coverage plan – <i>Specify</i> | <input type="checkbox"/> | <input type="checkbox"/> |

- G** Answer question 17a if this person is covered by health insurance. Otherwise, SKIP to question 18a.

- 17** a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs.
- Yes
 No → SKIP to question 18a

- b. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium?

- Yes
 No

- 18** 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

- H** Answer questions 19a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 5 on page 24.

- 19** a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?

- Yes
 No

- b. Does this person have serious difficulty walking or climbing stairs?

- Yes
 No

- c. Does this person have difficulty dressing or bathing?

- Yes
 No

- I** Answer question 20 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 5 on page 24.

- 20** 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

- 21** What is this person's marital status?

- Now married
 Widowed
 Divorced
 Separated
 Never married → SKIP to **J**

- 22** In the PAST 12 MONTHS, did this person get –

- | | Yes | No |
|--------------|--------------------------|--------------------------|
| a. Married? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Widowed? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Divorced? | <input type="checkbox"/> | <input type="checkbox"/> |

- 23** How many times has this person been married?

- Once
 Two times
 Three or more times

- 24** In what year did this person last get married?
Year

- J** Answer question 25 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 26a.

- 25** In the PAST 12 MONTHS, has this person given birth to any children?

- Yes
 No

- 26** a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?

- Yes
 No → SKIP to question 27

- b. Is this grandparent currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment?

- Yes
 No → SKIP to question 27

- 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.

- Less than 6 months
 6 to 11 months
 1 or 2 years
 3 or 4 years
 5 or more years

- 27** 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 30a
 Only on active duty for training in the Reserves or National Guard → SKIP to question 29a
 Now on active duty
 On active duty in the past, but not now

- 28** When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period.

- September 2001 or later
 August 1990 to August 2001 (including Persian Gulf War)
 May 1975 to July 1990
 Vietnam era (August 1964 to April 1975)
 February 1955 to July 1964
 Korean War (July 1950 to January 1955)
 January 1947 to June 1950
 World War II (December 1941 to December 1946)
 November 1941 or earlier



Person 4 (continued)

- 29 a. Does this person have a VA service-connected disability rating?**

Yes (such as 0%, 10%, 20%, ... , 100%)
 No → *SKIP to question 30a*

- b. What is this person's service-connected disability rating?**

0 percent
 10 or 20 percent
 30 or 40 percent
 50 or 60 percent
 70 percent or higher

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

Yes → *SKIP to question 31*
 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 36a*

- 31 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**
 Development or condominium name
 Number and street name

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

- b. Name of city, town, or post office**

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

Yes
 No, outside the city/town limits

- d. Name of municipio in Puerto Rico or U.S. county**

- e. Enter Puerto Rico or name of U.S. state or foreign country**

- f. ZIP Code**

- 32 How did this person usually get to work LAST WEEK? Mark ONE box for the method of transportation used for most of the distance.**

| | |
|---|---|
| <input type="checkbox"/> Car, truck, or van | <input type="checkbox"/> Taxicab |
| <input type="checkbox"/> Bus | <input type="checkbox"/> Motorcycle |
| <input type="checkbox"/> Subway or elevated rail | <input type="checkbox"/> Bicycle |
| <input type="checkbox"/> Long-distance train or commuter rail | <input type="checkbox"/> Walked |
| <input type="checkbox"/> Carro público | <input type="checkbox"/> Worked from home → <i>SKIP to question 40a</i> |
| <input type="checkbox"/> Ferryboat | <input type="checkbox"/> Other method |

K Answer question 33 if you marked "Car, truck, or van" in question 32. Otherwise, *SKIP to question 34.*

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

Person(s)

- 34 LAST WEEK, what time did this person's trip to work usually begin?**

Hour Minute a.m.
 p.m.

 :

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

Minutes

L Answer questions 36 – 39 if this person did NOT work last week. Otherwise, *SKIP to question 40a.*

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

Yes → *SKIP to question 36c*
 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 39*
 No → *SKIP to question 37*

- 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 38*
 No

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

Yes
 No → *SKIP to question 39*

- 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.)

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

Within the past 12 months
 1 to 5 years ago → *SKIP to M*
 Over 5 years ago or never worked → *SKIP to question 43*

- 40 a. During the PAST 12 MONTHS (52 weeks), did this person work EVERY week? Count paid vacation, paid sick leave, and military service as work.**

Yes → *SKIP to question 41*
 No

- b. During the PAST 12 MONTHS (52 weeks), how many WEEKS did this person work? Include paid time off and include weeks when the person only worked for a few hours.**

Weeks

- 41 During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?**

Usual hours worked each WEEK



Person 4 (continued)

M Answer questions 42a – f if this person worked in the past 5 years. Otherwise, SKIP to question 43.

42 DESCRIPTION OF EMPLOYMENT

The next series of questions is about the type of employment this person had last week.

If this person had more than one job, describe the one at which the most hours were worked. If this person did not work last week, describe the most recent employment in the past five years.

a. Which one of the following best describes this person's employment last week or the most recent employment in the past 5 years?

Mark (X) ONE box.

PRIVATE SECTOR EMPLOYEE

- For-profit** company or organization
- Non-profit** organization (including tax-exempt and charitable organizations)

GOVERNMENT EMPLOYEE

- Local government** (for example: city, county or municipio)
- State government** (including state colleges/universities)
- Active duty** U.S. Armed Forces or Commissioned Corps
- Federal government** civilian employee

SELF-EMPLOYED OR OTHER

- Owner of non-incorporated business**, professional practice, or farm
- Owner of incorporated business**, professional practice, or farm
- Worked **without pay** in a **for-profit** family business or farm for 15 hours or more per week

b. What was the name of this person's employer, business, agency, or branch of the Armed Forces?

c. What kind of business or industry was this?

Include the main activity, product, or service provided at the location where employed. (For example: elementary school, residential construction)

d. Was this mainly – Mark (X) ONE box.

- manufacturing?
- wholesale trade?
- retail trade?
- other (agriculture, construction, service, government, etc.)?

e. What was this person's main occupation?

(For example: 4th grade teacher, entry-level plumber)

f. Describe this person's most important activities or duties. (For example: instruct and evaluate students and create lesson plans, assemble and install pipe sections and review building plans for work details)

43 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 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.

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, 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.

- 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.

- Yes → \$, , .00 Loss
- No
- 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
- No
- TOTAL AMOUNT for past 12 months

d. Social Security or Railroad Retirement.

- Yes → \$, , .00
- No
- TOTAL AMOUNT for past 12 months

e. Supplemental Security Income (SSI).

- Yes → \$, , .00
- No
- TOTAL AMOUNT for past 12 months

f. Any public assistance or welfare payments from the state or local welfare office.

- Yes → \$, , .00
- No
- TOTAL AMOUNT for past 12 months

g. Retirement income, pensions, survivor or disability income. Include income from a previous employer or union, or any regular withdrawals or distributions from IRA, Roth IRA, 401(k), 403(b), or other accounts specifically designed for retirement. Do NOT include Social Security.

- Yes → \$, , .00
- No
- TOTAL AMOUNT for past 12 months

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

44 What was this person's total income during the PAST 12 MONTHS? Add entries in questions 43a to 43h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.

- OR \$, , .00 Loss
- None TOTAL AMOUNT for past 12 months

➔ Continue with the questions for Person 5 on the next page. If no one is listed as person 5 on page 4, SKIP to page 28 for mailing instructions.



Person 5

→ Please copy the name of Person 5 from page 4, then continue answering questions below.

Last Name

First Name

MI

7 Where was this person born?

In the United States – Print name of state.

Outside the United States – Print Puerto Rico or name of foreign country, or U.S. Virgin Islands, Guam, etc.

8 Is this person a citizen of the United States?

Yes, born in Puerto Rico → SKIP to question 10a

Yes, born in a U.S. state, District of Columbia, Guam, the U.S. Virgin Islands, or Northern Marianas

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

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

No, not a U.S. citizen

9 When did this person come to live in Puerto Rico? If this person came to live in Puerto Rico more than once, print latest year.
Year

10 a. At any time IN THE LAST 3 MONTHS, has this person attended school or college? Include only nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.

No, has not attended in the last 3 months → SKIP to question 11

Yes, public school, public college

Yes, private school, private college, home school

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

Nursery school, preschool

Kindergarten

Grade 1 through 12 – Specify grade 1 – 12

College undergraduate years (freshman to senior)

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

11 What is the highest degree or level of school this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received.

NO SCHOOLING COMPLETED

No schooling completed

NURSERY OR PRESCHOOL THROUGH GRADE 12

Nursery school

Kindergarten

Grade 1 through 11 – Specify grade 1 – 11

12th grade – **NO DIPLOMA**

HIGH SCHOOL GRADUATE

Regular high school diploma

GED or alternative credential

COLLEGE OR SOME COLLEGE

Some college credit, but less than 1 year of college credit

1 or more years of college credit, no degree

Associate's degree (for example: AA, AS)

Bachelor's degree (for example: BA, BS)

AFTER BACHELOR'S DEGREE

Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)

Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)

Doctorate degree (for example: PhD, EdD)

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

12 This question focuses on this person's BACHELOR'S DEGREE. Please print below the specific major(s) of any BACHELOR'S DEGREES this person has received. (For example: chemical engineering, elementary teacher education, organizational psychology)

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

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

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

Yes

No → SKIP to question 15a

b. What is this language?

(For example: Korean, Italian, Spanish, Vietnamese)

c. How well does this person speak English?

Very well

Well

Not well

Not at all

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

Person is under 1 year old → SKIP to question 16

Yes, this house → SKIP to question 16

No, outside Puerto Rico and the United States – Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 16.

No, different house in Puerto Rico or the United States

b. Where did this person live 1 year ago?

Address
Development or condominium name
Number and street name

Name of city, town, or post office

Name of municipio in Puerto Rico or U.S. county

Enter Puerto Rico or name of U.S. state

ZIP Code



Person 5 (continued)

- 16** Is this person **CURRENTLY** covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h.

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Insurance through a current or former employer or union (of this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Insurance purchased directly from an insurance company, (by this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicare, for people 65 and older, or people with certain disabilities | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability | <input type="checkbox"/> | <input type="checkbox"/> |
| e. TRICARE or other military health care | <input type="checkbox"/> | <input type="checkbox"/> |
| f. VA (enrolled for VA health care) | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Indian Health Service | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Any other type of health insurance or health coverage plan – <i>Specify</i> | <input type="checkbox"/> | <input type="checkbox"/> |

- G** Answer question 17a if this person is covered by health insurance. Otherwise, SKIP to question 18a.

- 17** a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs.
- Yes
 No → SKIP to question 18a

- b. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium?

- Yes
 No

- 18** 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

- H** Answer questions 19a – c if this person is 5 years old or over. Otherwise, SKIP to the mailing instructions on page 28.

- 19** a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?

- Yes
 No

- b. Does this person have serious difficulty walking or climbing stairs?

- Yes
 No

- c. Does this person have difficulty dressing or bathing?

- Yes
 No

- I** Answer question 20 if this person is 15 years old or over. Otherwise, SKIP to the mailing instructions on page 28.

- 20** 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

- 21** What is this person's marital status?

- Now married
 Widowed
 Divorced
 Separated
 Never married → SKIP to **J**

- 22** In the PAST 12 MONTHS, did this person get –

- | | Yes | No |
|--------------|--------------------------|--------------------------|
| a. Married? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Widowed? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Divorced? | <input type="checkbox"/> | <input type="checkbox"/> |

- 23** How many times has this person been married?

- Once
 Two times
 Three or more times

- 24** In what year did this person last get married?
 Year

- J** Answer question 25 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 26a.

- 25** In the PAST 12 MONTHS, has this person given birth to any children?

- Yes
 No

- 26** a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?

- Yes
 No → SKIP to question 27

- b. Is this grandparent currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment?

- Yes
 No → SKIP to question 27

- 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.

- Less than 6 months
 6 to 11 months
 1 or 2 years
 3 or 4 years
 5 or more years

- 27** 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 30a
 Only on active duty for training in the Reserves or National Guard → SKIP to question 29a
 Now on active duty
 On active duty in the past, but not now

- 28** When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period.

- September 2001 or later
 August 1990 to August 2001 (including Persian Gulf War)
 May 1975 to July 1990
 Vietnam era (August 1964 to April 1975)
 February 1955 to July 1964
 Korean War (July 1950 to January 1955)
 January 1947 to June 1950
 World War II (December 1941 to December 1946)
 November 1941 or earlier



Person 5 (continued)

- 29 a. Does this person have a VA service-connected disability rating?**

Yes (such as 0%, 10%, 20%, ... , 100%)
 No → *SKIP to question 30a*

- b. What is this person's service-connected disability rating?**

0 percent
 10 or 20 percent
 30 or 40 percent
 50 or 60 percent
 70 percent or higher

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

Yes → *SKIP to question 31*
 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 36a*

- 31 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**
 Development or condominium name
 Number and street name

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

- b. Name of city, town, or post office**

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

Yes
 No, outside the city/town limits

- d. Name of municipio in Puerto Rico or U.S. county**

- e. Enter Puerto Rico or name of U.S. state or foreign country**

- f. ZIP Code**

- 32 How did this person usually get to work LAST WEEK? Mark ONE box for the method of transportation used for most of the distance.**

| | |
|---|---|
| <input type="checkbox"/> Car, truck, or van | <input type="checkbox"/> Taxicab |
| <input type="checkbox"/> Bus | <input type="checkbox"/> Motorcycle |
| <input type="checkbox"/> Subway or elevated rail | <input type="checkbox"/> Bicycle |
| <input type="checkbox"/> Long-distance train or commuter rail | <input type="checkbox"/> Walked |
| <input type="checkbox"/> Carro público | <input type="checkbox"/> Worked from home → <i>SKIP to question 40a</i> |
| <input type="checkbox"/> Ferryboat | <input type="checkbox"/> Other method |

K Answer question 33 if you marked "Car, truck, or van" in question 32. Otherwise, *SKIP to question 34.*

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

Person(s)

- 34 LAST WEEK, what time did this person's trip to work usually begin?**

Hour Minute a.m.
 p.m.

 :

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

Minutes

L Answer questions 36 – 39 if this person did NOT work last week. Otherwise, *SKIP to question 40a.*

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

Yes → *SKIP to question 36c*
 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 39*
 No → *SKIP to question 37*

- 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 38*
 No

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

Yes
 No → *SKIP to question 39*

- 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.)

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

Within the past 12 months
 1 to 5 years ago → *SKIP to M*
 Over 5 years ago or never worked → *SKIP to question 43*

- 40 a. During the PAST 12 MONTHS (52 weeks), did this person work EVERY week? Count paid vacation, paid sick leave, and military service as work.**

Yes → *SKIP to question 41*
 No

- b. During the PAST 12 MONTHS (52 weeks), how many WEEKS did this person work? Include paid time off and include weeks when the person only worked for a few hours.**

Weeks

- 41 During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?**

Usual hours worked each WEEK



Person 5 (continued)

M Answer questions 42a – f if this person worked in the past 5 years. Otherwise, SKIP to question 43.

42 DESCRIPTION OF EMPLOYMENT

The next series of questions is about the type of employment this person had last week.

If this person had more than one job, describe the one at which the most hours were worked. If this person did not work last week, describe the most recent employment in the past five years.

a. Which one of the following best describes this person's employment last week or the most recent employment in the past 5 years?

Mark (X) ONE box.

PRIVATE SECTOR EMPLOYEE

- For-profit** company or organization
- Non-profit** organization (including tax-exempt and charitable organizations)

GOVERNMENT EMPLOYEE

- Local government** (for example: city, county or municipio)
- State government** (including state colleges/universities)
- Active duty** U.S. Armed Forces or Commissioned Corps
- Federal government** civilian employee

SELF-EMPLOYED OR OTHER

- Owner of non-incorporated business**, professional practice, or farm
- Owner of incorporated business**, professional practice, or farm
- Worked **without pay** in a **for-profit** family business or farm for 15 hours or more per week

b. What was the name of this person's employer, business, agency, or branch of the Armed Forces?

c. What kind of business or industry was this?

Include the main activity, product, or service provided at the location where employed. (For example: elementary school, residential construction)

d. Was this mainly – Mark (X) ONE box.

- manufacturing?
- wholesale trade?
- retail trade?
- other (agriculture, construction, service, government, etc.)?

e. What was this person's main occupation?

(For example: 4th grade teacher, entry-level plumber)

f. Describe this person's most important activities or duties. (For example: instruct and evaluate students and create lesson plans, assemble and install pipe sections and review building plans for work details)

43 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 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.

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, 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.

- 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.

- Yes → \$, , .00 Loss
- No
- 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
- No
- TOTAL AMOUNT for past 12 months

d. Social Security or Railroad Retirement.

- Yes → \$, .00
- No
- TOTAL AMOUNT for past 12 months

e. Supplemental Security Income (SSI).

- Yes → \$, .00
- No
- TOTAL AMOUNT for past 12 months

f. Any public assistance or welfare payments from the state or local welfare office.

- Yes → \$, .00
- No
- TOTAL AMOUNT for past 12 months

g. Retirement income, pensions, survivor or disability income. Include income from a previous employer or union, or any regular withdrawals or distributions from IRA, Roth IRA, 401(k), 403(b), or other accounts specifically designed for retirement. Do NOT include Social Security.

- Yes → \$, .00
- No
- TOTAL AMOUNT for past 12 months

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

44 What was this person's total income during the PAST 12 MONTHS? Add entries in questions 43a to 43h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.

- OR \$, .00 Loss
- None TOTAL AMOUNT for past 12 months

➔ Now continue with the mailing instructions on page 28.



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 Puerto Rico Community Survey.**

For Census Bureau Use

POP

EDIT

PHONE

JIC1

JIC2

EDIT CLERK

TELEPHONE CLERK

JIC3

JIC4

The Census Bureau estimates that, for the average household, this form will take 40 minutes to complete, including the time for reviewing the instructions and answers. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Paperwork Project 0607-0810 and 0607-0936, U.S. Census Bureau, 4600 Silver Hill Road, AMSD – 3K138, Washington, D.C. 20233. You may e-mail comments to AMSD.Paperwork@census.gov; use "Paperwork Project 0607-0810 and 0607-0936" as the subject. Please **DO NOT RETURN** your questionnaire to this address. Use the enclosed preaddressed envelope to return your completed questionnaire.

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

Form ACS-1(2019)PR (02-02-2018)



AN EQUAL OPPORTUNITY EMPLOYER

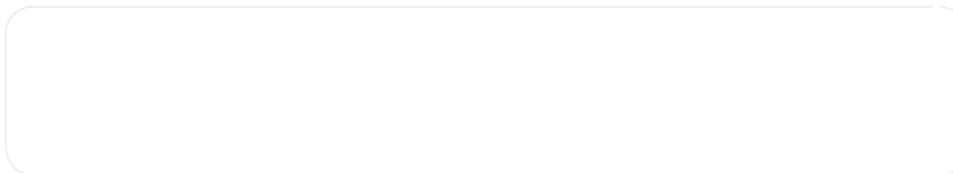


Attachment L

OFFICIAL BUSINESS
Penalty for Private Use \$300

6385-47(2014) (10-2013)

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 16081 WASHINGTON DC

POSTAGE WILL BE PAID BY THE U.S. CENSUS BUREAU

DIRECTOR
US CENSUS BUREAU
PO BOX 5240
JEFFERSONVILLE IN 47199-5240



AMERICAN COMMUNITY SURVEY

Questions in Computer-assisted Telephone Interviewing (CATI) Failed Edit Follow Up (FEFU)
That Differ from Those in the Paper Questionnaire

Paper Questionnaire Item Number: Roster7

FEFU Screen Name: DIAL1.DRIVING

| |
|---|
| Before I go any further, for safety purposes, are you driving? |
| ◇ Even if the respondent is using a hands-free device while driving, you must end the call. |
| <input type="radio"/> 1. Yes |
| <input type="radio"/> 2. No |

FEFU Screen Name: USTATVER

| |
|---|
| On (RDATE), was there anyone living or staying at this address for more than two months? |
|---|

*****NOTE: RDATE stands for the Response Date, or the estimated date the respondent completed the questionnaire.**

FEFU Screen Name: CJIC2

| |
|--|
| On (RDATE) was this housing unit....? |
| <input type="radio"/> 1. Temporarily Occupied |
| <input type="radio"/> 2. Vacant |
| <input type="radio"/> 3. a Group Quarters |
| <input type="radio"/> 4. for Commercial Use Only |

FEFU Screen Name: CJIC3

| |
|--|
| On (RDATE) was this housing unit....? |
|--|

- 01. For rent
- 02. Rented, not occupied
- 03. For sale only
- 04. Sold, not occupied
- 05. For seasonal, recreational or occasional use
- 06. For migrant workers
- 07. Other vacant

FEFU Screen Name: VACOTH

Why is this unit Vacant?

- 01. Foreclosure
- 02. Personal/family reasons
- 03. Legal proceedings
- 04. Preparing to rent/sell
- 05. Held for storage of household furniture
- 06. Needs repairs
- 07. Currently being repaired/renovated
- 08. Specific use housing
- 09. Extended absence
- 10. Abandoned/possibly to be demolished/possibly condemned
- 11. Other

FEFU Screen Name: CJIC4

| How many months has this unit been vacant? |
|---|
| <input type="radio"/> 1. Less than 1 month |
| <input type="radio"/> 2. 1 up to 2 months |
| <input type="radio"/> 3. 2 up to 4 months |
| <input type="radio"/> 4. 4 up to 6 months |
| <input type="radio"/> 5. 6 up to 12 months |
| <input type="radio"/> 6. 12 up to 24 months |
| <input type="radio"/> 7. 24 or more months |

FEFU Screen Name: CoverageP

| | | | |
|---|----------------|----------|--------------|
| [I'd like to make sure that we've included everyone. I see that the household size (<was not indicated> / <was indicated as CURRENTSTATUS.CPER>) but we have data for <CURRENTSTATUS.ActualPop> persons.] | | | |
| I have listed: (<READ ROSTER >) How many people were here for more than two months on (<RDATE>)? | | | |
| 01 | Sally | P | Smith |
| 02 | John | D | Smith |
| 03 | Brandon | C | Smith |
| 04 | | | |
| 05 | | | |
| 06 | | | |
| 07 | | | |
| . | | | |
| . | | | |
| . | | | |
| 20 | | | |

FEFU Screen Name: LN_PG2, FN_PG2, MI_PG2

(Last/First) Name (MI)

(INCLUDE everyone living or staying here for more than two months.

INCLUDE anyone else staying here who does not have another place to stay even if they are here for two months or less.

DO NOT INCLUDE anyone who is living somewhere else for more than two months, such as a college student living away.)

Paper Questionnaire Item Number: Demographic 2

FEFU Screen Name: REL

How is <Name> related to <HHOLDER>? <Name> is <HHOLDER>'s

- 0. Householder
- 1. Opposite-sex husband/wife/spouse
- 2. Opposite-sex unmarried partner
- 3. Same-sex husband/wife/spouse
- 4. Same-sex unmarried partner
- 5. Biological son or daughter
- 6. Adopted son or daughter
- 7. Stepson or stepdaughter
- 8. Brother or sister
- 9. Father or mother
- 10. Grandchild
- 11. Parent-in-law
- 12. Son-in-law or daughter-in-law
- 13. Other relative
- 14. Roommate or housemate
- 15. Foster child
- 16. Other nonrelative

Paper Questionnaire Item Number: Demographic 3

FEFU Screen Name: SEX

| |
|--|
| (Are you /Is <Name>) male or female? |
| <input type="radio"/> 1. Male <input type="radio"/> 2. Female |

Paper Questionnaire Item Number: Demographic 4

FEFU Screen Name: P2DOB

| |
|---|
| What is (<Name>'s/your) date of birth? ◇ Enter the month/day/4-digit year |
|---|

FEFU Screen Name: AGEP

| |
|--|
| So that makes (<Name>/you) <AGE_CALC> as of <RDATE>? Is that correct? |
| <input type="radio"/> 1. Yes <input type="radio"/> 2. No |

FEFU Screen Name: AGEVER

| |
|--|
| When I calculate {<Name>'s/your} age from the birth date provided, that makes {<Name>/you} <AGE_CALC> as of <RDATE>, but age given on the questionnaire was <InputAGE>. Which is correct as of <RDATE>? |
| <input type="radio"/> 1. <AGE_CALC> <input type="radio"/> 2. <InputAGE> |

3. Neither

FEFU Screen Name: AGEASK

How old {was<Name>/were you} as of <RDATE>?

Paper Questionnaire Item Number: Demographic 5

FEFU Screen Name: HISW

What is that origin?

(For example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.)

Paper Questionnaire Item Number: Demographic 6

FEFU Screen Name: RAC

What is (<Name>'s/your) race? You may choose one or more races. For this survey, Hispanic origin is not a race.

◆ Enter all that apply, separate with commas.

- | | | |
|--|---|--|
| <input type="radio"/> 11. White | <input type="radio"/> 16. Filipino | <input type="radio"/> 21. Native Hawaiian |
| <input type="radio"/> 12. Black, African Am. | <input type="radio"/> 17. Japanese | <input type="radio"/> 22. Guamanian or Chamorro |
| <input type="radio"/> 13. American Indian or Alaska Native | <input type="radio"/> 18. Korean | <input type="radio"/> 23. Samoan |
| <input type="radio"/> 14. Asian Indian | <input type="radio"/> 19. Vietnamese | <input type="radio"/> 24. Other Pacific Islander (For example, Fijian, Tongan, and so on.) |
| <input type="radio"/> 15. Chinese | <input type="radio"/> 20. Other Asian (For example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.) | <input type="radio"/> 25. Some other race |

FEFU Screen Name: RCW1

What is (his/her/your/<Name>'s) enrolled or principal tribe? You may list one or more tribes.

FEFU Screen Name: RCW2

If RAC is <20>:

What is that other Asian group?

(For example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.)

If RAC is <24>:

What is that other Pacific Islander group?

(For example, Fijian, Tongan, and so on.)

If RAC is <20> and <24>

What is that other Asian group and other Pacific Islander group?

(For example, Hmong, Laotian, Thai, Pakistani, Cambodian, Fijian, Tongan, and so on.)

FEFU Screen Name: RCW3

What is {his/her/<Name>'s/your} other race group?

Paper Questionnaire Item Number: Housing 2

FEFU Screen Name: YBL

About when was this <mobile home/house/apartment/unit> first built?

(If you do not know exact year, give your best estimate.)

- 1. 2000 or later
- 2. 1990-1999
- 3. 1980-1989
- 4. 1970-1979
- 5. 1960-1969
- 6. 1950-1959
- 7. 1940-1949

8. 1939 or earlier

FEFU Screen Name: YBLW

(What year was this <mobile home/house/apartment/unit> built?)

Paper Questionnaire Item Number: Housing 3

FEFU Screen Name: MVM

When did (you/<HHOLDER>) move into this <mobile home/ house/ apartment/ unit>?
◇ Select month

FEFU Screen Name: MVY

When did (you/<HHOLDER>) move into this <mobile home/ house/ apartment/ unit>?
◇ Enter the year the household moved into this (mobile home/ house/ apartment/ unit).

Paper Questionnaire Item Number: Housing 7a

FEFU Screen Name: RWATPR (Puerto Rico Only)

Does this <mobile home/ house/ apartment/ unit> have running water?

Paper Questionnaire Item Number: Housing 7b

FEFU Screen Name: HOTWAT (Puerto Rico Only)

Does this <mobile home/ house/ apartment/ unit> have a water heater?

Paper Questionnaire Item Number: Housing 8

FEFU Screen Name: TEL

Can you or any member of this household both make and receive phone calls when at this house, apartment or mobile home? Include calls using cell phones, land lines, or other phone devices.

1. Yes

2. No

Paper Questionnaire Item Number: Housing 9a

FEFU Screen Name: LAPTOP

At this <mobile home/ house/ apartment/ unit> do you or any member of this household own or use a desktop, laptop, netbook, or notebook computer? EXCLUDE GPS devices, digital music players, and devices with only limited computing capabilities, for example: household appliances.

Paper Questionnaire Item Number: Housing 9b

FEFU Screen Name: SMARTPHONE

At this <mobile home/house/ apartment/ unit> do you or any member of this household own or use a smartphone?

Paper Questionnaire Item Number: Housing 9c

FEFU Screen Name: TABLET

At this <mobile home/house/apartment/unit>, do you or any member of this household own or use a tablet or other portable wireless computer?

Paper Questionnaire Item Number: Housing 9d

FEFU Screen Name: COMPOTH

At this <mobile home/ house/ apartment/ unit> do you or any member of this household own or use some other type of computer?

EXCLUDE GPS devices, digital music players, and devices with only limited computing capabilities, for example: household appliances.

FEFU Screen Name: COMPOTHW

What is this other type of computer?

Paper Questionnaire Item Number: Housing 10

FEFU Screen Name: WEB

At this <mobile home/ house/ apartment/ unit> do you or any member of this household access the Internet?

FEFU Screen Name: SUBSCRIBE

At this <mobile home/ house/ apartment/ unit>, do you or any member of this household pay a cell phone company or Internet service provider to access the Internet?

Paper Questionnaire Item Number: Housing 11a

FEFU Screen Name: BROADBND

Do you or any member of this household access the internet using a cellular data plan for a smartphone or other mobile device?

Paper Questionnaire Item Number: Housing 11b

FEFU Screen Name: HISPEED

Do you or any member of this household access the Internet using broadband or high speed Internet service such as cable, fiber optic, or DSL service installed in this <house/apartment/mobile home/unit>?

Paper Questionnaire Item Number: Housing 11c

FEFU Screen Name: SATELLITE

Do you or any member of this household access the Internet using a satellite Internet service installed in this <house/apartment/mobile home/unit>?

Paper Questionnaire Item Number: Housing 11d

FEFU Screen Name: DIALUP

Do you or any member of this household access the Internet using dial-up Internet serviced installed in this <house/apartment/mobile home/unit>?

Paper Questionnaire Item Number: Housing 11e

FEFU Screen Name: OTHSVCE

Do you or any member of this household access the Internet using some other service?

FEFU Screen Name: OTHSVCEW

What is this other type of Internet service?

Paper Questionnaire Item Number: Housing 14a

FEFU Screen Name: ELE

LAST MONTH, what was the cost of electricity for this <mobile home/ house/ apartment/ unit>?

FEFU Screen Name: ELEX

Was the electricity -- Included in rent or condominium fee, or No charge for electricity or electricity not used?

- 1. Included in rent or condominium fee
- 2. No charge or electricity not used

Paper Questionnaire Item Number: Housing 14b

FEFU Screen Name: GAS

LAST MONTH, what was the cost of gas for this <mobile home/ house/ apartment/ unit>?

FEFU Screen Name: GASX

Was the gas -- Included in rent or condominium fee, Included in electricity payment, or No charge or gas not used?

- 1. Included in rent or condominium fee
- 2. Included in electricity payment
- 3. No charge or gas not used

Paper Questionnaire Item Number: Housing 14c

FEFU Screen Name: WAT

IN THE PAST 12 MONTHS, what was the cost of water and sewer for this <mobile home/ house/ apartment/ unit>?

FEFU Screen Name: WATX

Was the water and sewer -- Included in rent or condominium fee, or No charge for water or sewer?

- 1. Included in rent or condominium fee
- 2. No charge

Paper Questionnaire Item Number: Housing 14d

FEFU Screen Name: FUL

IN THE PAST 12 MONTHS, what was the cost of oil, coal, kerosene, wood, etc., for this <mobile home/house/apartment/unit>?

FEFU Screen Name: FULX

Were the Other Fuel costs -- Included in the rent or condominium fee, or No charge or these fuels are not used?

- 1. Included in rent or condominium fee
- 2. No charge, or these fuels not used

Paper Questionnaire Item Number: Housing 16

FEFU Screen Name: CONX

Is this <mobile home/ house/ apartment/ unit> part of a condominium?

FEFU Screen Name: CON

What is the monthly condominium fee?

Paper Questionnaire Item Number: Housing 18a

FEFU Screen Name: RenterRN

What is the monthly rent?

◇ Estimate monthly rent in dollars.

Paper Questionnaire Item Number: Person 7

FEFU Screen Name: PBX1

Where (was <Name>/were you) born?

- 1. In the United States
- 2. Outside the United States

FEFU Screen Name: PBW2 (if PBX1 = 1)

In what state was that?

FEFU Screen Name: PBW3 (if PBX1 = 2)

In what country (were you/was <Name>)born?

Paper Questionnaire Item Number: Person 8

FEFU Screen Name: CIT

| |
|--|
| (Is <Name>/Are you) a CITIZEN of the United States? (How was the citizenship obtained?) |
| <input type="radio"/> 1. Yes, born in the United States <input type="radio"/> 2. Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands or Northern Marianas <input type="radio"/> 3. Yes, born abroad of U.S. citizen parent or parents <input type="radio"/> 4. Yes, a U.S. citizen by naturalization <input type="radio"/> 5. No, not a U.S. citizen |

FEFU Screen Name: CITW

| |
|---|
| In what year did (<Name>/you) become a naturalized citizen of the United States? |
|---|

Paper Questionnaire Item Number: Person 9

FEFU Screen Name: YOE

| |
|---|
| When did {<Name>/you} come to live in {the United States / Puerto Rico}? If {<Name>/you} came to live in {the United States / Puerto Rico} more than once, give the latest year. |
|---|

Paper Questionnaire Item Number: Person 10b

FEFU Screen Name: SCHG

| |
|---|
| What grade or level (was <he/she>/ were you) attending? |
| <input type="radio"/> 1. Nursery school, preschool <input type="radio"/> 2. Kindergarten <input type="radio"/> 3. Grade 1 through 12 <input type="radio"/> 4. College undergraduate years (freshman to senior) <input type="radio"/> 5. Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school) |

FEFU Screen Name: SCHGW

(What grade (was <he/she>/ were you) attending?)

Paper Questionnaire Item Number: Person 11

FEFU Screen Name: SCHL

What is the highest degree or level of school (<Name> has/you have) COMPLETED?

- 1. No schooling completed
- 2. Nursery school
- 3. Kindergarten
- 4. Grade 1 through 11
- 5. 12th grade - **NO DIPLOMA**
- 6. Regular high school diploma
- 7. GED or alternative credential
- 8. Some college credit, but less than 1 year of college credit
- 9. 1 or more years of college credit, no degree
- 10. Associate's degree (for example: AA, AS)
- 11. Bachelor's degree (for example: BA, BS)
- 12. Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
- 13. Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)
- 14. Doctorate degree (for example: PhD, EdD)

FEFU Screen Name: SCHLW (if SCHG = 3)

(What is the highest grade (<he/she> has/you have) COMPLETED?)

Paper Questionnaire Item Number: Person 15

FEFU Screen Name: MIG

| |
|--|
| Did (<Name>/you) live in this <mobile home/ house/ apartment/ unit> 1 year ago? |
| <input type="radio"/> 1. Person is under 1 year old |
| <input type="radio"/> 2. Yes, this house |
| <input type="radio"/> 3. No, outside the United States and Puerto Rico |
| <input type="radio"/> 4. No, different house in the United States or Puerto Rico |

FEFU Screen Name: MGW1 (if MIG = 3)

| |
|--------------------------------------|
| What was the foreign country? |
|--------------------------------------|

FEFU Screen Name: MGW2 (if MIG = 4)

| |
|---|
| Where did (<Name>/you) live 1 year ago? What was the street address? |
|---|

FEFU Screen Name: MGW3 (if MIG = 4)

| |
|---|
| What was the city, town, or post office? |
|---|

FEFU Screen Name: MGW4 (if MIG = 4)

| |
|--|
| What was the U.S. county or municipio in Puerto Rico? |
|--|

FEFU Screen Name: MGW5 (if MIG = 4)

| |
|---|
| What was the U.S. state, or was that in Puerto Rico? |
|---|

FEFU Screen Name: MGW6 (if MIG = 4)

| |
|-------------------------------|
| What was the ZIP code? |
|-------------------------------|

Paper Questionnaire Item Number: Person 16

FEFU Screen Name: HINS1

(Are you/Is <Name>) currently covered by health insurance through a current or former employer or union of (yours/<yours/him/her> or another family member)?

FEFU Screen Name: HINS2

(Are you/Is <Name>) currently covered by health insurance purchased directly from an insurance company by (you/you or another family member/<him/her> or another family member)?

FEFU Screen Name: HINS3

(Are you/Is <Name>) currently covered by Medicare, for people age 65 or older or people with certain disabilities?

FEFU Screen Name: HINS4

(Are you/Is <Name>) currently covered by Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability?

FEFU Screen Name: HINS5

(Are you/Is <Name>) currently covered by TRICARE or other military health care?

FEFU Screen Name: HINS6

(Are you/Is <Name>) currently covered through the VA or have you enrolled for VA health care?

FEFU Screen Name: HINS7

(Are you/Is <Name>) currently covered through the Indian Health Service?

FEFU Screen Name: HINS8

(Are you/Is <Name>) currently covered by any other health insurance or health coverage plan?

FEFU Screen Name: HINSW

What is the name of the health care plan?

Paper Questionnaire Item Number: Person 17a

FEFU Screen Name: HIPREM

Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs.

Paper Questionnaire Item Number: Person 17b

FEFU Screen Name: HISUB

[Do you/Does <Name>] or another family member receive a tax credit or subsidy based on family income to help pay the premium?

Paper Questionnaire Item Number: Person 21

FEFU Screen Name: MAR

(Is <Name>/Are you) married, widowed, divorced, separated, or never married?

- 1. Now married
- 2. Widowed
- 3. Divorced
- 4. Separated
- 5. Never married

Paper Questionnaire Item Number: Person 22

FEFU Screen Name: MARHM

In the past 12 months, did (<Name>/you) get married?

FEFU Screen Name: MARHW

In the past 12 months, did (<Name>/you) become a (<widow/widower>)?

FEFU Screen Name: MARHD

In the past 12 months, did (<Name>/you) get divorced?

Paper Questionnaire Item Number: Person 23

FEFU Screen Name: MARHT

How many times (has <Name>/have you) been married? Is that --

- 1. Once
- 2. Two times
- 3. Three or more times

Paper Questionnaire Item Number: Person 27

FEFU Screen Name: VET

(Has <Name>/Have you) ever served on ACTIVE DUTY in the U.S. Armed Forces, Reserves, or National Guard?

FEFU Screen Name: TRAINING

{Was <name>/Were you} on active duty ONLY FOR TRAINING in the Reserves or National Guard?

FEFU Screen Name: ACTIVE

{Is <Name>/Are you} currently on active duty?

FEFU Screen Name: RESERVES

{Has <Name>/ Have you} ever been in the Reserves or National Guard?

Paper Questionnaire Item Number: Person 30a

FEFU Screen Name: WRK

During the week of (<RDATE-7>), did (<Name>/you) do any work for pay at a job or business?

(Include any work even if (<he/she>/you) worked only 1 hour, or helped without pay in a family business or farm for 15 hours or more, or (was/were) on active duty in the Armed Forces.)

Paper Questionnaire Item Number: Person 30b

FEFU Screen Name: WRKJ

During the week of (<RDATE-7>), did (<Name>/you) do ANY work for pay, even for as little as one hour?

Paper Questionnaire Item Number: Person 31a

FEFU Screen Name: PWW1

During the week of (<RDATE-7>), at what location did (<Name>/you) work?

(What is the street number and street name of the location?)

Paper Questionnaire Item Number: Person 31b

FEFU Screen Name: PWW2

What is the city, town, or post office where {<Name>/you} worked during the week of {<RDATE-7>} ?

Paper Questionnaire Item Number: Person 31d

FEFU Screen Name: PWW4

What is the name of the county where (<Name>/you) worked during the week of (<RDATE-7>)?

Paper Questionnaire Item Number: Person 31e

FEFU Screen Name: PWW5

What is the state or foreign country where (<Name>/you) worked during the week of (<RDATE-7>)?

Paper Questionnaire Item Number: Person 31f

FEFU Screen Name: PWW6

What is the ZIP Code where (<Name>/you) worked during the week of (<RDATE-7>)?

Paper Questionnaire Item Number: Person 32

FEFU Screen Name: JWTR

LAST WEEK, how did <Name>/you) USUALLY get to work?

(If he/she/<Name>/you) usually used more than one method of transportation during the trip, report the one used for most of the distance.)

- 1. Car, truck, or van
- 2. Bus
- 3. Subway or elevated
- 4. Long-distance train or commuter rail
- 5. Light rail, streetcar, or trolley
- 6. Ferryboat
- 7. Taxicab
- 8. Motorcycle
- 9. Bicycle
- 10. Walked
- 11. Worked from home
- 12. Other Method

Paper Questionnaire Item Number: Person 33

FEFU Screen Name: JWRI

During the week of (<RDATE-7>), how many people, including (<Name>/you) usually rode to work together?

Paper Questionnaire Item Number: Person 34

FEFU Screen Name: JWLH

During the week of (<RDATE-7>),, what time did <Name>'s/your> trip to work usually begin -- (what hour)?

FEFU Screen Name: JWLM

(How many minutes past that hour?)

FEFU Screen Name: JWAM

(-- was that AM or PM?)

- 1. AM
- 2. PM

Paper Questionnaire Item Number: Person 35

FEFU Screen Name: JWMN

During the week of (<RDATE-7>), how many minutes did it usually take (<Name>/you) to get from home to work?

Paper Questionnaire Item Number: Person 36a

FEFU Screen Name: NWLA

During the week of (<RDATE-7>), (was <Name>/were you) on layoff from a job?

Paper Questionnaire Item Number: Person 36b

FEFU Screen Name: NWAB

During the week of (<RDATE-7>), (was <Name>/were you) TEMPORARILY absent from a job or business?

- 1. Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc.
- 2. No

Paper Questionnaire Item Number: Person 36c

FEFU Screen Name: NWRE

As of the week of (<RDATE-7>), had (<Name>/you) been informed that (<he/she>/you) would be recalled to work within the next six months OR been given a date to return to work?

Paper Questionnaire Item Number: Person 37

FEFU Screen Name: NWLK

As of the week of (<RDATE-7>), during the LAST 4 WEEKS, had (<Name>/you) been ACTIVELY looking for work?

Paper Questionnaire Item Number: Person 38

FEFU Screen Name: NWAU

During the week of (<RDATE-7>), could (<Name>/you) have started a job if offered one, or returned to work if recalled?

- 1. YES, could have gone to work
- 2. NO, because of temporary illness
- 3. NO, because of all other reasons (in school, etc.)

Paper Questionnaire Item Number: Person 40a

FEFU Screen Name: WKWX

During the PAST 12 MONTHS or 52 weeks, did {<Name>/ you} work EVERY week? Count paid vacation, paid sick leave, and military service as work.

- 1. Yes
- 2. No

Paper Questionnaire Item Number: Person 40b

FEFU Screen Name: WKW

**During the PAST 12 MONTHS or 52 weeks, how many WEEKS did {<Name>/ you} work?
Include paid time off and include weeks when {<Name>/ you} only worked for a few hours.**

Paper Questionnaire Item Number: Person 41

FEFU Screen Name: WKH

How many hours did {<Name>/ you} usually work each week?

Paper Questionnaire Item Number: Person 42

FEFU Screen Name: COW

The next series of questions is about the type of employment {<Name>/ you} had <last week/most recently in the past 5 years>

If {<Name>/ you} had more than one job, describe the one at which the most hours were worked.

I am going to read 5 categories. Please choose the one that best describes {<Name>'s/ your} employment - a private organization or company, government, active duty U.S. Armed Forces or Commissioned Corps, self-employed, or worked without pay in a for-profit family business or farm.

- 1. Private company or organization
- 2. Government
- 3. Active duty U.S. Armed Forces or Commissioned Corps
- 4. Self-employed
- 5. Working without pay in a for-profit family business or farm

FEFU Screen Name: COWB

| |
|--|
| Did {<Name>/ you} work for a for-profit company or non-profit organization? |
| <input type="radio"/> 1. For- profit company <input type="radio"/> 2. Non-profit organization |

FEFU Screen Name: COWC

| |
|--|
| Did {<Name>/ you} work for a local, state, or federal government? |
| <input type="radio"/> 1. Local <input type="radio"/> 2. State <input type="radio"/> 3. Federal |

FEFU Screen Name: COWD

| |
|--|
| Was {<Name>'s/ your} self-employed business, professional practice, or farm incorporated or not incorporated? |
| <input type="radio"/> 1. Incorporated <input type="radio"/> 2. Not incorporated |

FEFU Screen Name: COWE

| |
|---|
| Did {<Name>/ you} work without pay in this for-profit family business or farm for 15 hours or more per week? |
| <input type="radio"/> 1. Yes <input type="radio"/> 2. No |

FEFU Screen Name: INW2

| |
|--|
| What was the name of the company, business or other employer? |
|--|

FEFU Screen Name: INMIL

| |
|--|
| Which branch of the Armed Forces or Commissioned Corps {did <Name>/ do you} work for? |
| <input type="radio"/> 1. U.S. Army <input type="radio"/> 2. U.S. Navy |

- C3. U.S. Air Force**
- 4. U.S. Marine Corps**
- 5. U.S. Coast Guard**
- 6. U.S. Public Health Service**
- 7. National Oceanic and Atmospheric Administration (NOAA)**

FEFU Screen Name: INW3

What kind of business or industry was this? Include the main activity, product, or service provided at the location where employed. For example: elementary school, residential construction, or another kind of business.

FEFU Screen Name: INX4

Is this business mainly -- manufacturing, wholesale trade, retail trade or some other kind of business?

- 1. Manufacturing**
- 2. Wholesale trade**
- 3. Retail trade**
- 4. Other (agriculture, construction, service, government, etc.)**

Paper Questionnaire Item Number: Person 37

FEFU Screen Name: OCW1

What was {<Name>'s/ your} main occupation? For example: 4th grade teacher, entry-level plumber, or another occupation

Paper Questionnaire Item Number: Person 37

FEFU Screen Name: OCW2

Describe <Name>'s/your most important activities or duties. For example: instruct and evaluate students and create lesson plans, assemble and install pipe sections and review building plans for work details, or other duties.

Paper Questionnaire Item Number: Person 43

FEFU Screen Name: P8_INTRO

| |
|---|
| Next I'll ask about income during the last 12 months—that is, from {<RDATE month, RDATE year – 1 >} to {<RDATE month – 1, RDATE year>. |
| <input type="checkbox"/> 1. Continue |

Paper Questionnaire Item Number: Person 43a

**If respondent has provided a monetary response in 43a of the paper form, (s)he is asked WAGX.*

FEFU Screen Name: WAGX

| |
|--|
| Did {<Name>/you} receive any wages, salary, commissions, bonuses or tips? |
|--|

**If respondent has not provided a monetary response in 43a of the paper form, (s)he is asked the following four questions, in lieu of WAGX.*

FEFU Screen Name: EARNX

| |
|--|
| Did <Name/you> receive any wages or salary? |
|--|

FEFU Screen Name: EARN

| |
|---|
| How much did {<Name>/you} receive in wages and salary from all jobs before taxes and deductions? |
|---|

FEFU Screen Name: TIPSX

| |
|--|
| Did {<Name>/you} receive any [if EARNX=yes, fill with "additional"] tips, bonuses or commissions? |
|--|

FEFU Screen Name: TIPS

| |
|--|
| How much did {<Name>/you} receive in tips, bonuses, or commissions from all jobs before taxes and deductions? |
|--|

Paper Questionnaire Item Number: Person 43b

FEFU Screen Name: SEMX

Did (<Name>/you) receive any self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships?

FEFU Screen Name: SEM

What was the amount of the self-employment income that (<Name>/you) received?

FEFU Screen Name: SEML

Was that self-employment income a loss?

Paper Questionnaire Item Number: Person 43c

**If respondent has provided a monetary response in 43a of the paper form, (s)he is asked INTRESTX.*

FEFU Screen Name: INTRESTX

Did (<Name>/you) receive any interest, dividends, net rental income, royalty income or income from estates and trusts?

**If respondent has not provided a monetary response in 43a of the paper form, (s)he is asked the following six questions, in lieu of INTRESTX.*

FEFU Screen Name: INTRX

Did <Name/you> receive any interest or dividends? Report even small amounts credited to an account.

FEFU Screen Name: INTR

What was the amount?

FEFU Screen Name: RENTX

Did <Name/you> receive any net rental income?
Net rental income is the total amount after expenses.

FEFU Screen Name: RENT

How much did {<Name>/you} receive in tips, bonuses, or commissions from all jobs before taxes and deductions?

FEFU Screen Name: ROYALX

Did <Name>/you receive any royalty income or income from estates and trusts?

FEFU Screen Name: ROYAL

Was that interest, dividends, net rental income, royalty income or income from estates and trusts income a loss?

Paper Questionnaire Item Number: Person 43d

FEFU Screen Name: SS

Did (<Name>/you) receive any Social Security or Railroad Retirement income?

FEFU Screen Name: SSX

What was the amount of the Social Security or Railroad Retirement income that (<Name>/you) received?

Paper Questionnaire Item Number: Person 43e

FEFU Screen Name: SSIX

Did (<Name>/you) receive any Supplemental Security Income (SSI)?

FEFU Screen Name: SSI

What was the amount of the Supplemental Security Income (SSI) that (<Name>/you) received?

Paper Questionnaire Item Number: Person 43f

FEFU Screen Name: PAX

Did (<Name>/you) receive any public assistance or public welfare income?

FEFU Screen Name: PA

What was the amount of the public assistance or public welfare income that (<Name>/you) received?

Paper Questionnaire Item Number: Person 43g

FEFU Screen Name: SURVDISX

Did (<Name>/you) receive any survivor or disability income?

FEFU Screen Name: SURVDIS

What was the amount of the survivor or disability income that (<Name>/you) received?

FEFU Screen Name: PENSIONX

Did (<Name>/you) receive a pension or any retirement income from a previous employer or union, or any regular withdrawals or distributions from retirement accounts such as 401(k), 403(b), IRA, Roth IRA, or other accounts designed specifically for retirement?

FEFU Screen Name: PENSION

What was the amount of pension or any retirement income from a previous employer or union, or any regular withdrawals or distributions from retirement accounts such as 401(k), 403(b), IRA, Roth IRA, or other accounts designed specifically for retirement that (<Name>/you) received?

Paper Questionnaire Item Number: Person 43h

FEFU Screen Name: OIX

Did {<Name>/you} receive any other income on a REGULAR basis, such as - - Veterans' (VA) payments, unemployment compensation, child support or alimony? (Include all

reoccurring income. Do not include one-time lump sum payments such as refunds, inheritances, withdrawals from savings or IRAs, etc.)

FEFU Screen Name: OI

What at was the amount of the other income that (<Name>/you) received?

Paper Questionnaire Item Number: Person 44

FEFU Screen Name: TI

What was the total income for (<Name>/you)?

FEFU Screen Name: TIN

I have recorded that {<name>/you} received no income. Is that correct?

FEFU Screen Name: TIL

Was that income a loss?

VACUNIT_CP

Vacant Unit Status

Is this unit...?

1. For rent
2. Rented, not occupied
3. For sale only
4. Sold, not occupied
5. For seasonal, recreational or occasional use
6. For migrant workers
7. Other vacant

VACOTH_CP

Other Vacant Unit Status

Ask if necessary.

Why is this unit vacant?

1. Foreclosure
2. Personal/Family Reasons
3. Legal Proceedings
4. Preparing to Rent/Sell
5. Held for Storage of Household Furniture
6. Needs Repairs
7. Currently Being Repaired/Renovated
8. Specific Use Housing
9. Extended Absence
10. Abandoned/Possibly to be Demolished/Possibly Condemned
11. Other

VACMO_CP

Length of time the unit has been vacant

How many months has this unit been vacant?

1. Less than 1 month
2. 1 up to 2 months
3. 2 up to 4 months
4. 4 up to 6 months
5. 6 up to 12 months
6. 12 up to 24 months
7. 24 or more months

ACS Housing Unit Centralized Reinterview Questions

Block: FAQs

Variable Name: RIREASON

Info Pane:

| |
|---|
| <p><i>Reinterview Help Menu</i></p> <p>◆ Press F8 to proceed to the reinterview.</p> |
| <p><input type="radio"/> 1. Why are you calling me again?</p> <p><input type="radio"/> 2. Are you calling everyone or am I just lucky?</p> <p><input type="radio"/> 3. Don't you have anything better to do with my tax dollars? I'm too busy to answer your questions again.</p> <p><input type="radio"/> 4. Are you "checking up" on me? I told you the truth the first time you called.</p> <p><input type="radio"/> 5. Do I have to answer your questions?</p> <p><input type="radio"/> 6. Return to reinterview.</p> |

Skip Instructions: <1> [go to **RIREF1**]
 <2> [go to **RIREF2**]
 <3> [go to **RIREF3**]
 <4> [go to **RIREF4**]
 <5> [go to **RIREF5**]
 <6> [return to **reinterview**]

Block: FAQs

Variable Name: RIREF1

Info Pane:

| |
|--|
| <p>Why are you calling me again?</p> <p>Like any business, we're interested in maintaining the quality of our product, so each month we reinterview a few households who are in the survey to ensure we are efficiently and accurately collecting data.</p> |
| <p><input type="radio"/> 1. Continue</p> <p><input type="radio"/> 2. Back to Reinterview Help Menu</p> |

Skip Instructions: <1> [return to **reinterview**]
 <2> [go to **RIREASON**]

Block: FAQs

Variable Name: RIREF2

Are you calling everyone or am I just lucky?

We are able to get a reliable measure of data quality by reinterviewing only a small percentage of the total households interviewed in the survey.

- 1. Continue
- 2. Back to Reinterview Help Menu

Skip Instructions: <1> [return to **reinterview**]
<2> [go to **RIREASON**]

Block: FAQs

Variable Name: RIREF3

Info Pane:

Don't you have anything better to do with my tax dollars?
I'm too busy to answer your questions again.

[Fill: **RIREF3_DESCR**]

- 1. Continue
- 2. Back to Reinterview Help Menu

Skip Instructions: <1> [return to **reinterview**]
<2> [go to **RIREASON**]

Block: FAQs

Variable Name: RIREF4

Info Pane:

Are you "checking up" on me?
I told you the truth the first time you called.

The purpose of reinterview is not to check up on respondents. In order to ensure that we are efficiently and accurately collecting data, we reinterview a few households who are in the survey.

- 1. Continue
- 2. Back to Reinterview Help Menu

Skip Instructions: <1> [return to **reinterview**]
<2> [go to **RIREASON**]

Block: **FAQs**

Variable Name: **RIREF5**

Info Pane:

Do I have to answer your questions?

Your participation in this survey is voluntary. However, the information you provide will help us to ensure the efficiency and accuracy of our data collection procedures. Like any business, we're interested in maintaining the quality of our product.

- 1. Continue
- 2. Back to Reinterview Help Menu

Skip Instructions: <1> [return to reinterview]
 <2> [go to RIREASON]

Block: FAQs

Variable Name: **H_PURPOSE**

Info Pane:

Choose from the following topics of frequently asked questions:

◆ *Press F8 to proceed to the reinterview.*

- 1. What is this survey all about?
- 2. How will this information be used?
- 3. How was I selected?
- 4. Do I have to participate?
- 5. Send me another questionnaire in the mail
- 6. Is this survey authorized by law ~ is this survey legitimate?
- 7. What confidential protection do I have?
- 8. Why can't you get the information from other sources?
- 9. I think this is a waste of taxes.
- 10. I thought you only counted people.
- 11. Confirm call/survey -- toll-free number
- 12. Where do I send survey comments?
- 13. What is the American Community Survey (ACS) WEB Site Address
- 14. How do I benefit by completing the [Fill: SURVEY_NAME]?
- 15. Why am I not eligible to respond via the internet?
- 16. I lost my PIN
- 17. Return to reinterview.

Skip Instructions:

- <1> [goto H_PURPOSE1]
- <2> [goto H_PURPOSE2]
- <3> [goto H_PURPOSE3]
- <4> [goto H_PURPOSE4]
- <5> [goto H_PURPOSE5]
- <6> [goto H_PURPOSE6]
- <7> [goto H_PURPOSE7]
- <8> [goto H_PURPOSE8]
- <9> [goto H_PURPOSE9]
- <10> [goto H_PURPOSE10]
- <11> [goto H_PURPOSE11]
- <12> [goto H_PURPOSE12]
- <13> [goto H_PURPOSE13]
- <14> [goto H_PURPOSE14]
- <15> [goto H_PURPOSE15]
- <16> [goto H_PURPOSE16]
- <17> [return to reinterview]

Block: FAQs

Variable Name: HPURPOSE1

Info Pane:

What is this survey all about?

The [Fill: SURVEY_NAME] collects information on topics such as housing, education, income and jobs. This information was typically collected during the census every ten years. However, the [Fill: SURVEY_NAME] is an ongoing, monthly survey which can provide more accurate and up-to-date information continuously, not just every ten years.

This means that people who use the data - - businesses for example, or local, state or Federal governments will have more timely information with which to make informed decisions.

You can also visit our WEB site to learn more about the [Fill: SURVEY_NAME]. The address is:
www.census.gov/acs/

- 1. Continue
- 2. Back to Reinterview Help Menu

Skip Instructions: <1> [return to reinterview]
<2> [go to HPURPOSE]

Block: FAQs

Variable Name: HPURPOSE2

Info Pane:

How will this information be used?

The data from all interviews is summarized so that no one person can be identified. The summary statistics are available on the ACS Web Site. [Fill 1: Federal, state, and local/ Federal, Puerto Rico, and municipio] governments use the data as an information base for planning, administering and evaluating government programs.

Businesses use the data to make informed decisions. For example, a business may look at the education level of the residents of a community to see if that community would have the appropriate workforce for that business.

The housing quality of an area can be assessed from the housing data collected in the [Fill 2: ACS/PRCS]. Using the income data, the poverty level of an area can be determined.

- 1. Continue
- 2. Back to Reinterview Help Menu

Skip Instructions: <1> [**return to reinterview**]
<2> [**goto H_PURPOSE**]

Block: FAQs

Variable Name: HPURPOSE3

Info Pane:

How was I selected?

Your address was randomly selected from a list of residential addresses in your
[Fill: county/ municipio].

Why don't you select someone else?

Your address was randomly selected from a list of addresses, so we can't substitute anyone else's address for yours. One of the advantages of a random sample is that we can use it to measure the whole population without having to actually interview every household. But in order for it to work, you can't pick and choose -- the sample has to be truly random. Your participation is very important if we're going to be able to produce accurate statistics from this survey.

- 1. Continue
- 2. Back to Reinterview Help Menu

Skip Instructions: <1> [return to reinterview]
 <2> [goto H_PURPOSE]

Block: **FAQs**

Variable Name: **HPURPOSE4**

Info Pane:**Do I have to participate?**

This is a mandatory survey as provided by Title 13 of the United States Code. Because it's a sample survey, your participation is very important if we're going to be able to produce accurate statistics from it.

- 1. Continue
- 2. Back to Reinterview Help Menu

Skip Instructions: <1> [return to reinterview]
 <2> [goto H_PURPOSE]

Block: **FAQs**

Variable Name: **HPURPOSE5**

Info Pane:

Send me another questionnaire in the mail

Unfortunately, the time for conducting this survey by mail has passed. We need to collect your information now in order to keep to our schedule. As you answer the survey questions I will be entering the data directly into a computer, so we can process it very quickly and meet our deadlines.

- 1. Continue
- 2. Back to Reinterview Help Menu

Skip Instructions: <1> [**return to reinterview**]
 <2> [**goto H_PURPOSE**]

Block: **FAQs**

Variable Name: **HPURPOSE6**

Info Pane:

IS THIS SURVEY AUTHORIZED BY LAW?

This survey is authorized by Title 13, Section 141, 193, and 221, of the United States Code. The U.S. Census Bureau is required by law to keep your information confidential. The Census Bureau is not permitted to publicly release your responses in a way that could identify this household. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data.

IS THIS SURVEY LEGITIMATE?

The Office of Management and Budget (OMB) oversees all Federal Government surveys. This office gives clearance to conduct a survey by providing an approval number. The approval number must be printed on every questionnaire. In addition, if requested, we must provide the approval number when we call regardless if we reach a business or private address.

If someone calls claiming to be a Census Bureau employee and you are concerned whether or not the survey is legitimate, ask the caller for the OMB approval number. If the caller can't provide the number, that very well could mean the purpose of the call is not legitimate.

The OMB approval number for the [Fill 1: ACS/PRCS] is: 0607-0810.

If the respondent has a copy of the [Fill 2: ACS-1/ACS-1 PR(SP)] questionnaire, read the statement below.

For the [Fill 3: American/Puerto Rico] Community Survey, you can find the approval number on page 1 of the questionnaire in the bottom right corner.

1. Proceed with interview
2. Return to FAQ list

PRS**¿ES ESTA ENCUESTA AUTORIZADA POR LEY?**

Esta encuesta está autorizada por las secciones 141, 193, y 221 del título 13 del Código de los Estados Unidos. La Oficina del Censo de los EE. UU. está obligada por ley a mantener confidencial su información. A la Oficina del Censo no se le permite divulgar sus respuestas de manera que este hogar pudiera ser identificado. En conformidad con la Ley para el Fortalecimiento de la Seguridad Cibernética Federal del 2015, sus datos están protegidos contra los riesgos de seguridad cibernética mediante los controles aplicados a los sistemas que transmiten su información.

¿ES LEGÍTIMA ESTA ENCUESTA?

La Oficina de Administración y Presupuesto (OMB, por sus siglas en inglés) supervisa todas las encuestas del gobierno federal. Esta oficina aprueba que se lleve a cabo una encuesta al proveer el número de aprobación. El número de aprobación debe estar impreso en cada cuestionario. Además, si se pide, debemos proveer el número de aprobación cuando llamemos sin tener en cuenta si hablamos con un negocio o dirección privada.

Si alguien llame y finge ser un empleado del Negociado del Censo, y usted está preocupado si la encuesta es o no es legítima, pregunta a la persona que llama por el número de aprobación de OMB.

Si la persona que llama no puede proveer el número, esto puede significar que el propósito de la llamada no es legítimo.

El número de aprobación para la Encuesta sobre la Comunidad de Puerto Rico es 0607-0810.

Si el respondedor tiene una copia del cuestionario ACS-1 PR(SP), lea la información a continuación.

Para la Encuesta sobre la Comunidad de Puerto Rico, puede encontrar el número de aprobación en la página 1 del cuestionario en la parte inferior derecha.

1. Proceda con la entrevista
2. Regrese a la lista de Preguntas Frecuentes

ESP

¿ES ESTA ENCUESTA AUTORIZADA POR LEY?

Esta encuesta está autorizada por las secciones 141, 193, y 221 del título 13 del Código de los Estados Unidos. La Oficina del Censo de los EE. UU. está obligada por ley a mantener confidencial su información. A la Oficina del Censo no se le permite divulgar sus respuestas de manera que este hogar pudiera ser identificado. En conformidad con la Ley para el Fortalecimiento de la Seguridad Cibernética Federal del 2015, sus datos están protegidos contra los riesgos de seguridad cibernética mediante los controles aplicados a los sistemas que transmiten su información.

¿ES LEGÍTIMA A ESTA ENCUESTA?

La Oficina de Administración y Presupuesto (OMB, por sus siglas en inglés) supervisa todas las encuestas del gobierno federal. Esta oficina aprueba que se lleve a cabo una encuesta al proveer el número de aprobación. El número de aprobación debe estar impreso en cada cuestionario. Además, si se pide, debemos proveer el número de aprobación cuando llamemos sin tener en cuenta si hablamos con un negocio o dirección privada.

Si alguien llama y finge ser un empleado de la Oficina del Censo, y usted está preocupado si la encuesta es o no es legítima, pregunte a la persona que llama por el número de aprobación de OMB.

Si la persona que llama no puede proveer el número, esto puede significar que el propósito de la llamada no es legítimo.

El número de aprobación para la Encuesta sobre la Comunidad Estadounidense es 0607 0810.

Si el respondedor tiene una copia del cuestionario ACS-1, lea la información a continuación.

Para la Encuesta sobre la Comunidad Estadounidense, puede encontrar el número de aprobación en la página 1 del cuestionario en la parte inferior derecha.

1. Proceda con la entrevista
2. Regrese a la lista de Preguntas Frecuentes

1. Continue

2. Back to Reinterview Help Menu

Skip Instructions: <1> **[return to reinterview]**

<2> **[goto H_PURPOSE]**

Block: FAQs

Variable Name: HPURPOSE7

Info Pane:

WHAT CONFIDENTIAL PROTECTION DO I HAVE?

The U.S. Census Bureau is required by law to protect your information. The Census Bureau is not permitted to publicly release your responses in a way that could identify your household. By law, the Census Bureau can only use your responses to produce statistics. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. Like all Census Bureau interviewers, I have taken an oath of confidentiality.

PRS

¿QUÉ PROTECCIÓN DE LA CONFIDENCIALIDAD TENGO?

La Oficina del Censo de los EE. UU. está obligada por ley a proteger su información. A la Oficina del Censo no se le permite divulgar sus respuestas de manera que este hogar pudiera ser identificado. Por ley, la Oficina del Censo solamente puede usar sus respuestas para producir estadísticas. En conformidad con la Ley para el Fortalecimiento de la Seguridad Cibernética Federal del 2015, sus datos están protegidos contra los riesgos de seguridad cibernética mediante los controles aplicados a los sistemas que transmiten su información. Al igual que todos los entrevistadores de la Oficina del Censo, he tomado un juramento para mantener la confidencialidad.

ESP

¿QUÉ PROTECCIÓN DE LA CONFIDENCIALIDAD TENGO?

La Oficina del Censo de los EE. UU. está obligada por ley a proteger su información. A la Oficina del Censo no se le permite divulgar sus respuestas de manera que este hogar pudiera ser identificado. Por ley, la Oficina del Censo solamente puede usar sus respuestas para producir estadísticas. En conformidad con la Ley para el Fortalecimiento de la Seguridad Cibernética Federal del 2015, sus datos están protegidos contra los riesgos de seguridad cibernética mediante los controles aplicados a los sistemas que transmiten su información. Al igual que todos los entrevistadores de la Oficina del Censo, he tomado un juramento para mantener la confidencialidad.

- 1. Continue
- 2. Back to Reinterview Help Menu

Skip Instructions: <1> [return to reinterview]

<2> [goto H_PURPOSE]

Block: FAQs

Variable Name: HPURPOSE8

Info Pane:

Block: **FAQs**

Variable Name: **HPURPOSE10**

Info Pane:

I thought you only counted people.

Actually, the Census Bureau collects lots of information on a wide range of topics -- such as housing quality, unemployment, crime, health, and education. The census which is conducted every ten years is what most people know about, but we do hundreds of thousands of other kinds of interviews every year with governments, businesses, and people.

- 1. Continue
- 2. Back to Reinterview Help Menu

Skip Instructions: <1> **[return to reinterview]**
 <2> **[goto H_PURPOSE]**

Block: **FAQs**

Variable Name: **HPURPOSE11**

Info Pane:

Confirm call/survey -- toll-free number

If you would like to verify that I am from the Census Bureau, you may call our toll-free number: [Fill: 1-800-(fill as appropriate for your TC or RO)/1-800-361-6891].

My name is . . . , and this is the [Fill: SURVEY_NAME]. Your "Case ID" is: [Fill: CASEID].

(To verify that the toll-free number is a legitimate Census Bureau number, you may call Directory Assistance on: 1-800-555-1212.)

- 1. Continue
- 2. Back to Reinterview Help Menu

Skip Instructions: <1> **[return to reinterview]**
 <2> **[goto H_PURPOSE]**

Block: **FAQs**

Variable Name: HPURPOSE12

Info Pane:

Where do I send survey comments?

The address you can write to for expressing your opinion about this survey is:

Paperwork Project: 0607-0810
 U.S. Census Bureau
 4600 Silver Hill Rd, AMSD - 3K138
 Washington, DC 20233

Because we do so many different surveys, be sure to mention the name of this one -- the [Fill: SURVEY_NAME] Or you may e-mail comments to Paperwork@census.gov. Use "Paperwork Project 0607-0810" as the subject.

If you would like to talk to someone about my performance as an interviewer, you may call our toll-free number: [Fill: 1-800-(fill as appropriate for your TC or RO)/1-800-361-6891]. My name is . . . , and this is the [Fill: SURVEY_NAME]. Your "Case ID" is: [Fill: CASEID].

- 1. Continue
- 2. Back to Reinterview Help Menu

Skip Instructions: <1> [return to reinterview]
 <2> [goto H_PURPOSE]

Block: FAQs

Variable Name: HPURPOSE13

Info Pane:

What is the AMERICAN COMMUNITY SURVEY (ACS) WEB SITE ADDRESS

[Fill 1: NOTE TO INTERVIEWER: In the United States this survey is called the American Community Survey. There is no separate web site for the Puerto Rico Community Survey, however you can refer respondents to this web site where they can learn about the American Community Survey and Puerto Rico Community Survey or more about the Census Bureau.]

To learn more about the American Community Survey and the Census Bureau, you can visit our home page at:

“<http://www.census.gov>”

To go directly to information about the American Community Survey:

Click on “Subjects Index A-Z”

Click on “A”

Click on “American Community Survey (ACS) Home page”

- 1. Continue
- 2. Back to Reinterview Help Menu

Skip Instructions: <1> [return to reinterview]
 <2> [goto H_PURPOSE]

Block: **FAQs**

Variable Name: **HPURPOSE14**

Info Pane:

HOW DO I BENEFIT BY COMPLETING THE ACS?

Communities, states, and federal agencies say they do not have the up-to-date information they need to better understand community issues, respond to needs, and allocate programs and resources. A community leader said, "Guessing is always fun, but seldom effective." The [Fill 1: American/Puerto Rico] Community Survey will provide communities with up-to-date housing and population data every year.

By responding to the [Fill 1: American/Puerto Rico] Community Survey, you are helping your community establish community goals, identify community problems and solutions, locate facilities and programs, and measure the performance of programs.

The [Fill 1: American/Puerto Rico] Community Survey data are used by:

Local governments:

- - for budgeting, evaluating programs, and planning for community development projects.

Community Programs:

- - such as for the elderly, scout programs, libraries, churches, banks, hospitals, and other community organizations, to provide services to the community and to locate buildings, services, and programs.

Transportation planners (using summarized journey-to-work information):

- - to plan for peak volumes of traffic to reduce traffic congestion, plan for parking, and to develop strategies such as car pooling programs and flexible work schedules.
- - to decide where to build new roads or add capacity to existing roads.
- - to develop transit systems such as light rail or subways by projecting rider ship.
- - by businesses, for determining the location of new buildings and services, such as banks selecting sites for ATM machines.

Utility companies

- - to understand their customer bases so they can project future needs. Every time you turn on your water faucet or a light switch in your home, summarized census data are behind the services you receive.

- 1. Continue
- 2. Back to Reinterview Help Menu

Skip Instructions: <1> [return to reinterview]

 <2> [goto H_PURPOSE]

Block: **FAQs**

Variable Name: **HPURPOSE15**

Info Pane:

Why am I not eligible to respond via the internet?

As part of our process your address was identified as needing to be contacted by a Census representative.

- 1. Continue
- 2. Back to Reinterview Help Menu

Skip Instructions: <1> [return to reinterview]
 <2> [goto H_PURPOSE]

Block: FAQs

Variable Name: HPURPOSE16

Info Pane:

I lost my PIN.

I'm sorry to hear that you lost your PIN, but unfortunately I cannot provide or reset it for you. Without having the original PIN, you would not be able to continue a survey you have already started. Instead you can complete the interview with me.

- 1. Continue
- 2. Back to Reinterview Help Menu

Skip Instructions: <1> [return to reinterview]
 <2> [goto H_PURPOSE]

Block: FAQs

Variable Name: HPURPOSE17

Info Pane:

How many days do I have to complete this on the Internet?

We would like you to complete the survey as soon as possible. If we have not received your response in a few days, we will follow up with you again.

- 1. Continue
- 2. Back to Reinterview Help Menu

Skip Instructions: <1> [return to reinterview]
 <2> [goto H_PURPOSE]

Block: FAQs

Variable Name: KEY_REF

Info Pane:

| Function Key Settings | | | |
|------------------------------|--------------------|-----------|----------------------------|
| F1 | Item Specific Help | Shift-F1 | Household roster |
| F2 | | Shift-F2 | Original Interview FAQs |
| F3 | | Shift-F3 | Reinterview FAQs |
| F4 | Jump Menu | Shift-F4 | |
| F5 | | Shift-F5 | |
| F6 | | Shift-F6 | |
| F7 | Item notes/remarks | Shift-F7 | View Remarks/Items Notes |
| F8 | Return from skip | Shift-F8 | |
| F9 | | Shift-F9 | |
| F10 | Exit-skip to END | Shift-F10 | Display function keys |
| F11 | Calculator | Shift-F11 | Standard abbreviation list |
| F12 | Copy | Shift-F12 | Original CAPI notes |
| | | Ctrl-D | Don't know (D) |
| | | Ctrl-K | Function key description |
| | | Ctrl-R | Refusal (R) |
| | | Ctrl_F3 | |
| | | Ctrl-F7 | Reinterview notes |
| | | Ctrl-H | Show Info |
| | | Ctrl-M | Show Don't Know & Refusals |
| | | Ctrl-S | Save |
| | | Ctrl-F | Search |

Skip Instructions: <Escape> [return to reinterview]

| | | |
|--|--------|--------|
| | Ctrl-F | Search |
|--|--------|--------|

Skip Instructions: <Escape> [return to reinterview]

Block: FAQs

Variable Name: H_ABBREV1

Info Pane:

| |
|--|
| <p>Standard Abbreviation List</p> <p>[Display the standard abbreviation list]</p> <p>NOTE: This screen can be accessed at any time during the reinterview by pressing "Shift F11."</p> |
|--|

Skip Instructions: <Escape> [return to reinterview]

Block: CATI_Front

Variable Name: REACTOCAPI_RI_CT

Info Pane:

| |
|--|
| <p>This should not have been assigned to CATI because this case [fill: BADCASE].</p> <p>This case needs to be recycled to field.</p> |
| <p><input type="radio"/> 1. Continue</p> |

Skip Instructions: <1> [go to CATI_Back.SHOW_CTRL]

Block: CATI_Front

Variable Name: HELLO_TC_CT

Info Pane:

| |
|---|
| <p>Hello, This is ... from the U.S. Census Bureau.</p> <p>May I please speak to [Fill: RESPNAME]?</p> <p>Status: [Fill:] Cutoff Date: [Fill:]</p> |
| <p><input type="radio"/> 1. This is correct person, or correct person called to the phone.</p> <p><input type="radio"/> 2. Person not available now. Call back later.</p> <p><input type="radio"/> 3. Person cannot be reached. Speak with another household member.</p> <p><input type="radio"/> 4. Person unknown at this number.</p> <p><input type="radio"/> 5. Person no longer lives there.</p> <p><input type="radio"/> 6. Person deceased.</p> <p><input type="radio"/> 7. Person can be reached at another number.</p> <p><input type="radio"/> 8. Other outcome OR problem interviewing household</p> |

Skip Instructions: <1> [go to CATI_Front.INTRO_TC_CT].
<2,7> [go to CATI_Back.SHOW_CTRL].

- <3, 5> [go to CATI_Front.HHMEM_CT].
- <4> [go to CATI_Front.VERTELE_CT].
- <6> [go to CAPI_Back.THANK_REF].
- <8> [go to CATI_Front.HELLO_PRB_RI_CT].

Block: CATI_Front

Variable Name: HELLO_TCX_CT

Info Pane:

Hello. This is ... from the U.S. Census Bureau.

Our records show that one of our interviewers [Fill : , FR_NAME,] recently contacted your household.

We're doing a short quality control check to make sure that our interviewers are following correct procedures.

Can you or another household member answer a few questions to help us evaluate the interviewer's work?

Status: [Fill:] **Cutoff Date:** [Fill:]

- 1. Yes
- 2. No
- 3. Inconvenient time. Try again later.

- Skip Instructions:**
- <1> [go to CATI_Front.ADDVER_CT].
 - <2> [go to CATI_Front.HELLO_PRB_RI_CT].
 - <3> [go to CAPI_Back.SHOW_CTRL].

Block: CATI_Front

Variable Name: HELLO_TN_CT

Info Pane:

Hello, This is ... from the U.S. Census Bureau.

May I please speak to [Fill: NAME]?

Status: [Fill:] **Cutoff Date:** [Fill:]

- 1. This is correct person, or correct person called to the phone.
- 2. Person not available now.
- 3. Person unknown at this number.
- 4. Person no longer lives there.
- 5. Person deceased.
- 6. Person can be reached at another number.
- 7. Other outcome OR problem interviewing household

Skip Instructions: <1> [go to CATI_Front.**INTRO_TN_CT**].
 <2> [go to CATI_Front.**PROX_N_CT**].
 <3> [go to CATI_Front.**VERTELE_CT**].
 <4> [go to CATI_Front.**PROX_N_CT**].
 <5> [go to CAPI_Back.**THANK_REF**].
 <6> [go to CATI_Back.**SHOW_CTRL**].
 <7> [go to CATI_Front.**HELLO_PRB_RI_CT**].

Block: CATI_Front

Variable Name: HELLO_TNX_CT

Info Pane:

Hello. I'm ... from the U.S. Census Bureau.

Our records show that one of our interviewers [Fill : , FR_NAME,] recently contacted your location to verify the status of:

[Fill: ADDRESS1]

We're doing a short quality control check to make sure that our interviewers are following correct procedures.

Can you or someone else answer a few questions to help us evaluate the interviewer's work?

Status: [Fill:] **Cutoff Date:** [Fill:]

- 1. Yes
- 2. No
- 3. Inconvenient time. Try again later.

Skip Instructions: <1> [go to CATI_Front.**INTROB_RI_CT**].
 <2> [go to CATI_Front.**HELLO_PRB_RI_CT**].
 <3> [go to CATI_Back.**SHOW_CTRL**].

Block: CATI_Front

Variable Name: INTRO_TC_CT

Info Pane:

| |
|---|
| <p>Thank you for helping us recently with the [Fill: SURVEY_NAME].</p> <p>We're doing a short quality control check, that may last 5 to 10 minutes, to make sure our interviewers are following correct procedures.</p> <p>Is your address: [Fill: ADDRESS1]?</p> |
| <p><input type="radio"/> 1. Yes</p> <p><input type="radio"/> 2. No</p> <p><input type="radio"/> 3. Refused to verify Address</p> |

Skip Instructions: < 1, 2, 3 > [go to CATI_Front.INTROB_RI_CT].

Block: CATI_Front

Variable Name: INTRO_TN_CT

Info Pane:

| |
|---|
| <p>Thank you for recently helping us verify the status of:</p> <p>[Fill: ADDRESS1]</p> <p>We're doing a short quality control check, that may last 5 to 10 minutes, to make sure our interviewers are following correct procedures.</p> <p>◆ Enter 1 to continue.</p> |
| <p><input type="radio"/> 1. Continue</p> |

Skip Instructions: <1> [go to CATI_Front.INTROB_RI_CT].

Block: CATI_Front

Variable Name: INTROB_RI_CT

Info Pane:

| |
|--|
| <p>This call may be recorded for quality assurance purposes. Do I have permission to record this call?</p> <p>◆ If the respondent does not wish to be recorded: Click on the NICE stop recording button.</p> |
|--|

Read: I appreciate your concern. I am turning off the recording.

- 1. Yes; continue with the interview.
- 2. Inconvenient time; schedule an appointment to callback.
- 3. No; recording is turned off. Continue interview.

Skip Instructions: <1, 3> If ORIOUT_RSLT = 'INT', then [go to CAPI_Middle.**RIRESP**].
 Else if ORIOUT_RSLT = B1, B2, C1, or C2, then
 [go to CAPI_Middle.**CONTACT_N**].
 <2> [go to CATI_Back.**SHOW_CTRL**].

Block: CATI_Front

Variable Name: VERTELE_CT

OR (HELLO_TN_CT = 3)

Info Pane:

Excuse me. I need to verify your telephone number again.

Have I reached area code [Fill: (AREA) PREFIX-SUFFIX, ext. EXTN] /
 [CPPHON, ext. CPEXT]?

- 1. Yes
- 2. No. Exit instrument and redial.
- 3. Refused to verify

Skip Instructions: <1> If (HELLO_TC_CT = 4) [go to CAPI_Front.**ADDVER_CT**].
 Else if (HELLO_TN = 3) [go to CAPI_Front.**ADDVER_N_CT**].
 <2> [go to CATI_Back.**SHOW_CTRL**].
 <3> [go to CAPI_Back.**THANK_REF**]

Block: CATI_Front

Variable Name: ADDVER_CT

Info Pane:

I need to verify that the address there is:

[Fill: ADDRESS1]

- 1. Same Address.
- 2. Not same Address.
- 3. Refused to verify.

Skip Instructions: <1> If (HELLO_TC_CT = 4) then [go to CATI_Front.HHMEM_CT].
Else [go to CATI_Front.INTROB_RI_CT].
<2> [go to CAPI_Back.THANK_SORRY].
<3> [go to CAPI_Back.THANK_REF].

Block: CATI_Front

Variable Name: HHMEM_CT

Info Pane:

| |
|---|
| Perhaps you can help me. |
| Are you a household member [Fill: "who is" MIN_AGE "years or older" / blank]? |
| <input type="radio"/> 1. Yes <input type="radio"/> 2. No |

Skip Instructions: <1> If (HELLO_TC_CT = 4) then [go to CATI_Front.PROX_UC_CT].
Else [go to CATI_Front.PROX_C_CT].
<2> [go to CATI_Front.HHMEM2_CT].

Block: CATI_Front

Variable Name: HHMEM2_CT

Info Pane:

| |
|---|
| Is there a household member present I may speak to [Fill: "who is" MIN_AGE "years or older" / blank]? |
| <input type="radio"/> 1. Yes <input type="radio"/> 2. No |

Skip Instructions: <1> If HELLO_TC_CT = 4 then [go to CATI_Front.PROX_UC_CT].
Else [go to CATI_Front.PROX_C_CT].
<2> [go to CAPI_Back.THANK_NOHH].

Block: CATI_Front

Variable Name: PROX_C_CT

Info Pane:

Our records show that one of our interviewers [Fill : , FR_NAME,] recently contacted your household.

We're doing a short quality control check to make sure that our interviewers are following correct procedures.

Can you or another household member answer a few questions to help us evaluate the interviewer's work?

1. Yes
 2. No
 3. Inconvenient time. Try again later.

Skip Instructions: <1> [go to CATI_Front.ADDVER_CT].
 <2, R> If (HELLO_TC_CT = 3) then [go to CATI_Back.SHOW_CTRL].
 If (HELLO_TC_CT = 5) then
 [go to CATI_Front.HELLO_PRB_RI_CT].
 <3> [go to CATI_Back.SHOW_CTRL].

Block: CATI_Front

Variable Name: PROX_N_CT

Info Pane:

Perhaps you can help me.

Our records show that one of our interviewers [Fill : , FR_NAME,] recently contacted this location to verify the status of :
 [Fill: ADDRESS1].

We're doing a short quality control check to make sure that our interviewers are following correct procedures.

Can you or someone else answer a few questions to help us evaluate the interviewer's work?

1. Yes
 2. No

Skip Instructions: <1> [go to CATI_Front.INTROB_RI_CT].
 <2> If (HELLO_TN_CT = 2) then [go to CATI_Back.SHOW_CTRL].
 If (HELLO_TN_CT = 4) then
 [go to CATI_Front.HELLO_PRB_RI_CT].

Block: CATI_Front

Variable Name: PROX_UC_CT

Info Pane:

Our records show that one of our interviewers [Fill : , FR_NAME,] recently contacted your household.
We're doing a short quality control check to make sure that our interviewers are following correct procedures.

Can you or another household member answer a few questions to help us evaluate the interviewer's work?

- 1. Yes
- 2. No
- 3. Inconvenient time. Try again later.

Skip Instructions: <1> [go to CATI_front.LIVEHERE_CT].
<2> [go to CATI_front.HELLO_PRB_RI_CT].
<3> [go to CATI_Back.SHOW_CTRL].

Block: CATI_Front

Variable Name: LIVEHERE_CT

Info Pane:

Were you living here on [Fill: INTDATE]?

- 1. Yes
- 2. No
- 3. Inconvenient time. Try again later. Make an appointment.

Skip Instructions: <1> [go to CAPI_Middle.RIRES].
<2, D> [go to CAPI_Middle.SOMEONE_ELSE].
<3> [go to CATI_Back.SHOW_CTRL]
<R> [go to CAPI_Back.THANK_REF].

Block: CATI_Front

Variable Name: ADDVER_N_CT

Info Pane:

Perhaps you can help me.

I'm trying to find out information about:

[Fill: ADDRESS1].

Can you or someone else help me?

- 1. Yes
- 2. Inconvenient time, call back later. Make an appointment.
- 3. No, but I have the phone number of someone who can.
- 4. No.

Skip Instructions: <1> If HELLO_TN_CT = 3, then [go to CATI_Front.**PROX_UN_CT**].
 <2,3> [go to CATI_Back.**SHOW_CTRL**].
 <4> [go to CAPI_Back.**THANK_YOU**].

Block: CATI_Front

Variable Name: **PROX_UN_CT**

Info Pane:

Our records show that one of our interviewers [Fill : , FR_NAME,]; recently contacted this location to verify the status of:
 [Fill: ADDRESS1].

We're doing a short quality control check to make sure that our interviewers are following correct procedures.

- 1. Continue

Skip Instructions: <1> [go to CATI_Front.**INTROB_RI_CT**].

Block: CATI_Front

Variable Name: **HELLO_PRB_RI_CT**

Info Pane:

Thank you for your cooperation. You've been very helpful.

- ◆ Problem reinterviewing household – Household not available or another problem
- ◆ If necessary, ~~M~~ make several attempts before selecting choice 8 or 9. Then contact your supervisor.

- 1. ~~Hard~~ Refusal.
- 2. Respondent can't remember.
- 3. Entire HH institutionalized or temporarily ineligible.

- 4. Entire HH under age [Fill: MIN_AGE].
- 5. Temporarily occupied by persons with Usual Residence Elsewhere (URE).
- 6. Entire household deceased.
- 7. Entire household moved.
- 8. No knowledgeable proxy available.
- 9. Other problems with reinterview

Skip Instructions: <1-7> [go to CAPI_Back.FALSIF].
 <8, 9> [go to CATI_Back.SHOW_CTRL].

Block: CAPI_Front

Variable Name: FIN

Info Pane:

| |
|-----------------------------------|
| THIS CASE IS NOT COMPLETED |
| ◆ Enter 1 to continue |
| <input type="radio"/> 1. Continue |

Skip Instructions: <1> If MODE = 1 then [go to CATI_Back.APPT_CT]
 Else [go to CAPI_Back.APPT]

Block: CAPI_Front

Variable Name: START_1A

Info Pane:

| | |
|--|---|
| CONTACT PERSON INFORMATION | |
| Name: | [Fill: CPNAME] |
| Title: | [Fill: CPTITL] |
| Phone: | [Fill: CPPHON], ext. [Fill: CPEXT] ([Fill: CPPHT]) |
| Address: | [Fill: CPADD1 CPADD2 CPPO, CPST, CPZP5-CPZP4] |
| [Fill: "NO CONTACT PERSON INFORMATION IS AVAILABLE" / blank] | |
| <input type="radio"/> 1. Continue | |

Skip Instructions: <1> [go to CAPI_Front.METHOD].

Block: CAPI_Front

Variable Name: START_1A

Info Pane:

| CONTACT PERSON INFORMATION | |
|--|---|
| Name: | [Fill: CPNAME] |
| Title: | [Fill: CPTITL] |
| Phone: | [Fill: CPPHON], ext. [Fill: CPEXT] ([Fill: CPPHT]) |
| Address: | [Fill: CPADD1 CPADD2 CPPO, CPST, CPZP5-CPZP4] |
| [Fill: "NO CONTACT PERSON INFORMATION IS AVAILABLE" / blank] | |
| <input type="radio"/> 1. Continue | |

Skip Instructions: <1> [go to CAPI_Front.METHOD].

Block: CAPI_Front

Info Pane:

| |
|---|
| <p>The interviewer determined the original outcome by observation. No contact person information was collected.</p> <p>◆ Enter 1 to continue.</p> |
| <input type="radio"/> 1. Continue |

Form Pane:

| |
|---|
| Type B/C noninterview by observation [fill] |
|---|

Skip Instructions: <1> [go to CAPI_Front.METHOD].

Block: CAPI_Front

Info Pane:

| |
|--|
| ◆ Choose one of the following options to continue: |
|--|

- 1. Telephone Reinterview
- 2. Personal Visit Reinterview
- 3. Quit - Attempt later
- 4. Reinterview Noninterview
- 5. RO/HQ Discretion – Type A (Contact Supervisor)

Skip Instructions:

<1> If (ORIOUT = (B1, C1, B2, C2 or VINT) and BYOBS = 1) then [go to CAPI_Front.**VERBYOBS**].
 If (ORIOUT_RSLT = A) then [go to CAPI_Front.**VERTPEA**]
 Else [go to CAPI_Front.**DIAL**].

<2> If (USE_CKSUP = Yes) then [go to CAPI_Front.**CKSUP**].
 If ORIO_RSLT = A) then [go to CAPI_Front.**VERTYPEA**]
 If (ORIOUT_RSLT = INT and RESPNAME empty) then [go to CAPI_Front.**HELLO_PCX**].
 If (ORI_RSLT = INT and RESPNAME empty) then [go to CAPI_Front.**HELLO_PC**]
 If (BYOBS = 1) then [go to CAPI_Front.**VERBYOBS**].
 If (ORIOUT_RSLT = INT) then [go to CAPI_Front.**HELLO_PC**].
 If (CPNAME = empty) then [go to CAPI_Front.**HELLO_PNX**].
 Else [go to CAPI_Front.**HELLO_PN**]

<3> [go to CAPI_Back.**WRAP_UP**].

<4> [go to CAPI_Back.**STATUS_RI**].

<5> [go to CAPI_Back.**RO_DISC**]

Block: CAPI_Front

Variable Name: DIAL

Info Pane:

Respondent Name: [Fill: RESPNAME]

Respondent Address: [Fill: ADDRESS1]

/

Contact Name: [Fill: CPNAME]

Contact Address: [Fill: CPADD1
 CPADD2
 CPPO, CPST, CPZP5-CPZP4]

◆ Dial this number:

((Fill: AREA)) [Fill: PREFIX]-[Fill: SUFFIX], ext. [Fill: EXTN] ((Fill: PHTYP's description)) /
 [Fill: CPPHON], ext. [Fill: CPEXT] ((Fill: CPPHT's description))

- 1. Someone answers
- 2. Enter new telephone number
- 3. Reinterview noninterview
- 4. Quit - Attempt later

Skip Instructions: <1> If (ORIOUT_RSLT = INT and RESPNAME empty)
 then [go to CAPI_Front.**HELLO_TCX**].
 If (ORIOUT_RSLT = INT)
 then [go to CAPI_Front.**HELLO_TC**].
 If (CPNAME empty) then [go to CAPI_Front.**HELLO_TNX**].
 Else [go to CAPI_Front.**HELLO_TN**].
 <2> [go to CAPI_Front.**_INTRO_**].
 <3> [go to CAPI_Back.**STATUS_RI**].

Block: CAPI_Front

Variable Name: INTRO

Info Pane:

| |
|---|
| ◆ Enter 1 to update the telephone number. |
| Enter a text of at most 1 characters |

Skip Instructions: <1> If (ORIOUT_RSLT = INT) then [go to
 CAPI_Front.**NEWNUMBER_A**].
 Else [go to CAPI_Front.**NEWNUMBER_CP**].

Block: CAPI_Front

Variable Name: **NEWNUMBER_A**

Info Pane:

| |
|--|
| ◆ Record new number. |
| In Area Code: [Fill: AREA] ◆ Edit area code or press Enter for same. |
| New Number: [Fill: PREFIX]-[Fill: SUFFIX] |
| EXT: [Fill: EXTN] |
| Enter a text of at most 3 characters |

Skip Instructions: <100 - 999> [go to CAPI_Front.**NEWNUMBER_P**].

Block: CAPI_Front

Variable Name: **NEWNUMBER_P**

Info Pane:

| |
|---|
| <p>◆ Record new number.</p> <p>In Area Code: [Fill: NEWNUMBER_A] New Number: [Fill: PREFIX]-[Fill: SUFFIX] ◆ Edit prefix or press Enter for same. EXT: [Fill: EXTN]</p> |
| Enter a text of at most 3 characters |

Skip Instructions: <100 - 999> [go to CAPI_Front.NEWNUMBER_S].

Block: CAPI_Front

Variable Name: NEWNUMBER_S

Info Pane:

| |
|--|
| <p>◆ Record new number.</p> <p>In Area Code: [Fill: NEWNUMBER_A] New Number: [Fill: NEWNUMBER_P]-[Fill: SUFFIX] ◆ Edit suffix or press Enter for same. EXT: [Fill: EXTN]</p> |
| Enter a text of at most 4 characters |

Skip Instructions: <0000 - 9999> [go to CAPI_Front.NEWNUMBER_E].

Block: CAPI_Front

Variable Name: NEWNUMBER_E

Info Pane:

| |
|---|
| ◆ Record new number. |
| In Area Code: [Fill: NEWNUMBER_A] |
| New Number: [Fill: NEWNUMBER_P]-[Fill: NEWNUMBER_S] |
| EXT: [Fill: EXTN] ◆ Edit extension or press Enter for same. |
| Enter a text of at most 5 characters |

Skip Instructions: <00000 - 99999, blank> [go to CAPI_Front._END_]

Block: CAPI_Front

Variable Name: NEWNUMBER_CP

Info Pane:

| |
|---|
| ◆ Record new number. |
| New Number: [Fill: CPPHON] ◆ Edit phone number or press Enter for same. |
| EXT: [Fill: CPEXT] |
| Enter the 10-digit phone number, using no hyphens (-). |

Skip Instructions: <1001000000 - 9999999999> [go to CAPI_Front.NEWNUMBER_CE].

Block: CAPI_Front

Variable Name: NEWNUMBER_CE

Info Pane:

| |
|--|
| ◆ Record new number. |
| New Number: [Fill: NEWNUMBER_CP] |
| EXT: [Fill: CPEXT] ◆ Edit extension or press Enter for same. |
| Enter a text of at most 5 characters |

Skip Instructions: <00000 - 99999, blank> [go to CAPI_Front._END_].

Block: CAPI_Front

Variable Name: **END**

Info Pane:

- | |
|---|
| <ul style="list-style-type: none"> ◆ Enter 1 to go back to Dial screen. ◆ You may have to press Enter twice to update the phone number entries. |
| <ul style="list-style-type: none"> ○ 1. Redial. |

Skip Instructions: <1> [go to CAPI_Front.**DIAL**].

Block: CAPI_Front

Variable Name: **CKSUP**

Info Pane:

- | |
|---|
| <ul style="list-style-type: none"> ◆ Contact your supervisor for authorization before conducting a personal visit. |
| <ul style="list-style-type: none"> ○ 1. Personal visit reinterview authorized ○ 2. Quit - Attempt later |

Skip Instructions: <1> If ORIOUT_RSLT = A) then [go to CAPI_Front.**VERTYPEA**]
 If (ORIOUT_RSLT = INT and RESPNAME empty)
 then [go to CAPI_Front.**HELLO_PCX**].
 If (ORIOUT_RSLT = INT) then [go to CAPI_Front.**HELLO_PC**].
 If (BYOBS = 1) then [go to CAPI_Front.**VERBYOBS**].
 If (CPNAME = empty) then [go to CAPI_Front.**HELLO_PNX**].
 Else [go to CAPI_Front.**HELLO_PN**].
 <2> [go to CAPI_Back.**WRAP_UP**].

Block: CAPI_Front

Variable Name: **HELLO_TC**

Info Pane:

Hello, I'm ... from the U.S. Census Bureau.

May I speak to [Fill: RESPNAME]?

- 1. This is correct person, or correct person called to the phone.
- 2. Person not available now. Call back later.
- 3. Person cannot be reached. Speak with another household member.
- 4. Person unknown at this number.
- 5. Person no longer lives there.
- 6. Person deceased.
- 7. Person can be reached at another number.
- 8. Reinterview Noninterview.

Skip Instructions:

- <1> [go to CAPI_Front.**INTRO_TC**].
- <2> [go to CAPI_Back.**APPT2**].
- <3> If (RPROXY_A = 1) then [go to CAPI_Front.**HHMEM**].
Else [go to CAPI_Back.**THANK_YOU**]
- <4> [go to CAPI_Front.**VERTELE**].
- <5> If (RPROXY_A = 1)then [go to CAPI_Front.**HHMEM**].
Else [go to CAPI_Back.**THANK_YOU**]
- <6> [go to CAPI_Back.**THANK_REF**].
- <7> [go to CAPI_Front.**_INTRO_**].
- <8> [go to CAPI_Back.**STATUS_RI**]

Block: CAPI_Front

Variable Name: HELLO_TCX

Info Pane:

Hello. This is ... from the U.S. Census Bureau.

Our records show that one of our interviewers [Fill : , FR_NAME,]; recently contacted your household.

We're doing a short quality control check to make sure that our interviewers are following correct procedures.

Can you or another household member answer a few questions to help us evaluate the interviewer's work?

- 1. Yes
- 2. No
- 3. Inconvenient time. Try again later.

Skip Instructions:

- <1> [go to CAPI_Front.**ADDVER**].
- <2> [go to CAPI_Back.**STATUS_RI**].
- <3> [go to CAPI_Back.**APPT**].

Block: CAPI_Front

Variable Name: VERTELE

Info Pane:

| |
|---|
| Have I reached area code [Fill: (AREA) PREFIX-SUFFIX, ext. EXTN] / [CPPHON, ext. CPEXT]? |
| <input type="radio"/> 1. Yes <input type="radio"/> 2. No <input type="radio"/> 3. Refused to verify |

- Skip Instructions:**
- <1> If (HELLO_TC = 4) [go to CAPI_Front.**ADDVER**].
Else if (HELLO_TN = 3) [go to CAPI_Front.**ADDVER_N**].
 - <2> [go to CAPI_Front.**WRNUM**].
 - <3> [go to CAPI_Front.**REFNUM**].

Block: CAPI_Front

Variable Name: INTRO_TC

Info Pane:

| |
|--|
| Thank you for helping us recently with the [Fill: SURVEY_NAME]. We're doing a short quality control check, that may last 5 to 10 minutes, to make sure our interviewers are following correct procedures. Is your address: [Fill: ADDRESS1]? |
| <input type="radio"/> 1. Yes <input type="radio"/> 2. No <input type="radio"/> 3. Refused to verify Address |

- Skip Instructions:** <1, 2, 3> [go to CAPI_Middle.**RIRESP**].

Block: CAPI_Front

Variable Name: WRNUM

Info Pane:

I'm sorry. I must have dialed incorrectly. I'll try again.

- ◆ Enter 1 to go back to Dial screen.
- ◆ You may have to press Enter twice to go back to Dial screen.

1. Redial.

Skip Instructions: <1> [go to CAPI_Front.DIAL].

Block: CAPI_Front

Variable Name: REFNUM

Info Pane:

I'm sorry. I'll dial again to be sure I've dialed correctly.

- 1. After several attempts, wrap up case.
- 2. Redial

Skip Instructions: <1> [go to CAPI_Back.THANK_REF].
<2> [go to CAPI_Front.DIAL].

Block: CAPI_Front

Variable Name: HELLO_TN

Info Pane:

Hello, I'm... from the U.S. Census Bureau.

May I speak to [Fill: CPNAME]?

- 1. This is correct person, or correct person called to the phone.
- 2. Person not available now.
- 3. Person unknown at this number.
- 4. Person no longer lives there.
- 5. Person deceased.
- 6. Person can be reached at another number.
- 7. Reinterview Noninterview

Skip Instructions: <1> [go to CAPI_Front.**INTRO_TN**].
 <2, 4> [go to CAPI_Front.**PROX_N**].
 <3> [go to CAPI_Front.**VERTELE**].
 <5> [go to CAPI_Back.**THANK_REF**].
 <6> [go to CAPI_Front.**_INTRO_**].
 <7> [go to CAPI_Back.**STATUS_RI**].

Block: CAPI_Front

Variable Name: REFNUM

Info Pane:

I'm sorry. I'll dial again to be sure I've dialed correctly.

- 1. After several attempts, wrap up case.
- 2. Redial

Skip Instructions: <1> [go to CAPI_Back.**THANK_REF**].
 <2> [go to CAPI_Front.**DIAL**].

Block: CAPI_Front

Variable Name: HELLO_TN

Info Pane:

Hello, I'm... from the U.S. Census Bureau.

May I speak to [Fill: CPNAME]?

- 1. This is correct person, or correct person called to the phone.
- 2. Person not available now.
- 3. Person unknown at this number.
- 4. Person no longer lives there.
- 5. Person deceased.
- 6. Person can be reached at another number.
- 7. Reinterview Noninterview

Skip Instructions: <1> [go to CAPI_Front.**INTRO_TN**].
 <2, 4> [go to CAPI_Front.**PROX_N**].
 <3> [go to CAPI_Front.**VERTELE**].
 <5> [go to CAPI_Back.**THANK_REF**].
 <6> [go to CAPI_Front.**_INTRO_**].
 <7> [go to CAPI_Back.**STATUS_RI**].

Block: CAPI_Front

Variable Name: VERTYPEA

Info Pane:

| |
|---|
| <p>This case was a Type A in the original interview.</p> <p>◆ Please use any available resource to check that the original outcome was:</p> <p>[Fill: ORIOUT's description] [Fill: "-" TYPEA_SP / blank] on [Fill: INTDATE].</p> |
| <p><input type="radio"/> 1. Original outcome was correct.</p> <p><input type="radio"/> 2. Original outcome was incorrect.</p> <p><input type="radio"/> 3. Reinterview Noninterview.</p> <p><input type="radio"/> 4. Quit - Attempt later.</p> |

Skip Instructions: <1> [go to CAPI_Back.**READYWRAP**]
 <2> If (DISCREPANCY [1] = 1 or DISCREPANCY [5] = 5 or DISCREPANCY [10] = 10) then [go to CAPI_Back.**FALSIF2**]
 Else [go to CAPI_Back.**FALSIF**]
 <3> [go to CAPI_Back.**NONINT**]
 <4> [go to CAPI_Back.**WRAP_UP**]

Block: CAPI_Front

Variable Name: INTRO_TN

Info Pane:

| |
|---|
| <p>Block: CAPI_Front</p> <p>Variable Name: HELLO_TNX</p> <p>Info Pane:</p> <div style="border: 1px solid black; padding: 10px;"> <p>Hello. I'm ... from the U.S. Census Bureau.</p> <p>Our records show that one of our interviewers [Fill : , FR_NAME,]; recently contacted your location to verify the status of:</p> <p>[Fill: ADDRESS1]</p> <p>We're doing a short quality control check to make sure that our interviewers are following correct procedures.</p> <p>Can you or someone else answer a few questions to help us evaluate the interviewer's work?</p> </div> |
|---|

- 1. Yes
- 2. No
- 3. Inconvenient time. Try again later.

Skip Instructions: <1> [go to CAPI_Middle.**CONTACT_N**].
 <2> [go to CAPI_Back.**STATUS_RI**].
 <3> [go to CAPI_Back.**APPT**].

Thank you for recently helping us verify the status of:

[Fill: ADDRESS1]

We're doing a short quality control check, that may last 5 to 10 minutes, to make sure our interviewers are following correct procedures.

◆ Enter 1 to continue.

- 1. Continue

Skip Instructions: <1> [go to CAPI_Middle.**CONTACT_N**].

Block: CAPI_Front

Variable Name: HELLO_PC

Info Pane:

Hello. I'm ... from the U.S. Census Bureau.
 Here is my identification card.

◆ Show ID card.

May I speak to [FILL: RESPNAME]?

- 1. Correct person available.
- 2. Person not available now.
- 3. Person unknown at this address.
- 4. Person no longer lives there.
- 5. Person deceased.
- 6. No one lives at this address.
- 7. Reinterview Noninterview.

Skip Instructions: <1> [go to CAPI_Front.**INTRO_PC**].
 <2> If (RPROXY_A = 1) then [go to CAPI_Front.**HHMEM**].
 Else If (RPROXY_A = 0) then [go to CAPI_Front.**APPT2**].
 <3> [go to CAPI_Front.**ADDVER**].
 <4> If (RPROXY_A = 1) then [go to CAPI_Front.**HHMEM**].
 Else [go to CAPI_Back.**THANK_YOU**]
 <5> [go to CAPI_Back.**THANK_REF**].
 <6, 7> [go to CAPI_Back.**STATUS_RI**].

Block: CAPI_Front

Variable Name: HELLO_PCX

Info Pane:

| |
|--|
| <p>Hello, I'm ... from the U.S. Census Bureau. Here is my identification card.</p> <p>◆ Show ID card.</p> <p>Our records show that one of our interviewers [Fill : , FR_NAME,]- recently contacted your household.</p> <p>We're doing a short quality control check to make sure that our interviewers are following correct procedures.</p> <p>Can you or another household member answer a few questions to help us evaluate the interviewer's work?</p> |
| <p><input type="radio"/> 1. Yes</p> <p><input type="radio"/> 2. No</p> <p><input type="radio"/> 3. Inconvenient time. Try again later.</p> <p><input type="radio"/> 4. No one lives at this address.</p> |

Skip Instructions: <1> [go to CAPI_Front.**ADDVER**].
 <2, 4> [go to CAPI_Back.**STATUS_RI**].
 <3> [go to CAPI_Back.**APPT**].

Block: CAPI_Front

Variable Name: INTRO_PC

Info Pane:

| |
|---|
| <p>Thank you for helping us recently with the [Fill: SURVEY_NAME].</p> <p>We're doing a short quality control check, that may last 5 to 10 minutes, to make sure our interviewers are following correct procedures.</p> <p>Is your address: [Fill: ADDRESS1]?</p> |
|---|

| |
|---|
| <input type="radio"/> 1. Yes <input type="radio"/> 2. No <input type="radio"/> 3. Refused to verify address |
|---|

Skip Instructions: <1, 2, 3> [go to CAPI_Middle.RIRES].

Block: CAPI_Front

Variable Name: HELLO_PCX

Info Pane:

| |
|--|
| <p>Hello, I'm ... from the U.S. Census Bureau. Here is my identification card.</p> <p>◆ Show ID card.</p> <p>Our records show that one of our interviewers [Fill : , FR_NAME,]- recently contacted your household.</p> <p>We're doing a short quality control check to make sure that our interviewers are following correct procedures.</p> <p>Can you or another household member answer a few questions to help us evaluate the interviewer's work?</p> |
| <input type="radio"/> 1. Yes <input type="radio"/> 2. No <input type="radio"/> 3. Inconvenient time. Try again later. <input type="radio"/> 4. No one lives at this address. |

Skip Instructions: <1> [go to CAPI_Front.ADDVER].
<2, 4> [go to CAPI_Back.STATUS_RI].
<3> [go to CAPI_Back.APPT].

Block: CAPI_Front

Variable Name: INTRO_PC

Info Pane:

| |
|---|
| <p>Thank you for helping us recently with the [Fill: SURVEY_NAME].</p> <p>We're doing a short quality control check, that may last 5 to 10 minutes, to make sure our interviewers are following correct procedures.</p> <p>Is your address: [Fill: ADDRESS1]?</p> |
|---|

1. Yes
 2. No
 3. Refused to verify address

Skip Instructions: <1, 2, 3> [go to CAPI_Middle.**RIRESP**].

Block: CAPI_Front

Variable Name: HELLO_PN

Info Pane:

Hello. I'm... from the U.S. Census Bureau.
Here is my identification card.

◆ Show ID card.

May I speak to [Fill: CPNAME]?

- | | |
|--|--|
| <input type="radio"/> 1. Correct person available. | <input type="radio"/> 4. Person no longer lives there. |
| <input type="radio"/> 2. Person not available now. | <input type="radio"/> 5. Person deceased. |
| <input type="radio"/> 3. Person unknown at this address. | <input type="radio"/> 6. Reinterview Noninterview. |

Skip Instructions: <1> [go to CAPI_Front.**INTRO_PN**].
 <2, 4> [go to CAPI_Front.**PROX_N**].
 <3> [go to CAPI_Front.**ADDVER_N**].
 <5> [go to CAPI_Back.**THANK_REF**].
 <6> [go to CAPI_Back.**STATUS_RI**].

Block: CAPI_Front

Variable Name: HELLO_PNX

Info Pane:

Hello, I'm... from the U.S. Census Bureau. Here is my identification card.

◆ Show ID card.

Our records show that one of our interviewers [Fill : , FR_NAME,] recently contacted this location to verify the status of:
[Fill: ADDRESS1]

We're doing a short quality control check to make sure that our interviewers are following correct procedures.

| |
|---|
| Can you or someone else answer a few questions to help us evaluate the interviewer's work? |
| <input type="radio"/> 1. Yes <input type="radio"/> 2. No <input type="radio"/> 3. Inconvenient time. Try again later. |

Skip Instructions: <1> [go to CAPI_Middle.**CONTACT_N**].
 <2> [go to CAPI_Back.**STATUS_RI**].
 <3> [go to CAPI_Back.**APPT**].

Block: CAPI_Front

Variable Name: **ADDVER**

Info Pane:

| |
|---|
| I need to verify that the address [Fill: "here" / "there"] is: |
| [Fill: ADDRESS1] |
| <input type="radio"/> 1. Same Address. <input type="radio"/> 2. Not same Address. <input type="radio"/> 3. Refused to verify. |

Skip Instructions:
 <1> If HELLO_TC = 4 or HELLO_PC = 3
 then go to CAPI_Front.**HHMEM**
 Else [go to **RIRESP**]
 <2> [go to CAPI_Back.**THANK_SORRY**]
 <3> [go to CAPI_Back.**THANK_REF**]

Block: CAPI_Front

Variable Name: **INTRO_PN**

Info Pane:

| |
|---|
| Thank you for recently helping us verify the status of: |
| [Fill: ADDRESS1] |
| We're doing a short quality control check, that may last 5 to 10 minutes, to make sure our interviewers are following correct procedures. |
| ◆ Enter 1 to continue. |
| <input type="radio"/> 1. Continue |

Skip Instructions: [go to CAPI_Middle.**CONTACT_N**].

Block: CAPI_Front

Variable Name: **VERBYOBS**

Field Description: Type B/C noninterview by observation

Block: CAPI_Front

Variable Name: **HHMEM**

Info Pane:

| |
|---|
| Perhaps you can help me. Are you a household member [Fill: “who is” MIN_AGE “years or older” / blank]? |
| <input type="radio"/> 1. Yes <input type="radio"/> 2. No |

Skip Instructions: <1> If (HELLO_TC = 4 or HELLO_PC = 3) then
[go to CAPI_Front.**PROX_UC**].
Else [go to CAPI_Front.**PROX_C**].
<2, R> [go to CAPI_Front.**HHMEM2**].

Block: CAPI_Front

Variable Name: **HHMEM2**

Info Pane:

| |
|---|
| Is there a household member present I may speak to [Fill: “who is” MIN_AGE “years or older” / blank]? |
| <input type="radio"/> 1. Yes <input type="radio"/> 2. No |

Skip Instructions:
<1> If (HELLO_TC = 4 or HELLO_PC = 3) then
[go to CAPI_Front.**PROX_UC**].
Else [go to CAPI_Front.**PROX_C**].
<2, R> [go to CAPI_Back.**THANK_NOHH**].

Block: CAPI_Front

Variable Name: PROX_C

Info Pane:

| |
|--|
| <p>Our records show that one of our interviewers [Fill : , FR_NAME,]; recently contacted your household.</p> <p>We're doing a short quality control check to make sure that our interviewers are following correct procedures.</p> <p>Can you or another household member answer a few questions to help us evaluate the interviewer's work?</p> |
| <p><input type="radio"/> 1. Yes</p> <p><input type="radio"/> 2. No</p> <p><input type="radio"/> 3. Inconvenient time. Try again later.</p> |

Skip Instructions:

<1> [go to CAPI_Front.ADDVER].
 <2, R> If (HELLO_PC = 2) then [go to CAPI_Back.APPT2].
 Else [go to CAPI_Back.THANK_YOU].
 <3> [go to CAPI_Back.APPT].

Block: CAPI_Front

Variable Name: PROX_N

Info Pane:

| |
|---|
| <p>Perhaps you can help me.</p> <p>Our records show that one of our interviewers [Fill : , FR_NAME,]; recently contacted this location to verify the status of : [Fill: ADDRESS1].</p> <p>We're doing a short quality control check to make sure that our interviewers are following correct procedures.</p> <p>Can you or someone else answer a few questions to help us evaluate the interviewer's work?</p> |
| <p><input type="radio"/> 1. Yes</p> <p><input type="radio"/> 2. No</p> |

Skip Instructions:

<1> [go to CAPI_Middle.CONTACT_N].
 <2> If (HELLO_PN = 2 or HELLO_TN = 2) then [go to CAPI_Back.APPT2].

If (HELLO_PN = 4 or HELLO_TN = 4)
then [go to CAPI_Back.**THANK_YOU**].

Block: CAPI_Front

Variable Name: **PROX_UC**

Info Pane:

Our records show that one of our interviewers [Fill : , FR_NAME,], recently contacted your household.

We're doing a short quality control check to make sure that our interviewers are following correct procedures.

Can you or another household member answer a few questions to help us evaluate the interviewer's work?

- 1. Yes
- 2. No
- 3. Inconvenient time. Try again later.

Skip Instructions:

- <1> [go to CAPI_Front.**LIVEHERE**].
- <2> [go to CAPI_Back.**RI_OUTCM**].
- <3> [go to CAPI_Back.**APPT**].

Block: CAPI_Front

Variable Name: **LIVEHERE**

Info Pane:

Were you living here on [Fill: INTDATE]?

- 1. Yes
- 2. No
- 3. Inconvenient time. Try again later (make an appointment).

Skip Instructions: <1> [go to CAPI_Middle.**RIRESP**].
 <2, D> [go to CAPI_Middle.**SOMEONE_ELSE**]
 <3> [go to CAPI_Back.**APPT**]
 <R> [go to CAPI_Back.**THANK_REF**]

Block: CAPI_Front

Variable Name: **ADDVER_N**

Info Pane:

Perhaps you can help me.
 I'm trying to find out information about:
 [Fill: ADDRESS1]
 Can you or someone else help me?

1. Yes
 2. Inconvenient time, call back later.
 3. No, but I have the phone number of someone who can.
 4. No.

Skip Instructions: <1> [go to CAPI_Front.**PROX_UN**].
 <2> [go to CAPI_Back.**APPT**].
 <3> [go to CAPI_Front.**_INTRO_**].
 <4> [go to CAPI_Back.**THANK_YOU**]

Block: CAPI_Front

Variable Name: **PROX_UN**

Info Pane:

Our records show that one of our interviewers [Fill : , FR_NAME,] recently contacted someone [Fill: NUM_HERE] to verify the status of:
 [Fill: ADDRESS1].

We're doing a short quality control check to make sure that our interviewers are following correct procedures.

1. Continue

Skip Instructions: <1> [go to CAPI_Middle.**CONTACT_N**].

Block: CAPI_Middle

Variable Name: **RIRESP**

Info Pane:

| Line No. | Name | Relationship | Age | Sex | HH_INFO1 | HH_INFO2 | HH_INFO3 |
|---|---------------------------|--------------|-------------|-------------|---------------------|---------------------|---------------------|
| [Fill: LNO] | [Fill: FNAME LNAME] | [Fill: REL] | [Fill: AGE] | [Fill: SEX] | [Fill: HH_FILL1] | [Fill: HH_FILL2] | [Fill: HH_FILL3] |
| • | • | • | • | • | • | • | • |
| • | • | • | • | • | • | • | • |
| ♦ Ask if necessary | | | | | | | |
| ♦ With whom am I speaking? | | | | | | | |
| ♦ Enter line of person you are speaking to ot (0) if person is not on roster. | | | | | | | |

Skip Instructions: <0 - maximum line number> If (MODE = 1 and NEWRESP = 1 and INTROB_RI_CT ne 3) OR (LIVEHERE_CT = 1 and INTROB_RI_CT ne 3) then [go to CAPI_Middle.**RIRESPB_RI_CT**] Else [go to CAPI_Middle.**CONTACT_C**].

Block: CAPI_Middle

Variable Name: RIRESPB_RI_CT

Info Pane:

| |
|---|
| <p>This call may be recorded for quality assurance. Do I have permission to record this call?</p> <p>♦ If the respondent does not wish to be recorded:</p> <ul style="list-style-type: none"> - Click on the NICE stop recording button. - Read: I appreciate your concern. I am turning off the recording. <p><input type="radio"/> 1. Continue</p> <p><input type="radio"/> 2. Inconvenient time; schedule an appointment to callback.</p> <p><input type="radio"/> 3. No; recording is turned off. Continue interview</p> |
|---|

Skip Instructions: <1,3> If (CONTACT_N=1 or CONTACT_C=1) then [go to middle.**PROX_PRESENT**].
 <2> [go to Show_Ctrl].

Block: CAPI_Middle

Variable Name: CONTACT_C

Info Pane:

Did an interviewer contact you on or about [Fill: INTDATE]] and ask questions about [Fill: CONTACT_C_INFO1]?

1. Yes
 2. No

Skip Instructions: <1> If MODE=1 and (INTROB_RI_CT = empty OR NEWRESP = 1) then [go to CAPI_Middle.**RIRESPB_RI_CT**]
 Else if (PROX_C = 1) OR (PROX_UC =1) OR (HELLO_TCX =1) OR (HELLO_PCX = 1) OR (PROX_C_CT = 1) OR (PROX_UC_CT =1) then [go to CAPI_Middle.**PROX_PRESENT**].
 Else [go to CAPI_Middle.**ORMODE**].

<2, D> If (PROX_UC_CT = 1 and LIVEHERE_CT = 1) then [go to to CAPI_Middle.**RIRESPB_RI_CT**]
 Else [go to CAPI_Middle.**SOMEONE_ELSE**].

Block: CAPI_Middle

Variable Name: ORMODE

Info Pane:

Did the interviewer conduct the interview in person or over the telephone?

1. Personal visit only
 2. Telephone call only
 3. Both - Interviewer visited and called

Skip Instructions: <1, 3, D> [go to CAPI_Middle.**POLITE**].

<2> If (CONTACT_C = 1 and PV_ONLY = Yes) then [go to CAPI_Middle.**PHONE_REQUEST**]
 Else [go to CAPI_Middle.**POLITE**].

Block: CAPI_Middle

Variable Name: PHONE_REQUEST

Info Pane:

1. Yes
 2. No - Telephone interview requested by interviewer

Skip Instructions: <1, 2, D, R > [go to POLITE]

Block: CAPI_Middle

Variable Name: POLITE

Info Pane:

Was the interviewer polite and professional?

1. Yes
 2. No

Skip Instructions: <1, D, R > If (CONTACT_C = 1)
 then [go to CAPI_Middle.LENGTH_H].
 If (ORMODE = 1 or 3) then [go to CAPI_Middle.LAPTOP]
 If (ORIOUT_RSLT = B2 or C2)
 then [go to CAPI_Middle.STAT_PROBE].
 If (ORIOUT_RSLT = B1 or C1)
 then [go to CAPI_Middle.STATUS].
 Else If VACANT_INT = Yes
 then [go to CAPI_Middle.VACANT]
 <2> [go to CAPI_Middle.PO_NOTES].

Block: CAPI_Middle

Variable Name: PO_NOTES

Info Pane:

◆ Enter comments from the reinterview respondent here.

Skip Instructions: If (CONTACT_C = 1) then [go to CAPI_Middle.LENGTH_H].
Else if (ORMODE = 1 or 3) then [go to CAPI_Middle.LAPTOP].
Else if (ORIOUT_RSLT = B2 or C2) then
[go to CAPI_Middle.STAT_PROBE].
IF (ORIOUT_RSLT = B1 or C1) then [go to CAPI_Middle.STATUS].
Else If VACANT_INT = Yes then [go to CAPI_Middle.VACANT]

Block: CAPI_Middle

Variable Name: LENGTH_H

Info Pane:

About how long did the interview last?

____ hours ____ min.

◆ If no hours, enter 0.

Block: CAPI_Middle

Variable Name: POLITE

Info Pane:

Was the interviewer polite and professional?

1. Yes
 2. No

Skip Instructions: <1, D, R > If (CONTACT_C = 1)
then [go to CAPI_Middle.LENGTH_H].
If (ORMODE = 1 or 3) then [go to CAPI_Middle.LAPTOP]
If (ORIOUT_RSLT = B2 or C2)
then [go to CAPI_Middle.STAT_PROBE].
If (ORIOUT_RSLT = B1 or C1)
then [go to CAPI_Middle.STATUS].

Else If VACANT_INT = Yes
then [go to CAPI_Middle.VACANT]
<2> [go to CAPI_Middle.PO_NOTES].

Block: CAPI_Middle

Variable Name: PO_NOTES

Info Pane:

◆ Enter comments from the reinterview respondent here.

Skip Instructions: If (CONTACT_C = 1) then [go to CAPI_Middle.LENGTH_H].
Else if (ORMODE = 1 or 3) then [go to CAPI_Middle.LAPTOP].
Else if (ORIOUT_RSLT = B2 or C2) then
[go to CAPI_Middle.STAT_PROBE].
IF (ORIOUT_RSLT = B1 or C1) then [go to CAPI_Middle.STATUS].
Else If VACANT_INT = Yes then [go to CAPI_Middle.VACANT]

Block: CAPI_Middle

Variable Name: LENGTH_H

Info Pane:

About how long did the interview last?
____ hours ____ min.
◆ If no hours, enter 0.

Skip Instructions: <0 - 9> [go to CAPI_Middle.LENGTH_M].
<D> If (ORMODE = 1 or 3) then [go to CAPI_Middle.LAPTOP]
.
Else [go to CAPI_Middle.ROSTER_1].

Block: CAPI_Middle

Variable Name: LENGTH_M

Info Pane:

About how long did the interview last?

[Fill: LENGTH_H] **hours** _____ **minutes**

Skip Instructions: <0 - 90> If (ORMODE = 1 or 3) then **[go to CAPI_Middle.LAPTOP]**.
Else **[go to CAPI_Middle.ROSTER_1]**.

Block: CAPI_Middle

Variable Name: LAPTOP

Info Pane:

Did the interviewer use a laptop computer?

1. Yes
 2. No

Skip Instructions: <1, 2, D, R > If (CONTACT_C = 1) then **[go to API_Middle.ROSTER_1]**.
If (ORIOUT_RSLT = B2 or C2) then **[go to CAPI_Middle.STAT_PROBE]**.
If (ORIOUT_RSLT = B1 or C1) then **[go to CAPI_Middle.STATUS]**.
Else If VACANT_INT = Yes then **[go to CAPI_Middle.VACANT]**

Block: CAPI_Middle

Variable Name: ROSTER_1

Info Pane:

| Line No. | Name | Relationship | Age | Sex | HH_INFO1 | HH_INFO2 | HH_INFO3 |
|-------------|------------------------|--------------|-------------|-------------|------------------|------------------|------------------|
| [Fill: LNO] | [Fill: FNAME LNAME] | [Fill: REL] | [Fill: AGE] | [Fill: SEX] | [Fill: HH_FILL1] | [Fill: HH_FILL2] | [Fill: HH_FILL3] |
| • | • | • | • | • | • | • | • |
| • | • | • | • | • | • | • | • |

Our records indicate that ♦Read above name(s) in blue ♦ [Fill: HH_SIZE] living or staying at

[Fill: ADDRESS1]

on [Fill: INTDATE].

Is this correct?

1. Yes

2. No

Skip Instructions:

If ORIOUT <> 501

- <1, D, R> [go to CAPI_Middle.ROSTER_1A].
- <2> [go to CAPI_Middle.ROSTER_2].

If ORIOUT = 501

- <1, D, R> [go to CAPI_Middle.ROSTER_3]
- <2> [go to CAPI_Middle.ROSTER_2]

Block: CAPI_Middle

Variable Name: ROSTER_2

Info Pane:

| Line No. | Name | Relationship | Age | Sex | HH_INFO1 | HH_INFO2 | HH_INFO3 |
|-------------|------------------------|--------------|-------------|-------------|------------------|------------------|------------------|
| [Fill: LNO] | [Fill: FNAME LNAME] | [Fill: REL] | [Fill: AGE] | [Fill: SEX] | [Fill: HH_FILL1] | [Fill: HH_FILL2] | [Fill: HH_FILL3] |
| • | • | • | • | • | • | • | • |
| • | • | • | • | • | • | • | • |

♦ Enter the line number of the household member(s) (above name(s) in blue) who wasn't/weren't living or staying at the household on [Fill: INTDATE].

List of line numbers from household roster.

Skip Instructions:

<1 - maximum line number> [go to CAPI_Middle.**ROSTER_1A**].

<1 - maximum line number> and ORIOUT = '501' [go to CAPI_Middle.**ROSTER_3**].

Block: CAPI_Middle

Variable Name: ROSTER_1A

Info Pane:

| Line No. | Name | Relationship | Age | Sex | HH_INFO1 | HH_INFO2 | HH_INFO3 |
|----------------|---------------------------|--------------|-------------|-------------|---------------------|---------------------|---------------------|
| [Fill: LNO] | [Fill: FNAME LNAME] | [Fill: REL] | [Fill: AGE] | [Fill: SEX] | [Fill: HH_FILL1] | [Fill: HH_FILL2] | [Fill: HH_FILL3] |
| • | • | • | • | • | • | • | • |
| • | • | • | • | • | • | • | • |

I would also like to verify that we recorded each persons age correctly.
 ♦Read above name(s) and age(s) in blue ♦

1. Yes
 2. No

Skip Instructions: <1, D, R> [go to CAPI_Middle.**ROSTER_3**].

<2> [go to CAPI_Middle.**ROSTER_1B**].

Block: CAPI_Middle

Variable Name: ROSTER_1B

Info Pane:

| Line No. | Name | Relationship | Age | Sex | HH_INFO1 | HH_INFO2 | HH_INFO3 |
|----------------|---------------------------|--------------|-------------|-------------|---------------------|---------------------|---------------------|
| [Fill: LNO] | [Fill: FNAME LNAME] | [Fill: REL] | [Fill: AGE] | [Fill: SEX] | [Fill: HH_FILL1] | [Fill: HH_FILL2] | [Fill: HH_FILL3] |
| • | • | • | • | • | • | • | • |
| • | • | • | • | • | • | • | • |

♦ **Enter correct age for each person on the roster with an incorrect age** ♦
 Enter Corrected Age

1. Yes
 2. No

Skip Instructions: <0-999> if another person on roster with DCODE = 0

[go to CAPI_Middle.**ROSTER_1B**]

Else [go to CAPI_Middle.**ROSTER_3**].

Block: CAPI_Middle

Variable Name: ROSTER_3

Info Pane:

| Line No. | Name | Relationship | Age | Sex | HH_INFO1 | HH_INFO2 | HH_INFO3 |
|--|------------------------|--------------|-------------|-------------|------------------|------------------|------------------|
| [Fill: LNO] | [Fill: FNAME LNAME] | [Fill: REL] | [Fill: AGE] | [Fill: SEX] | [Fill: HH_FILL1] | [Fill: HH_FILL2] | [Fill: HH_FILL3] |
| • | • | • | • | • | • | • | • |
| • | • | • | • | • | • | • | • |
| <p>Have I missed any household member who [Fill: ROSTER_INFO1]</p> | | | | | | | |
| <p><input type="radio"/> 1. Yes</p> <p><input type="radio"/> 2. No</p> | | | | | | | |

Skip Instructions: <1> [go to CAPI_Middle.ROSTER_4].
 <2, D, R> [go to CAPI_Middle.SURVEY_SPECIFIC].

Block: CAPI_Middle

Variable Name: ROSTER_4

Info Pane:

| Line No. | Name | Relationship | Age | Sex | HH_INFO1 | HH_INFO2 | HH_INFO3 |
|---|------------------------|--------------|-------------|-------------|------------------|------------------|------------------|
| [Fill: LNO] | [Fill: FNAME LNAME] | [Fill: REL] | [Fill: AGE] | [Fill: SEX] | [Fill: HH_FILL1] | [Fill: HH_FILL2] | [Fill: HH_FILL3] |
| • | • | • | • | • | • | • | • |
| • | • | • | • | • | • | • | • |
| <p>◆ Enter the name of each Missing household member who [Fill: ROSTER_INFO1]</p> <p>◆ Press Enter after each name and again after last name to continue.</p> | | | | | | | |

Skip Instructions: [go to CAPI_Middle.SURVEY_SPECIFIC]

Block: CAPI_Middle

Variable Name: SURVEY_1

Info Pane:

| |
|--|
| Did the interviewer ask questions about the total number of rooms and bedrooms in this unit? |
| <input type="radio"/> 1. Yes |
| <input type="radio"/> 1. No |
| |

Skip Instructions: <1, 2, D, R> [go to CAPI_Middle.SURVEY_2]

Block: CAPI_Middle

Variable Name: SURVEY_2

Info Pane:

| |
|---|
| Now think about each person who lives in this unit who is at least 15 years old. Did the interviewer ask questions about income for each of the people? |
| <input type="radio"/> 1. Yes |
| <input type="radio"/> 1. No |
| |

Skip Instructions: <1, 2, D, R> [go to CAPI_Back.THANK_YOU]

Block: CAPI_Middle

Skip Instructions: <1> If MODE=1 and (INTROB_RI_CT=empty or NEWRESP = 1) then
 [go to CAPI_Middle.RIRESPB_RI_CT]
 Else if (PROX_N = 1) OR (PROX_UN = 1) OR
 (HELLO_TNX = 1) OR (HELLO_PNX = 1) OR (PROX_N_CT = 1)
 OR (PROX_UN_CT = 1) OR (PROX_UC=1)
 then [go to CAPI_Middle.PROX_PRESENT].
 Else [go to CAPI_Middle.ORMODE].
 <2, D> If (ORIOUT_RSLT = B2 or C2) then
 [go to CAPI_Middle.STAT_PROBE].
 Else if (ORIOUT_RSLT = (B1 or C1)) then
 [go to CAPI_Middle.STATUS].
 Else [go to CAPI_Middle.SOMEONE_ELSE].

Block: CAPI_Middle

Variable Name: VACANT

Info Pane:

| |
|---|
| <p>Was</p> <p>[Fill: ADDRESS1]</p> <p>vacant on [Fill: INTDATE]?</p> <p><input type="radio"/> 1. Yes</p> <p><input type="radio"/> 2. No</p> |
|---|

Skip Instructions: <1> [go to CAPI_Middle.SURVEY_SPECIFIC]
 <2> [go to STAT_PROB2]
 <D, R> [go to STAT_VER]

Block: CAPI_Middle

Variable Name: STAT_VER

Info Pane:

| |
|---|
| <p>Is there someone present I could speak with who could tell me the status of</p> <p>[Fill: ADDRESS1]</p> <p>on or about [Fill: INTDATE]?</p> <p><input type="radio"/> 1. Yes</p> <p><input type="radio"/> 2. No</p> |
|---|

Skip Instructions: <1> [go to CAPI_Middle.SPEAKTO2]
 <2, D, R> [go to CAPI_Back.THANK_YOU]

Block: CAPI_Middle

Variable Name: SPEAKTO2

Info Pane:

| |
|--|
| <p>May I speak to that person?</p> <p><input type="radio"/> 1. Yes</p> <p><input type="radio"/> 2. No</p> |
|--|

Skip Instructions: <1> [go to CAPI_Middle.VACANT2]
 <2, D, R> [go to CAPI_Back.THANK_YOU]

Block: CAPI_Middle

Variable Name: VACANT2

Info Pane:

| |
|---|
| <p>Hello, I'm ... from the U.S. Census Bureau.</p> <p>Our records show that one of our interviewers [Fill : , FR_NAME,]; recently contacted this location to verify the status of: [Fill: ADDRESS1]</p> <p>We're doing a short quality control check to make sure that our interviewers are following correct procedures.</p> <p>Was</p> <p>[Fill: ADDRESS1]</p> <p>vacant on [Fill: INTDATE]?</p> <p><input type="radio"/> 1. Yes</p> <p><input type="radio"/> 2. No</p> |
|---|

Skip Instructions: <1> [go to CAPI_Back.THANK_YOU]
 <2> [go to CAPI_Middle.STAT_PROB2]
 <D, R > [go to CAPI_Middle.STAT_VER]

Block: CAPI_Middle

Variable Name: STATUS

Info Pane:

Our records show that on [Fill: INTDATE],

[Fill: ADDRESS1]

was [Fill: ORIOUT's description].

Is this information correct?

1. Yes
 2. No

Skip Instructions: <1, D> [go to CAPI_Back.THANK_YOU].
 <2, R> [go to CAPI_Middle.STAT_PROB2].

Block: CAPI_Middle

Variable Name: STAT_PROBE

Info Pane:

Original Outcome: [Fill: ORIOUT] - [Fill: ORIOUT's description] "-"
 [Fill: TYPEB_SP / TYPEC_SP / blank]

Original Interview Date: [Fill: INTDATE]

What was the status of [Fill: ADDRESS1] on or about [Fill: INTDATE]?

- ◆ Enter reported status.
- ◆ Explain any discrepancy between reported status and original outcome.

Skip Instructions: < text ≤ 240 characters > [go to CAPI_Back.THANK_YOU].

Block: CAPI_Middle

Variable Name: STAT_PROB2

Info Pane:

Original Outcome: [Fill: ORIOUT] - [Fill: ORIOUT's description] "-"
 [Fill: TYPEB_SP / TYPEC_SP / blank]

Original Interview Date: [Fill: INTDATE]

What was the status of
 [Fill: ADDRESS1]
on or about [Fill: INDATE]?

- ◆ Enter reported status.
- ◆ Explain any discrepancy between reported status and original outcome.

Skip > [go to CAPI_Back.THANK_YOU].

Block: CAPI_Back

Variable Name: THANK_SORRY

Field Description: Thank you for wrong address

Field Definition:

Universe: [(MODE = 0) and (ADDVER = 2)]
OR [(MODE = 1) and (ADDVER_CT = 2)]

Info Pane:

I'm sorry. I have the wrong address or telephone number. Thank you for your help.

- ◆ Attempt to contact the correct household now or at a later time.

1. Continue

Skip Instructions: <1> [go to CAPI_Back.RI_OUTCM].

Block: CAPI_Back

Variable Name: THANK_YOU

Info Pane:

Thank you for your cooperation. You've been very helpful.

◆ Enter 1 to continue.

1. Continue

Skip Instructions: <1> If (SOMEONE_ELSE = (2 or D) and LIVEHERE = (2 or D) and SPEAKTO = empty) OR (SOMEONE_ELSE = (2 or D) and LIVEHERE = (2 or D) and SPEAKTO = 1 and CONTACT_N = (2 or D)) OR (HELLO_PN = 4 and PROX_N = 2) OR (HELLO_TN = 4 and PROX_N = 2) OR HELLO_TN_CT=4 and PROX_N_CT=2 then **[go to CAPI_Back.STATUS_RI]**. Else **[go to CAPI_Back.RI_OUTCM]**.

Block: CAPI_Back

Variable Name: **THANK_REF**

Info Pane:

I'm sorry to have bothered you.

1. Continue

Skip Instructions: <1> If (HELLO_PC = 5) OR (HELLO_PN = 5) OR (HELLO_TC = 6) OR (HELLO_TN=5) OR (HELLO_TC_CT = 6) OR (HELLO_TN_CT = 5) then **[go to CAPI_Back.NONINT]**. Else **if (LIVEHERE = R) or (VERTELE_CT = 3) or (LIVEHERE_CT = R) or (SPEAKTO = 2 and CONTACT_C = (2 or D) and RIRESP ≠ 0)** then **[go to CAPI_Back.STATUS_RI]**. Else **[go to CAPI_Back.RI_OUTCM]**.

Block: CAPI_Back

Variable Name: **THANK_NOHH**

Info Pane:

Thank you for your help, but I need to speak to a household member. I'll try back later.

- ◆ Enter 1 to continue.

1. Continue

Skip Instructions: <1> [go to CAPI_Back.STATUS_RI].

Block: CAPI_Back

Variable Name: APPT

Info Pane:

I'd like to schedule a date to complete the quality check. What Date and Time would be best to call or visit?

Today is: [Fill: RDATE].

- ◆ Enter Date and Time
- ◆ Enter (1) if you don't intend to follow up on this case.

Skip Instructions: <1> [go to CAPI_Back.RI_OUTCM].
<text ≤ 25 characters> [go to CAPI_Back.CBTHANK].

Block: CAPI_Back

Variable Name: APPT2

Info Pane:

What Date and Time would be best to contact [Fill: RESPNAME /CPNAME, CPTITL] in order to conduct the quality check?

Today is: [Fill: RDATE]

- ◆ Enter Date and Time
- ◆ Enter (1) if you don't intend to follow up on this case.

Skip Instructions: <1> [go to CAPI_Back.RI_OUTCM].
<text ≤ 25 characters> [go to CAPI_Back.CBTHANK].

Block: CAPI_Back

Variable Name: APPT_CT

Info Pane:

- ◆ Once in WebCATI, set callback appointment. If necessary, ask respondent for best callback date and time.

1. Enter 1 to Continue

Skip Instructions: [go to CATI_Back.SHOW_CTRL]

Block: CAPI_Back

Variable Name: CBTHANK

Info Pane:

**Thank you for your help.
We will call or visit again at the time suggested.**

1. Continue

Skip Instructions: <1> [go to CAPI_Back. WRAP_UP].

Block: CAPI_Back

Variable Name: STATUS_RI

Info Pane:

This case is not completed.

- ◆ If necessary, make ~~M~~ several attempts to contact respondent/contact person before selecting reinterview noninterview.

1. Quit - Complete later

2. Reinterview Noninterview

Skip Instructions: <1> If (MODE = 0) then [go to CAPI_Back. WRAP_UP].

Block: CAPI_Back

Variable Name: RI_OUTCM

Info Pane:

| | |
|--|---|
| Original Outcome: | [FILL: ORIOUT] - [FILL: ORIOUT's description] “-” [Fill: TYPEA_SP/TYPEB_SP/TYPEC_SP/blank] |
| Original Interview Date: | [FILL: INTDATE]. |
| ◆ Was the original outcome correct? | |
| <input type="radio"/> 1. Yes <input type="radio"/> 2. No <input type="radio"/> 3. Reinterview Noninterview | |

Skip Instructions:

<1> If DISCREPANCY[6] = 6, then
[go to CAPI_Back.RIOUT_NOTES].
 Else if [(DISCREPANCY[1] = 1) or (DISCREPANCY[5] = 5) or
 (DISCREPANCY[10] = 10)], then **[go to CAPI_Back.FALSIF2].**
 Else **[go to CAPI_Back.FALSIF].**

<2> If (ORIOUT_RSLT = VINT) then **[go to CAPI_Back.MISC_VINT]**
 If (ORIOUT_RSLT = (B1 or B2) and VACANT_INT = No)
 then **[go to CAPI_Back.MISC_B]**
 If (ORIOUT_RSLT = (B1 or B2) and VACANT_INT = Yes)
 then **[go to CAPI_Back.MISC_BVINT]**
 If (ORIOUT_RSLT = (C1 or C2) and VACANT_INT = No)
 then **[go to CAPI_Back.MISC_C]**
 If (ORIOUT_RSLT = (C1 or C2) and VACANT_INT = Yes)
then [go to CAPI_Back.MISC_CVINT]
 If DISCREPANCY [1] = 1 or DISCREPANCY [5] = 5 or
 DISCREPANCY [10] = 10 then **[go to CAPI_Back.FALSIF2]**
Else [go to CAPI_Back.FALSIF]

<3> **[go to CAPI_Back.NONINT].**

Block: CAPI_Back

Variable Name: RIOUT_NOTES

Skip Instructions: If [(DISCREPANCY[1] = 1) or (DISCREPANCY[5] = 5) or
 (DISCREPANCY[10] = 10)], then **[go to CAPI_Back.FALSIF2].**
 Else **[go to CAPI_Back.FALSIF].**

Block: CAPI_Back

Variable Name: NONINT

Info Pane:

| |
|---|
| ◆ Which outcome describes this reinterview case? |
| <input type="radio"/> 1. Type A Noninterview. <input type="radio"/> 2. Type B Noninterview. <input type="radio"/> 3. Type C Noninterview. <input type="radio"/> 4. Type D Noninterview - Household replaced by new household since the original interview. |

Skip Instructions: <1> [go to CAPI_Back.TYPEA].
 <2> If [TYPEB_SPLIT = NO [go to CAPI_Back.TYPEB].
 Else [go to CAPI_Back.TYPEB_ALT]
 <3> [go to CAPI_Back.TYPEC].
 <4> If [(DISCREPANCY[1] = 1) or (DISCREPANCY[5] = 5) or
 (DISCREPANCY[10] = 10)]} then, [go to CAPI_Back.FALSEIF2]
 Else [go to CAPI_Back.FALSEIF].

Block: CAPI_Back

Variable Name: TYPEA

Info Pane:

| |
|--|
| ◆ Which Type A outcome describes this reinterview case? |
| <input type="radio"/> 1. Unable to complete, bad telephone number. <input type="radio"/> 2. Unable to locate/Wrong Address. <input type="radio"/> 3. No one home. <input type="radio"/> 4. Temporarily absent. <input type="radio"/> 5. Refused. <input type="radio"/> 6. Language problem. <input type="radio"/> 7. Respondent can't remember. <input type="radio"/> 8. Insufficient partial. <input type="radio"/> 9. Other Type A - Specify in the Reinterview Notes. |

Skip Instructions: <1-9> If {(MODE=0 or 1) and [(DISCREPANCY[1] = 1) or
 (DISCREPANCY[5] = 5) or (DISCREPANCY[10] = 10)]}
 [go to CAPI_Back.FALSEIF2]
 Else [go to CAPI_Back.FALSEIF].

Block: CAPI_Back

Variable Name: TYPEB

Info Pane:

| |
|--|
| <p>◆ Which Type B outcome describes this reinterview case?</p> |
| <p> <input type="radio"/> 1. Vacant, regular or seasonal. <input type="radio"/> 2. Vacant, storage of household furniture. <input type="radio"/> 3. Converted to temporary business or storage. <input type="radio"/> 4. Unoccupied tent or trailer site. <input type="radio"/> 5. Unfit, to be demolished. <input type="radio"/> 6. HH institutionalized or temporarily ineligible. <input type="radio"/> 7. Entire HH under age [Fill: MIN_AGE]. <input type="radio"/> 8. Temporarily occupied by persons with Usual Residence Elsewhere (URE). <input type="radio"/> 9. Other Type B - Specify in the Reinterview Notes. </p> |

Skip Instructions: <1 -9> If DISCREPANCY [1] = 1 or DISCREPANCY [5] = 5 or DISCREPANCY [10] = 10 then [go to CAPI_Back.FALSIF2]
Else [go to CAPI_Back.FALSIF].

Block: CAPI_Back

Variable Name: TYPEB_ALT

Info Pane:

| |
|---|
| <p>◆ Which Type B outcome describes this reinterview case?</p> |
| <p> <input type="radio"/> 1. Vacant, regular. <input type="radio"/> 2. Vacant, seasonal. <input type="radio"/> 3. Vacant, storage of household furniture. <input type="radio"/> 4. Converted to temporary business or storage. <input type="radio"/> 5. Unoccupied tent or trailer site. <input type="radio"/> 6. Unfit, to be demolished. <input type="radio"/> 7. HH institutionalized or temporarily ineligible. <input type="radio"/> 8. Entire HH under age [Fill: MIN_AGE]. <input type="radio"/> 9. Temporarily occupied by persons with Usual Residence Elsewhere (URE), regular. <input type="radio"/> 10. Temporarily occupied by persons with Usual Residence Elsewhere (URE), seasonal. <input type="radio"/> 11. Other Type B - Specify in the Reinterview Notes. </p> |

Skip Instructions: <1-11> If DISCREPANCY [1] = 1 or DISCREPANCY [5] = 5 or DISCREPANCY [10] = 10 then [go to CAPI_Back.FALSIF2]
Else [go to CAPI_Back.FALSIF]

Block: CAPI_Back

Variable Name: TYPEC

Info Pane:

| |
|--|
| <p>◆ Which Type C outcome describes this reinterview case?</p> |
| <p> <input type="radio"/> 1. Demolished. <input type="radio"/> 2. House or trailer moved. <input type="radio"/> 3. Converted to permanent business or storage. <input type="radio"/> 4. Condemned. <input type="radio"/> 5. Deceased. <input type="radio"/> 6. Moved. <input type="radio"/> 7. Other Type C - Specify in the Reinterview Notes. <input type="radio"/> 8. Sample adjustment </p> |

Skip Instructions: <1-8> If DISCREPANCY [1] = 1 or DISCREPANCY [5] = 5 or DISCREPANCY [10] = 10 then [go to CAPI_Back.FALSIF2] Else [go to CAPI_Back.FALSIF].

Block: CAPI_Back

Variable Name: MISC_B

Info Pane:

| |
|--|
| <p>◆ Which of the following options describes the misclassification of this original Type B case?</p> |
| <p> <input type="radio"/> 1. Should have been an Interview or Type A. <input type="radio"/> 2. Should have been another Type B. <input type="radio"/> 3. Should have been a Type C. </p> |

Skip Instructions: <1> [go to CAPI_Back.FALSIF2].
 <2,3> If {DISCREPANCY[1] = 1} OR {DISCREPANCY[10] = 10} then [go to CAPI_Back.FALSIF2]. Else [go to CAPI_Back.FALSIF].

Block: CAPI_Back

Variable Name: MISC_C

Info Pane:

◆ Which of the following options describes the misclassification of this original Type C case?

- 1. Should have been an Interview or Type A (occupied at time of interview).
- 2. Should have been a Type B.
- 3. Should have been another Type C.

Skip Instructions: <1> [go to CAPI_Back.FALSIF2].
 <2,3> If [DISCREPANCY[1] = 1] OR (DISCREPANCY[10] = 10)
 then [go to CAPI_Back.FALSIF2].
 Else [go to CAPI_Back.FALSIF].

Block: CAPI_Back

Variable Name: MISC_VINT

Info Pane:

◆ Which of the following options describes the misclassification of this original vacant interview case?

- 1. Should have been an Interview or Type A.
- 2. Should have been a Type B or C.

Skip Instructions: <1, 2> If DISCREPANCY [1] = 1 or DISCREPANCY [5] = 5 or
 DISCREPANCY [10] = 10 then [go to
 CAPI_Back.FALSIF2]
 Else [go to CAPI_Back.FALSIF]

Block: CAPI_Back

Variable Name: MISC_BVINT

Info Pane:

◆ Which of the following options describes the misclassification of this original Type B case?

- 1. Should have been an Interview or Type A.
- 2. Should have been a vacant interview.
- 3. Should have been another Type B.
- 4. Should have been a Type C.

Skip Instructions: <1> [go to CAPI_Back.FALSIF2]

<2,3,4> If DISCREPANCY [1] = 1 or DISCREPANCY [10] = 10
then [go to CAPI_Back.FALSIF2]
Else [go to CAPI_Back.FALSIF]

Block: CAPI_Back

Variable Name: MISC_CVINT

Info Pane:

| |
|--|
| ◆ Which of the following options describes the misclassification of this original Type C case? |
| <input type="radio"/> 1. Should have been an Interview or Type A. <input type="radio"/> 2. Should have been a vacant interview. <input type="radio"/> 3. Should have been a Type B. <input type="radio"/> 4. Should have been another Type C. |

Skip Instructions: <1> [go to CAPI_Back.FALSIF2]
<2,3,4> If DISCREPANCY [1] = 1 or DISCREPANCY [10] = 10
then [go to CAPI_Back.FALSIF2]
Else [go to CAPI_Back.FALSIF]

Block: CAPI_Back

Variable Name: FALSIF

Info Pane:

| |
|--|
| [Fill: “Your reinterview indicates the following discrepancies:” code and description of each code listed in DISCREPANCY array / “Your reinterview did not indicate any discrepancies.”] |
| ◆ Do you suspect falsification? |
| <input type="radio"/> 1. Yes <input type="radio"/> 2. No <input type="radio"/> 3. Unable to determine |

Skip Instructions: <1> If (HELLO_PRB_RI_CT = <1-7>) OR (RI_OUTCM = 2 or 3) OR
(RI_OUTCM = 1 and only one element in DISCREPANCY array
≥1)] then [go to CAPI_Back. **READYWRAP**].
Else if (RI_OUTCM = 1 and all elements in DISCREPANCY array
blank) then [go to CAPI_Back. **NO_DISCREP**].
Else if (RI_OUTCM = 1 and two or more elements in
DISCREPANCY array ≥1) then [go to CAPI_Back. **SF_RIDISP**].

- <2> If(HELLO_PRB_RI_CT = <1-7>) OR
 (RI_OUTCM = 1 and all elements in DISCREPANCY array blank)
 OR
 (RI_OUTCM = 1 and one element in DISCREPANCY array AND
 (DISCREPANCY [6] empty) and[(DISCREPANCY[1] empty) and
 (DISCREPANCY[5] empty) and (DISCREPANCY[10] empty)] OR
 (RI_OUTCM = 2 and ORIOUT_RSLT = (B1, C1, B2, or C2)) OR
 (RI_OUTCM = 3) then [go to CAPI_Back **READYWRAP**].
 Else [go to CAPI_Back.**DISCREP_NOTES**]
- <3> If (HELLO_PRB_RI_CT = <1-7>) OR
 (RI_OUTCM = 2 and ORIOUT_RSLT = (B1, C1, B2, or C2)) OR
 (RI_OUTCM = 3) OR (RI_OUTCM = 2 and ORIOUT_RSLT=INT
 and DISCREPANCY[2] = 2 and all other elements in
 DISCREPANCY array blank) OR
 (RI_OUTCM = 2 and ORIOUT_RSLT=INT and only one element in
 DISCREPANCY array \geq 1) OR (RI_OUTCM = 1 and all elements in
 DISCREPANCY array blank) OR
 If (RI_OUTCM = 1 and only one element in DISCREPANCY array
 \geq 1) OR (NONINT = (1, 2, 3, or 4) and RI_OUTCM blank) then
 [go to CAPI_Back. **READYWRAP**].
 Else [go to CAPI_Back.**NSF_RIDISP**].

Block: CAPI_Back

Variable Name: FALSIF2

Info Pane:

[Fill: "Your reinterview indicates the following discrepancies:"
 code and description of each code listed in DISCREPANCY array]

◆ Falsification is suspected. Be sure to enter all proper notes explaining the situation.

1. Continue

Skip Instructions: <1> [go to CAPI_Back.**READYWRAP**]

Block: CAPI_Back

Variable Name: DISCREP_NOTES

Info Pane:

[Fill: DISCREP_NTS]

Skip Instructions: <1> If (only one element in array DISCREPANCY \geq 1)
 then [go to CAPI_Back. **READYWRAP**].
 Else [go to CAPI_Back.**NSF_RIDISP**].

Block: CAPI_Back

Variable Name: NSF_RIDISP

Info Pane:

Your reinterview detected multiple discrepancies.

◆ Enter the code of the detected discrepancy below which best describes this case.

- 2. You determined that the original status, [Fill: ORIOUT] “–“ [fill: ORIOUT’s description], was incorrect.
- 3. The status of this case was completed by observation in the original interview. You determined that the original status, [Fill: ORIOUT] - [Fill: ORIOUT’s description from Attachment D] was incorrect
- 4. This case was a Type A in the original interview. You determined that the original status, [Fill: ORIOUT] - [Fill: ORIOUT’s description from Attachment D], was incorrect.
- 6. The reinterview respondent indicated that the original status, [Fill: ORIOUT] - [Fill: ORIOUT’s description from Attachment D] was incorrect.
- 7. The household roster was incorrect.
- 8. Not all survey questions were asked in the interview.
- 9. The interviewer conducted a telephone interview only instead of a personal visit interview, as required.
- 11. The interviewer entered a bad telephone number for this case.
- 12. CU make-up incorrect.
- 13. The reinterview respondent said that a diary was not dropped off, which disagrees with the interviewer.
- 14. Respondent said CU either a) had expenses for blank diary, b) did not record or have recalled expenses for completed diary, or c) did not have recalled expenses for Type B- 326 diary, which disagrees with the interviewer.
- 15. The reinterview respondent indicated that the original Type B status for Week 1, [Fill PICK_UP1] - [Fill PICK_UP1's description from Attachment D], was incorrect for a Week 2 interview
- 16. The reinterview respondent said the contact person for an original Type B-Temporarily Absent outcome was not responsible for the care of the residence.

Skip Instructions: <2-4, 6-9, 11-16> [go to CAPI_Back.READYWRAP

Block: CAPI_Back

Variable Name: RO_DISC

Info Pane:

- ◆ Caution: Obtain supervisor's permission before selecting an option below.
- ◆ Which of the following options describes this reinterview case?

- 1. Hard to interview original case
- 2. More than 50 miles from nearest reinterviewer and no phone number
- 3. Observed during the original interview
- 4. Personal visit needed, but not authorized
- 5. Case management or ROSCO problems - Obtain HQ approval
- 6. Sample adjustment - Obtain HQ approval
- 7. Other RO discretion - Specify in the Reinterview Notes

Skip Instructions: <1-7> [go to CAPI_Back. **READYWRAP**].

Block: CAPI_Back

Variable Name: NO_DISCREP

Info Pane:

- ◆ Explain why you suspect falsification in the Reinterview Notes now.
 - ◆ Press Ctrl-F7 to access Reinterview Notes.
 - ◆ Enter 1 when done with your explanation in the Reinterview Notes
1. Continue

Skip Instructions: <1> [go to CAPI_Back. **READYWRAP**]

Block: CAPI_Back

Variable Name: SF_RIDISP

Info Pane:

Your reinterview detected multiple discrepancies.

- ◆ Enter the code of the discrepancy below which best describes the primary reason you suspect falsification.

- 2. You determined that the original status, [Fill: ORIOUT] “–“ [fill: ORIOUT’s description], was incorrect.
- 3. The status of this case was completed by observation in the original interview. You determined that the original status, [Fill: ORIOUT] - [Fill: ORIOUT’s description from Attachment D] was incorrect
- 4. This case was a Type A in the original interview. You determined that the original status, [Fill: ORIOUT] - [Fill: ORIOUT’s description from Attachment D], was incorrect.
- 6. The reinterview respondent indicated that the original status, [Fill: ORIOUT] - [Fill: ORIOUT’s description from Attachment D] was incorrect.
- 7. The household roster was incorrect.
- 8. Not all survey questions were asked in the interview.
- 9. The interviewer conducted a telephone interview only instead of a personal visit interview, as required.
- 11. The interviewer entered a bad telephone number for this case.
- 12. CU make-up incorrect.
- 13. The reinterview respondent said that a diary was not dropped off, which disagrees with the interviewer.
- 14. Respondent said CU either a) had expenses for blank diary, b) did not record or have recalled expenses for completed diary, or c) did not have recalled expenses for Type B- 326 diary, which disagrees with the interviewer.
- 15. The reinterview respondent indicated that the original Type B status for Week 1, [Fill PICK_UP1] - [Fill PICK_UP1's description from Attachment D], was incorrect for a Week 2 interview
- 16. The reinterview respondent said the contact person for an original Type B-Temporarily Absent outcome was not responsible for the care of the residence.

Skip Instructions: <2-4, 6-9, 11-16> **[go to CAPI_Back.READYWRAP]**

Block: CAPI_Back

Variable Name: **READYWRAP**

Info Pane:

This case is complete and ready to be transmitted. [fill: READY]

- 1. Continue

Skip Instructions: <1> If (MODE = 0) then **[go to CAPI_Back.WRAP_UP]**.
Else if (MODE = 1) then **[go to CATI_Back.SHOW_CTRL]**.

Block: CAPI_Back

Variable Name: WRAP_UP

Info Pane:

OUTCOME: [fill: OUTCOME]
 RI_DISP: [fill: RI_DISP]

1. Continue

Skip Instructions: <1> [exit instrument].

Block: CAPI_Back

Variable Name: SHOW_CTRL

Info Pane:

Wc_case_status.Outcome = [fill: OUTCOME]
 Wc_case_status.Outcome_subtype = [fill: OUTCOME_SUBTYPE]
 Wc_case_status.Mark =
 Wc_case_status.Marktwo =
 Wc_case_status.Supplement =

1. Continue

Skip Instructions: <1> [exit instrument].

**ACS-16(L)
(1-2018)**



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau
Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

A message from the Director, U.S. Census Bureau ...

The U.S. Census Bureau is conducting the American Community Survey. A Census Bureau representative will contact you to help you complete the survey. The survey will ask you questions about your household's characteristics, including such topics as education, employment, and housing. I would appreciate your help, because the success of this survey depends on you.

The American Community Survey produces critical up-to-date information that is used to meet the needs of communities across the United States. For example, results from this survey may be used to decide where new schools, hospitals, and fire stations are needed. Survey data are used by federal, tribal, state, and local governments to make decisions and to develop programs that will provide health care, education, and transportation services that affect you and your community. This survey information also helps communities plan for emergency situations that might affect you and your neighbors.

The Census Bureau chose your address, not you personally, as part of a randomly selected sample. You are required by U.S. law to respond to this survey (Title 13, United States Code, Sections 141, 193, and 221). We estimate this survey will take about 40 minutes of your time.

The Census Bureau is required by law to keep your information confidential. We are not permitted to publicly release your responses in a way that could identify this household. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. By law, the Census Bureau can only use your responses to produce statistics.

If you have access to the internet and want to learn more about the American Community Survey, please visit our website at census.gov/acs.

Thank you for your help.



Un mensaje del Director de la Oficina del Censo de los Estados Unidos ...

La Oficina del Censo de los Estados Unidos está realizando la Encuesta sobre la Comunidad Estadounidense. Un representante de la Oficina del Censo se comunicará con usted para ayudarlo a completar la encuesta. La encuesta le formulará preguntas sobre características de su hogar, incluyendo temas, tales como la educación, el empleo y la vivienda. Le agradecería su ayuda, ya que el éxito de esta encuesta depende de usted.

La Encuesta sobre la Comunidad Estadounidense obtiene información actual y crítica que se utiliza para satisfacer las necesidades de comunidades en todo Estados Unidos. Por ejemplo, puede que los resultados de esta encuesta se usen para decidir dónde se necesitan nuevas escuelas, hospitales y estaciones de bomberos. El gobierno federal y los gobiernos estatales y locales usan los datos de la encuesta para tomar decisiones y elaborar programas que brinden atención médica, educación y servicios de transporte que los conciernen a usted y a su comunidad. La información de esta encuesta también ayuda a dichas comunidades a formular planes de respuesta en situaciones de emergencia que pudieran afectarlo a usted y a sus vecinos.

La Oficina del Censo no lo escogió a usted personalmente, sino su dirección particular como parte de una muestra al azar. Todas las personas cuyos domicilios resultan seleccionados están obligadas por ley a responder a esta encuesta (Título 13, Código de los Estados Unidos, Secciones 141, 193 y 221). Calculamos que esta encuesta tomará aproximadamente 40 minutos de su tiempo.

La Oficina del Censo está obligada por ley a mantener confidencial su información. A nosotros no se nos permite divulgar sus respuestas de manera que este hogar pudiera ser identificado. En conformidad con la Ley para el Fortalecimiento de la Seguridad Cibernética Federal del 2015, sus datos están protegidos contra los riesgos de seguridad cibernética mediante los controles aplicados a los sistemas que transmiten su información. Por ley, la Oficina del Censo puede usar sus respuestas solo para producir estadísticas.

Si tiene acceso a la Internet y desea obtener más información acerca de la Encuesta sobre la Comunidad Estadounidense, visite nuestro sitio de Internet en [census.gov/acs](https://www.census.gov/acs).

Gracias por su ayuda.

**ACS-16(L)PR
(1-2018)**



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau
Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

A message from the Director, U.S. Census Bureau ...

The U.S. Census Bureau is conducting the Puerto Rico Community Survey. A Census Bureau representative will contact you to help you complete the survey. The survey will ask you questions about your household's characteristics, including topics such as education, employment, and housing. We would appreciate your help because the success of this survey depends on you.

The Puerto Rico Community Survey produces critical up-to-date information that is used to meet the needs of communities across Puerto Rico. For example, results from this survey may be used to decide where new schools, hospitals, and fire stations are needed. Survey data are used by Puerto Rico and local governments to make decisions and to develop programs that will provide health care, education, and transportation services that affect you and your community. This survey information also helps communities plan for emergency situations that might affect you and your neighbors.

The Census Bureau chose your address, not you personally, as part of a randomly selected sample. You are required by United States law to respond to this survey (Title 13, United States Code, Sections 141, 193, and 221). We estimate this survey will take about 40 minutes of your time.

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If you have access to the Internet and want to learn more about the Puerto Rico Community Survey, please visit our Web site at census.gov/acs.

Thank you for your help.

**ACS-16(L)PR
(1-2018)**



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau
Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

Un mensaje del Director de la Oficina del Censo de los Estados Unidos ...

La Oficina del Censo de los Estados Unidos está realizando la Encuesta sobre la Comunidad de Puerto Rico. Un representante de la Oficina del Censo se comunicará con usted para ayudarlo a completar la encuesta. La encuesta le formulará preguntas sobre características de su hogar, incluyendo temas, tales como la educación, el empleo y la vivienda. Le agradecería su ayuda, ya que el éxito de esta encuesta depende de usted.

La Encuesta sobre la Comunidad de Puerto Rico obtiene información actual y crítica que se utiliza para satisfacer las necesidades de comunidades en todo Puerto Rico. Por ejemplo, puede que los resultados de esta encuesta se usen para decidir dónde se necesitan nuevas escuelas, hospitales y estaciones de bomberos. El gobierno de Puerto Rico y los gobiernos locales usan los datos de la encuesta para tomar decisiones y elaborar programas que brinden atención médica, educación y servicios de transportación que les conciernen a usted y a su comunidad. La información de esta encuesta también ayuda a dichas comunidades a formular planes para responder a situaciones de emergencia que pudieran afectarlos a usted y a sus vecinos.

La Oficina del Censo no lo escogió a usted personalmente, sino su dirección particular como parte de una muestra al azar. Todas las personas cuyos domicilios resultan seleccionados están obligadas por ley a responder a esta encuesta (secciones 141, 193 y 221 del título 13 del Código de los Estados Unidos). Calculamos que esta encuesta tomará aproximadamente 40 minutos de su tiempo.

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Si tiene acceso a la Internet y desea obtener más información acerca de la Encuesta sobre la Comunidad de Puerto Rico, visite nuestro sitio de Internet en census.gov/acs.

Gracias por su ayuda.



رسالة من مدير مكتب إحصاء سكان الولايات المتحدة...

يجري مكتب إحصاء سكان الولايات المتحدة استبيان المجتمعات المحلية في الولايات المتحدة الأمريكية (ACS). وسيتصل بك ممثل مكتب الإحصاء لمساعدتك في إكمال الاستبيان. ومن المقرر أن يطرح الاستبيان أسئلة حول خصائص الأسرة، ومنها مواضيع مثل التعليم والتوظيف والإسكان. وإننا نقدر مساعدتك، لأن نجاح هذا الاستبيان يعتمد عليك.

إن هذا الاستبيان يشكل مصدراً للمعلومات الهامة والحديثة التي تُستخدم لتلبية احتياجات المجتمعات في كل أنحاء الولايات المتحدة. فمثلاً يمكن استخدام نتائج هذا الاستبيان لتحديد الأماكن التي تحتاج إلى منشآت جديدة من مدارس ومستشفيات ومراكز إطفاء. كما تُستخدم بيانات الاستبيان من قبل الحكومات الفيدرالية والمحلية وحكومات الولايات لاتخاذ القرارات ووضع البرامج التي تقدم خدمات الرعاية الصحية والتعليم والمواصلات التي تؤثر عليك وعلى مجتمعك. كما أن معلومات هذا الاستبيان تساعد المجتمعات في التخطيط لحالات الطوارئ التي قد تؤثر عليك وعلى جيرانك.

وقد اختار مكتب الإحصاء عنوانك – ولم يخترك شخصياً – كجزء من عينة مختارة عشوائياً. ويلزمك القانون الأمريكي بالاستجابة لهذا الاستبيان (المادة ١٣ من قانون الولايات المتحدة، الأقسام ١٤١ و١٩٣ و٢٢١). ونحن نرى أن هذا الاستبيان سيستغرق ٤٠ دقيقة تقريباً من وقتك.

يلزم القانون مكتب إحصاء سكان الولايات المتحدة بأن يحافظ على سرية معلوماتك. وغير مسموح لمكتب إحصاء السكان بنشر إجاباتك بشكل عام بطريقة من شأنها أن تحدد هوية أسرته. وحسب القانون، يمكن لمكتب الإحصاء استخدام إجاباتك لإنتاج الإحصائيات فقط. ويتم حماية البيانات ضد هجمات الأمن الإلكتروني من خلال مراقبة الأنظمة التي تنقل بياناتك وذلك وفق قانون تعزيز الأمن الإلكتروني الفيدرالي لعام ٢٠١٥.

إذا كان بإمكانك استخدام الإنترنت وتريد معرفة المزيد عن استبيان المجتمعات المحلية في الولايات المتحدة الأمريكية، فيرجى زيارة موقعنا على الإنترنت census.gov/acs.

شكراً لمساعدتك.

**ACS-16(L) (French)
(1-2018)**



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau
Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

Un message du directeur du Bureau de recensement des Etats-unis ...

Le Bureau de recensement des États-Unis est chargé de mener L'Enquête sur les communautés américaines. Un représentant du Bureau de recensement vous contactera pour vous aider à répondre aux questions de l'enquête. Ce questionnaire comporte des questions au sujet des caractéristiques de votre foyer y compris en matière d'éducation, d'emploi et de logement. Nous vous serions reconnaissants de bien vouloir nous aider car le succès de cette enquête dépend de vous.

L'Enquête sur les communautés américaines fournit des informations mises à jour et critiques qui répondent aux besoins des communautés dans tous les États-Unis. Par exemple, les résultats de cette enquête peuvent être utilisés pour vous informer des initiatives d'aménagement d'hôpitaux, d'écoles et de casernes de pompiers. Les agences du gouvernement fédéral, des états et des régions utilisent les données de l'enquête afin de prendre des décisions et mettre au point des programmes qui offrent des soins en matière de santé, d'éducation et de transport qui ont un impact sur votre communauté et vous-même. Ces informations aident également les communautés à se préparer à des situations d'urgence susceptibles d'entraîner des répercussions sur vos voisins et vous-même.

Le Bureau de recensement a sélectionné votre adresse, et non votre propre personne, pour faire partie d'un échantillon sélectionné au hasard. Conformément à la loi des États-Unis vous êtes tenu(e) à répondre aux questions de cette enquête (Livre 13 du Code des États-Unis, Sections 141, 193 et 221). Nous estimons qu'il vous faudra environ 40 minutes pour répondre aux questions de cette enquête.

Le Bureau de recensement des États-Unis a l'obligation légale de préserver la confidentialité de vos informations. Le Bureau de recensement des États-Unis n'est pas autorisé à divulguer publiquement toute information qui permettrait d'identifier votre foyer. La loi autorise le Bureau de recensement des États-Unis à utiliser vos réponses uniquement dans un but statistique. En vertu du Federal Cybersecurity Enhancement Act de 2015 (loi fédérale américaine visant à améliorer la cybersécurité), vos données sont protégées contre les risques liés à la cybersécurité grâce au filtrage des systèmes qui transmettent vos données.

Si vous avez accès à l'Internet et que vous désirez en savoir plus au sujet de L'Enquête sur les communautés américaines, veuillez visiter notre site Web: census.gov/acs.

Je vous remercie de votre aide.



Yon mesaj ki soti nan direktè Biwo resansman Etazini ...

Biwo resansman nan Etazini ap fè yon sondaj ki rele Sondaj pou Kominote Etazini (ACS). Yon reprezantan biwo resansman an ap kontakte ou pou li wè kijan li ka ede ou reponn kesyon sondaj la. Sondaj la ap poze ou kesyon sou tout moun ki nan kay la, sètadi kesyon sou edikasyon, travay epi nan kay la menm, e li obligatwa pou ou reponn kesyon yo. N ap kontan anpil si ou patisipe paske sondaj la pa p ka reyisi san ou.

ACS bay enfòmasyon ki non sèlman enpòtanpil men tou ki ajou tou k ap itil pou tout kominote nan peyi a pousatisfè bezwen sitwayen li yo. M ap ba ou yon egzanp : rezilta sondaj la ap sèvi pou n decide kote n bezwen mete nouvo lekòl, lopital ak estasyon ponpye. Enfòmasyon nou ranmase nan sondaj la ap itil pou biwo gouvènman federal, leta, lokal epi etnik nan desizyon y ap pran epi nan devlopman pwogram k ap founi sèvis swen medikal, edikasyon ak transpò ni pou oumenm ni pou kominote kote ou rete a. Enfòmasyon sondaj sa a ap itil tou pou tout kominote yo pare pou ka ijan ki ka konsène ni oumenm ni vwazen ou yo.

Se adrès kay ou biwo resansman an chwazi, men se pa oumenm pèsònèlman li chwazi, o waza pou ou reprezante lòt moun. Gen yon lwa ameriken ki di ou oblije reponn kesyon sondaj la (Tit 13, yon pati nan lwa Ameriken, seksyon 141, 193 ak 221). Nou panse sondaj sa a ap pran apeprè 40 minit pou reponn kesyon yo.

Lalwa egzije pou Biwo Resansman Ameriken an kenbe enfòmasyon ou yo konfidansyèl. Biwo Resansman an pa gen otorizasyon pou kominike repons ou yo an piblik nan yon fason ki ta kapab idantifye kay la. Dapre lalwa, Biwo Resansman an ka sèvi avèk repons ou yo pou kreye estatistik sèlman. Dapre Lwa Federal 2015 pou Amelyorasyon Sekirite Entènèt, done ou yo pwoteje kont risk ki gen nan sekirite entènèt avèk kontwòl sou sistèm ki transmèt done ou yo.

Si ou gen entènèt oswa si ou ta renmen jwenn plis enfòmasyon sou Sondaj pou Kominote Etazini yo, tanpri ale sou sitwèb nou nan census.gov/acs.

Mèsi pou èd ou.



미국 인구조사국장이 드리는 말씀 ...

미국 인구조사국은 미국 지역사회 조사를 실시하고 있습니다. 인구조사국 직원이 설문지 작성을 도와드리기 위해 연락을 드릴 것입니다. 이 조사에서는 귀하께 교육, 취업, 주택 등 귀 가구의 특성에 관한 질문을 드립니다. 본 조사의 성공은 여러분에게 달려있기 때문에 여러분의 도움을 부탁드립니다.

미국 지역사회 조사에서 수집된 중대한 최신 정보는 전국에 있는 지역 사회들이 필요한 것들을 충족시키는 데 사용됩니다. 예를 들어, 이 조사 결과는 어느 곳에 새로운 학교, 병원 및 소방서가 필요한지 결정하는 데 사용될 수 있습니다. 조사 결과는, 연방, 부족, 주, 지방 정부들이 여러분과 여러분의 지역사회에 영향을 미치는 보건, 교육 및 교통 서비스의 제공에 관한 의사 결정을 내리고 프로그램을 개발하는 데 사용됩니다. 본 조사 정보는 여러분과 여러분의 이웃에 영향을 미칠 수 있는 비상 사태에 대비한 계획을 지역사회에서 세우는 데도 도움이 됩니다.

인구조사국의 무작위 표본추출 결과 귀하의 주소가 선택된 것이며, 귀하가 개인적으로 선택된 것은 아닙니다. 귀하의 조사 참여는 미국법에 의거한 것으로, 조사에 응해 주시기를 부탁드립니다 (미연방법 제 13 편 제 141, 193, 221 조). 본 조사는 40 분 정도 소요될 것으로 예상됩니다.

미국 인구조사국은 법에 따라 귀하의 정보를 비밀로 유지해야 할 의무가 있습니다. 인구조사국은 귀 가구의 신원을 확인할 수 있는 방식으로 귀하의 응답을 공개적으로 발표해서는 안 됩니다. 인구조사국은 법적으로, 귀하의 응답을 통계 작성용으로만 사용해야 합니다. 2015 년에 도입된 연방 사이버보안 강화법에 따라, 귀하의 자료는 자료를 전송하는 시스템을 걸러냄으로써 사이버 보안 위협으로부터 보호됩니다.

인터넷을 이용하실 수 있으며 미국 지역사회 조사에 대해 더 자세한 내용을 원하시면, 우리 웹사이트 census.gov/acs 를 방문하십시오.

여러분의 협조에 감사를 드립니다.



Wiadomość od Dyrektora Biura Spisu Ludności Stanów Zjednoczonych ...

Biuro Spisu Ludności Stanów Zjednoczonych (U.S. Census Bureau) prowadzi badanie na temat warunków życia społecznego pt. Środowiskowe Badania Społeczne w Stanach Zjednoczonych - American Community Survey (ACS). Przedstawiciel Biura Spisu skontaktuje się z Państwem, aby pomóc w wypełnieniu ankiety. Pytania ankiety dotyczą cech charakterystycznych mieszkańców, takich jak wykształcenie, zatrudnienie i warunki mieszkaniowe. Powodzenie badania zależy od Państwa współpracy.

Środowiskowe Badania Społeczne w Stanach Zjednoczonych pozwalają uzyskać aktualne informacje o zasadniczym znaczeniu dla zaspokojenia potrzeb ludności w całych Stanach Zjednoczonych. Na przykład wyniki badania mogą zostać wykorzystane przy podejmowaniu decyzji, gdzie potrzebne są nowe szkoły, szpitale czy placówki straży pożarnej. Władze federalne, stanowe, lokalne i plemienne wykorzystują dane z badania przy opracowywaniu programów służby zdrowia, oświaty i transportu mających wpływ na życie społeczności i poszczególnych mieszkańców. Dane z badania są także pomocne przy planowaniu działań lokalnych na wypadek katastrof, co może mieć wpływ na życie Państwa i Waszych sąsiadów.

Biuro Spisu Ludności wybrało Państwa adres w ramach losowo wybranej próby. Mają Państwo obowiązek prawny udzielenia odpowiedzi na pytania ankietowe (Kodeks Prawny Stanów Zjednoczonych, tytuł 13, art. 141, 193 i 221). Oceniamy, że wypełnienie ankiety zajmie około 40 minut.

Biuro Spisu Ludności Stanów Zjednoczonych jest zobligowane przepisami prawa do zachowania poufności Państwa danych. Biuro Spisu Ludności nie może publicznie udostępniać Państwa odpowiedzi w żaden sposób, który pozwoliłby na zidentyfikowanie Państwa gospodarstwa domowego. Według prawa Biuro Spisu Ludności ma jedynie prawo wykorzystać Państwa odpowiedzi do przygotowania danych statystycznych. Na mocy ustawy federalnej z 2015 roku o poprawie cyberbezpieczeństwa (Federal Cybersecurity Enhancement Act) Państwa dane są chronione przed zagrożeniami z zakresu cyberbezpieczeństwa za pomocą weryfikacji systemów przesyłających te dane.

Jeżeli mają Państwo dostęp do Internetu i pragną się dowiedzieć więcej o Środowiskowych Badaniach Społecznych w Stanach Zjednoczonych, prosimy odwiedzić naszą witrynę internetową census.gov/acs.

Dziękujemy Państwu za pomoc.

**ACS-16(L) (Portuguese)
(1-2018)**



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau
Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

Mensagem do diretor do U.S. Census Bureau (Censo dos EUA) ...

O U.S. Census Bureau (Censo dos EUA) está realizando a Pesquisa às Comunidades nos EUA (ACS, *American Community Survey*). Um representante do Censo entrará em contato para ajudá-lo a preencher a pesquisa. Na pesquisa haverá perguntas sobre as características de seu domicílio, inclusive tópicos como educação, emprego e habitação. Agradecemos a sua colaboração, porque o sucesso desta pesquisa depende de sua colaboração.

A pesquisa (ACS) gera informações importantes e atualizadas que são utilizadas para atender às necessidades das comunidades nos Estados Unidos. Por exemplo, os resultados desta pesquisa poderão ser utilizados para decidir sobre a necessidade de criação de novas escolas, hospitais e sedes de bombeiros. Os dados da pesquisa serão utilizados pelos governos federais, estaduais, e locais para tomar decisões e para desenvolver programas que proporcionarão serviços de saúde, de educação e de transporte, que afetarão a você e à sua comunidade. Os dados desta pesquisa também ajudarão as comunidades a planejar intervenções em situações de emergência, que poderão afetar você e seus vizinhos.

O Censo escolheu a sua residência, e não você pessoalmente, como parte integrante de uma amostra selecionada aleatoriamente. A lei dos Estados Unidos exige que você responda a esta pesquisa (Título 13, Código dos Estados Unidos, Seções 141, 193 e 221). Estimamos que esta ocupará 40 minutos do seu tempo.

De acordo com a lei, o Censo tem a obrigação de manter suas informações confidenciais. O Censo não pode divulgar suas respostas de forma a identificar seu domicílio. Por lei, o Censo só pode usar as respostas para gerar estatísticas. De acordo com a lei para melhoria da segurança cibernética (Federal Cybersecurity Enhancement Act) de 2015, seus dados são protegidos contra riscos de segurança cibernética pela análise dos sistemas que os transmitem.

Caso tenha acesso à Internet e queira saber mais sobre a Pesquisa às Comunidades nos EUA, visite o site, census.gov/acs.

Obrigado por sua ajuda.



Письмо директора Бюро переписи населения США ...

Бюро переписи населения США проводит анкетирование населения по месту жительства. Это анкетирование включает в себя вопросы об образовании, занятости и условиях жизни, касающиеся Вас и проживающих с Вами лиц. Представитель бюро переписи свяжется с Вами, чтобы помочь Вам заполнить эту анкету. Я заранее благодарен Вам за помощь, поскольку успех анкетирования зависит от Вас.

Важная текущая информация, полученная в результате анкетирования населения США по месту жительства, используется в целях удовлетворения потребностей жителей различных районов по всей стране. Например, результаты этого исследования могут быть использованы для решения о строительстве новых школ, больниц и пожарных станций. Сводными данными, полученными в результате этого исследования, будут пользоваться федеральное правительство, правительства штатов и местные власти в целях принятия решений и разработки программ в области здравоохранения, образования и транспорта, которые касаются Вас и района Вашего проживания. Полученная информация также поможет выработать планы действий на случай чрезвычайных ситуаций, которые могут затронуть Вас и Ваш район.

Бюро переписи населения выбрало Ваш адрес, а не Вас лично, для участия в исследовании по принципу случайного отбора. В соответствии с законом США Вы обязаны ответить на вопросы анкеты (Кодекс Соединенных Штатов, часть 13, разделы 141, 193 и 221). По нашим подсчетам, данное исследование занимает 40 минут.

Закон обязывает Бюро переписи населения США сохранять конфиденциальность предоставленной Вами информации. Бюро переписи населения не имеет права разглашать какую-либо информацию, из которой можно получить сведения о Вашей семье. Согласно закону, предоставленные Вами сведения будут использованы исключительно в статистических целях. В соответствии с Федеральным законом об усилении кибербезопасности от 2015 года, Ваши данные защищены от рисков нарушения кибербезопасности посредством введения специальных мер защиты систем, используемых для передачи данных.

Если у Вас есть доступ к Интернету и Вы хотите получить дополнительную информацию об анкетировании населения США по месту жительства, Вы можете подключиться к Интернету по адресу: census.gov/acs.

Спасибо за помощь.

ACS-16(L) (S.Chinese)
(1-2018)



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau
Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

美国人口普查局局长致辞 ...

美国人口普查局正在进行一项美国社区问卷调查。人口普查局的普查员会与您联系，帮助您填写该调查问卷。此项调查将提问您有关您的住户特征的问题，包括例如教育、就业和住房的问题。我们非常感谢您的帮助，因为此项调查的成功取决于您的支持。

美国社区问卷调查提供反应现状的重要信息，这些信息将用于满足全美社区的需求。例如，此项调查的结果可能用于确定哪里需要修建新的学校、医院和消防站。联邦、部落、州和地方政府将利用调查数据作出决定，并制定计划。这些计划将提供对您和您所在社区有所影响的保健、教育和交通服务。此项调查所搜集的信息还能将帮助社区规划可能会影响您和您所在社区的应急预案。

您的住址（而非您个人）是人口普查局以随机抽样的方式选中的。根据美国法律规定，您必须填写此调查问卷（《美国法典》第 13 篇第 141、193 和 221 节）。我们估计，您填写此调查问卷大约需要 40 分钟。

根据法律规定，美国人口普查局将对您的信息保密。人口普查局不得以可识别住户身份的方式公开发布您的回复。依照法律，人口普查局仅限将您的回复用于编制统计数据。根据《2015 年联邦网络安全增强法案》，我们将通过筛选传输数据的系统来保护您的数据，使其免于网络安全风险。

如果您能上网，并希望了解有关美国社区问卷调查的进一步详情，请访问我们的网站：census.gov/acs。

感谢您的帮助。

**ACS-16(L) (Vietnamese)
(1-2018)**



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau
Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

Thông điệp từ Giám đốc Cục Thống kê Dân số Hoa Kỳ...

Văn Phòng Thống kê Dân số Hoa Kỳ đang tiến hành một cuộc Khảo sát Cộng đồng Mỹ. Đại diện Văn Phòng Thống kê Dân số sẽ liên lạc với quý vị nhằm giúp quý vị điền vào bản khảo sát. Bản khảo sát sẽ hỏi về đặc tính của gia hộ quý vị bao gồm các đề tài chẳng hạn như học vấn, việc làm và gia cư. Tôi rất cảm ơn sự giúp đỡ của quý vị bởi vì sự thành công của cuộc khảo sát này tùy thuộc vào quý vị.

Bản Khảo sát Cộng đồng Mỹ cung cấp thông tin cập nhật quan trọng được sử dụng để đáp ứng nhu cầu của các cộng đồng ở khắp Hoa Kỳ. Thí dụ, kết quả từ cuộc khảo sát này có thể sẽ được dùng để chọn nơi cần xây trường học, bệnh viện, sở cứu hỏa. Các số liệu khảo sát được chánh quyền liên bang, tiểu bang và địa phương sử dụng để chọn và khai triển các chương trình cung cấp dịch vụ chăm sóc sức khỏe, giáo dục và vận chuyển ảnh hưởng đến quý vị và cộng đồng của mình. Thông tin khảo sát này cũng giúp cho các cộng đồng hoạch định các trường hợp khẩn cấp có thể ảnh hưởng đến quý vị và người láng giềng.

Văn Phòng Thống kê Dân số đã chọn địa chỉ của quý vị, chứ không phải cá nhân quý vị, theo lựa chọn mẫu ngẫu nhiên. Luật pháp Hoa Kỳ đòi hỏi quý vị phải trả lời bản khảo sát này (Tựa đề 13, Bộ Luật Hoa Kỳ, Đoạn 141, 193 và 221). Chúng tôi ước tính thời gian hoàn tất bản khảo sát này mất khoảng 40 phút.

Cục Thống kê Dân số Hoa Kỳ được pháp luật yêu cầu bảo mật thông tin của quý vị. Cục Thống kê Dân số Hoa Kỳ không được phép công bố công khai các phản hồi của quý vị theo cách có thể nhận diện gia đình quý vị. Theo luật, Cục Thống kê chỉ có thể sử dụng phản hồi của quý vị để tạo các số liệu thống kê. Theo Đạo luật Tăng cường An ninh Mạng Liên bang năm 2015, dữ liệu của quý vị được bảo vệ khỏi các rủi ro an ninh mạng thông qua sàng lọc các hệ thống truyền đi dữ liệu của quý vị.

Nếu quý vị có Internet và muốn biết thêm về bản Khảo sát Cộng đồng Mỹ, hãy viếng thăm trang mạng của chúng tôi tại census.gov/acs.

Xin cảm ơn sự giúp đỡ của quý vị.

ACS-26(L)
(1-2018)



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau

Washington, DC 20233-0001

OFFICE OF THE DIRECTOR

A message from the Director, U.S. Census Bureau ...

On behalf of the U.S. Census Bureau,

Thank You

for participating in the American Community Survey!

The Census Bureau is required by law to keep your information confidential. We are not permitted to publicly release your responses in a way that could identify this household. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. The success of the survey depends upon cooperation from you and other households selected for the survey.

Federal, tribal, state, and local governments will use summarized information from this survey to make decisions and to develop programs that will provide health care, education, and transportation services that affect you and your community. To learn more about the American Community Survey and to review the survey results, visit our website at census.gov/acs.

Your participation is greatly appreciated.

ACS-26(L) (Spanish)
(1-2018)



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau
Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

Un mensaje del Director de la Oficina del Censo de los Estados Unidos ...

Gracias

por su participación en la Encuesta de la Comunidad Estadounidense!

La Oficina del Censo está obligada por ley a mantener confidencial su información. A nosotros no se nos permite divulgar sus respuestas de manera que este hogar pudiera ser identificado. En conformidad con la Ley para el Fortalecimiento de la Seguridad Cibernética Federal del 2015, sus datos están protegidos contra los riesgos de seguridad cibernética mediante los controles aplicados a los sistemas que transmiten su información. El éxito de la encuesta depende de su cooperación y de la de otros hogares seleccionados para participar en la misma.

El gobierno federal y los gobiernos estatales y locales usarán información resumida de esta encuesta para tomar decisiones y elaborar programas que brindarán atención médica, educación y servicios de transporte que los conciernen a usted y a su comunidad. Para obtener más información sobre la Encuesta sobre la Comunidad Estadounidense, y para ver los resultados de la misma, visite nuestro sitio de Internet en census.gov/acs.

Le agradecemos mucho su participación.

ACS-26(L)PR
(1-2018)



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau
Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

A message from the Director, U.S. Census Bureau ...

Thank You

for participating in the Puerto Rico Community Survey!

The Census Bureau is required by law to keep your information confidential. We are not permitted to publicly release your responses in a way that could identify this household. Per the Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. The success of the survey depends upon cooperation from you and other households selected for the survey.

Puerto Rico and local governments will use summarized information from this survey to make decisions and to develop programs that will provide health care, education, and transportation services that affect you and your community. To learn more about the Puerto Rico Community Survey and to review the survey results, visit our Web site at census.gov/acs.

Your participation is greatly appreciated.

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Bureau
Puerto Rico

census.gov

ACS-26(L)PR
(1-2018)



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau
Washington, DC 20233-0001

Un mensaje del Director de la Oficina del Censo de los Estados Unidos ...

Gracias

por su participación en la Encuesta de la Comunidad de Puerto Rico (PRCS)!

La Oficina del Censo está obligada por ley a mantener confidencial su información. A nosotros no se nos permite divulgar sus respuestas de manera que este hogar pudiera ser identificado. En conformidad con la Ley para el Fortalecimiento de la Seguridad Cibernética Federal del 2015, sus datos están protegidos contra los riesgos de seguridad cibernética mediante los controles aplicados a los sistemas que transmiten su información. El éxito de la encuesta depende de su cooperación y de la de otros hogares seleccionados para participar en la misma.

El gobierno de Puerto Rico y los gobiernos locales usarán información resumida de esta encuesta para tomar decisiones y elaborar programas que brindarán atención médica, educación y servicios de transportación que les conciernen a usted y a su comunidad. Para obtener más información sobre la PRCS, y para ver los resultados de la misma, visite nuestro sitio de Internet en census.gov/acs.

Le agradecemos mucho su participación.

ACS-26(L) (Arabic)
(1-2018)



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau
Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

رسالة من مدير مكتب إحصاء سكان الولايات المتحدة...

نيابة عن مكتب إحصاء سكان الولايات المتحدة،

شكراً لكم

لأمريكي

على المشاركة في استبيان المجتمعات المحلية في الولايات المتحدة الأمريكية!

يلزم القانون مكتب إحصاء السكان بأن يحافظ على سرية معلوماتك. وغير مسموح لمكتب إحصاء السكان بنشر إجاباتك بشكل عام بطريقة من شأنها أن تحدد هوية أسرتك. وتتم حماية البيانات ضد هجمات الأمن الإلكتروني من خلال مراقبة الأنظمة التي تنقل بياناتك وذلك وفق قانون تعزيز الأمن الإلكتروني الفيدرالي لعام ٢٠١٥. إن نجاح هذا الاستبيان يعتمد على تعاونك وتعاون الأسر التي وقع عليها الاختيار لإجراء الاستبيان.

تُستخدم بيانات الاستبيان من قبل الحكومات الفيدرالية والمحلية وحكومات الولايات لاتخاذ القرارات ووضع البرامج التي تقدم خدمات الرعاية الصحية والتعليم والمواصلات التي تؤثر عليك وعلى مجتمعك. لمعرفة المزيد عن استبيان المجتمعات المحلية في الولايات المتحدة الأمريكية ومراجعة النتائج، يرجى زيارة موقعنا الإلكتروني على census.gov/acs.

مشاركتك محل تقديرنا.

ACS-26(L) (French)
(1-2018)



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau
Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

Un message du directeur du Bureau de recensement des Etats-Unis ...

Au nom du Bureau de recensement des États-Unis,

Merci

de participer à l'Enquête sur les communautés américaines !

Le Bureau de recensement des États-Unis a l'obligation légale de préserver la confidentialité de vos informations. Le Bureau de recensement des États-Unis n'est pas autorisé à divulguer publiquement toute information qui permettrait d'identifier votre foyer. En vertu du Federal Cybersecurity Enhancement Act de 2015 (loi fédérale américaine visant à améliorer la cybersécurité), vos données sont protégées contre les risques liés à la cybersécurité grâce au filtrage des systèmes qui transmettent vos données. Le succès de cette enquête dépend de votre coopération et de celle des autres foyers sélectionnés pour répondre à ce questionnaire.

Les agences du gouvernement fédéral, des états et des régions utiliseront les informations résumées de cette enquête afin de prendre des décisions et mettre au point des programmes qui offrent des soins en matière de santé, d'éducation et de transport qui ont un impact sur votre communauté et vous-même. Pour obtenir de plus amples informations au sujet de l'Enquête sur la population des communautés américaines et pour consulter les résultats obtenus, veuillez visiter notre site Web : census.gov/acs.

Nous vous remercions vivement de votre participation à cette enquête.

ACS-26(L) (Haitian Creole)
(1-2018)



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau
Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

Yon mesaj ki soti nan direktè Biwo resansman Etazini ...

Onon Biwo Resansman Ameriken an, nou di ou

Mèsi

pou patisipasyon ou nan Sondaj pou Kominote Ozetazini yo (American Community Survey, ACS)!

Lalwa egzije pou Biwo Resansman Ameriken an kenbe enfòmasyon ou yo konfidansyèl. Biwo Resansman an pa gen otorizasyon kominike repons ou yo an piblik nan yon fason ki ta kapab idantifye kay la. Dapre Lwa Federal 2015 pou Amelyorasyon Sekirite Entènèt, done ou yo pwoteje kont risk ki gen nan sekirite entènèt avèk kontwòl sou sistèm ki transmèt done ou yo. E sèl jan pou sondaj sa a reyisi se si nou gen kolaborasyon oumenm ak lòt kay ki chwazi pou yo patisipe nan sondaj la.

Biwo gouvènman federal, leta epi lokal ap gwoupe enfòmasyon ki ranmase nan sondaj sa a pou yo pran desizyon epi devlope pwogram k ap founi sèvis swen medikal, edikasyon ak transpò ni pou oumenm ni pou kominote kote ou rete a. Pou pi plis enfòmasyon sou Sondaj pou Kominote Ozetazini yo epi pou wè rezilta sondaj la, ale sou sit entènèt nou an nan [census.gov/acs](https://www.census.gov/acs).

Ankò m ap di ou mèsi pou patisipasyon ou nan sondaj la.

ACS-26(L)(Korean)
(1-2018)



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau
Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

미국 인구조사국장이 드리는 말씀...

미국 인구조사국을 대표하여 이번 미국 지역사회 조사에 참여해주신 여러분,

감사합니다

미국 인구조사국은 법에 따라 귀하의 정보를 비밀로 유지해야 합니다. 인구조사국은 귀하 가구의 신원을 확인할 수 있는 방식으로 귀하의 응답을 공개적으로 발표해서는 안 됩니다. 2015 년에 도입된 연방 사이버보안 강화법에 따라, 귀하의 자료는 자료를 전송하는 시스템을 걸러냄으로써 사이버 보안 위협으로부터 보호됩니다. 본 조사의 성공은 조사 대상으로 선택된 귀하와 다른 가구의 협조에 달려 있습니다.

연방, 부족, 주 및 지방 정부들은 본 조사로부터 얻은 요약 정보를 사용하여 여러분과 여러분의 지역사회에 영향을 미치는 보건, 교육 및 교통 서비스를 제공하는 프로그램을 결정하고 개발할 것입니다. 미국 지역사회 조사에 대해 더 자세한 내용과 조사 결과를 보시려면, 우리 웹사이트 census.gov/acs 를 방문하십시오.

귀하의 적극적인 참여와 관심에 진심으로 감사드립니다.

ACS-26(L) (Polish)
(1-2018)



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau
Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

Wiadomość od Dyrektora Biura Spisu Ludności Stanów Zjednoczonych ...
W imieniu Biura Spisu Ludności Stanów Zjednoczonych

dziękujemy Państwu

za udział w badaniu pt. Środowiskowe Badania Społeczne w Stanach Zjednoczonych!

Biuro Spisu Ludności Stanów Zjednoczonych jest zobligowane przepisami prawa do zachowania poufności Państwa danych. Biuro Spisu Ludności nie może publicznie udostępniać Państwa odpowiedzi w żaden sposób, który pozwoliłby na zidentyfikowanie Państwa gospodarstwa domowego. Na mocy ustawy federalnej z 2015 roku o poprawie cyberbezpieczeństwa (Federal Cybersecurity Enhancement Act) Państwa dane są chronione przed zagrożeniami z zakresu cyberbezpieczeństwa za pomocą weryfikacji systemów przesyłających te dane. Powodzenie ankiety zależy od Państwa współpracy oraz współpracy osób z innych gospodarstw domowych wybranych do jej wypełnienia.

Władze federalne, stanowe i lokalne wykorzystają sumaryczne dane z ankiety przy opracowywaniu programów służby zdrowia, oświaty i transportu mających wpływ na życie społeczności i poszczególnych mieszkańców. Aby dowiedzieć się więcej na temat Środowiskowych Badań Społecznych w Stanach Zjednoczonych i zapoznać się z wynikami badania, prosimy odwiedzić stronę internetową census.gov/acs.

Dziękujemy Państwu za udział w badaniu.

ACS-26(L) (Portuguese)
(1-2018)



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau
Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

Mensagem do diretor do U.S. Census Bureau (Censo dos EUA)...
Em nome do Censo dos EUA,

Obrigado

por participar da Pesquisa às Comunidades nos EUA (ACS, *American Community Survey*).

De acordo com a lei, o Censo tem a obrigação de manter suas informações confidenciais. O Censo não pode divulgar respostas de forma que possa identificar seu domicílio. De acordo com a lei para melhoria da segurança cibernética (Federal Cybersecurity Enhancement Act) de 2015, seus dados são protegidos contra riscos de segurança cibernética pela análise dos sistemas que os transmitem. O sucesso da pesquisa dependerá da sua colaboração e da colaboração de outros domicílios selecionados para a pesquisa.

Os governos federais, estaduais e locais utilizarão as informações resumidas desta pesquisa para tomar decisões e para desenvolver programas que proporcionarão serviços de saúde, de educação e de transporte que beneficiarão a você e a sua comunidade. Para saber mais sobre o ACS e consultar os resultados da pesquisa, visite o site [census.gov/acs](https://www.census.gov/acs).

A sua participação é extremamente importante.

ACS-26(L)(Russian)
(1-2018)



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau
Washington, DC 20233-0001
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Письмо директора Бюро переписи населения США...
От имени Бюро переписи населения США

Благодарим Вас

за участие в проведении анкетирования населения США по месту жительства!

Закон обязывает Бюро переписи населения США сохранять конфиденциальность предоставленной Вами информации. Бюро переписи населения не имеет права разглашать какую-либо информацию, из которой можно получить сведения о Вашей семье. В соответствии с Федеральным законом об усилении кибербезопасности от 2015 года, Ваши данные защищены от рисков нарушения кибербезопасности посредством введения специальных мер защиты систем, используемых для передачи данных. Успех исследования зависит от Вашего сотрудничества и сотрудничества других домохозяйств, выбранных для его проведения.

Сводными данными, полученными в результате этого исследования, будут пользоваться федеральное правительство, правительства штатов и местные власти в целях принятия решений и разработки программ в области здравоохранения, образования и транспорта, которые затрагивают Вас и Ваши районы. Дополнительную информацию об анкетировании населения США по месту жительства и о результатах исследования можно получить на Интернетe по адресу: census.gov/acs.

Спасибо за участие

ACS-26(L)(S. Chinese)
(1-2018)



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau
Washington, DC 20233-0001
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美国人口普查局局长致辞…

我谨代表美国人口普查局

谢谢

您参加美国社区问卷调查！

根据法律规定，美国人口普查局将对您的信息保密。人口普查局不得以可识别住户身份的方式公开发布您的回复。根据《2015年联邦网络安全增强法案》，我们将通过筛选传输数据的系统来保护您的数据，使其免于网络安全风险。

联邦、部落、州和地方政府将利用此项调查的综合信息作出决定，并制定计划。这些计划将提供对您和您所在社区有所影响的保健、教育和交通服务。欲了解有关美国社区问卷调查的进一步详情和查阅调查结果，请访问我们的网站：census.gov/acs。

非常感谢您参加此项调查。

**ACS-26(L)(Vietnamese)
(1-2018)**



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau
Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

Thông điệp từ Giám đốc Cục Thống Kê Dân Số Hoa Kỳ...

Thay mặt cho Cục Thống Kê Dân Số Hoa Kỳ, tôi xin

Cảm ơn quý vị

đã tham gia vào Khảo Sát Cộng Đồng Mỹ!

Cục Thống Kê Dân Số Hoa Kỳ được pháp luật yêu cầu bảo mật thông tin của quý vị. Cục Thống Kê Dân Số Hoa Kỳ không được phép công bố công khai các phản hồi của quý vị theo cách có thể nhận diện gia đình quý vị. Theo Đạo luật Tăng cường An ninh Mạng Liên bang năm 2015, dữ liệu của quý vị được bảo vệ khỏi các rủi ro an ninh mạng thông qua sàng lọc các hệ thống truyền đi dữ liệu của quý vị. Sự thành công của cuộc khảo sát này tùy thuộc vào sự hợp tác của quý vị và các gia đình khác được lựa chọn tham gia cuộc khảo sát này.

Chính quyền liên bang, bộ tộc, tiểu bang và địa phương sẽ sử dụng các thông tin được tóm tắt từ bản khảo sát này để đưa ra quyết định và xây dựng các chương trình cung cấp các dịch vụ y tế, giáo dục và vận tải mà ảnh hưởng đến quý vị hoặc cộng đồng của quý vị. Để tìm hiểu thêm về bản Khảo Sát Cộng Đồng Mỹ và xem kết quả khảo sát này, mời quý vị viếng thăm trang mạng của chúng tôi tại census.gov/acs.

Cảm ơn sự tham gia của quý vị.

The American Community Survey Brings You Data Every Year About . . .

Education, Children, Families, Employment, Income, Veterans, Commuting Patterns, and Housing.



How to Get More Information About the American Community Survey

For more information about the American Community Survey or to obtain survey results, we encourage you to visit our Web site at:

census.gov/acs

You may also contact us by mail at the following address:

American Community Survey
U.S. Census Bureau
4600 Silver Hill Rd.
Washington, DC 20233-7500

You can telephone the Census Bureau's Regional Office nearest you as listed below:

Census Bureau Regional Offices:

| | |
|------------------|----------------|
| Atlanta, GA | 1-800-424-6974 |
| Chicago, IL | 1-800-865-6384 |
| Denver, CO | 1-800-852-6159 |
| Los Angeles, CA | 1-800-992-3530 |
| New York, NY | 1-800-991-2520 |
| Philadelphia, PA | 1-866-238-1374 |



Issued January 2018
ACS-50(HU)



The American Community Survey



United States™
Census
Bureau

U.S. Department of Commerce
Economics and Statistics Administration
U.S. CENSUS BUREAU
census.gov



What Is the American Community Survey?

The American Community Survey is a survey conducted by the U.S. Census Bureau. It provides information each year about the social, economic, and housing characteristics of the United States. Previously, this information was available only when the U.S. Census Bureau conducted a population census every 10 years. The American Community Survey will ask you questions about your household's characteristics, including such topics as education, employment, and housing.

Only a small sample of addresses is randomly selected to participate in the American Community Survey and they represent other addresses in the community. A survey questionnaire is delivered to a sample address to complete and mail back. When households do not mail back a questionnaire, the Census Bureau attempts to contact the household to complete the survey by phone or in person.

Do I Have to Answer the Questions on the American Community Survey?

Yes, your response to this survey is required by law (Title 13, United States Code, Sections 141, 193, and 221).



How Will My Participation Help Me and My Community?

Billions of government and business dollars are distributed among states, communities, and population groups based on the social, economic, and housing information available for that area.

The information you provide will help you and other individuals, local governments, nongovernmental organizations, and businesses to:

- Help distribute resources to communities.
- Improve your community by deciding where in your town new highways, schools, and hospitals can do the most good.
- Measure changes in the well-being of children, families, and senior citizens to help plan future programs.
- Help communities plan for emergency situations that might affect you or your neighbors, such as floods, fires, and other natural disasters.



Is the Information I Provide Confidential?

Yes. The U.S. Census Bureau is required by law to keep your information confidential. We are not permitted to publicly release your responses in a way that could identify this household. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data.

By law, the Census Bureau can only use your responses to produce statistics. We may combine your survey data with data that you may have provided to other federal agencies. Any combined information is given the same protections as your survey information. Some households that respond to the American Community Survey may be asked to participate in other Census Bureau surveys.



Todos los años,
la Encuesta sobre
la Comunidad
Estadounidense le
brinda datos sobre...

*educación, niños, familias,
empleos, ingresos, vetera-
nos militares, patrones de
viaje al trabajo y viviendas.*



Cómo obtener más información
sobre la Encuesta sobre la
Comunidad Estadounidense

Para obtener más información sobre
la Encuesta sobre la Comunidad
Estadounidense, o para ver los resultados de
la encuesta, visite nuestro sitio de Internet en:
census.gov/acs

También puede comunicarse con nosotros por
correo en la siguiente dirección:

American Community Survey
U.S. Census Bureau
4600 Silver Hill Rd.
Washington, DC 20233-7500

Puede llamar por teléfono a la Oficina
Regional del Censo más cercana a usted,
según se indica a continuación:

Oficinas Regionales del Censo:

| | |
|------------------|----------------|
| Atlanta, GA | 1-800-424-6974 |
| Chicago, IL | 1-800-865-6384 |
| Denver, CO | 1-800-852-6159 |
| Los Angeles, CA | 1-800-992-3530 |
| New York, NY | 1-800-991-2520 |
| Philadelphia, PA | 1-866-238-1374 |

Encuesta sobre
la Comunidad
Estadounidense



Issued January 2018
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U.S. Department of Commerce
Economics and Statistics Administration
U.S. CENSUS BUREAU
census.gov

¿Qué es la Encuesta sobre la Comunidad Estadounidense?

La Encuesta sobre la Comunidad Estadounidense es una encuesta realizada por la Oficina del Censo de los Estados Unidos. Proporciona información anualmente sobre las características sociales, económicas y de vivienda en los Estados Unidos. En el pasado, esta información estaba disponible únicamente cada 10 años, cuando la Oficina del Censo realizaba un censo de población. La Encuesta sobre la Comunidad Estadounidense le formulará preguntas sobre características de su hogar, incluyendo temas, tales como la educación, el empleo y la vivienda.

Sólo una pequeña muestra de domicilios se selecciona al azar para participar en la Encuesta sobre la Comunidad Estadounidense; esos domicilios representan a otros domicilios en la comunidad. Se entrega un cuestionario de la encuesta a una dirección particular de la muestra para llenarlo y enviarlo de vuelta por correo. Si un hogar no devuelve la encuesta, la Oficina del Censo intenta comunicarse con el mismo para completar la encuesta por teléfono o en persona.

¿Tengo que responder a las preguntas de la Encuesta sobre la Comunidad Estadounidense?

Así es. Si su domicilio resulta seleccionado, usted está obligado por ley a responder a esta encuesta (Título 13, Código de los Estados Unidos, Secciones 141, 193 y 221).

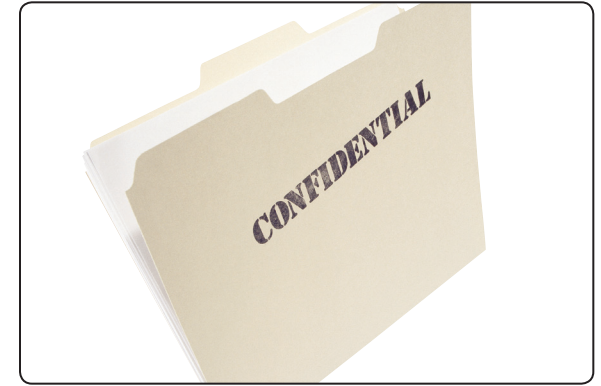


¿Qué beneficios obtendremos mi comunidad y yo si participo?

Miles de millones de dólares del gobierno y de empresas privadas se distribuyen a los estados, comunidades y grupos de población de acuerdo con la información social, económica y de vivienda disponible para el área correspondiente.

La información que usted proporcione permitirá que usted y otras personas, gobiernos locales, organizaciones no gubernamentales y negocios:

- Ayuden a distribuir recursos a las comunidades.
- Mejoren su comunidad al decidir dónde sería de mayor beneficio construir autopistas, escuelas y hospitales nuevos.
- Midan los cambios en el bienestar de los niños, las familias y las personas mayores, para ayudar a planificar programas futuros.
- Ayuden a las comunidades a establecer planes para situaciones de emergencia que puedan afectarlo a usted o afectar a sus vecinos, como inundaciones, incendios y otros desastres naturales.



¿Se mantendrá confidencial la información que proporcione?

Así es. La Oficina del Censo está obligada por ley a mantener confidencial su información. A nosotros no se nos permite divulgar sus respuestas de manera que este hogar pudiera ser identificado. En conformidad con la Ley para el Fortalecimiento de la Seguridad Cibernética Federal del 2015, sus datos están protegidos contra los riesgos de seguridad cibernética mediante los controles aplicados a los sistemas que transmiten su información.

Por ley, la Oficina del Censo puede usar sus respuestas solo para producir estadísticas. Es posible que combinemos los datos de su encuesta con datos que usted haya proporcionado a otras agencias federales. Cualquier información combinada recibe la misma protección que la información de su encuesta. Además, es posible que se solicite que algunos hogares que respondan a la Encuesta sobre la Comunidad Estadounidense participen en otras encuestas de la Oficina del Censo.

The Puerto Rico Community Survey



What Is the Puerto Rico Community Survey?

The Puerto Rico Community Survey is a survey conducted by the U.S. Census Bureau. It provides information each year about the social, economic, and housing characteristics of Puerto Rico. Previously, this information was available only when the Census Bureau conducted a population census every 10 years. The Puerto Rico Community Survey will ask you questions about your household's characteristics, including such topics as education, employment, and housing.

Only a small sample of addresses is randomly selected to participate in the Puerto Rico Community Survey and they represent other addresses in the community. A survey questionnaire is delivered to a sample address to complete and mail back. When households do not mail back a questionnaire, the Census Bureau attempts to contact the household to complete the survey by phone or in person.

Do I Have to Answer the Questions on the Puerto Rico Community Survey?

Yes, your response to this survey is required by law (Title 13, United States Code, Sections 141, 193, and 221).

How Will My Participation Help Me and My Community?

Billions of government and business dollars are distributed among municipios, communities, and population groups based on the social, economic, and housing information available for that area. The information you provide will help you and other individuals, local governments, nongovernmental organizations, and businesses to:

- Help distribute resources to communities.
- Improve your community by deciding where in your town new highways, schools, and hospitals can do the most good.
- Measure changes in the well-being of children, families, and senior citizens to help plan future programs.
- Help communities plan for emergency situations that might affect you or your neighbors, such as floods, fires, and other natural disasters.

Is the Information I Provide Strictly Confidential?

Yes. The U.S. Census Bureau is required by law to keep your information confidential. We are not permitted to publicly release your responses in a way that could identify this household. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data.

By law, the Census Bureau can only use your responses to produce statistics. We may combine your survey data with data that you may have provided to other federal agencies. Any combined information is given the same protections as your survey information. Some households that respond to the Puerto Rico Community Survey may be asked to participate in other Census Bureau surveys.

How to Get More Information About the Puerto Rico Community Survey

For more information about the Puerto Rico Community Survey or to obtain survey results, we encourage you to visit our Web site at:

census.gov/acs

You may also contact us by mail at the following address:

American Community Survey
U.S. Census Bureau
4600 Silver Hill Road
Washington, DC 20233-7500

Or telephone the Census Bureau's New York Regional Office on:

1-800-991-2520

The Puerto Rico Community Survey Brings You Data Every Year About . . .

Education, Children, Families, Employment, Income, Veterans, Commuting Patterns, and Housing.



La Encuesta sobre la Comunidad de Puerto Rico



¿Qué es la Encuesta sobre la Comunidad de Puerto Rico?

La Encuesta sobre la Comunidad de Puerto Rico es una encuesta realizada por el Negociado del Censo de los Estados Unidos. Ésta proporciona información anualmente sobre las características sociales, económicas y de vivienda en Puerto Rico. En el pasado, esta información estaba disponible únicamente cada 10 años, cuando el Negociado del Censo realizaba un censo de población. La Encuesta sobre la Comunidad de Puerto Rico le formulará preguntas sobre características de su hogar, incluyendo temas, tales como la educación, el empleo y la vivienda.

Sólo una pequeña muestra de domicilios se selecciona al azar para participar en la Encuesta sobre la Comunidad de Puerto Rico; esas direcciones representan a otras direcciones en la comunidad. Se entrega un cuestionario de la encuesta a una dirección particular en la muestra para llenarlo y enviarlo de vuelta por correo. Si un hogar no devuelve la encuesta, el Negociado del Censo intenta comunicarse con el mismo para completar la encuesta por teléfono o en persona.

¿Tengo que responder a las preguntas de la Encuesta sobre la Comunidad de Puerto Rico?

Así es. Si su domicilio resulta seleccionado, usted está obligado por ley a responder a esta encuesta (secciones 141, 193 y 221 del título 13 del Código de los Estados Unidos).

¿Qué beneficios obtendremos mi comunidad y yo si participo?

Miles de millones de dólares del gobierno y de empresas privadas se distribuyen a los municipios, comunidades y grupos de población de acuerdo con la información social, económica y de vivienda disponible para el área correspondiente. La información que usted proporcione permitirá que usted y otras personas, gobiernos locales, organizaciones no gubernamentales y negocios:

- Ayuden a distribuir recursos a las comunidades.
- Mejoren su comunidad al decidir dónde sería de mayor beneficio construir autopistas, escuelas y hospitales nuevos.
- Midan los cambios en el bienestar de los niños, las familias y las personas de edad avanzada, para ayudar a planificar programas futuros.
- Ayuden a las comunidades a establecer planes para situaciones de emergencia que puedan afectarlo a usted o afectar a sus vecinos, como inundaciones, incendios y otros desastres naturales.

¿Se mantendrá confidencial la información que proporcione?

Así es. La Oficina del Censo está obligada por ley a mantener confidencial su información. A nosotros no se nos permite divulgar sus respuestas de manera que este hogar pudiera ser identificado. En conformidad con la Ley para el Fortalecimiento de la Seguridad Cibernética Federal del 2015, sus datos están protegidos contra los riesgos de seguridad cibernética mediante los controles aplicados a los sistemas que transmiten su información.

Por ley, la Oficina del Censo puede usar sus respuestas solo para producir estadísticas. Es posible que combinemos los datos de su encuesta con datos que usted haya proporcionado a otras agencias federales. Cualquier información combinada recibe la misma protección que la información de su encuesta. Además, es posible que se solicite que algunos hogares que respondan a la Encuesta sobre la Comunidad de Puerto Rico participen en otras encuestas de la Oficina del Censo.

Cómo obtener más información acerca de la Encuesta sobre la Comunidad de Puerto Rico

Para obtener más información acerca de la Encuesta sobre la Comunidad de Puerto Rico, o para ver los resultados de la encuesta, visite nuestro sitio en la Internet:

census.gov/acs

También puede comunicarse con nosotros por correo en la siguiente dirección:

American Community Survey
U.S. Census Bureau
4600 Silver Hill Road
Washington, DC 20233-7500

Puede llamar por teléfono a la Oficina Regional del Censo en Nueva York al:

1-800-991-2520

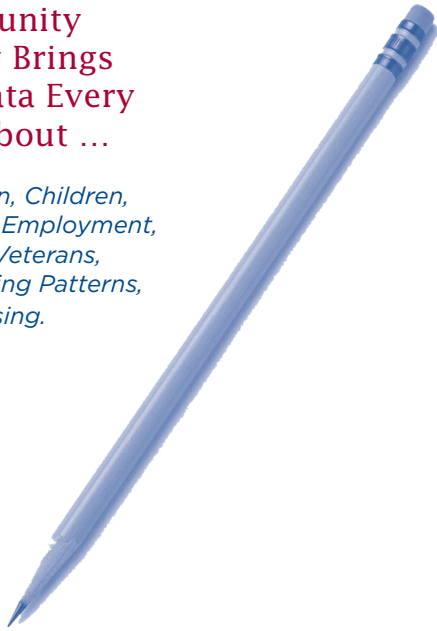
Todos los años, la Encuesta sobre la Comunidad de Puerto Rico le brinda datos sobre . . .

educación, niños, familias, empleo, ingreso, ingresos, veteranos militares, patrones de viaje al trabajo y viviendas.



The American Community Survey Brings You Data Every Year About ...

Education, Children, Families, Employment, Income, Veterans, Commuting Patterns, and Housing.



Will American Indians and Alaska Natives be Recruited for Jobs?

The Census Bureau has always relied on the help of American Indians and Alaska Natives to make the census work, and will do the same to make the American Community Survey work.

How Do I Get More Information About the American Community Survey in Alaska?

For more information about the American Community Survey, we encourage you to visit our Web site at:

census.gov/acs

Contact us by mail at:

**American Community Survey
U.S. Census Bureau
4600 Silver Hill Road
Washington, DC 20233-7500**

Contact the Census Bureau's Los Angeles Regional Office at:

1-800-992-3530

The American Community Survey



Issued January 2018
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Economics and Statistics Administration
U.S. CENSUS BUREAU
census.gov



What is the American Community Survey?

The American Survey is a survey conducted by the U.S. Census Bureau. It provides information each year about the social, economic, and housing characteristics of the United States. Previously, this information was available only when the U.S. Census Bureau conducted a population census every 10 years. The American Community Survey will ask you questions about your household's characteristics, including such topics as education, employment, and housing.

Only a small sample of addresses is randomly selected to participate in the American Community Survey and they represent other addresses in the community. The Census Bureau's local field representative may visit the household to complete the survey by conducting a personal interview or may attempt to contact the household by telephone to complete the survey. If the address selected for the survey is vacant or only occupied seasonally, data on the characteristics of the unit will be collected.

Do I Have to Answer the Questions on the American Community Survey?

Yes, your response to this survey is required by law (Title 13, United States Code, Sections 141, 193, and 221).



How Will My Participation Help Me and My Community?

Billions of dollars are allocated among states, communities, Alaska Native villages, and population groups based on the social, economic, and housing information available for that area.

The information you provide will help you and other individuals, local governments, nongovernmental organizations, and businesses to:

- Help distribute resources to communities.
- Improve your community by deciding where new roads, schools, hospitals, and improved airstrips can do the most good for your town.
- Measure change in the well-being of children, families, and senior citizens to help plan future programs.
- Help communities plan for emergency situations that might affect you or your neighbors, such as floods, fires, and other natural disasters.
- Help village leaders and Alaska Native corporations plan for better education and health services.



What About My Tribe or My Village?

The use of American Community Survey data could result in improved utility services, new housing, job training, better school facilities, or a new or improved health clinic that benefits you, your family, or your village. For example, the Workforce Investment Act of 1998 requires information about American Indian and Alaska Native households to support training and employment activities. Your participation in the American Community Survey will provide this critically important information.

Is the Information I Provide Confidential?

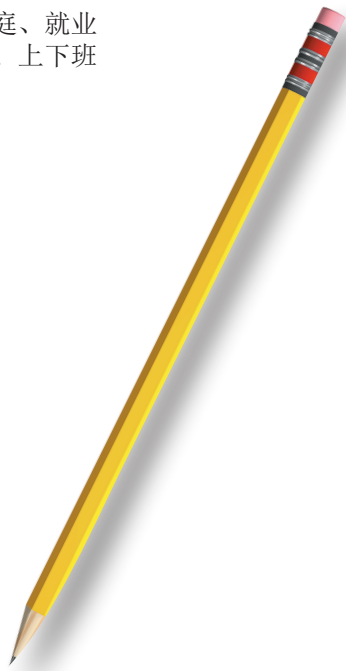
Yes. The U.S. Census Bureau is required by law to keep your information confidential. We are not permitted to publicly release your responses in a way that could identify this household. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data.

By law, the Census Bureau can only use your responses to produce statistics. We may combine your survey data with data that you may have provided to other federal agencies. Any combined information is given the same protections as your survey information. Some households that respond to the American Community Survey may be asked to participate in other Census Bureau surveys.



美国社区问卷调查
每年向您提供有关以下
各项的数据...

教育、儿童、家庭、就业
收入、退伍军人、上下班
交通方式和住房



如何获得有关美国社区问卷调查
的进一步详情

欲获得有关美国社区问卷调查的进一步详情, 我们鼓励您访问以下网站:

census.gov/acs

您也可以通过致函至以下地址与我们联系

American Community Survey
U.S. Census Bureau
4600 Silver Hill Rd.
Washington, DC 20233-7500

您还可致电至下列离您最近的人口普查局地区
办公室:

人口普查局区域办事处:

| | |
|------------------|----------------|
| Atlanta, GA | 1-800-424-6974 |
| Chicago, IL | 1-800-865-6384 |
| Denver, CO | 1-800-852-6159 |
| Los Angeles, CA | 1-800-992-3530 |
| New York, NY | 1-800-991-2520 |
| Philadelphia, PA | 1-866-238-1374 |

美国社区问卷调查



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census.gov



什么是美国社区问卷调查

美国社区问卷调查是美国人口普查局所进行的一项调查。这项调查每年提供有关美国社会、经济和住房特点的信息。过去，只有在美国人口普查局进行十年一次的人口普查时才能获得此类信息。美国社区问卷调查将提问您有关您住户特征的问题，包括例如教育、就业和住房的问题。

参加美国社区问卷调查的住户是以随机抽样的方式选出的。虽然数量很小，但是，这些住户代表了所在地区的其他住户。被抽样选中的住户会收到一份调查问卷，该问卷需在填写后寄回。如果某些住户没有寄回调查问卷，人口普查局会尝试以电话或上门方式与该住户联系，以填写调查问卷。

我必须回答美国社区问卷调查中的问题吗？

是的，根据法律规定，您必须回答本调查中的问题（《美国法典》第 13 篇第 141、193 和 221 节）。

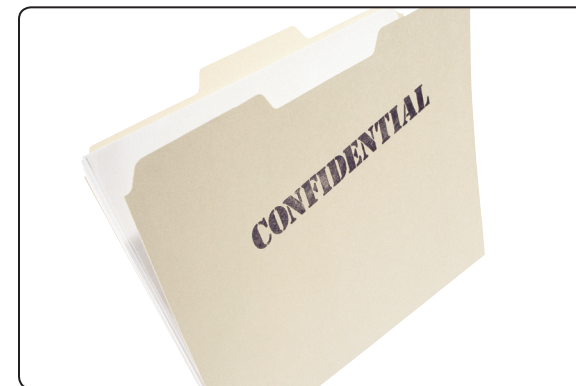


我参加该项调查对我本人和我所在的社区有什么帮助？

各州、社区和人口群体所分配到的政府及商业资金，是根据所搜集到的该地区的社会、经济和住房信息决定的。

您所提供的信息将有助于您和其他个人、地方政府、非政府机构和企业：

- 帮助向社区分配资源。
- 通过确定在您所在城镇的哪些地方修建新的高速公路、新的学校和医院最合适，来改善您所在社区的状况。
- 衡量儿童、家庭和老年人的生活变化，帮助规划未来的计划。
- 帮助社区规划可能影响您或您所在社区的应急预案，例如水灾、火灾和其他自然灾害。



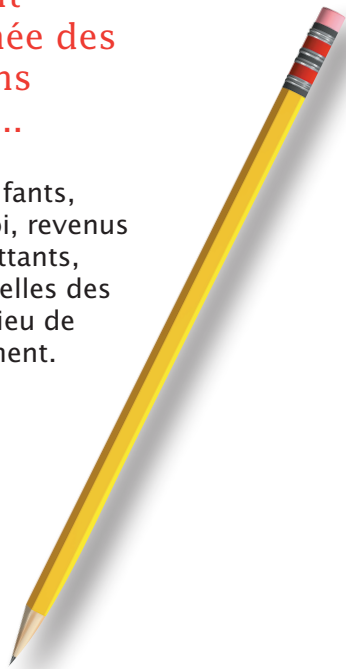
我提供的信息是否会得到保密？

是的。根据法律规定，美国人口普查局将对您的信息保密。人口普查局不得以可识别住户身份的方式公开发布您的回复。根据《2015年联邦网络安全增强法案》，我们将通过筛选传输数据的系统保护您的数据，使其免于网络安全风险。

根据法律规定，人口普查局仅可将您的回复用于编制统计数据。我们可能会把您在此项调查中所提供的信息与您可能已向其他联邦机构提供的信息进行合并。任何合并信息均将受到如您在此项调查中所提供的信息一样的保护。我们可能会要求某些参加此项调查的住户参加人口普查局的其他调查。

L'Enquête sur les communautés américaines vous fournit chaque année des informations en matière...

d'éducation, enfants, familles, emploi, revenus anciens combattants, tendances actuelles des trajets vers le lieu de travail et logement.



Comment obtenir davantage de renseignements concernant l'Enquête sur les communautés américaines ?

Pour en savoir plus au sujet de l'Enquête sur les communautés américaines ou pour consulter les résultats de l'enquête, nous vous conseillons de visiter notre site Web :

census.gov/acs

Vous pouvez aussi nous contacter par courrier à l'adresse suivante :

American Community Survey
U.S. Census Bureau
4600 Silver Hill Rd.
Washington, DC 20233-7500

Vous pouvez téléphoner au bureau régional du U.S. Census Bureau le plus proche de votre domicile dont le numéro figure ci-dessous :

U.S. Census Bureau – Centres régionaux :

| | |
|------------------|----------------|
| Atlanta, GA | 1-800-424-6974 |
| Chicago, IL | 1-800-865-6384 |
| Denver, CO | 1-800-852-6159 |
| Los Angeles, CA | 1-800-992-3530 |
| New York, NY | 1-800-991-2520 |
| Philadelphia, PA | 1-866-238-1374 |



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L'Enquête sur les communautés américaines



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U.S. Department of Commerce
Economics and Statistics Administration
U.S. CENSUS BUREAU
census.gov

L'Enquête sur les communautés américaines, qu'est-ce que c'est ?

L'Enquête sur les communautés américaines est menée par le U.S. Census Bureau. Elle fournit tous les ans des informations en matière de société, d'économie et de logement aux États-Unis. Ces informations n'étaient autrefois disponibles qu'une fois tous les 10 ans, lorsque le U.S. Census Bureau organisait un recensement. L'Enquête sur les communautés américaines comporte des questions au sujet des caractéristiques de votre foyer y compris en matière d'éducation, d'emploi et de logement.

Seul un petit échantillon d'adresses est sélectionné au hasard pour participer à cette Enquête et pour représenter les autres adresses de la communauté. Un questionnaire d'enquête est remis à une adresse sélectionnée et doit être rempli et renvoyé. Si le foyer ne renvoie pas le questionnaire, le U.S. Census Bureau essaie de le contacter par téléphone ou personnellement pour s'assurer que le questionnaire est rempli.

Dois-je obligatoirement répondre aux questions de l'Enquête sur les communautés américaines ?

Oui, la loi exige que vous répondiez aux questions de cette enquête (Livre 13 du Code des États-Unis, Sections 141, 193 et 221).

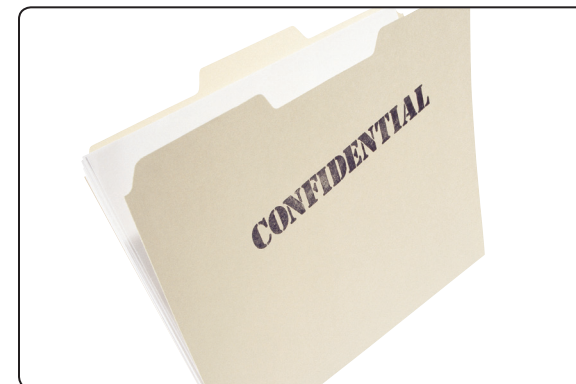


Comment cette participation à l'Enquête m'aidera-t-elle ainsi que ma communauté ?

Des milliards de dollars issus des agences gouvernementales et des entreprises sont répartis entre différents états, communautés et groupes de population en fonction des informations disponibles en matière de société, d'économie et de logement de la région en question.

Les informations que vous fournissez vous aideront, et aideront d'autres individus, des agences gouvernementales régionales, des agences non gouvernementales et des entreprises à :

- Répartir les ressources entre différentes communautés.
- Améliorer votre communauté en décidant dans quelles zones de votre ville de nouvelles autoroutes, de nouveaux établissements scolaires et de nouveaux hôpitaux se révéleront les plus utiles.
- Mesurer l'évolution du bien-être des enfants, des familles et des personnes âgées pour planifier des programmes futurs.
- Aider les communautés à se préparer à des situations d'urgence susceptibles d'entraîner des répercussions sur vos voisins ou vous-même, comme une inondation, un incendie ou une autre catastrophe naturelle.



Les informations que je vous communique sont-elles confidentielles ?

Oui. Le U.S. Census Bureau a l'obligation légale de préserver la confidentialité de vos informations. Nous ne sommes pas autorisés à divulguer publiquement toute information qui permettrait d'identifier votre foyer. En vertu du Federal Cybersecurity Enhancement Act de 2015 (loi fédérale américaine visant à améliorer la cybersécurité), vos données sont protégées contre les risques grâce au filtrage des systèmes qui transmettent vos données.

La loi autorise le U.S. Census Bureau à utiliser vos réponses uniquement dans un but statistique. Il se peut que nous combinions les informations que vous nous fournissez dans cette enquête à celles que vous avez fournies à d'autres agences fédérales. Toute information combinée est protégée de la même façon que vos réponses au questionnaire de cette Enquête. Il est possible que certains foyers qui répondent à cette Enquête sur les communautés américaines prennent aussi part à d'autres Enquêtes du U.S. Census Bureau.

Sondaj pou
Kominote
Ozetazini yo bay
enfòmasyon chak
ane sou...

edikasyon, timoun, fanmi,
travay, revni, ansyen
konbatan, kijan ak kilè
moun ale epi soti nan
travay, epi lojman.



Men kijan ou ka jwenn plis
enfòmasyon sou sondaj pou
Kominote Ozetazini yo

Si ou bezwen plis enfòmasyon sou sondaj
pou Kominote Ozetazini yo oswa si ou vle wè
rezilta sondaj la, n ap mande ou pou sitwèb
ale sou sit nou nan :
census.gov/acs

Oswa voye yon lèt ba :
American Community Survey
U.S. Census Bureau
4600 Silver Hill Rd.
Washington, DC 20233-7500

Pou fini, ou ka rele biwo resansman rejyonal
kote ou rete a jan ou wè li make la a:

Biwo resansman rejyonal :

| | |
|------------------|----------------|
| Atlanta, GA | 1-800-424-6974 |
| Chicago, IL | 1-800-865-6384 |
| Denver, CO | 1-800-852-6159 |
| Los Angeles, CA | 1-800-992-3530 |
| New York, NY | 1-800-991-2520 |
| Philadelphia, PA | 1-866-238-1374 |

Sondaj pou
Kominote
Etaini yo



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Bureau

U.S. Department of Commerce
Economics and Statistics Administration
U.S. CENSUS BUREAU
census.gov

Kisa sondaj pou Kominote Ozetazini yo an ye ?

Sondaj pou Kominote Ozetazini yo an se yon sondaj biwo resansman ameriken an ap fè. Se chak lane li founi enfòmasyon sou kesyon zafè sosyal, ekonomik epi lojman nan Etazini. Gen lontan, sèl lè nou te gen enfòmasyon sa a se lè biwo resansman ameriken an te fè yon resansman sou popilasyon chak 10 zan. Sondaj pou Kominote Ozetazini yo an se yon sondaj ki poze w kesyon ou sipoze reponn sou moun lakay ou; sètadi sou edikasyon, travay epi sou kay la menm.

Se pa tout moun k ap patisipe men sè kèk adrès kay ki chwazi o aza k ap patisipe nan sondaj pou Kominote Ozetazini yo an e se kay sa yo k ap reprezante lòt adrès nan vwazinaj la. N ap livre kesyonè sondaj la nan enpe kay yo k ap reprezante tout lòt kay pou enpe kay sa yo reponn kesyonè a epi voye li tounen. Si yon kay pa remèt kesyonè a, biwo resansman an ap rele moun kay sa a pou moun lan reponn kesyon sondaj la nan telefòn oswa fasafas.

Èske m oblije reponn kesyon ki nan sondaj pou Kominote Ozetazini yo an ?

Wi, gen yon lwa ki di ou oblije reponn sondaj la (Tit 13 – yon pati nan lwa Ameriken, seksyon 141, 193 ak 221).



Kijan patisipasyon m ap ede m epi ede moun ki nan menm zòn lan ?

Gen plizyè bilyon dola gouvènman ak biznis ki distribye nan tout leta yo, kominote yo ak nan gwoup popilasyon moun dapre enfòmasyon nou genyen sou zafè sosyal, ekonomik ak lojman yo zòn.

Enfòmasyon ou mete nan sondaj la ap ni ede n ni ede lòt moun, gouvènman lokal, òganizasyon ki pa gen anyen pou wè ak gouvènman an, epi biznis yo :

- Ede distribye resous nan kominote yo.
- Devlope kominote kote w rete a nan desizyon kote l ap yon pi gwo benefis pou mete nouvo wout, lekòl ak lopital.
- Mezire chanjman nan byennèt timoun, fanmi ak granmoun pou ede n tabli pwogram pou lavni.
- Ede kominote yo fè plan pou sitiasyon ijan ki ka konsène ni oumnen ni vwazen ou yo ; sètadi manje, dife ak lòt katastwòf natirèl.



Èske enfòmasyon mwen bay nan sondaj la ap rete sekre ?

Wi. Lalwa egzije pou Biwo Resansman Ameriken an kenbe enfòmasyon w sekre. Nou pa gen otorizasyon kominike repons ou yo an piblik nan yon fason ki ta kapab idantifye kay la. Dapre Lwa Federal 2015 pou Amelyorasyon Sekirite Entènèt, done ou yo pwoteje kont risk ki gen nan sekirite entènèt grasa kontwòl sou sistèm ki transmèt done ou yo.

Dapre lalwa, Biwo Resansman an ka sèvi ak repons ou yo pou kreye estatistik sèlman. Konnen n ka mete ansanm enfòmasyon ou founi nan sondaj la ak enfòmasyon ou founi lòt ajans federal. Tout enfòmasyon nou mete ansanm ap gen menm pwoteksyon ak enfòmasyon ou bay nan sondaj la. Epi gen kèk adrès kay ki patisipe nan sondaj pou Kominote Ozetazini yo an ki ka resevwa demann pou yo patisipe nan lòt sondaj biwo resansman an.

Środowiskowe Badania
Społeczne w Stanach
Zjednoczonych
przynoszą co roku
dane na następujące
tematy...

Oświata, dzieci, rodziny,
zatrudnienie, dochody,
weterani, dojazdy do pracy i
warunki mieszkaniowe.



W jaki sposób uzyskać więcej informacji
na temat Środowiskowych Badań
Społecznych w Stanach Zjednoczonych

Aby dowiedzieć się więcej na temat Środowiskowych
Badań Społecznych w Stanach Zjednoczonych lub
uzyskać wyniki badania, zapraszamy do naszej
witryny internetowej:
census.gov/acs

Można się do nas zwracać listownie pod adresem:
American Community Survey
U.S. Census Bureau
4600 Silver Hill Rd.
Washington, DC 20233-7500

Można zadzwonić do najbliższego regionalnego biura
spisu ludności pod jeden z następujących numerów
telefonów:

Biura regionalne Urzędu Spisu Ludności

| | |
|------------------|----------------|
| Atlanta, GA | 1-800-424-6974 |
| Chicago, IL | 1-800-865-6384 |
| Denver, CO | 1-800-852-6159 |
| Los Angeles, CA | 1-800-992-3530 |
| New York, NY | 1-800-991-2520 |
| Philadelphia, PA | 1-866-238-1374 |



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Środowiskowe Badania
Społeczne w Stanach
Zjednoczonych



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census.gov

Co to są Środowiskowe Badania Społeczne w Stanach Zjednoczonych?

Środowiskowe Badania Społeczne w Stanach Zjednoczonych to ankieta przeprowadzana przez Amerykańskie Biuro Spisu Ludności. Dostarcza ona co roku informacji na temat warunków społecznych, ekonomicznych i mieszkaniowych w USA. Poprzednio te dane były dostępne tylko po przeprowadzeniu przez Amerykańskie Biuro Spisu Ludności powszechnego spisu ludności co 10 lat. Pytania w ankiecie dotyczą cech charakterystycznych mieszkańców, takich jak wykształcenie, zatrudnienie i warunki mieszkaniowe.

Do udziału w Środowiskowych Badaniach Społecznych w Stanach Zjednoczonych wybierana jest losowo niewielka próbka adresów, które reprezentują inne adresy na danym terenie. Pod wybrane adresy dostarczany jest kwestionariusz do wypełnienia i odesłania. Jeżeli osoba mieszkająca pod tym adresem nie odeśle kwestionariusza, Biuro Spisu Ludności spróbuje skontaktować się z danym gospodarstwem domowym, aby przeprowadzić badanie telefonicznie lub osobiście.

Czy muszę odpowiadać na pytania ankiety Środowiskowe Badania Społeczne w Stanach Zjednoczonych?

Tak, Zgodnie z prawem, musicie Państwo udzielić odpowiedzi na pytania ankietowe. Udział w ankiecie jest wymagany przez prawo (Kodeks Stanów Zjednoczonych, tytuł 13, art. 141, 193 i 221).

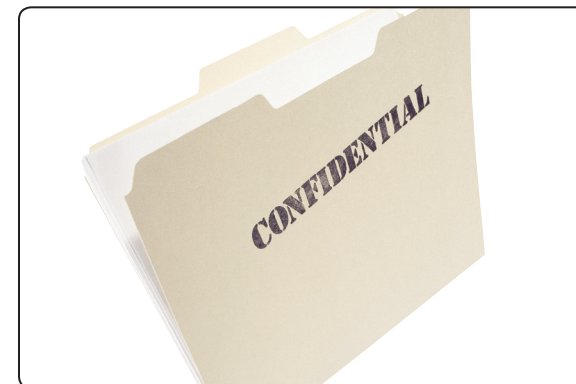


W jaki sposób mój udział pomoże mnie i mojej społeczności?

Miliardy dolarów z funduszy rządowych i prywatnych są przyznawane stanom, miejscowościom i grupom ludności na podstawie informacji o ich warunkach socjalnych, ekonomicznych i mieszkaniowych.

Udzielone przez Państwa informacje pomogą Wam i innym osobom, jak też władzom lokalnym, organizacjom pozarządowym, przedsiębiorstwom i biznesom:

- rozdzielić środki finansowe dla ludności
- poprawić warunki życia, decydując gdzie w danej miejscowości nowe drogi, szkoły i szpitale mogą się najbardziej przydać
- mierzyć zmiany jakości życia dzieci, rodzin i ludzi starszych, aby lepiej planować przyszłe programy
- planować działania lokalne na wypadek sytuacji takich jak np. powodzie, pożary czy inne katastrofy naturalne, co może mieć wpływ na życie Państwa i Waszych sąsiadów.



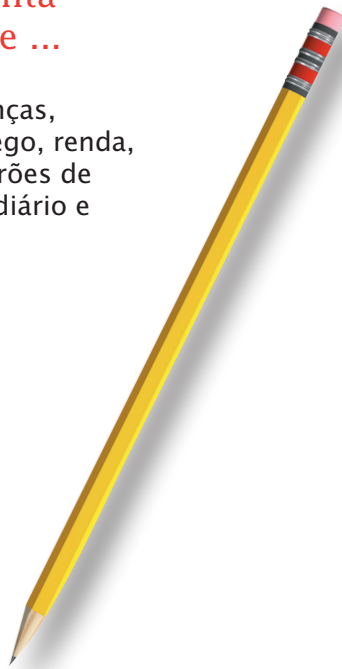
Czy informacje jakich udzielię, są poufne?

Tak. Biuro Spisu Ludności Stanów Zjednoczonych jest zobligowane przepisami prawa do zachowania poufności Państwa danych. Nie możemy publicznie udostępniać Państwa odpowiedzi w żaden sposób, który pozwoliłby na zidentyfikowanie Państwa gospodarstwa domowego. Na mocy ustawy federalnej z 2015 roku o poprawie cyberbezpieczeństwa (Federal Cybersecurity Enhancement Act) Państwa dane są chronione przed zagrożeniami z zakresu cyberbezpieczeństwa za pomocą weryfikacji systemów przesyłających te dane.

Na mocy prawa Biuro Spisu Ludności może wykorzystywać Państwa odpowiedzi wyłącznie do sporządzenia danych statystycznych. Możemy połączyć dane z ankiety z innymi danymi ewentualnie udzielonymi przez Państwa innym agencjom federalnym. Wszystkie inne informacje uzyskane i połączone z tą ankietą podlegają takiej samej ochronie jak dane z tej ankiety. Niektóre gospodarstwa domowe udzielające odpowiedzi na Środowiskowe Badania Społeczne w Stanach Zjednoczonych mogą być poproszone o udział w innych badaniach Biura Spisu Ludności.

Todos os anos,
a Pesquisa às
Comunidades nos
EUA apresenta
dados sobre ...

Educação, crianças,
famílias, emprego, renda,
veteranos, padrões de
deslocamento diário e
habitação.



Como obter mais informações
sobre a Pesquisa às Comunidades
nos EUA

Para obter mais informações sobre a Pesquisa
às Comunidades nos EUA ou para obter os
resultados da Pesquisa, visite o site :
census.gov/acs

Você também pode nos contatar por correio,
pelo seguinte endereço:
American Community Survey
U.S. Census Bureau
4600 Silver Hill Rd.
Washington, DC 20233-7500

Pode também telefonar para os escritórios
regionais do Censo mais perto de você,
conforme listado a seguir:

Escritórios regionais do Censo:

| | |
|-----------------|----------------|
| Atlanta, GA | 1-800-424-6974 |
| Chicago, IL | 1-800-865-6384 |
| Denver, CO | 1-800-852-6159 |
| Los Angeles, CA | 1-800-992-3530 |
| Nova York, NY | 1-800-991-2520 |
| Filadélfia, PA | 1-866-238-1374 |

Pesquisa às
Comunidades nos
EUA



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O que é a Pesquisa às Comunidades nos EUA?

A Pesquisa às Comunidades nos EUA é uma pesquisa realizada pelo U.S. Census Bureau (Censo dos EUA). Todos os anos, essa proporciona informações sobre as características sociais, econômicas e habitacionais dos Estados Unidos. No passado, essas informações só estavam disponíveis quando o Censo realizava um censo da população a cada 10 anos. A Pesquisa às Comunidades nos EUA fará perguntas sobre as características do seu domicílio, inclusive tópicos como educação, emprego e habitação.

Apenas uma pequena amostra de residências é aleatoriamente selecionada para participar da Pesquisa às Comunidades nos EUA, representando assim outras residências na comunidade. Um questionário da pesquisa é enviado para uma residência da amostra para ser preenchido e devolvido. Quando os domicílios não devolvem um questionário, o Censo tenta contatar o mesmo para preencher a pesquisa por telefone ou pessoalmente.

Tenho que responder as perguntas da Pesquisa às Comunidades nos EUA?

Sim, a lei dos Estados Unidos exige que você responda a esta pesquisa (Título 13, Código dos Estados Unidos, Seções 141, 193 e 221).

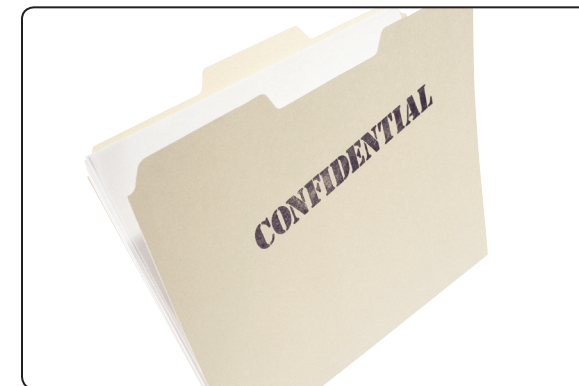


De que forma a minha participação irá ajudar a mim e à minha comunidade?

Bilhões de dólares do governo e das empresas são distribuídos pelos estados, comunidades e grupos populacionais em função das informações sociais, econômicas e habitacionais disponíveis para cada área.

As informações fornecidas ajudarão você e outros indivíduos, governos locais, organizações não governamentais e empresas a:

- distribuir recursos nas comunidades;
- melhorar a sua comunidade, determinando onde novas estradas, escolas e hospitais serão mais úteis na sua cidade;
- avaliar mudanças no bem-estar das crianças, famílias e cidadãos mais idosos para ajudar a planejar futuros programas;
- ajudar as comunidades a planejar ações para situações de emergência que possam afetar você e seus vizinhos, tais como: enchentes, incêndios e outros desastres naturais.



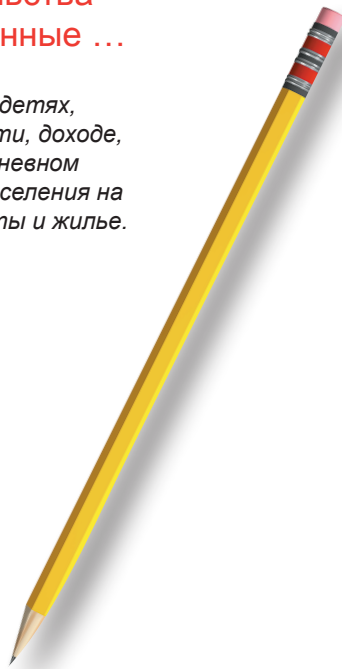
As informações são confidenciais?

Sim. A lei exige que o Censo mantenha suas informações confidenciais. Não temos permissão para divulgar suas respostas de modo a identificar o domicílio. De acordo com a lei Federal Cybersecurity Enhancement Act de 2015, seus dados estão protegidos de riscos cibernéticos pelo rastreamento dos sistemas que os transmitem.

As suas respostas só poderão ser utilizadas para fins estatísticos. Poderemos combinar os dados da sua pesquisa com os dados que você possa ter informado a outras agências federais. Quaisquer informações combinadas serão tratadas com a mesma proteção que as informações coletadas pela pesquisa. Alguns domicílios que responderem à Pesquisa às Comunidades nos EUA poderão ser solicitados a participar de outras pesquisas do Censo.

Ежегодно
Анкетирование
населения США по
месту жительства
дает нам данные ...

*Об образовании, детях,
семьях, занятости, доходе,
ветеранах, ежедневном
передвижении населения на
работу и с работы и жилье.*



Как можно получить дополнительную
информацию об Анкетировании
насе-
ния США по месту жительства?

Чтобы получить дополнительную информацию
об Анкетировании населения США по месту
жительства или результаты самого анкетирования,
можно подключиться к Интернету по адресу:
census.gov/acs

Вы можете также написать нам по следующему
адресу:

American Community Survey
U.S. Census Bureau
4600 Silver Hill Rd.
Washington, DC 20233-7500

Можно также позвонить по телефону в ближайший
региональный офис Бюро переписи населения
США по указанному ниже номеру:

Региональные офисы Бюро
переписи населения:

| | |
|------------------|----------------|
| Atlanta, GA | 1-800-424-6974 |
| Chicago, IL | 1-800-865-6384 |
| Denver, CO | 1-800-852-6159 |
| Los Angeles, CA | 1-800-992-3530 |
| New York, NY | 1-800-991-2520 |
| Philadelphia, PA | 1-866-238-1374 |

Анкетирование
населения США по
месту жительства



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U.S. CENSUS BUREAU
census.gov

Что представляет собой анкетирование населения США по месту жительства?

Бюро переписи населения США проводит анкетирование населения США по месту жительства. Ежегодно по результатам этого исследования получают сведения о социальных, экономических и жилищных условиях в Соединенных Штатах. Ранее эту информацию можно было получить только раз в десять лет во время переписи населения. Анкетирование населения США по месту жительства включает в себя вопросы об образовании, занятости и условиях жизни, касающиеся Вас и проживающих с Вами лиц.

Для участия в Анкетировании населения США по месту жительства выбрано наугад лишь небольшое количество адресов, которые представляют и другие домохозяйства данного района. По данному адресу будет послана анкета, которую необходимо заполнить и отослать обратно. Если представители данного домохозяйства не вернут заполненную анкету, представитель Бюро переписи населения США постарается связаться с ними, чтобы завершить анкетирование по телефону или лично.

Должен ли я отвечать на вопросы, содержащиеся в анкетировании населения США по месту жительства?

Да, закон требует, чтобы Вы ответили на эти вопросы (Часть 13, Кодекс Соединенных Штатов, разделы 141, 193 и 221).

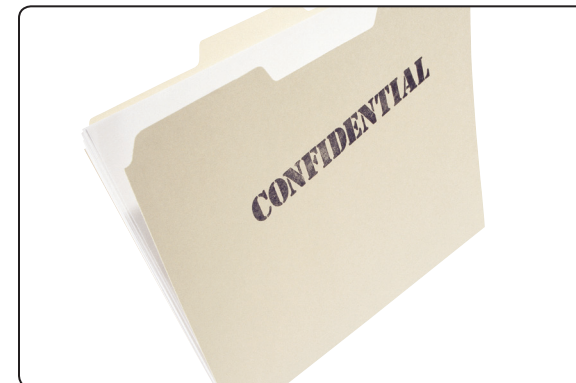


Как мое участие поможет мне и моему району?

На основе информации о социальных, экономических и жилищных условиях в данной местности миллиарды долларов правительственных и частных средств распределяются между различными штатами, районами и группами населения.

Предоставленные Вами сведения помогут Вам и другим лицам, местным властям, неправительственным организациям и деловым предприятиям:

- Распределить средства между районами проживания жителей США.
- Улучшить условия жизни Вашего района путем принятия решений о том, где в Вашем населенном пункте необходимо построить новые шоссе, дороги, школы и больницы с тем, чтобы они принесли наибольшую пользу.
- Определить, насколько изменилось благосостояние детей, семей и пожилых граждан с тем, чтобы спланировать дальнейшие программы.
- Помочь местным властям и жителям в разработке планов действий на случай чрезвычайных ситуаций, таких как наводнения, пожары и другие стихийные бедствия, которые могут затронуть Вас или Ваших соседей.



Является ли предоставленная мною информация конфиденциальной?

Да. Закон обязывает Бюро переписи населения США сохранять конфиденциальность предоставленной Вами информации. Бюро переписи населения не имеет права разглашать какую-либо информацию, из которой можно получить сведения о Вашей семье. В соответствии с Федеральным законом об усилении кибербезопасности от 2015 года, Ваши данные защищены от рисков нарушения кибербезопасности посредством введения специальных мер защиты систем, используемых для передачи данных.

Согласно закону, предоставленные Вами сведения будут использованы исключительно в статистических целях. Данные, полученные в результате этого исследования, могут быть скомбинированы с данными, которые Вы, возможно, предоставили в другие государственные учреждения. Вся сводная информация охраняется так же, как и информация, полученная в результате данного исследования. Кроме того, к некоторым домохозяйствам, принявшим участие в анкетировании населения США по месту жительства, могут обратиться с просьбой об участии в других исследованиях, проводимых Бюро переписи населения.

Bản Khảo Sát Cộng Đồng Mỹ Mang Đến Cho Quý Vị Các Số Liệu Hàng Năm Ve. . .

Giáo dục, trẻ em, gia đình,
việc làm, lợi tức, cựu chiến
binh, cách thức đi lại, và
gia cư.



Cách lấy thông tin về cuộc Kiểm kê Dân Số Hoa Kỳ

Muốn biết thêm thông tin về bản Khảo Sát Cộng
Đồng Mỹ hay lấy kết quả cuộc khảo sát, quý vị
nên viếng thăm mạng lưới của chúng tôi tại:
census.gov/acs

Quý vị cũng có thể gửi thư cho chúng tôi tại địa
chỉ sau đây:
American Community Survey
U.S. Census Bureau
4600 Silver Hill Rd.
Washington, DC 20233-7500

Quý vị có thể gọi điện thoại cho Văn Phòng Khu
Vực của Phòng Kiểm Tra Dân Số gần nhất nêu
dưới đây:

Văn Phòng Khu Vực của Phòng Kiểm Tra Dân Số:

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| Atlanta, GA | 1-800-424-6974 |
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Bản Khảo Sát Cộng Đồng Mỹ



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Khảo Sát Cộng Đồng Mỹ là gì?

Khảo Sát Cộng Đồng Mỹ là cuộc khảo sát do Văn Phòng Kiểm Tra Dân Số Hoa Kỳ thực hiện để cung cấp thông tin hàng năm về các đặc điểm xã hội, kinh tế, và gia cư của Hoa Kỳ. Trước đây, thông tin này chỉ có khi Văn Phòng Kiểm Tra Dân Số Hoa Kỳ tiến hành việc kiểm tra dân số mười năm một lần. Bản Khảo Sát Cộng Đồng Mỹ sẽ hỏi về đặc tính của gia hộ quý vị gồm các đề tài chẳng hạn như học vấn, việc làm và gia cư.

Chỉ có một số nhỏ địa chỉ mẫu được chọn ngẫu nhiên để tham gia vào bản Khảo Sát Cộng Đồng Mỹ và những địa chỉ này tiêu biểu cho các địa chỉ khác trong cộng đồng. Một bản câu hỏi khảo sát được gửi đến địa chỉ mẫu để điền vào và gửi trả lại. Khi các gia đình không gửi trả lại bản câu hỏi, Văn Phòng Kiểm Tra Dân Số sẽ cố gắng liên lạc với gia đình nhằm hoàn tất việc khảo sát qua điện thoại hay đến gặp tận mặt quý vị.

Có cần phải trả lời câu hỏi trên bản Khảo Sát Cộng Đồng Mỹ không?

Có, trả lời câu hỏi trên bản khảo sát là đòi hỏi của luật pháp (Tựa Đề 13, Quy Luật Hoa Kỳ, Đoạn 141, 193, và 211).

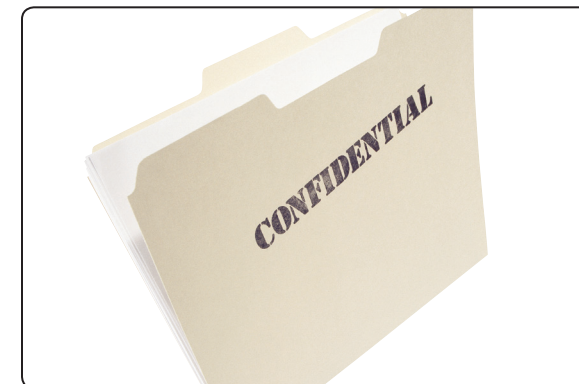


Việc tham gia của tôi sẽ giúp tôi và cộng đồng như thế nào?

Hàng tỉ Mỹ kim của chánh phủ và doanh nghiệp được phân phát cho tiểu bang, cộng đồng, và nhóm dân số dựa theo thông tin về xã hội, kinh tế, và gia cư có trong khu vực đó.

Thông tin mà quý vị cung cấp sẽ giúp quý vị và những người khác, chánh quyền địa phương, các tổ chức phi chánh phủ, và các doanh nghiệp:

- Phân phối tài nguyên cho cộng đồng.
- Cải tiến cộng đồng bằng cách chọn nơi nào xây dựng xa lộ, trường học, và bệnh viện mới trong thành phố là tốt nhất.
- Đánh giá các thay đổi về sức khỏe của trẻ em, gia đình, và các lão niên nhằm giúp hoạch định các chương trình trong tương lai.
- Giúp cộng đồng hoạch định cho các trường hợp khẩn cấp có thể ảnh hưởng tới quý vị hay người láng giềng, như lũ lụt, hỏa hoạn, và các thiên tai khác.



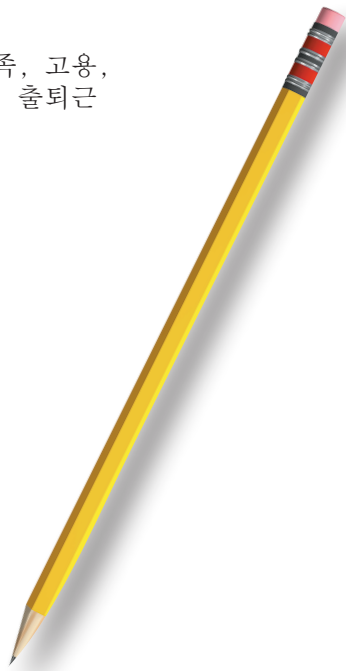
Thông tin cung cấp có được giữ kín không?

Có. Cục Thống Kê Dân Số Hoa Kỳ được pháp luật yêu cầu bảo mật thông tin của quý vị. Chúng tôi không được phép công bố công khai các phản hồi của quý vị theo cách có thể nhận diện gia đình quý vị. Theo Đạo luật Tăng cường An ninh Mạng Liên bang năm 2015, dữ liệu của quý vị được bảo vệ khỏi các rủi ro an ninh mạng thông qua sàng lọc các hệ thống truyền đi dữ liệu của quý vị.

Theo luật, Cục Thống kê Dân số chỉ được sử dụng các phản hồi của quý vị để tạo ra các số liệu thống kê. Chúng tôi có thể kết hợp dữ liệu khảo sát của quý vị với dữ liệu mà trước đây quý vị có thể đã cung cấp cho cơ quan liên bang khác. Bất cứ thông tin phối hợp nào cũng được bảo vệ giống như là thông tin về khảo sát. Vài gia hộ tham gia vào cuộc Khảo Sát Cộng Đồng Mỹ có thể được yêu cầu tham gia vào các cuộc kiểm tra dân số khác.

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또한 다음 주소를 이용, 우편으로 저희에게
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아래에 있는 인구조사국 지방 사무소 중
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미국 지역사회 조사란 무엇입니까?

미국 지역사회 조사는 미국 인구조사국에서 실시하는 조사입니다. 본 조사는 매년 미국의 사회, 경제 및 주택 특성에 관한 정보를 제공하게 됩니다. 종전에는 미국 인구조사국이 10년마다 한번씩 인구조사를 실시한 때에만 이 정보가 제공되었습니다. 미국 지역사회 조사는 귀 가구의 특성, 즉, 교육, 고용 및 주택과 같은 문제에 대해 질문을 합니다.

단지 소수의 주소들만 미국 지역사회 조사에 참여할 표본으로 무작위 추출되며 이들은 지역사회 내의 다른 주소들을 대표 하게 됩니다. 조사 설문지가 표본주소로 전달되면, 해당 가구는 이를 작성하여 우편으로 다시 보내게 됩니다. 어느 가구 에서 설문지를 우편으로 제출하지 않는 경우, 인구조사국은 설문을 작성하기 위해 해당 가구에 전화를 하거나 방문을 통해 연락을 드립니다.

미국 지역사회 조사에 있는 질문에 대해 답해야 합니까?

그렇습니다. 귀하의 조사 참여는 미국 법(미 연방법 Title 13의 Section 141, 193, 221)에 의거한 것으로, 조사에 응해 주시기를 부탁드립니다.



나의 참여가 나와 나의 지역사회에 어떻게 도움이 됩니까?

수십억 달러의 정부 및 기업 자금이 해당 지역에 관한 사회, 경제 및 주택 정보를 바탕으로 주, 지역사회 및 인구 집단 간에 분배됩니다.

귀하가 제공하시는 정보는 귀하와 다른 개인, 지방 정부, 비정부 기구 및 사업체들이 다음과 같은 일을 하는 데 도움이 될 것입니다.

- 자원을 지역사회에 배분하는 데 도움.
- 귀하가 거주하는 도시 내의 어느 지역에 고속도로, 학교 및 병원을 신설하면 가장 유익할지를 결정함으로써 지역사회를 개선.
- 미래의 계획 수립에 도움이 되도록 하기 위해 어린이, 가족 및 연장자들의 복지에 관련된 변화 측정.
- 지역사회가 홍수, 화재 및 기타 자연 재해와 같이 귀하나 귀하의 이웃에 영향을 미칠 수 있는 비상 사태에 대비한 계획을 세우도록 지원.



내가 제공하는 정보는 비밀이 보장됩니까?

그렇습니다. 미국 인구조사국은 법률에 의거하여 귀하의 정보를 비밀로 유지해야 합니다. 인구조사국은 귀 가구의 신원을 확인할 수 있는 방식으로 귀하의 응답을 공개적으로 발표해서는 안 됩니다. 2015년에 도입된 연방 사이버보안 강화법에 따라, 귀하의 자료는 자료를 전송하는 시스템을 걸러냄으로써 사이버 보안 위협으로부터 보호됩니다.

법률에 따라, 인구조사국은 귀하의 응답을 통계 작성용으로만 사용할 수 있습니다. 귀하가 이전에 다른 연방정부 기관 조사에 참여하신 적이 있으실 경우, 귀하의 응답은 이전에 제공하신 정보와 함께 사용될 수도 있습니다. 그러나 이 역시 동일한 법적인 보호를 받습니다. 조사에 응답하시는 일부 가구들은 인구조사국의 다른 조사에 참여하시도록 요청을 받을 수도 있습니다.

استبيان المجتمعات المحلية في الولايات المتحدة الأمريكية



كيفية الحصول على مزيد من المعلومات حول دراسة المجتمع الأمريكي

للمزيد من المعلومات عن دراسة المجتمع الأمريكي أو للحصول على نتائج الدراسة، نوصيك بزيارة موقعنا على الإنترنت: census.gov/acs

كما يمكن مراسلتنا بالبريد العادي على العنوان التالي:

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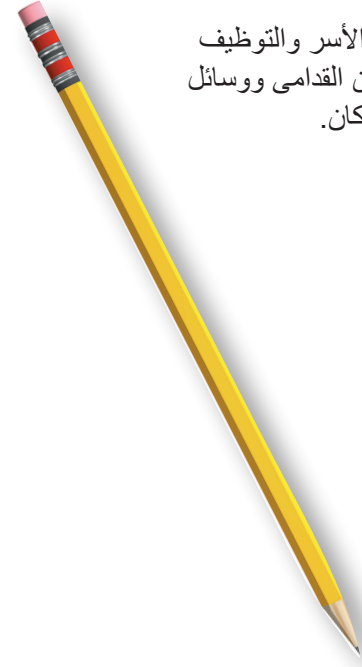
ويمكن الاتصال بأقرب فرع إقليمي لمكتب الإحصاء كما هو موضح أدناه:

المكاتب الإقليمية التابعة لمكتب الإحصاء:

| | |
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| Los Angeles, CA | 1-800-992-3530 |
| New York, NY | 1-800-991-2520 |
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استبيان المجتمعات المحلية في الولايات المتحدة الأمريكية يأتيكم بالبيانات كل عام عن ...

التعليم والأطفال والأسر والتوظيف
والدخل والمحاربين القدامى ووسائل
المواصلات والإسكان.

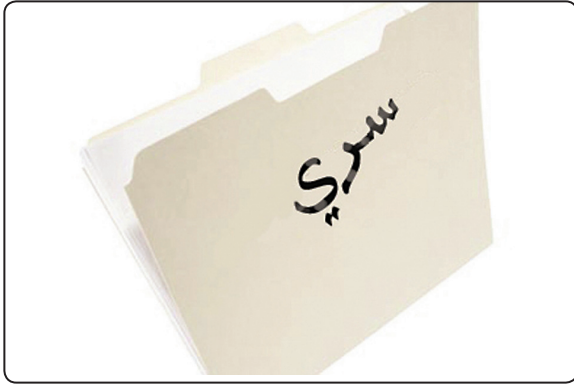


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هل المعلومات التي أقدمها سرية؟

نعم. يلزم القانون مكتب الإحصاء الأمريكي بأن يحافظ على معلوماتك السرية. وغير مسموح لنا بنشر إجاباتك بشكل عام بطريقة من شأنها أن تحدد هوية أسرتك. وتتم حماية البيانات ضد هجمات الأمن الإلكتروني من خلال مراقبة الأنظمة التي تنقل بياناتك وذلك وفق قانون تعزيز الأمن الإلكتروني الفيديري لعام ٢٠١٥.

وحسب القانون، يمكن لمكتب الإحصاء استخدام إجاباتك لإنتاج الإحصائيات فقط. وقد نجمع بيانات الدراسة التي قدمتها مع البيانات التي قد تكون قدمتها إلى الوكالات الفيدرالية الأخرى. وتحصل أي معلومات مجمعة على نفس أوجه حماية معلومات الدراسة الخاصة بك. وقد يُطلب من بعض الأسر التي تستجيب إلى دراسة المجتمع الأمريكي المشاركة في دراسات أخرى تابعة لمكتب الإحصاء.



كيف تسهم مشاركتي في مساعدتي ومساعدة مجتمعي؟

توزع الحكومة الفيدرالية والشركات التجارية مليارات الدولارات بين الولايات والمجتمعات والتجمعات السكانية بناء على المعلومات الاجتماعية والاقتصادية والإسكانية المتوفرة لتلك المناطق.

إن المعلومات التي تقدمها تساعدك وتساعد الأفراد الآخرين والحكومات المحلية والمؤسسات الأهلية وشركات الأعمال على:

- المساعدة في توزيع الموارد على المجتمعات.
- تحسين مجتمعك بتحديد أماكن المنشآت الجديدة من طرق سريعة ومدارس ومستشفيات، لكي تجني المدينة أقصى فائدة من خلالها.
- قياس التغيرات في مستوى رفاهية الأطفال والأسر وكبار السن، للمساعدة في التخطيط للبرامج المستقبلية.
- مساعدة المجتمعات في التخطيط لحالات الطوارئ التي قد تؤثر عليك أو على جيرانك، كالفيضانات والحرائق وغيرها من الكوارث الطبيعية.

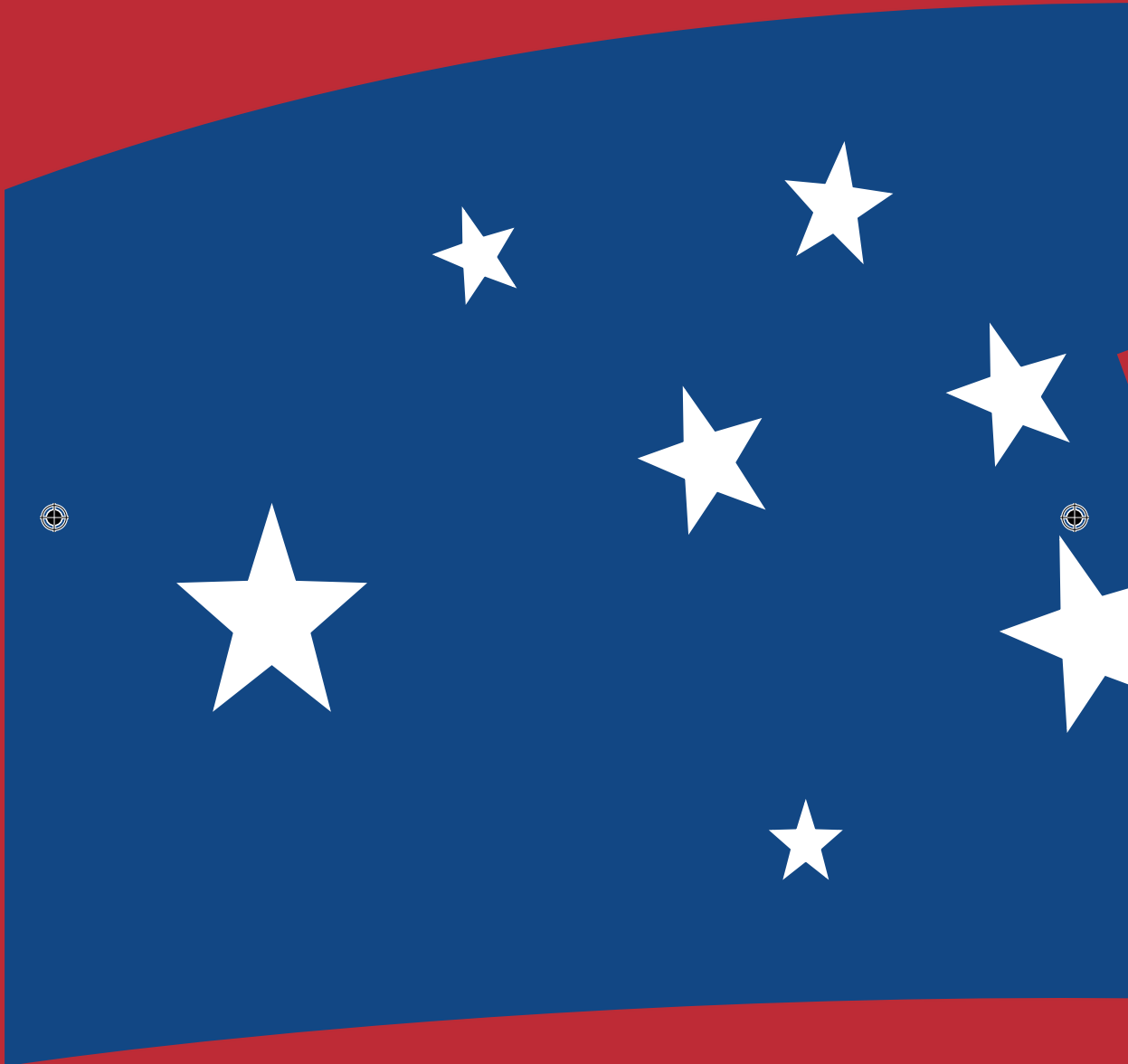
ما هو استبيان المجتمعات المحلية في الولايات المتحدة الأمريكية؟

يمثل استبيان المجتمعات المحلية في الولايات المتحدة الأمريكية استبياناً يجريه مكتب الإحصاء الأمريكي. ويقدم المعلومات كل عام عن الخصائص الاجتماعية والاقتصادية والمتعلقة بالإسكان في الولايات المتحدة. وفيما سبق، لم تكن تتوفر هذه المعلومات إلا عندما كان يجري مكتب الإحصاء الأمريكي عملية التعداد السكاني كل ١٠ سنوات. وستطرح دراسة المجتمع الأمريكي عليك أسئلة حول خصائص أسرتك، ومنها بعض المواضيع مثل التعليم والتوظيف والإسكان.

يتم اختيار عينة صغيرة من العناوين عشوائياً للمشاركة في استبيان المجتمعات المحلية في الولايات المتحدة الأمريكية، لكي تمثل العناوين الأخرى في ذلك التجمع. وتصل أسئلة الدراسة إلى أحد عناوين العينة لإكمالها وإعادتها ثانية بالبريد العادي. وفي حالة عدم إعادة الأسرة للدراسة بالبريد العادي، يحاول مكتب الإحصاء الاتصال بتلك الأسرة لإكمال الدراسة بالهاتف أو شخصياً.

هل يجب عليّ الإجابة على أسئلة استبيان المجتمعات المحلية في الولايات المتحدة الأمريكية

نعم، فاستجابتك على هذه الدراسة إلزامية بموجب القانون (المادة ١٣ من قانون الولايات المتحدة، الفقرات ١٤١ و١٩٣ و٢٢١).



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Questions and Answers



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AMERICAN COMMUNITY SURVEY

census.gov/acs



What is the American Community Survey?

The American Community Survey is a survey conducted by the U.S. Census Bureau in every county, American Indian and Alaska Native Area, and Hawaiian Home Land.

The American Community Survey provides critical economic, social, demographic, and housing information to this country's communities every year. Communities tell us the American Community Survey helps them make informed decisions and is a key to their future.

I have not heard of the American Community Survey. How long have you been conducting it?

The American Community Survey began in 1996 in a sample of counties across the country. Today the survey is conducted in all U.S. counties and in Puerto Rico, where it is called the Puerto Rico Community Survey.





How are the answers that I provide to the American Community Survey used?

The questions on the American Community Survey are required to collect data needed to manage or evaluate government programs. These questions are essentially the same questions that have been asked as part of the decennial census.

- *Income* information makes it possible to compare the economic levels of different areas. Many federal and state programs use such data to distribute funds for community development.
- Your answers to the questions on *journey to work* are used by the U.S. Department of Transportation to plan highway improvements, develop public transportation services, and design programs to ease traffic problems.
- Information about *age* is used in federal programs to target funds or services to children,

working-age adults, or the elderly.

- Responses to questions about *income and housing* are summarized and used by the U.S. Department of Housing and Urban Development to assess the need for housing assistance for elderly, handicapped, and low-income homeowners.
- Information about *race, Hispanic origin, and language spoken at home* is used to determine bilingual election requirements under the Voting Rights Act and the monitoring of equal employment opportunities under the Civil Rights Act. Race and Hispanic origin (or ethnicity) are considered distinct concepts and, therefore, require separate questions.
- Information about *military service* is used primarily by the U.S. Department of Veterans Affairs to measure





the needs of veterans and to evaluate veterans' programs dealing with education, employment, and health care.

How do I benefit by answering the American Community Survey?

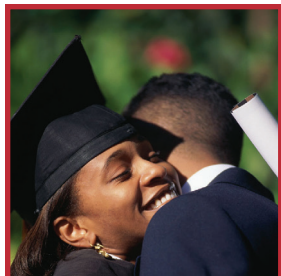
Federal agencies, states, and communities say that they do not have the up-to-date information they need to better understand community issues, respond to needs, and allocate programs and resources. As one community leader said, "Guessing is always fun, but seldom effective."

By responding to the American Community Survey questionnaire, you are helping your community establish community goals, identify community problems and solutions, locate facilities and programs, and measure the performance of programs.

The American Community Survey data are used by:

- *Local governments* for budgeting, evaluating programs, and planning for community development projects.
- *Community programs*, such as those for the elderly, scout programs, libraries, banks, hospitals, and other community organizations, to provide services to the community and to locate buildings, services, and programs.
- *Transportation planners*, using journey-to-work information, to plan for peak volumes of traffic in order to reduce traffic congestion, plan for parking, and develop strategies, such as carpooling programs and flexible work schedules. Decisions are made to build new roads or add capacity to existing roads, and to develop transit systems, such as light rail or subways, by projecting future needs.





Do I have to answer the questions on the American Community Survey?

Yes. Your response to this survey is required by law (Title 13, United States Code, Sections 141, 193, and 221). The same law protects the confidentiality of the information that you provide.

Do I have to answer these questions every year?

No. Only a small sample of addresses is selected to participate in the American Community Survey. An address may only be selected for the sample once every 5 years. These addresses are selected at random and represent other addresses in the community. That is why it is so important that every sampled household respond.

Do I have to answer the survey if I am staying at this address temporarily?

Yes. If you are staying at the address for more than 2 months, you must complete the entire survey. If you are staying for 2 months or less, you must still complete a portion of the survey, according to the instructions.

A Census Bureau representative can assist you. This information helps communities plan as the population changes at different times of the year.

Are my survey answers confidential?

Yes. The U.S. Census Bureau is required by law to keep your information confidential. We are not permitted to publicly release your responses in a way that could identify this household. Per the Cybersecurity Enhancement Act of 2015, your data is protected from cybersecurity risks through screening of





the systems that transmit your data. By law, the Census Bureau can only use your responses to product statistics.

How can I see the results of the survey?

This information is published on the Census Bureau's American FactFinder® Web site at factfinder.census.gov

The data are provided in several formats for everyone from beginners (who may just want to look at the data) to experienced researchers.

American FactFinder® provides tables that:

- provide an overview of the data quickly,
- compare data for different places, and
- provide more extensive data for more detailed research.

I am elderly, disabled, or otherwise unable to complete the American Community Survey questionnaire. What do I do?

You may designate another person to help you, or a Census Bureau representative may call you or may come to your house and assist you in completing the survey. Respondents may call 1-800-354-7271 for assistance.

To produce the most accurate results, it is very important that every household selected for the survey participate.





census.gov/acs

AMERICAN COMMUNITY SURVEY



How can I get additional information about the American Community Survey?

There are several ways to obtain information about the American Community Survey:

For detailed information, we encourage you to visit our Web site at:

census.gov/acs

or call the Census Bureau's Regional Office nearest to you as listed below:

Census Bureau Regional Offices

Atlanta, GA
1-800-424-6974

Chicago, IL
1-800-865-6384

Denver, CO
1-800-852-6159

Los Angeles, CA
1-800-992-3530

New York, NY
1-800-991-2520

Philadelphia, PA
1-866-238-1374





AMERICAN COMMUNITY SURVEY

census.gov/acs



For questions about the American Community Survey data or how to view survey results, call our Customer Services line at:

301-763-INFO (4636)

1-888-346-9682

You may also contact us by e-mail

ask.census.gov

or

via U.S. mail at:

**American Community Survey
U.S. Census Bureau
4600 Silver Hill Rd.
Washington, DC
20233-7500**





AMERICAN COMMUNITY SURVEY

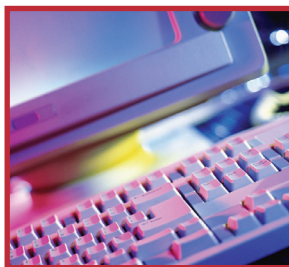
U.S. CENSUS BUREAU



E-mail: ask.census.gov

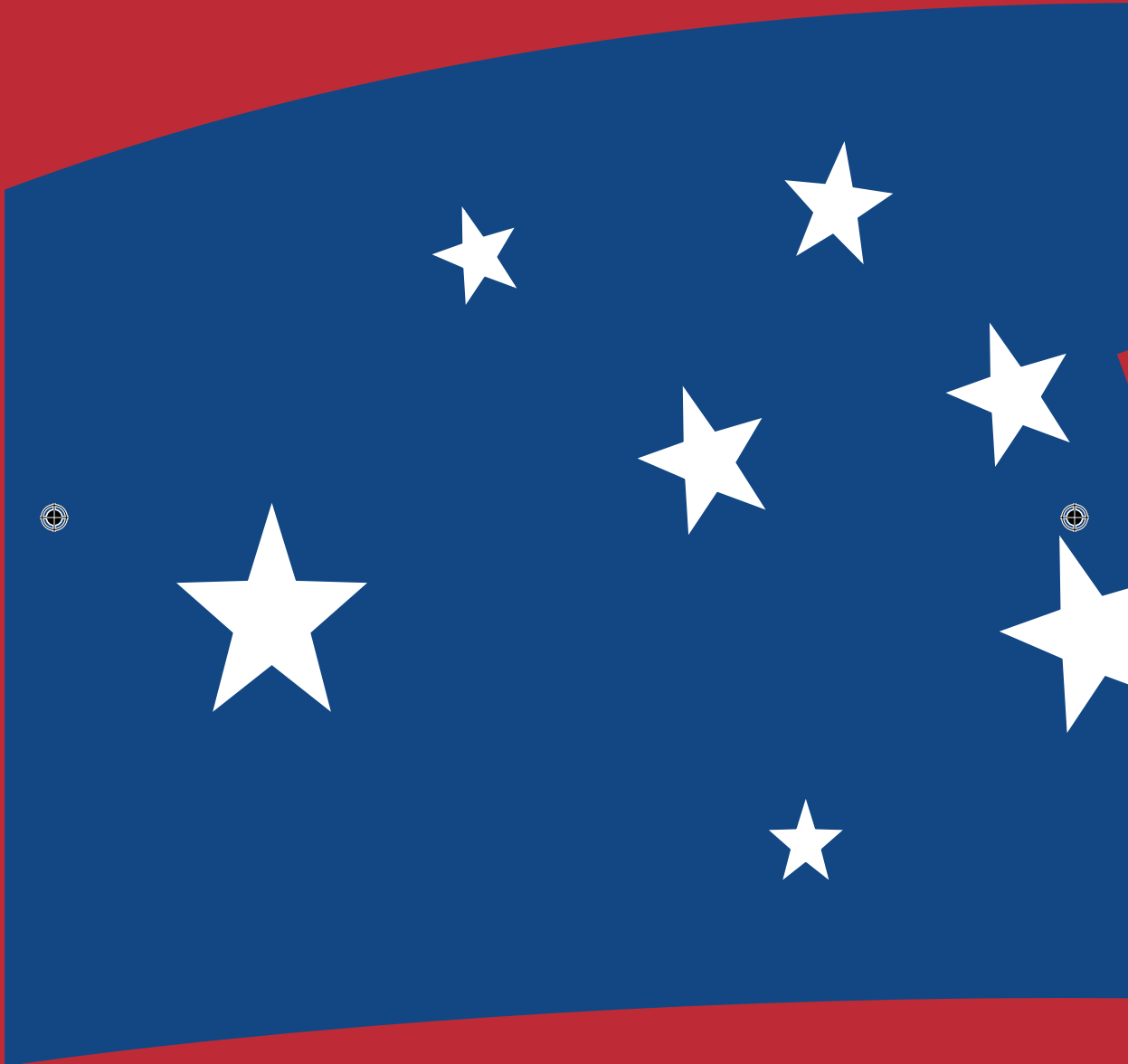


Phone: 1-888-346-9682



Internet: census.gov/acs





ACS-51(HU)(Spanish)
Issued January 2018





Preguntas y respuestas

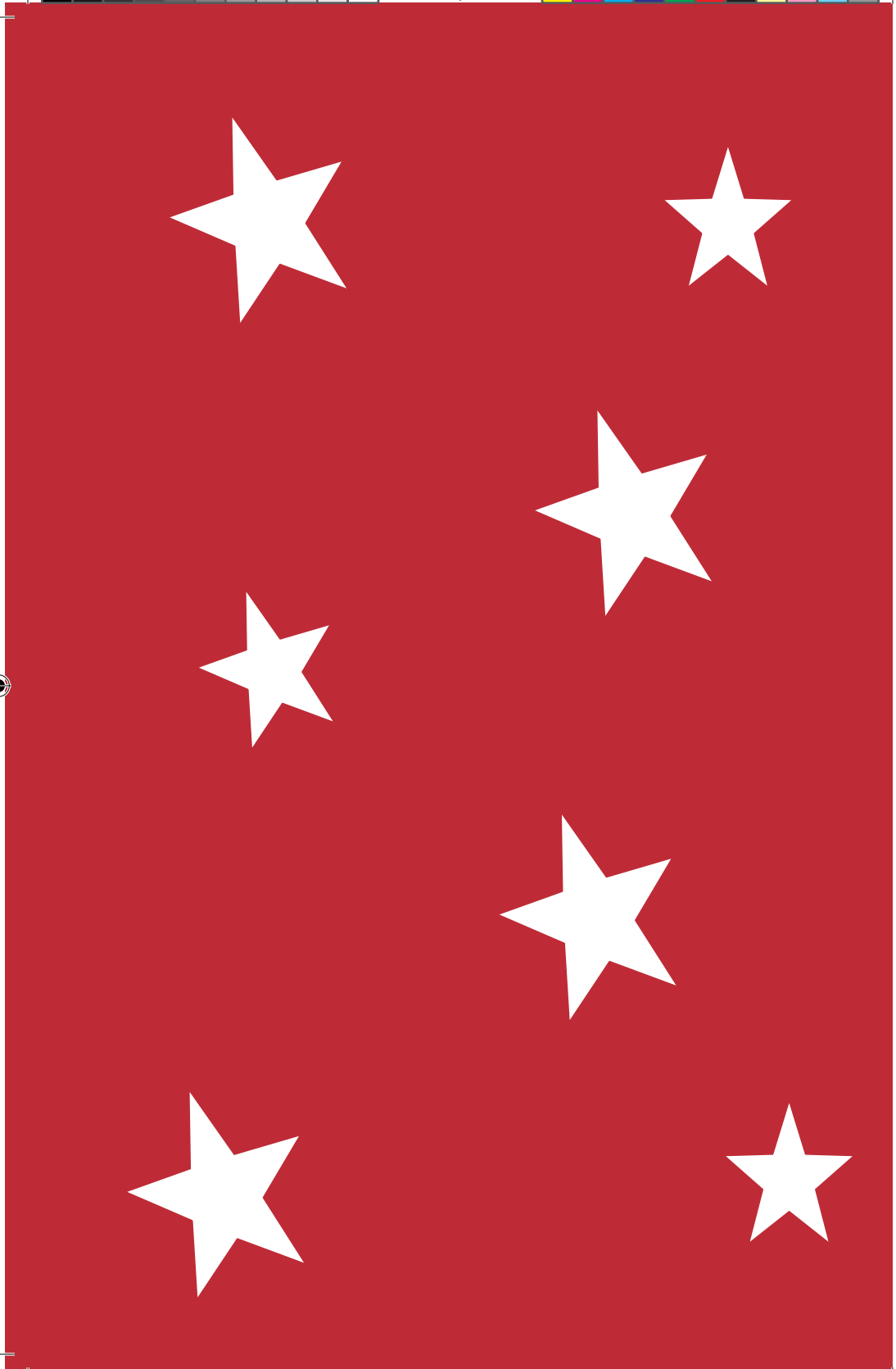
Encuesta sobre
la Comunidad
Estadounidense



United States™
Census
Bureau

U.S. Department of Commerce
Economics and Statistics Administration
U.S. CENSUS BUREAU
census.gov







¿Qué es la Encuesta sobre la Comunidad Estadounidense?

La Encuesta sobre la Comunidad Estadounidense es una encuesta que la Oficina del Censo realiza en cada condado, Área Indígena Norteamericana y Nativa de Alaska así como Territorio Autónomo Hawaiano.

La encuesta sobre la Comunidad Estadounidense provee importante información económica, social, de población y de vivienda a las comunidades de este país cada año. Las comunidades nos indican que la Encuesta sobre la Comunidad Estadounidense les ayuda a obtener la información necesaria para tomar decisiones fundamentadas y es clave para el futuro.

No había oído de la Encuesta sobre la Comunidad Estadounidense. ¿Cuánto tiempo llevan realizándola?

La Encuesta sobre la Comunidad Estadounidense comenzó en 1996 con una muestra de condados a través de todo el país. En la actualidad, la encuesta se realiza en todos los condados de Estados Unidos.





census.gov/acs

ENCUESTA SOBRE LA COMUNIDAD ESTADOUNIDENSE



¿Cómo se usarán mis respuestas proporcionadas a la Encuesta sobre la Comunidad Estadounidense?

Se requiere que las preguntas de la Encuesta sobre la Comunidad Estadounidense obtengan los datos necesarios para administrar o evaluar programas del gobierno. Dichas preguntas son esencialmente las mismas que se han hecho como parte del censo decenal.

- La información sobre *ingresos* hace posible la comparación de los niveles económicos de las distintas regiones del país. Muchos programas federales y estatales usan esos datos para asignar fondos de desarrollo comunitario.
- El Departamento de Transporte de los Estados Unidos usa sus respuestas a las preguntas relacionadas con *viajes al trabajo* para planificar mejoras a las autopistas y carreteras, desarrollar servicios de transporte público y diseñar programas para aliviar los problemas de tráfico.
- La información relacionada con *la edad* se usa en programas federales para dirigir la asignación de fondos o servicios para niños, adultos de edad laboral o ancianos.
- Las respuestas a las preguntas sobre *ingresos y vivienda* son resumidas y utilizadas por el Departamento de la Vivienda y Desarrollo Urbano de Estados Unidos para evaluar las necesidades de asistencia relacionada con la vivienda para ancianos, personas discapacitadas y dueños de viviendas de bajos recursos.
- La información relacionada con *la raza, el origen hispano y el idioma hablado en casa* se utiliza para determinar los requisitos de papeletas de elección bilingües en conformidad con la Ley de Derecho al Voto, así como la supervisión de la igualdad de oportunidades de empleo en conformidad con la Ley de Derechos Civiles. La raza y el origen (o el grupo étnico) hispano se consideran conceptos distintos y, por lo tanto, requieren preguntas independientes.
- El Departamento de Asuntos de Veteranos utiliza principalmente la información relacionada con *el servicio militar* para medir las necesidades de los veteranos y evaluar los programas para veteranos relacionados con educación, empleo y atención médica.





¿Cómo me beneficio al responder a la Encuesta sobre la Comunidad Estadounidense?

Las agencias federales, los estados y las comunidades nos indican que no tienen la información actualizada que necesitan para comprender mejor los asuntos relacionados con la comunidad, responder a sus necesidades y asignar programas y recursos. Como expresó un líder de la comunidad, "Adivinar siempre es divertido, pero casi nunca eficaz".

Al responder al cuestionario de la Encuesta sobre la Comunidad Estadounidense, usted ayudará a su comunidad a establecer sus metas, identificar sus problemas y soluciones, designar lugares para instalaciones y programas, así como a medir el desempeño de dichos programas.

Los datos obtenidos por la Encuesta sobre la Comunidad Estadounidense son utilizados por:

- **Gobiernos locales** para crear presupuestos, evaluar programas y planificar proyectos de desarrollo comunitario.
- **Programas comunitarios**, como los destinados a ancianos, programas de niños exploradores, bibliotecas, bancos, hospitales y otras organizaciones comunitarias para brindar servicios a ésta y designar

lugares para la construcción de edificios, la prestación de servicios y programas.

- **Planificadores de transporte** que utilizan la información sobre viajes al trabajo para hacer planes relacionados con volúmenes de tráfico durante horas pico con el fin de reducir la congestión de tránsito, planificar espacios de estacionamiento y desarrollar estrategias, como programas de viajes compartidos y horarios de trabajo flexibles. Mediante el cálculo de necesidades futuras, se toman decisiones de construir carreteras nuevas o ampliar las ya existentes, y de desarrollar sistemas de tránsito en masa como trenes ligeros y subterráneos.

¿Tengo que responder a las preguntas de la Encuesta sobre la Comunidad Estadounidense?

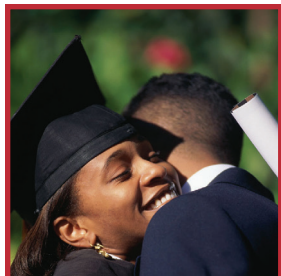
Así es. Si su domicilio resulta seleccionado, usted está obligado por ley a responder a esta encuesta (Título 13, Código de los Estados Unidos, Secciones 141, 193 y 221). La misma ley protege el carácter confidencial de la información que usted proporcione.





census.gov/acs

ENCUESTA SOBRE LA COMUNIDAD ESTADOUNIDENSE



¿Tengo que responder a estas preguntas todos los años?

No. Se selecciona únicamente una pequeña muestra de direcciones para participar en la Encuesta sobre la Comunidad Estadounidense. Es posible que una dirección de domicilio se seleccione para la muestra una vez cada 5 años. Las direcciones de domicilio se seleccionan de manera al azar y representan a otras dentro de la comunidad. Por eso es tan importante que responda cada hogar de la muestra.

¿Tengo que responder a la encuesta si vivo en este domicilio temporalmente?

Así es. Si vivirá en este domicilio por más de 2 meses tiene que completar la encuesta completa. Si vivirá allí por 2 meses o menos, aún tendrá que completar una porción de la encuesta según las instrucciones. Un representante de la Oficina del Censo podrá ayudarle. Esta información ayuda a las comunidades a planificar, a medida que la población cambia durante distintas épocas del año.

¿Son confidenciales mis respuestas a la encuesta?

Así es. La Oficina del Censo está obligada por ley a mantener confidencial su información. A nosotros no se nos permite divulgar sus respuestas de manera que este hogar pudiera ser identificado. En conformidad con la Ley para el Fortalecimiento de la Seguridad Cibernética Federal del 2015, sus datos están protegidos contra los riesgos de seguridad cibernética mediante los controles aplicados a los sistemas que transmiten su información. Por ley, la Oficina del Censo puede usar sus respuestas solo para producir estadísticas.

¿Cómo puedo ver los resultados de la encuesta?

La información se publica en el sitio de Internet American FactFinder® (un buscador de datos sobre los Estados Unidos) de la Oficina del Censo en factfinder.census.gov

Los datos se proveen en varios formatos, desde información para principiantes (es decir, personas que sólo desean ver la información) hasta para investigadores experimentados.





American FactFinder® provee tablas que:

- muestran una reseña general y rápida de los datos,
- comparan los datos de distintos lugares, y
- proveen información más a fondo para realizar investigaciones más detalladas.

¿Puede ver la policía o alguna agencia reglamentaria mis respuestas a la encuesta?

No. La Oficina del Censo protege el carácter privado de su información. La policía no puede verla; y ningún tribunal de ley tampoco. Nadie puede ver ni usar sus respuestas específicas para hacer cumplir ningún tipo de ley.

Si algún empleado de la Oficina del Censo violara estas disposiciones, quedaría sujeto a rigurosas sanciones penales impuestas por el Congreso – hasta 5 años de encarcelamiento y/o una multa de hasta \$250,000 (Título 13 del Código de los Estados Unidos, Sección 214, según enmendada por el Título 18 del Código de Estados Unidos, Secciones 3559 y 3571).

Si soy una persona anciana, discapacitada o, por algún motivo, no puedo completar la Encuesta sobre la Comunidad Estadounidense, ¿qué hago?

Puede designar a una persona para que le ayude, o es posible que un representante de la Oficina del Censo lo llame o vaya a su casa para ayudarlo a completar la encuesta. Los respondedores pueden llamar al 1-877-833-5625 para obtener ayuda. Para lograr resultados más precisos, es muy importante que cada hogar seleccionado para la encuesta participe en ella.





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ENCUESTA SOBRE LA COMUNIDAD ESTADOUNIDENSE



¿Cómo puedo obtener información adicional sobre la Encuesta sobre la Comunidad Estadounidense?

Hay varias maneras de obtener información sobre la Encuesta sobre la Comunidad Estadounidense:

Para ver información detallada, le invitamos a visitar nuestro sitio de Internet en:

census.gov/acs

o llame a la Oficina Regional del Censo más cercana según la lista siguiente:

Census Bureau Regional Offices

Atlanta, GA
1-800-424-6974

Chicago, IL
1-800-865-6384

Denver, CO
1-800-852-6159

Los Angeles, CA
1-800-992-3530

New York, NY
1-800-991-2520

Philadelphia, PA
1-866-238-1374





ENCUESTA SOBRE LA COMUNIDAD ESTADOUNIDENSE

census.gov/acs



Para preguntas sobre la Encuesta sobre la Comunidad Estadounidense o cómo ver los resultados de la misma, llame a nuestra línea de Servicio al Cliente al:

301-763-INFO (4636)

1-888-346-9682

También puede comunicarse con nosotros por correo electrónico:

ask.census.gov

o bien por correo regular a:

American Community Survey

U.S. Census Bureau

4600 Silver Hill Rd.

Washington, DC

20233-7500







AMERICAN COMMUNITY SURVEY

U.S. CENSUS BUREAU



E-mail: ask.census.gov

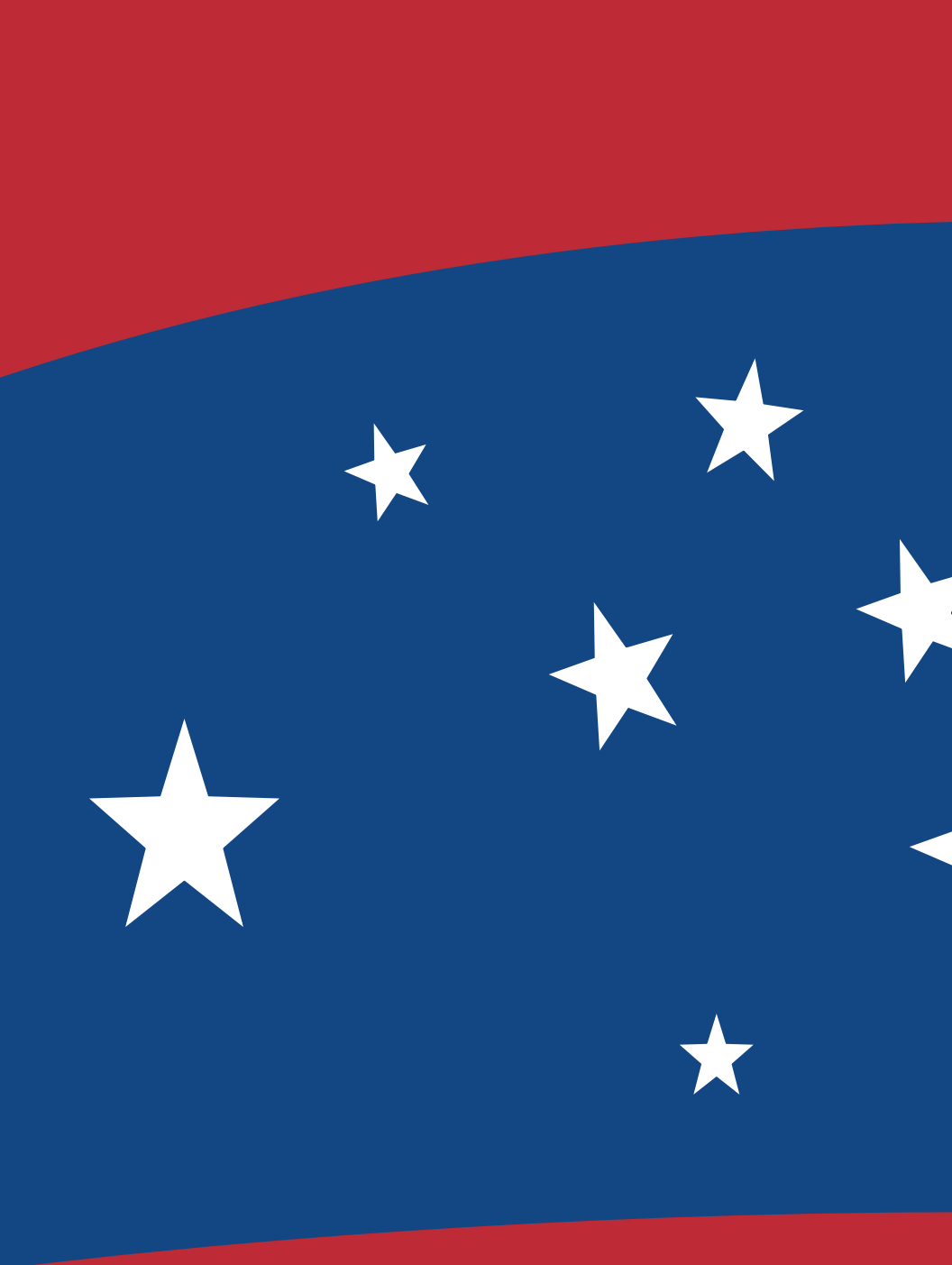


Phone: 1-888-346-9682



Internet: census.gov/acs





ACS-51(HU)(Simplified Chinese)
Issued January 2018



常见问题及解答

美国社区问卷调查





什么是美国社区问卷调查？

美国社区问卷调查是美国人口普查局在每一个县、美洲印第安人和阿拉斯加本地人地区以及夏威夷本土人地区所进行的一项调查。

美国社区问卷调查每年向美国的社区提供至关重要的经济、社会、人口特征和住房信息。社区的人士告诉我们，美国社区问卷调查帮助他们作出明智的决定，对他们的未来起到极为重要的作用。

我从未听说过美国社区问卷调查。你们从事此项调查已有多长时间？

美国社区问卷调查从 1996 年开始，在全国选出的一些试点县进行。如今，该项调查在美国所有的县和波多黎各开展，后者称为波多黎各美国社区问卷调查。



我在美国社区问卷调查中作出的回答将被如何使用？

美国社区问卷调查中的问题用于搜集管理或评估政府计划所需的数据。这些问题基本上与每十年一次的人口普查中提出的问题相同。

- **收入**信息可用于比较不同地区的经济水平。很多联邦和州计划使用此类数据分配用于社区发展的资金。
- 美国交通部将根据您对**上下班交通**问题的回答，来规划高速公路的改进，开发公共交通服务和设计缓解交通问题的计划。
- 联邦计划根据有关**年龄**的信息，来分配用于儿童、工作适龄成年人或老年人的资金或服务。
- 对**收入和住房**问题的回答将由美国住房与城市发展部进行汇总，并用来评估有关老年人、残障人士和低

收入房主的住房协助需求。

- 有关**种族、西班牙裔及在家使用的语言**的信息被用于确定《选举权法案》所规定的双语选举要求，也将被用于监管《民权法案》所规定的平等就业机会。种族和西班牙裔（或族裔）是两个不同的概念，因此需要用不同的问题。
- 美国退伍军人事务部根据**服兵役**的信息衡量退伍军人的需求，并且评估有关退伍军人教育、就业和健康护理问题的计划。



我如何从回答美国社区问卷调查中受益？

联邦机构、州政府和社区认为，他们没有所需的最新信息，以更好地理解社区问题、对社区需求作出回应以及分配计划和资源。正如一位社区领导人所说：“猜测总是一件有趣的事，但很少会有成效。”

通过回答美国社区问卷调查问卷，您可以帮助您所在的社区建立社区目标，发现社区问题和解决方案，确定设施和计划的位置以及衡量计划的绩效。

以下机构和人员使用美国社区问卷调查数据：

- **社区计划**，例如老年人计划、童子军计划、图书馆、银行、医院和其他社区组织，用于向社区提供服务和确定建筑物、服务和计划的位置。
 - **交通规划者**利用“上下班交通”信息，来规划高峰期交通，以便减少交通堵塞状况，规划停车并制定策略，例如合伙搭车项目和灵活工作时间。通过预测未来的需求，作出有关决定，以建造新道路或扩大现有道路容量以及开发运输系统，例如轻轨或地铁。
- **地方政府**用于预算，评估计划和规划社区发展项目。



我必须回答美国社区问卷调查中的问题吗？

是的，根据法律规定，您必须回答本调查中的问题（《美国法典》第 13 篇第 141、193 和 221 节）。

我在调查问卷中的回答是保密的吗？

是的，根据法律规定，美国人口普查局对您的信息保密。人口普查局不得以可识别住户身份的方式公开发布您的回复。根据《2015年联邦网络安全增强法案》，我们将通过筛选传输数据的系统保护您的数据，使其免于网络安全风险。根据法律的规定，人口普查局仅限将您的回复用于编制统计数据。

如果我在这个地址暂住，我需要回答调查问卷吗？

是的，如果您在这个地址居住超过两个月，您必须填写整份调查问卷。如果您的居住时间为两个月或更短，您仍然必须按照说明填写部分调查问卷。人口普查局的普查员可协助您。该信息可帮助社区随着一年内不同时间的人口变化作出规划。

我必须每年回答这些问题吗？

不是，只有少数地址被抽样选中参加美国社区问卷调查。一个地址仅限每五年一次被抽选。这些地址是以随机抽样方式选出的，以代表所在社区的其他地址。这就是为什么每一个选中的住户均须回答调查问卷的原因。



我如何查阅调查结果？

信息将发布在人口普查局的美国信息检索站 (American FactFinder®) 网站上，网址：

factfinder.census.gov

数据以几种不同的格式提供，供从普通读者（可能只是希望查阅数据的人）到有经验的研究人员的各类人员使用。

美国信息检索站 (American FactFinder®) 提供各种数据表，其可：

- 快速提供数据的概览，
- 比较不同地点的数据，并且
- 为更深入的研究提供更详细的数据。



我是老年人、残障人士或因其他原因无法填写美国社区问卷调查问卷。我应当怎么办？

您可以指定另一个人帮助您，或者人口普查局的普查员可以通过电话或到您家中协助您填写调查问卷。受访者可拨打1-800-354-7271请求协助。为了产生最准确的结果，每个被选中的住户均参加调查十分重要。

我如何获得有关美国社区问卷调查的其他信息？

获得有关美国社区问卷调查信息的方法有数种：欲获得更详细信息，我们鼓励您访问我们的网站：

census.gov/acs

或者致电至以下离您

最近的人口普查局地区办公室：

人口普查局地区办公室

佐治亚州亚特兰大市
1-800-424-6974

伊利诺斯州芝加哥市
1-800-865-6384

科罗拉多州丹佛市
1-800-852-6159

加利福尼亚州洛杉矶市
1-800-992-3530

纽约州纽约市
1-800-991-2520

宾夕法尼亚州费城
1-866-238-1374



如对美国社区问卷调查数据有任何疑问或希望了解如何查阅调查结果，请拨打我们的客户服务专线号码

301-763-INFO (4636)

1-888-346-9682

您还可通过电子邮件与我们联系：

ask.census.gov

或者通过函件与我们联系，
邮寄地址：

**American Community Survey
U.S. Census Bureau
4600 Silver Hill Rd.
Washington, DC
20233-7500**

美国社区问卷调查

美国人口普查局



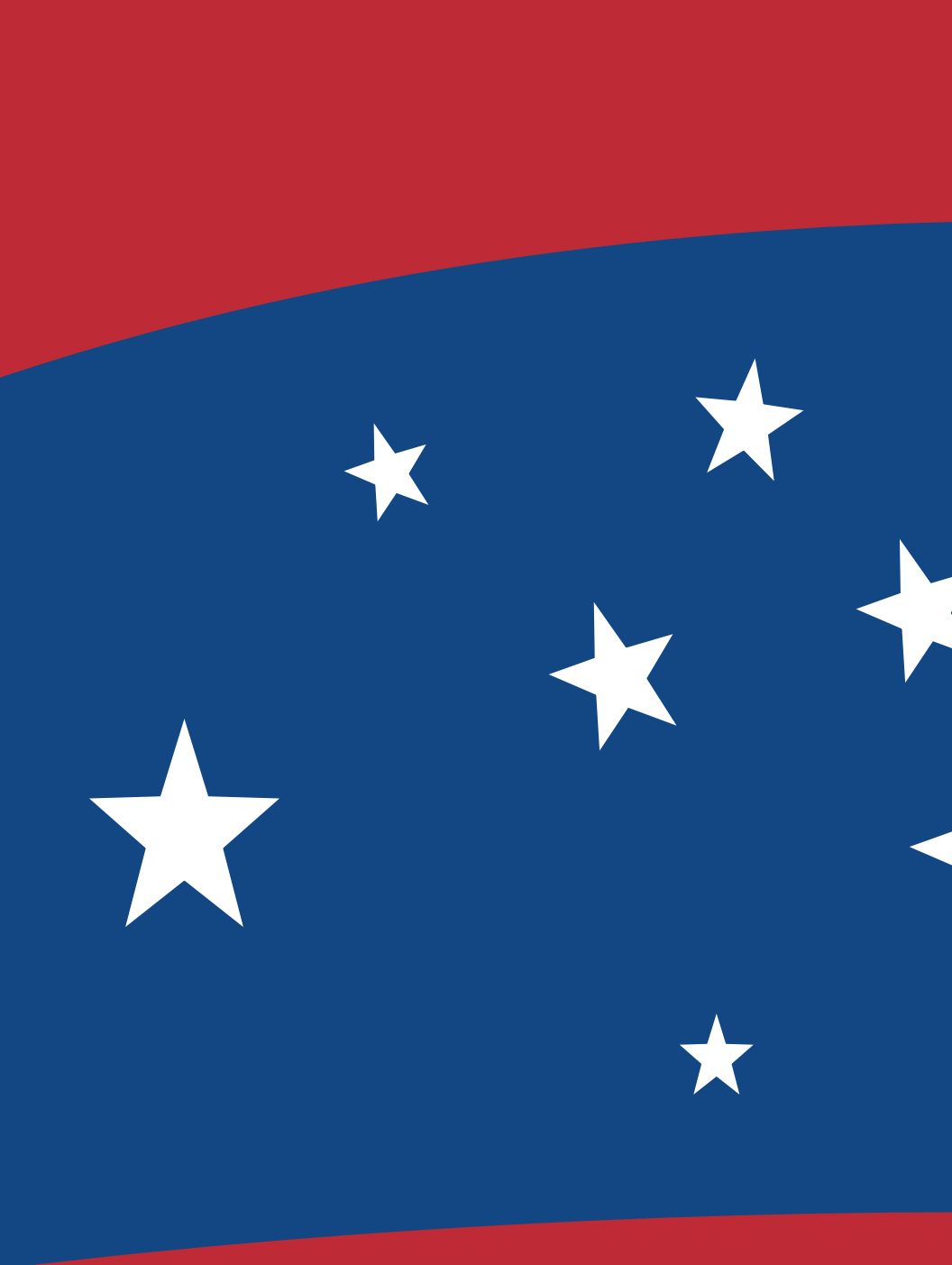
电子邮件: ask.census.gov



电话: 1-888-346-9682



互联网: census.gov/acs



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Issued January 2018



Questions et réponses

L'Enquête sur les communautés américaines

United States™
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Bureau

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Economics and Statistics Administration
U.S. CENSUS BUREAU
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L'Enquête sur les communautés américaines, qu'est-ce que c'est ?

L'Enquête sur les communautés américaines est menée par le Bureau de recensement des États-Unis dans chaque comté, dans les territoires des Indiens Américains et de l'Alaska et sur le territoire d'Hawaï.

L'Enquête sur les communautés américaines fournit tous les ans aux différentes communautés des États-Unis des informations d'une importance cruciale en matière d'économie, de société, de démographie et de logement. Ces dernières nous ont confié que cette enquête les aide à prendre des décisions basées sur des informations récentes et qu'elle joue un rôle clé dans leur avenir.

Je n'ai pas entendu parler de l'Enquête sur les communautés américaines. Depuis combien de temps cette enquête a-t-elle lieu ?

L'Enquête sur les communautés américaines a été menée pour la première fois en 1996, dans un échantillonnage de comtés des États-Unis. À l'heure actuelle, cette enquête est menée dans tous les comtés des États-Unis, ainsi qu'à Porto Rico où elle porte le nom d'Enquête sur la population des communautés portoricaines.



Comment mes réponses aux questions posées dans le cadre de l'Enquête sur les communautés américaines sont-elles utilisées ?

Les questions posées dans le cadre de cette enquête ont pour but de rassembler les informations nécessaires à la gestion ou à l'évaluation des programmes gouvernementaux. Ces questions sont essentiellement les mêmes que celles qui ont été posées dans le cadre du recensement décennal.

- Les informations au sujet du *revenu* permettent de comparer le niveau économique de différentes régions. De nombreux programmes fédéraux et des états se servent de ces informations pour répartir les fonds destinés au développement des communautés.
- Vos réponses aux questions concernant *le trajet vers le lieu de travail* sont utilisées par le Ministère des transports des États-Unis pour planifier les améliorations du réseau des autoroutes, développer les transports publics et concevoir des programmes afin de faciliter la circulation routière.
- Les informations sur *l'âge* sont utilisées dans le cadre des programmes fédéraux pour cibler les fonds ou les services destinés aux enfants, aux adultes en âge de travailler ou aux personnes âgées.
- Les réponses aux questions concernant *le revenu et le logement* sont présentées en bref et utilisées par le Secrétariat au logement et au développement urbain des États-Unis afin d'évaluer les besoins en matière d'aide au logement pour les personnes âgées, les handicapés et les propriétaires à faible revenu.
- Les informations relatives à *la race, l'origine hispanique et la langue parlée domicile* sont utilisées afin de déterminer les exigences du bilinguisme pour les élections dans le cadre du Voting Rights Act (Loi sur le droit de vote) et la surveillance de la non-discrimination en matière d'emploi dans le cadre du Civil Rights Act (Loi sur les droits civiques). La race et l'origine (ou ethnicité) hispanique sont considérées comme étant des concepts différents et font donc l'objet de questions distinctes.
- Les informations sur *le service militaire* sont utilisées principalement par le Ministère des anciens combattants des États-Unis pour estimer les besoins des



anciens combattants et évaluer les programmes les concernant en matière d'éducation, d'emploi et de santé.

Quels bénéfices puis-je tirer de ma participation à l'Enquête sur les communautés américaines ?

Les agences gouvernementales fédérales, les états et les communautés des États-Unis se plaignent de ne pas disposer des informations les plus récentes leur étant nécessaires pour mieux comprendre les problèmes liés aux communautés, répondre aux besoins et répartir les programmes et les ressources. Comme l'a déclaré un des responsables d'une communauté : « C'est toujours amusant de jouer aux devinettes, mais ce n'est pas une manière vraiment efficace de trouver une réponse. »

Vos réponses aux questions de l'Enquête sur les communautés américaines aideront votre communauté à établir ses objectifs, à identifier ses problèmes et à leur trouver des solutions, à établir des institutions et des programmes, et à évaluer les performances des programmes.

Les informations recueillies par l'Enquête sur les communautés américaines sont utilisées par :

- *Les agences gouvernementales régionales* pour affecter les ressources, évaluer les programmes et planifier les projets de développement des communautés.
- *Les programmes de communauté*, comme ceux concernant les personnes âgées, le scoutisme, les bibliothèques, les banques, les hôpitaux et autres agences des communautés, pour offrir des services à la communauté et mettre en place des bâtiments, des services et des programmes.
- *Les planificateurs des transports*, utilisant les informations concernant le trajet vers le lieu de travail pour prévoir les heures de pointe et prendre les mesures nécessaires afin de réduire les embouteillages, planifier les places de stationnement et mettre au point des stratégies, comme des programmes de covoiturage et des horaires de travail flexibles.



Les décisions concernant la construction de nouvelles voies routières, l'accroissement de la capacité des infrastructures existantes, la mise en place de systèmes de transports en commun, comme des tramways ou des métros, sont prises sur la base de projections des besoins futurs.

Dois-je obligatoirement répondre aux questions de l'Enquête sur les communautés américaines ?

Oui. La loi exige que vous répondiez aux questions de cette enquête (Livre 13, Code des États-Unis, Sections 141, 193 et 221). La même loi protège la confidentialité des informations que vous fournissez.

Dois-je obligatoirement répondre à ces questions chaque année ?

Non. Seul un petit échantillon d'adresses est sélectionné auquel sera envoyée l'Enquête sur les communautés américaines. Une adresse ne peut être sélectionnée pour cet échantillon qu'une fois tous les 5 ans. Ces adresses sont sélectionnées

au hasard et représentent d'autres adresses de la communauté. C'est pourquoi il est si important que chaque foyer sélectionné réponde aux questions de l'enquête.

Dois-je obligatoirement répondre aux questions de l'enquête si je n'habite que temporairement à l'adresse sélectionnée ?

Oui. Si vous habitez à l'adresse sélectionnée pendant plus de 2 mois, vous devez répondre à toutes les questions de l'enquête. Si vous y habitez pendant un maximum de 2 mois, vous devez quand même répondre à certaines questions de l'enquête, comme indiqué dans les instructions. Un représentant du Bureau de recensement peut vous aider. Ces informations aident les communautés, à différents moments de l'année, à planifier leurs besoins au fur et à mesure de l'évolution de la population.

Mes réponses aux questions de l'enquête sont-elles confidentielles ?

Oui. Le Bureau de recensement des États-Unis a l'obligation légale de préserver la confidentialité de vos



informations. Nous ne sommes pas autorisés à divulguer publiquement toute information qui permettrait d'identifier votre foyer. En vertu du Federal Cybersecurity Enhancement Act de 2015 (loi fédérale américaine visant à améliorer la cybersécurité), vos données sont protégées contre les risques liés à la cybersécurité grâce au filtrage des systèmes qui transmettent vos données.

La loi autorise le Bureau de recensement des États-Unis à utiliser vos réponses.

Comment puis-je consulter les résultats de l'enquête ?

Ces informations sont publiées sur le site Web American FactFinder® du Bureau de recensement des États-Unis : factfinder.census.gov

Les données sont présentées sous différents formats pour satisfaire les novices (qui ne veulent que consulter les informations) tout comme les chercheurs chevronnés.

American FactFinder® présente des tableaux qui :

- donnent un aperçu rapide des données,
- comparent les données de différents emplacements et
- proposent des données plus détaillées pour une recherche plus poussée.



Je suis âgé(e), handicapé(e) ou dans l'incapacité pour une autre raison quelconque de répondre aux questions de l'Enquête sur les communautés américaines. Que dois-je faire ?

Vous pouvez désigner une autre personne qui pourra vous aider, ou bien un représentant du Bureau de recensement des États-Unis pourra vous téléphoner ou se rendre à votre domicile pour vous aider à remplir le questionnaire. Les répondants peuvent demander de l'aide en appelant le 1-800-354-7271.

Pour optimiser les résultats de l'enquête, il est très important que chaque foyer sélectionné participe à l'enquête.

Comment puis-je obtenir de plus amples informations concernant l'Enquête sur les communautés américaines ?

Vous pouvez obtenir des renseignements concernant l'Enquête sur les communautés américaines de plusieurs façons :

Pour obtenir des informations détaillées, nous vous conseillons de visiter notre site Web : census.gov/acs

Bureaux régionaux du Bureau de recensement des États-Unis

Atlanta, GA
1-800-424-6974

Chicago, IL
1-800-865-6384

Denver, CO
1-800-852-6159

Los Angeles, CA
1-800-992-3530

New York, NY
1-800-991-2520

Philadelphia, PA
1-866-238-1374



ou bien d'appeler le bureau régional du Bureau de recensement le plus proche de vous, indiqué dans la liste ci-dessous :

Si vous avez des questions concernant les données de L'enquête sur les communautés américaines ou si vous désirez savoir comment consulter les résultats de l'enquête, veuillez appeler notre service d'assistance à la clientèle au :

301-763-INFO (4636)

1-888-346-9682

Vous pouvez également nous contacter par e-mail

ask.census.gov

ou par courrier à l'adresse suivante :

**American Community Survey
U.S. Census Bureau
4600 Silver Hill Rd.
Washington, DC
20233-7500**

L'ENQUÊTE SUR LES COMMUNAUTÉS AMÉRICAINES

BUREAU DE RECENSEMENT DES ÉTATS-UNIS



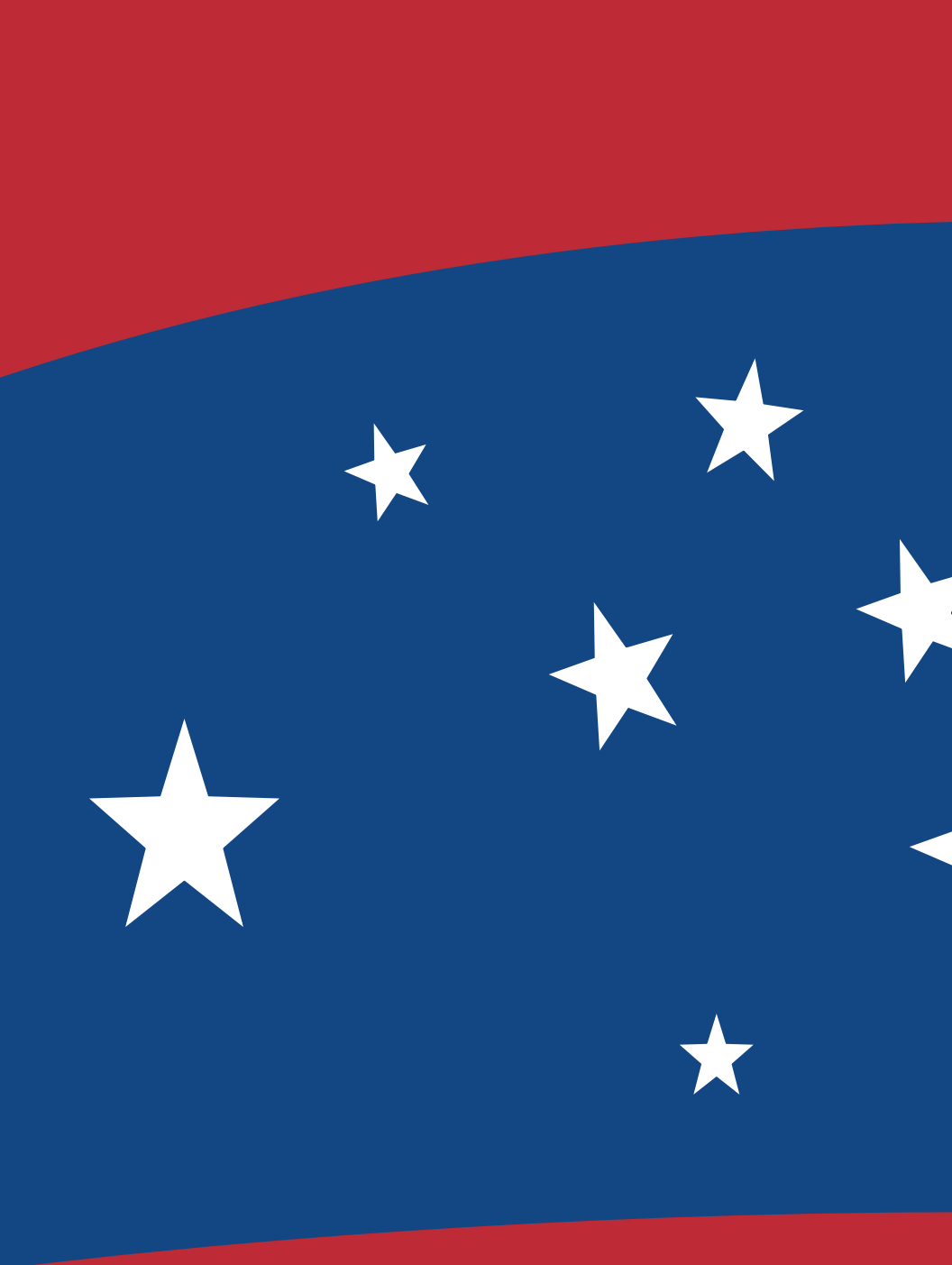
E-mail : ask.census.gov



Téléphone : 1-888-346-9682



Internet : census.gov/acs



ACS-51(HU) (Haitian Creole)
Issued January 2018



Kesyon ak Repons

Sondaj pou
Kominote
Etazini yo

United States™
Census
Bureau

U.S. Department of Commerce
Economics and Statistics Administration
U.S. CENSUS BUREAU
census.gov





Kisa sondaj pou kominote ozetazini yo an ye ?

Sondaj pou kominote ozetazini yo an se yon sondaj biwo resansman ameriken an ap fè nan tout peyi a, epi menm nan zòn kote endyen ameriken epi natifnatal natal Alaska rete epi, lèfini, sou teritwa Awayi.

Sondaj sou kominote ameriken an ap, chak lane, bay enfòmasyon kritik sou sitiyasyon ekonomik, sosyal, demografik ak lojman nan tout kominote peyi a. Tout kominote peyi a di sondaj pou kominote Etazini yo an ede yo pran bon dezisyon byen enfòmè e sondaj la fondamantal pou lavni kominote a.

MWEN pa janm tande pale sou sondaj pou kominote Etazini yo. Èske ou ka di mwen depi kilè y ap fè li ?

Sondaj pou kominote Etazini yo an kòmanse nan lane 1996 nan kèk konte peyi a. Jodi a sondaj la fèt nan tout konte peyi Etazini epi nan Puerto Rico, men la se sondaj pou kominote Puerto Rico ke yo rele li.



Kijan y ap itilize repons mwen bay nan sondaj pou kominote ozetazini yo an ?

Kesyon ki nan sondaj pou kominote ozetazini yo an obligatwa pou n ranmase enfòmasyon nesèsè pou n dirije oswa evalye pwogram gouvènmantral. Kesyon ki nan sondaj sa a se menm ak enpe nan kesyon ki nan resansman chak 10 zan an.

- Enfòmasyon sou *revni* ede nou fè konparezon nivo ekonomik ant plizyè zòn. Gen anpil pwogram federal ak pwogram leta ki sèvi ak enfòmasyon sa a pou yo distribye lajan k ap ede devlopman kominote a.
- Repons ou bay kesyon *transpò pou ale epi soti nan travay* ap ede depatman transpò ameriken an tabli devlopman wout, devlopman sèvis transpò piblik ak pwogram k ap ede redui anbouteyaj.
- Enfòmasyon sou *laj* ap sèvi nan pwogram federal pou pwoblèm peman ak sèvis pou timoun, moun ki nan laj pou yo travay epi pou granmoun.
- Repons pou kesyon sou *revni ak lojman* ap ofri yon enfòmasyon jeneral pou depatman Kay ak devlopman vil Ameriken yo an evalye kisa granmoun, moun ki gen andikap ak pwopriyete kay ki pòv bezwen lakay yo.
- Enfòmasyon sou *ras, ansèt panyòl ak lang manman* ap sèvi pou nou detèmine tout sa ki nesèsè pou nou gen yon eleksyon nan de lang dapre lwa sou dwa moun nan eleksyon epi pou nou kontwole opòtinite egalego nan itilizasyon travay dapre lwa sou dwa sivil. Ras ak zansèt panyòl (oswa gwoup etnik panyòl) pa menm kidonk fòk n gen diferan kesyon pou yo toulede.
- Enfòmasyon sou *sèvis militè* ap sèvi pou depatman ki okipe zafè ansyen konbatan ameriken mezire sa ansyen konbatan yo bezwen epi pou evalye pwogram ansyen konbatan yo sou zafè edikasyon, travay ak swen medikal.



Ki avantaj k ap genyen pou mwen si mwen patisipe nan sondaj pou kominote Etazini yo?

Touletwa ajans federal, ajans leta ak kominote yo di yo pa gen tout dènye enfòmasyon ki nesèsè pou yo pi byen konprann pwoblèm ki genyen nan kominote yo, pou yo ofri sèvis nesèsè epi pou yo ofri pwogram ak resous. M ap p ba ou egzanp sa yon chèf kominote di : « Li toujou enteresan pou nou jwe devinèt men sa pa toujou fè bagay yo mache ».

Repons ou bay nan kesyon sondaj pou kominote Etazini yo an pral ede kominote kote ou rete a detèmine objektif, idantifye pwoblèm epi jwenn solisyon pou pwoblèm kominote a, jwenn ekipman ak pwogram, epi mezire rannman tout pwogram yo.

Moun k ap itilize enfòmasyon ki dekouvri nan sondaj pou kominote Etazini yo an se :

- *Administrasyon lokal* pou yo fè bidjè, evalye pwogram epi fè plan sou pwojè devlopman kominote a.
- *Pwogram kominote* (sètadi pwogram pou granmoun, pwogram eskout, bibliyotèk, bank, lopital ak lòt òganizasyon nan kominote a) pou yo ofri sèvis nan kominote a epi pou jwenn bilding, sèvis ak pwogram.
- *Moun ki bay sèvis transpò*, sèvi ak enfòmasyon transpò moun itilize pou yo ale epi soti nan travay pou òganizasyon sikilasyon lè anpil moun ki ale epi ki soti nan travay epi pou devlopman estrateji, sètadi pwogram woulib ak orè travay ki chanje. Yo pran dezisyon pou konstwi nouvo wout oswa pou elaji wout ki la deja, epi pou devlope sistèm transpò tankou tren lokal ak tren banlye apati sa moun ap bezwen pidevan.



Èske m oblije reponn kesyon ki nan sondaj pou kominote ozetazini yo an ?

Wi. Gen yon lwa ki di ou oblije reponn sondaj la (Tit 13, kòd ameriken, seksyon 141, 193 ak 221). Menm lwa sa a di enfòmasyon ou bay ap l rete sekre.

Èske se chak ane m ap gen pou m reponn kesyon sa yo ?

Non. Se sèlman kèk adrès kay nou chwazi pou yo patisipe nan sondaj pou kominote Etazini yo an. Se chak 5 an yon adrès kay ka chwazi ankò pou li patisipe nan sondaj la. Adrès sa yo chwazi owaza epi yo reprezante tout lòt adrès ki nan menm zòn lan. Se pou sa li enpòtan pou tout adrès kay ki chwazi patisipe nan sondaj la.

Èske mwen oblije reponn kesyon sondaj la menmsi m nan kay la pou yon bout tan ?

Wi. Ou dwe reponn tout kesyon sondaj la si ou rete nan adrès kay sa a pandan omwen 2 mwa. Ou dwe reponn yon pati nan sondaj la si w pa p rete nan adrès kay la pou 2 mwa kifè se pou w li enstriksyon yo pou w konnen ki pati pou w reponn. Yon reprezantan biwo resansman an ka ede w. Enfòmasyon sa a ede kominote yo, plizyè fwa nan ane a, fè plan ki nesèsè menmsi popilasyon an ap chanje.

Èske repons mwen bay nan sondaj la ap rete konfidan-syèl?

Non. Sèlman nou chwazi yon ti echantiyon adrès pou patisipe nan Sondaj Kominote Etazini. Nou ka chwazi yon adrès sèlman pou echantiyon an yon fwa chak 5 ane. Nou chwazi adrès yo owaza epi yo reprezante lòt adrès ki nan kominote a. se rezon sa a ki fè li enpòtan anpil pou chak fanmi nou chwazi reponn kesyon sondaj la.



Kijan m ka wè rezilta sondaj la ?

Enfòmasyon sa a apibliye nan sit entènèt biwo resansman American Factfinder® a nan : factfinder.census.gov

W ap jwenn rezilta yo sou plizyè fòm pou tout moun ka konprann li, sètadi moun k ap wè rezilta yo pou premye fwa (moun ki sèlman vle wè rezilta yo) jis nan moun ki gen gwo eksperyans nan rechèch.

American FactFinder® ofri chema k ap :

- ofri yon prezantasyon rapid epi jeneral sou rezilta yo,
- fè konparezon ant rezilta plizyè kote, epi
- ofri rezilta ki gen plis detay pou moun ki fè rechèch pi detaye.



Mwen se granmoun, moun ki andikape oswa mwen gen lòt pwoblèm ki anpeche m reponn kesyonè sondaj pou kominote ozetazini yo an. Kisa mwen ka fè ?

Ou ka chwazi yon lòt moun pou moun sa ede w, oubyen yon reprezantan biwo resansman an ka swa rele ou oswa vini lakay ou pou l ede w reponn kesyon sondaj la. Moun ki chwazi pou patisipe nan sondaj la ka rele 1-800-354-7271 pou jwenn moun ede yo.

Pou nou bay rezilta ki korèk, li enpòtan anpil pou tout adrès kay ki chwazi patisipe nan sondaj la.

Ki kote m ap jwenn plis enfòmasyon sou sondaj pou kominote ozetazini yo an ?

Gen plizyè fason pou w jwenn enfòmasyon sou sondaj pou kominote ozetazini yo an :

Pou jwenn plis enfòmasyon detaye, nou mande ou pou ale sou sitwèb nou an nan :

census.gov/acs

oubyen rele biwo resansman rejyonal kote ou rete a jan w wè li make la a:

Biwo resansman rejyonal

Atlanta, GA
1-800-424-6974

Chicago, IL
1-800-865-6384

Denver, CO
1-800-852-6159

Los Angeles, CA
1-800-992-3530

New York, NY
1-800-991-2520

Philadelphia, PA
1-866-238-1374



Tanpri rele nimewo sèvis kliyantèl nou an si ou gen kesyon sou rezilta sondaj pou kominote Etazini yo an oubyen si ou ta renmen konnen kijan ou ka wè rezilta sondaj la :

301-763-INFO (4636)

1-888-346-9682

Si ou vle ou ka voye yon lèt ba:

ask.census.gov

oubyen nan lapòs ba:

**American Community Survey
U.S. Census Bureau
4600 Silver Hill Rd.
Washington, DC
20233-7500**

SONDAJ POU KOMINOTE OZETAZINI YO

BIWO RESANSMAN NAN ETAZIN



Imel : ask.census.gov



Telefòn : 1-888-346-9682



Entènèt : census.gov/acs

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질문과 답

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나는 미국 지역사회 조사에 대해 들어본 적이 없습니다. 이 조사를 얼마나 오랫동안 실시해 왔습니까?

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내가 미국 지역사회 조사에 제공
하는 답은 어떻게 사용되니까?

미국 지역사회 조사의 질문들은 정부프로그램을 관리하거나 평가하는 데 필요한 자료를 수집하는 데 필요합니다. 이 질문들은 기본적으로 10년에 한번씩 실시되는 인구 조사(센서스)의 일부 질문들과 동일합니다.

- **소득** 정보는 각 지역의 경제 수준을 비교할 수 있게 합니다. 이 자료는 많은 연방 및 주 프로그램에서 지역사회 개발기금을 분배하는 데 사용됩니다.
- **통근**에 관한 질문에 대한 응답은 미 교통부에서 고속도로 개선을 계획하고, 대중 교통 서비스를 개발하며, 교통 문제 완화에 필요한 프로그램을 만드는 데 사용됩니다.
- **연령**에 관한 정보는 어린이, 경제활동 인구 또는 노인에게 제공하는 기금이나 서비스를 목적으로 하는 연방 프로그램에 사용됩니다.
- **소득 및 주택**에 관한 질문에 대한 응답은 요약되어 미국 주택 도시 개발부에서 노인, 장애인 및 저소득 주택 소유자들을 위한 주택 지원의 필요성을 평가하는 데 사용됩니다.
- **인종, 중남미 출신, 가정에서 사용하는 언어** 등에 대한 정보는 민권법에 보장된 고용평등을 감독하고, 투표권법에 따른 이중언어 요건을 결정하기 위해 사용됩니다. 인종과 중남미 출신(또는 민족)은 별개의 개념으로 간주되므로 별도의 질문이 필요합니다.
- **군복무**에 관한 정보는 미국 재향군인 원호부에서 재향 군인들이 필요한 것이 무엇인지를 파악하고, 이들을 위한 교육, 취업 및 건강 관리 프로그램을 평가하는 데 주로 사용됩니다.



미국 지역사회 조사에 응답함으로써 어떻게 혜택을 받습니까?

연방 정부 기관, 주 및 지역사회들은 지역의 문제를 더 잘 이해하고 필요에 대응하며 프로그램과 자원을 배분하는 데 필요한 최신 정보가 없다고 말합니다. 한 지역사회 지도자가 말한 것처럼, “추측은 항상 재미있지만 좀처럼 효과적이지는 않습니다.”

미국 지역사회 조사 설문지에 응답하는 것은, 여러분의 지역사회가 지역사회 목표를 수립하고, 지역사회 문제와 해결책을 파악하며, 시설과 프로그램의 장소를 찾고, 프로그램의 성과를 측정하도록 돕는 것입니다.

미국 지역사회 조사 자료는 다음 기관에 의해 사용됩니다.

- 지방 정부가 예산 책정, 프로그램 평가 및 지역사회 개발 사업계획 수립을 위해.

- 지역사회 프로그램, 예를 들면, 노인, 보이/걸 스카우트 프로그램, 도서관, 은행, 병원 및 기타 지역사회 단체들이 지역사회에 서비스를 제공하고 건물, 서비스 및 프로그램 실시 장소를 찾기 위해.
- 교통 계획 수립자들이 통근 정보를 사용하여, 출퇴근 시간의 정체를 줄이기 위한 최대허용 교통량을 계획하고, 주차 계획을 세우며, 승용차 함께 타기 (카풀)나 탄력근무제와 같은 전략을 개발하기 위해. 미래의 도로교통량을 미리 예상해 봄으로써 도로를 신설하거나 기존 도로의 수용량을 늘리고 전철 또는 지하철과 같은 교통 시설을 개발하기 위한 결정을 내립니다.



미국 지역사회 조사에 있는 질문에 대해 답을 해야 합니까?

그렇습니다. 귀하의 조사 참여는 미국법에 따라 의무적인 것입니다 (미 연방법 Title 13, Section 141, 193, 221).

나의 설문조사 응답은 비밀이 보장됩니까?

그렇습니다. 미국 인구조사국은 법률에 의거하여 귀하의 정보를 비밀로 유지해야 합니다. 인구조사국은 귀하의 신원을 확인할 수 있는 방식으로 귀하의 응답을 공개적으로 발표해서는 안 됩니다. 2015년에 도입된 연방 사이버보안 강화법에 따라, 귀하의 자료는 자료를 전송하는 시스템을 걸러냄으로써 사이버 보안 위협으로부터 보호됩니다. 법률에 따라, 인구조사국은 귀하의 응답을 통계 작성용으로만 사용할 수 있습니다.

이 주소에 임시로 거주하는 경우에도 조사에 응해야 합니까?

그렇습니다. 2개월 넘게 해당 주소에 거주해 왔다면, 전체 설문지를 작성해야 합니다. 거주 기간이 2개월 혹은 그보다 짧은 경우에도, 지시 사항에 따라 설문지의 일부를 작성해야 합니다. 인구조사국 직원이 작성을 도와드릴 수 있습니다. 인구가 연중 변화하므로 이 정보는 지역사회가 계획을 세우는 데 도움이 됩니다.

이러한 질문에 매년 답해야 합니까?

아닙니다. 단지 소수의 주소들만 미국 지역사회 조사에 참여하도록 선정됩니다. 어느 주소든 5년마다 표본으로 선정될 수 있습니다. 이 주소들은 무작위로 선정되며 지역사회 내의 다른 주소들을 대표합니다. 그렇기 때문에 선정된 모든 표본 가구들이 응답하는 것이 매우 중요합니다.



설문조사의 결과를 어떻게 볼 수 있습니까?

이 정보는 인구조사국의 미국에 관한 정보찾기 (American FactFinder®) 웹사이트인 factfinder.census.gov 에서 발표됩니다.

자료는 초보자(그저 자료가 궁금한 일반인)로부터 경험이 많은 연구원들에 이르기까지 모든 사람들을 위해 몇 가지 형식으로 제공됩니다.

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- 보다 자세한 연구를 위한 대규모 자료 제공



나는 노인 또는 장애인이거나 다른 사정으로 인해 미국 지역사회 조사 설문지를 작성할 수 없습니다. 어떻게 해야 합니까?

다른 사람에게 부탁하여 도움을 받거나 인구조사국 직원이 전화로 또는 귀하의 자택을 방문하여 설문지를 작성하도록 도와드릴 수 있습니다. 응답자들은 1-800-772-6728 번으로 전화하여 도움을 요청할 수 있습니다. 가장 정확한 결과를 얻기 위해 조사 대상으로 선정된 모든 가구가 참여 하는 것이 매우 중요합니다.

미국 지역사회 조사에 대한 추가 정보를 얻는 방법이 있습니까?

미국 지역사회 조사에 대한 정보를 얻는 방법이 몇 가지 있습니다.

자세한 내용을 보시려면 인구조사국 웹사이트인 census.gov/acs 를 방문하시거나 아래에 나열된 인구조사국 지방 사무소 중 가까운 곳에 전화로 연락하셔도됩니다.

인구조사국의 지방 사무소

Atlanta, GA
1-800-424-6974

Chicago, IL
1-800-865-6384

Denver, CO
1-800-852-6159

Los Angeles, CA
1-800-992-3530

New York, NY
1-800-991-2520

Philadelphia, PA
1-866-238-1374



미국 지역사회 조사 자료나 조사 결과를 보는 법에 대해 질문이 있으시면, 다음 이용자 서비스 번호로 문의하십시오.

301-763-INFO (4636)

1-888-346-9682

아래 웹사이트를 통해 이메일을 보내시거나

ask.census.gov

또는 다음 주소로 편지로 문의하셔도 됩니다.

**American Community Survey
U.S. Census Bureau
4600 Silver Hill Rd.
Washington, DC
20233-7500**

미국 지역사회 조사

미국 인구조사국



이메일: ask.census.gov



전화: 1-888-346-9682



인터넷: census.gov/acs

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Pytania i odpowiedzi

Środowiskowe Badania Społeczne w Stanach Zjednoczonych





Co to są Środowiskowe Badania Społeczne w Stanach Zjednoczonych?

Środowiskowe Badania Społeczne w Stanach Zjednoczonych jest to ankieta przeprowadzana przez Biuro Spisu Ludności Stanów Zjednoczonych (USCB) we wszystkich powiatach, terytoriach Indian, na Alasce oraz na Hawajach.

Dostarcza ona co roku ważnych informacji na temat warunków społecznych, ekonomicznych i mieszkaniowych w poszczególnych miejscowościach. Dowiadujemy się od ludności, że Środowiskowe Badania Społeczne w Stanach Zjednoczonych pomagają w podejmowaniu świadomych decyzji i stanowi klucz do przyszłości.

Nie słyszałem o Środowiskowych Badaniach Społecznych w Stanach Zjednoczonych. Od jak dawna ta ankieta jest przeprowadzana?

Środowiskowe Badania Społeczne w Stanach Zjednoczonych przeprowadzono po raz pierwszy w roku 1996 na próbcie powiatów w całym kraju. Obecnie ankieta prowadzona jest we wszystkich powiatach USA oraz na Portoryko, gdzie nazywa się Badaniem Społecznym w Portoryko.



W jaki sposób wykorzystywane są odpowiedzi, których udzielię w Środowiskowych Badaniach Społecznych w Stanach Zjednoczonych?

Pytania w Środowiskowych Badaniach Społecznych w Stanach Zjednoczonych mają na celu zebranie danych potrzebnych do zarządzania programami rządowymi i do ich oceny. Są to zasadniczo te same pytania, które zadawane są w ramach powszechnego spisu ludności co 10 lat.

- Informacje o *dochodach* umożliwiają porównywanie poziomów ekonomicznych na różnych obszarach. Wiele programów federalnych i stanowych również wykorzystuje te dane do dystrybucji funduszy przeznaczonych na rozwój miejscowości.
- Odpowiedzi na pytania dotyczące *dojazdów do pracy* są wykorzystywane przez Departament Transportu Stanów Zjednoczonych do planowania ulepszeń sieci dróg, opracowywania usług transportu publicznego i opracowywania programów usprawniania ruchu drogowego.
- Informacje na temat *wieku* służą do dystrybucji funduszy i usług w ramach programów federalnych dla dzieci i dla osób starszych.
- Odpowiedzi na pytania dotyczące *dochodów i warunków mieszkaniowych* są gromadzone i wykorzystywane przez Departament Mieszkalnictwa i Rozwoju, aby ocenić potrzeby zapewnienia pomocy mieszkaniowej dla osób starszych, niepełnosprawnych i właścicieli domów, którzy mają niskie dochody.
- Informacje na temat *rasy, pochodzenia latynoskiego i języka, którego używa się w domu* służą do określenia wymogów w zakresie dwujęzycznych dokumentów wyborczych na podstawie ustawy o prawie do głosowania oraz do kontrolowania równouprawnienia pracowników na podstawie ustawy o prawach obywatelskich. Rasa i pochodzenie latynoskie są traktowane jako różne pojęcia i dlatego wymagają odrębnych pytań.
- Informacje o *służbie wojskowej* są wykorzystywane głównie przez Amerykański Departament ds. Kombatantów w celu określenia potrzeb kombatantów i oceny przeznaczonych dla nich programów oświatowych, zatrudnienia i opieki zdrowotnej.



Jaką będę miał korzyść z udzielenia odpowiedzi na pytania w Środowiskowych Badaniach Społecznych w Stanach Zjednoczonych?

Agencje federalne, stanowe i lokalne stwierdzają, że nie mają aktualnych informacji potrzebnych do lepszego zrozumienia potrzeb ludności, reagowania na te potrzeby i rozdziału środków na poszczególne programy. Jak stwierdził pewien działacz społeczny: „Zgadywanie jest zawsze ciekawe, ale rzadko bywa skuteczne”.

Odpowiadając na kwestionariusz Środowiskowych Badań Społecznych w Stanach Zjednoczonych pomagają Państwo swojej społeczności w ustalaniu celów, określaniu problemów i ich rozwiązań, rozmieszczaniu udogodnień i programów oraz mierzeniu skuteczności programów.

Dane uzyskane w Środowiskowych Badaniach Społecznych w Stanach Zjednoczonych są wykorzystywane przez:

- **władze lokalne:** w celu układania budżetów, oceny programów i planowania rozwoju społecznego.

- **Programy społeczne** przeznaczone dla osób starszych, harcerzy, bibliotek, banków, szpitali i innych organizacji społecznych, aby świadczyć usługi i lokalizować budynki, usługi i programy.
- **Institucje planujące sieć transportu** na podstawie danych o dojazdach do pracy opracowują ulepszenie rozwiązań w czasie nasilonego ruchu drogowego, planują parkingi i opracowują programy takie, jak podwożenie do pracy, czy ruchome godziny pracy. Podejmowane są decyzje o budowie nowych lub zwiększeniu przepustowości istniejących dróg oraz o rozwoju systemów komunikacji zbiorowej, takich jak tramwaje czy koleje podziemne, z uwzględnieniem przyszłych potrzeb.



Czy muszę odpowiadać na pytania Środowiskowych Badań Społecznych w Stanach Zjednoczonych?

Tak. Udzielenie odpowiedzi na pytania ankietowe jest wymagane przez prawo (Kodeks Stanów Zjednoczonych, tytuł 1, art. 141, 193 i 221). Ta sama ustawa chroni poufność udzielanych informacji.

Czy muszę odpowiadać na te pytania co roku?

Nie. Do udziału w Środowiskowych Badaniach Społecznych w Stanach Zjednoczonych wybierana jest tylko mała próbka adresów. Dany adres może zostać wybrany nie częściej niż raz na 5 lat. Adresy są wybierane losowo i reprezentują inne adresy w danej miejscowości. Dlatego jest tak ważne, aby każde domostwo wybrane drogą losową udzieliło odpowiedzi.

Czy muszę wziąć udział w badaniu, jeżeli przebywam pod danym adresem tymczasowo?

Tak. Jeżeli przebywają Państwo pod danym adresem dłużej niż 2 miesiące, musicie wypełnić całą ankietę. Osoby mieszkające w danym lokalu do 2 miesięcy, muszą wypełnić część ankiety zgodnie z instrukcjami. Przedstawiciel Biura Spisu Ludności może udzielić pomocy. Te informacje pomagają miejscowościom w planowaniu z uwzględnieniem zmian zaludnienia w różnych porach roku.

Czy moje odpowiedzi na ankietę są poufne?

Tak. Biuro Spisu Ludności Stanów Zjednoczonych jest zobligowane przepisami prawa do zachowania poufności Państwa danych. Nie możemy publicznie udostępniać Państwa odpowiedzi w żaden sposób, który pozwoliłby na zidentyfikowanie Państwa gospodarstwa domowego. Na mocy ustawy federalnej z 2015 roku o poprawie cyberbezpieczeństwa (Federal Cybersecurity Enhancement Act) Państwa dane są chronione przed zagrożeniami z zakresu cyberbezpieczeństwa za pomocą weryfikacji systemów przesyłających te dane. Na mocy prawa Biuro Spisu Ludności może wykorzystywać Państwa odpowiedzi wyłącznie do sporządzenia danych statystycznych.



Jak mogę się zapoznać z wynikami badania?

Te informacje są publikowane w witrynie internetowej Biura Spisu Ludności, na stronie American FactFinder®: factfinder.census.gov.

Dane są przedstawiane w kilku formatach przeznaczonych dla różnych osób, począwszy od tych, którzy chcą tylko poznać wyniki, do doświadczonych badaczy.

American FactFinder® przedstawia tabele, które:

- pozwalają szybko przejrzeć dane zbiorcze
- porównać dane z różnych miejscowości
- wykorzystać rozszerzone dane do bardziej szczegółowych badań.



Co powinienem zrobić jako osoba w podeszłym wieku, niepełnosprawna lub jeżeli z innego powodu nie jestem w stanie wypełnić kwestionariusza Środowiskowych Badań Społecznych w Stanach Zjednoczonych?

Można wskazać inną osobę, która pomoże wypełnić ankietę lub też przedstawiciel Biura Spisu Ludności może zadzwonić albo przyjść do domu i udzielić pomocy w wypełnieniu ankiety. Aby uzyskać pomoc, należy zadzwonić pod numer 1-800-354-7271.

Aby uzyskać jak najbardziej rzetelne wyniki, bardzo ważne jest, aby każde gospodarstwo domowe wybrane do udziału w badaniu, w niej uczestniczyło.

Skąd mogę uzyskać dodatkowe informacje na temat Środowiskowych Badań Społecznych w Stanach Zjednoczonych?

Jest szereg sposobów uzyskania informacji na temat Środowiskowych Badań Społecznych w Stanach Zjednoczonych:

Aby uzyskać szczegółowe informacje, można odwiedzić naszą stronę internetową pod adresem:

[census.gov/acs](https://www.census.gov/acs)

lub zatelefonowania do najbliższego regionalnego Biura Spisu Ludności wskazanego poniżej:

Biura regionalne Urzędu Spisu Ludności

Atlanta, GA
1-800-424-6974

Chicago, IL
1-800-865-6384

Denver, CO
1-800-852-6159

Los Angeles, CA
1-800-992-3530

New York, NY
1-800-991-2520

Philadelphia, PA
1-866-238-1374



Pytania na temat danych ze Środowiskowych Badań Społecznych w Stanach Zjednoczonych lub tego, jak można zapoznać się z wynikami badania, prosimy kierować do działu obsługi klientów

301-763-INFO (4636)

1-888-346-9682

Można także skontaktować się z nami za pomocą poczty elektronicznej

ask.census.gov

lub pisząc na adres:

**American Community Survey
U.S. Census Bureau
4600 Silver Hill Rd.
Washington, DC
20233-7500**

Środowiskowe Badania Społeczne w Stanach Zjednoczonych

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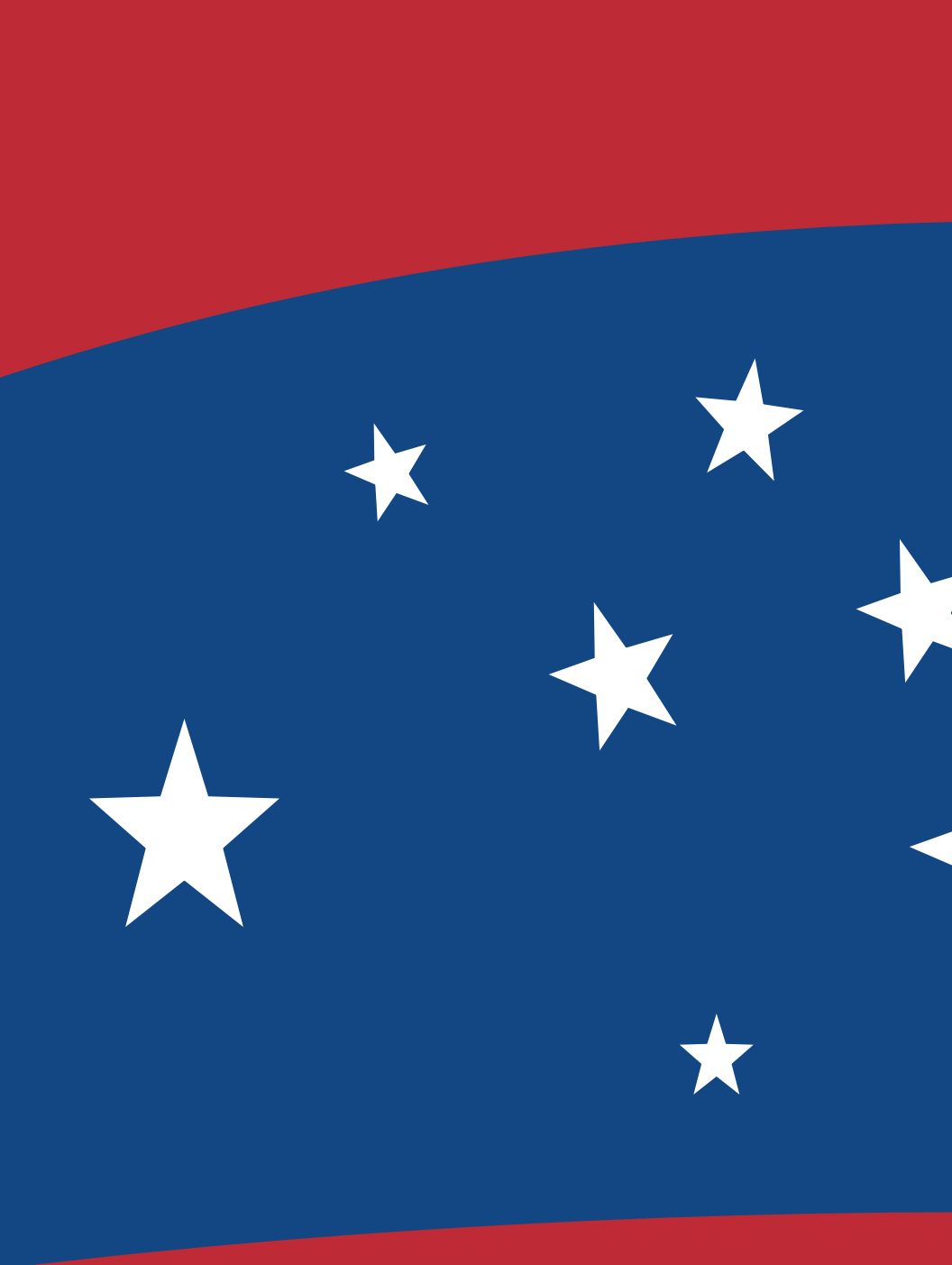
E-mail: ask.census.gov



Telefon: 1-888-346-9682



Internet: census.gov/acs



ACS-51(HU)(Portuguese)
Issued January 2018



Perguntas e Respostas

Pesquisa às Comunidades nos EUA





O que é a Pesquisa às Comunidades nos EUA?

A Pesquisa às Comunidades nos EUA é uma pesquisa realizado pelo Censo dos EUA em todos os municípios, áreas indígenas americanas e nativas do Alasca e Havai.

A Pesquisa às Comunidades nos EUA proporciona a todas as comunidades deste país dados econômicos, sociais, demográficos e habitacionais importantes. As comunidades nos informam que a Pesquisa às Comunidades nos EUA ajuda a tomar decisões conscientes, sendo fundamental para o futuro.

Nunca ouvi falar da Pesquisa às Comunidades nos EUA. Há quanto tempo a realizam?

A Pesquisa às Comunidades nos EUA começou em 1996, com uma amostra dos municípios de todo o país. Hoje em dia, a pesquisa é realizada em todos os municípios dos Estados Unidos e em Porto Rico, onde se chama Pesquisa à Comunidade porto-riquenha.



De que forma são usadas as respostas à Pesquisa às Comunidades nos EUA?

As perguntas da Pesquisa às Comunidades nos EUA são necessárias para colher dados, para administrar ou avaliar programas do governo. Estas perguntas são essencialmente as mesmas que têm sido feitas nos censos a cada dez anos.

- Os dados sobre a *renda* permitem comparar os níveis económico de diferentes áreas. Muitos programas federais e estaduais utilizam esses dados para distribuir fundos para o desenvolvimento da comunidade.
- As suas respostas às perguntas sobre *deslocamento para o trabalho* são usadas pelo Departamento dos Transportes dos Estados Unidos para planejar melhorias nas auto-estradas, desenvolver serviços de transporte público e conceber programas para sanar os problemas do trânsito.
- Os dados sobre a *idade* são usados em programas federais para direcionar fundos ou serviços para crianças, adultos ativos ou idosos.
- As respostas às perguntas sobre *renda e habitação* são resumidas e usadas pelo Departamento de Habitação e Planeamento Urbano dos Estados Unidos para avaliar a necessidade de assistência domiciliar aos idosos, pessoas com deficiência e proprietários com baixa renda.
- Informações sobre *raça, origem hispânica e língua falada em casa* são usadas para determinar a necessidade de disponibilizar material bilingue para as eleições, ao abrigo da lei relativa aos direitos de voto (Voting Rights Act), bem como para controlar a igualdade de oportunidades de emprego, de acordo com a lei relativa aos direitos civis (Civil Rights Act). Raça e origem hispânica (ou etnicidade) são considerados conceitos distintos, que requerem perguntas diferentes.
- As informações sobre o *serviço militar* são basicamente usadas pelo Departamento de Veteranos de Guerra dos Estados Unidos para avaliar as necessidades dos veteranos e os programas para veteranos relativos à educação, emprego e saúde.



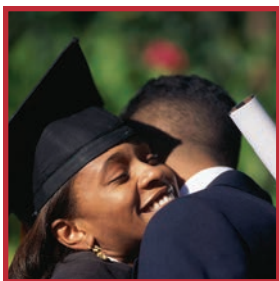
De que forma me beneficio ao responder à Pesquisa às Comunidades nos EUA?

As agências federais, os estados e as comunidades dizem que não dispõem de informações atualizadas das quais precisam para melhor compreender os problemas das comunidades, responder às necessidades e criar programas e designar recursos. Como disse, uma vez, um líder comunitário: "Adivinhar é sempre divertido, mas raras vezes é eficaz."

Ao responder à Pesquisa às Comunidades nos EUA, você estará ajudando a sua comunidade a estabelecer objetivos comunitários, a identificar problemas e soluções comunitárias, a determinar instalações e programas e a avaliar o desempenho dos programas.

Os dados da Pesquisa às Comunidades nos EUA são usados por:

- *Programas comunitários*, como programas para idosos, programas de escoteiros, bibliotecas, bancos, hospitais e outras organizações comunitárias, a fim de prestar serviços à comunidade e a localizar edifícios, serviços e programas.
- *Planejadores de transportes*, que utilizam os dados dos deslocamentos diários das pessoas que estão saindo do trabalho ou indo para o trabalho para planejar as horas de trânsito intenso a fim de reduzir congestionamentos, planejar o estacionamento e desenvolver estratégias, como programas de carona solidária e horários de trabalho flexíveis. São tomadas decisões no sentido de construir novas estradas ou de aumentar a capacidade das estradas existentes e de desenvolver sistemas de transporte, como veículos leves sobre trilhos e metrô, prevendo futuras necessidades.
- *Governos locais* para estabelecer orçamentos, avaliar programas e planejar projetos de desenvolvimento comunitário.



Tenho que responder às perguntas da Pesquisa às Comunidades nos EUA?

Sim. A lei dos Estados Unidos exige que responda a esta pesquisa (Título 1, Código dos Estados Unidos, Seções 141, 193 e 221).

As minhas respostas à pesquisa são confidenciais?

Sim. A lei exige que o Censo dos EUA mantenha suas informações confidenciais. Não temos permissão para divulgar suas respostas de modo a identificar o domicílio. De acordo com a lei *Federal Cybersecurity Enhancement Act* de 2015, seus dados estão protegidos de riscos cibernéticos através do rastreamento dos sistemas que os transmitem. Por lei, o Censo só pode usar suas respostas para produzir estatísticas.

Tenho que responder à pesquisa se estiver morando nesta residência temporariamente?

Sim. Se estiver morando na residência atual por mais de 2 meses, você terá que responder à pesquisa por inteiro. Se estiver residindo durante 2 meses ou menos, tem de responder a uma parte da pesquisa, de acordo com as instruções. Um representante do Censo pode ajudá-lo. Estas informações ajudam as comunidades no seu planejamento, já que ocorrem alterações na população em diferentes períodos do ano.

Tenho que responder a estas perguntas todos os anos?

Não. Apenas uma pequena amostra de residências é selecionada para participar da Pesquisa às Comunidades nos EUA. Uma residência só pode ser selecionada para a amostra uma vez a cada 5 anos. Estas residências são selecionadas aleatoriamente e representam outras residências na comunidade. É por isso que é tão importante que todos os domicílios selecionados respondam.



Como posso ver os resultados da pesquisa?

Estas informações são publicadas no site American FactFinder® do Census Bureau em:

factfinder.census.gov

Os dados são apresentados em vários formatos para todas as pessoas, desde principiantes (que apenas possam querer ver os dados) a investigadores experientes.

O American FactFinder® disponibiliza tabelas que:

- proporcionam uma visão geral dos dados;
- comparam dados de diferentes locais; e
- proporcionam dados mais extensos para uma investigação mais detalhada.



Sou idoso, deficiente ou incapaz de preencher o questionário da Pesquisa às Comunidades nos EUA. Que devo fazer?

Você pode designar outra pessoa para ajudar ou um representante do Censo pode telefonar ou visitar em sua casa para ajudar a preencher a pesquisa. Os participantes podem telefonar para o número 1-800-354-7271 para pedir ajuda.

A fim de produzir os resultados mais exatos, é muito importante que cada domicílio selecionado para a pesquisa participe.

Como posso obter mais informações sobre a Pesquisa às Comunidades nos EUA?

Há várias formas de obter informações sobre a Pesquisa às Comunidades nos EUA:

Para obter informações detalhadas, visite o nosso site: census.gov/acs ou telefone para os escritórios regionais do do Censo mais próximo, conforme listado a seguir:

Escritórios regionais do Census Bureau

Atlanta, GA
1-800-424-6974

Chicago, IL
1-800-865-6384

Denver, CO
1-800-852-6159

Los Angeles, CA
1-800-992-3530

Nova York, NY
1-800-991-2520

Filadélfia, PA
1-866-238-1374



Para fazer perguntas sobre os dados da Pesquisa às Comunidades nos EUA ou ver os resultados do inquérito, utilize a linha telefônica da pesquisa ao cliente pelo número:

301-763-INFO (4636)

1-888-346-9682

Também é possível entrar em contato por e-mail, pelo endereço:

ask.census.gov

ou por correio:

**American Community Survey
U.S. Census Bureau
4600 Silver Hill Rd.
Washington, DC
20233-7500**

PESQUISA ÀS COMUNIDADES NOS EUA

U.S. CENSUS BUREAU



E-mail: ask.census.gov



Telephone: 1-888-346-9682



Internet: census.gov/acs

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Issued January 2018



Вопросы и ответы

Анкетирование населения США по месту жительства





Что такое Анкетирование населения США по месту жительства?

Бюро переписи населения проводит анкетирование населения США по месту жительства в каждом округе страны, а также в местах проживания американских индейцев, коренных жителей Аляски и Гавайских островов.

Анкетирование населения США по месту жительства ежегодно предоставляет важную информацию о населении нашей страны в экономической, социальной и демографической сфере и в области жилья. Местные организации и общественность сообщают нам, что анкетирование населения США по месту жительства помогает принимать правильные решения на местном уровне и является важным условием для будущего развития регионов.

Я не слышал о проведении Анкетирования населения США по месту жительства. Как долго оно уже проводится?

Анкетирование населения США по месту жительства началось в 1996 году в ряде округов, расположенных в разных районах страны. Сегодня такое анкетирование проводится во всех округах Соединенных Штатов.



Как используются ответы на вопросы, которые я предоставил в ходе анкетирования населения США по месту жительства?

Вопросы, включенные в анкетирование населения США по месту жительства, нужны для сбора данных, необходимых для проведения правительственных программ или их оценки. Эти вопросы представляют собой практически те же самые вопросы, которые задаются в ходе переписи населения.

- Информация о **доходе** дает возможность сравнить экономические уровни различных районов. Многие федеральные программы и программы штатов используют эти данные для распределения средств, предназначенных для экономического развития на местах.
- Ваши ответы на вопросы, посвященные **дороге на работу**, используются Министерством транспорта для планирования улучшения скоростных шоссе, развития услуг общественного транспорта и создания программ, направленных на решение транспортных проблем.
- Информация о **возрасте** используется в федеральных программах для распределения финансовых средств или услуг, предназначенных для детей, взрослого работоспособного населения или для лиц пожилого возраста.
- Ответы на вопросы о **доходах и жилье** суммируются и используются Министерством жилищного строительства и городского развития США для оценки потребностей в области помощи с жильем, предоставляемой престарелым, инвалидам и домовладельцам с низкими доходами.
- Информация о **расе, латиноамериканском происхождении и языке, на котором общаются дома**, используется для выработки правил, требующих употребления двух языков при проведении выборов согласно Закону о праве на участие в голосовании и для наблюдения за обеспечением равноправия при приеме на работу согласно Закону о гражданских правах. Раса и латиноамериканское (или этническое) происхождение считаются различными понятиями и поэтому требуют отдельных вопросов.
- Информация о **военной службе** используется в основном Министерством США по делам ветеранов для определения потребностей этой категории населения страны, а также для оценки программ, связанных с образованием, трудоустройством и медицинским обслуживанием ветеранов.



Что дают мне ответы на вопросы, содержащиеся в Анкетировании населения США по месту жительства?

Федеральные ведомства, штаты и местные органы власти говорят, что не имеют актуальной информации, необходимой им для лучшего понимания местных проблем, удовлетворения существующих на местах потребностей, осуществления программ и выделения ресурсов. Как сказал один из местных руководителей, «угадывание всегда интересно, но редко бывает эффективно».

Отвечая на вопросы, содержащиеся в анкете, Вы содействуете постановке нужных задач на местах, выявлению местных проблем и их решению, помогаете в определении учреждений и программ, а также в деле оценки эффективности этих программ.

Данные, полученные в ходе анкетирования населения США по месту жительства, используются:

- **Местными программами**, такими, как программы для пожилых американцев и молодежи, а также библиотеками, банками, больницами и другими местными организациями для предоставления услуг местному населению и нахождения необходимых зданий, услуг и программ.
- **Теми, кто занимается транспортным планированием.** Используя информацию о дороге на работу, они составляют планы пиковых транспортных нагрузок для уменьшения автомобильных пробок, планы парковок автотранспорта и разрабатывают стратегию, включающую программы совместных поездок на работу и гибкие рабочие графики. Принимаются решения о строительстве новых дорог или расширении уже существующих, а также о создании транспортных систем, таких как рельсовые транспортные средства или метро, методом прогнозирования интенсивности будущих транспортных потоков.
- **Местными органами управления** для составления бюджетов, оценки программ, а также планирования проектов по развитию на местах.



Обязан ли я отвечать на вопросы, содержащиеся в анкете, заполняемой по месту жительства?

Да. Согласно закону Вы обязаны ответить на вопросы, содержащиеся в этой анкете (часть 13 Кодекса законов США, разделы 141, 193 и 221). Тот же самый закон обеспечивает конфиденциальность предоставляемой Вами информации.

Должен ли я отвечать на эти вопросы каждый год?

Нет. Только небольшое количество адресов отбирается для участия в анкетировании населения США по месту жительства. Один и тот же адрес может быть отобран для участия в опросе не чаще одного раза в пять лет. Эти домохозяйства выбираются по принципу случайного отбора и представляют другие домохозяйства данного района. Вот почему очень важно, чтобы все отобранные домохозяйства ответили на вопросы, содержащиеся в анкете, заполняемой по месту жительства.

Должен ли я отвечать на вопросы, если я проживаю по данному адресу временно?

Да. Если Вы находитесь по данному адресу более 2 месяцев, Вы должны ответить на все вопросы. Если Вы находитесь по этому адресу 2 месяца или меньше, то в соответствии с инструкциями Вы должны ответить на часть вопросов. При необходимости представитель Бюро переписи населения поможет Вам в этом. Такая информация помогает подготавливать планы по мере того, как население меняется в разное время года.

Являются ли конфиденциальными те ответы, которые я предоставляю в ходе анкетирования?

Да. Закон обязывает Бюро переписи населения США сохранять конфиденциальность предоставленной Вами информации. Бюро переписи населения не имеет права разглашать какую-либо информацию, из которой можно получить сведения о Вашей семье. В соответствии с Федеральным законом об усилении кибербезопасности от 2015 года, Ваши данные защищены от рисков нарушения кибербезопасности посредством введения специальных мер защиты систем, используемых для передачи данных. Согласно закону, предоставленные Вами сведения будут использованы исключительно в статистических целях.



Как я могу ознакомиться с результатами анкетирования?

Эта информация опубликована на сайте American FactFinder® Бюро переписи населения США, который находится по следующему адресу:
factfinder.census.gov

Эти данные представлены в нескольких форматах для каждого, кто желает с ними ознакомиться – от начинающих (тех, кто просто хочет взглянуть на них) до опытных специалистов, занимающихся исследованиями.

С помощью таблиц на сайте «Американский источник фактов» (American FactFinder) можно :

- осуществить быстрый обзор данных,
- сравнить информацию, полученную из разных районов, и
- получить более подробную информацию для проведения более детального анализа.



Я отношусь к категории престарелых жителей страны, инвалид или не в состоянии заполнить анкету по каким-либо другим причинам. Что мне делать?

Вы можете попросить другого человека помочь Вам, или представитель Бюро переписи населения может позвонить Вам или приехать к Вам домой, чтобы помочь Вам заполнить анкету. Для получения помощи позвоните по телефону 1-866-225-2297. Для получения наиболее точных результатов важно, чтобы в анкетировании населения США по месту жительства приняли участие все отобранные для этой цели домохозяйства.

Как я могу получить дополнительную информацию об анкетировании населения США по месту жительства?

Существует несколько способов для получения информации об анкетировании населения США по месту жительства:

Для получения подробной информации мы рекомендуем посетить наш сайт census.gov/acs или позвонить в один из приводимых ниже региональных офисов Бюро переписи населения США, расположенный ближе всего к месту Вашего проживания:

Региональные офисы Бюро переписи населения США

Atlanta, GA
1-800-424-6974

Chicago, IL
1-800-865-6384

Denver, CO
1-800-852-6159

Los Angeles, CA
1-800-992-3530

New York, NY
1-800-991-2520

Philadelphia, PA
1-866-238-1374



Если у Вас есть вопросы о данных анкетирования населения США по месту жительства или о том, как посмотреть результаты анкетирования, позвоните в нашу службу, занимающуюся работой с населением, по телефону:

301-763-INFO (4636)
1-888-346-9682

Вы также можете связаться с нами по электронной почте:

ask.census.gov

или написать нам по адресу:

American Community Survey
U.S. Census Bureau
4600 Silver Hill Rd.
Washington, DC
20233-7500

АНКЕТИРОВАНИЕ НАСЕЛЕНИЯ США ПО МЕСТУ ЖИТЕЛЬСТВА

БЮРО ПЕРЕПИСИ НАСЕЛЕНИЯ США



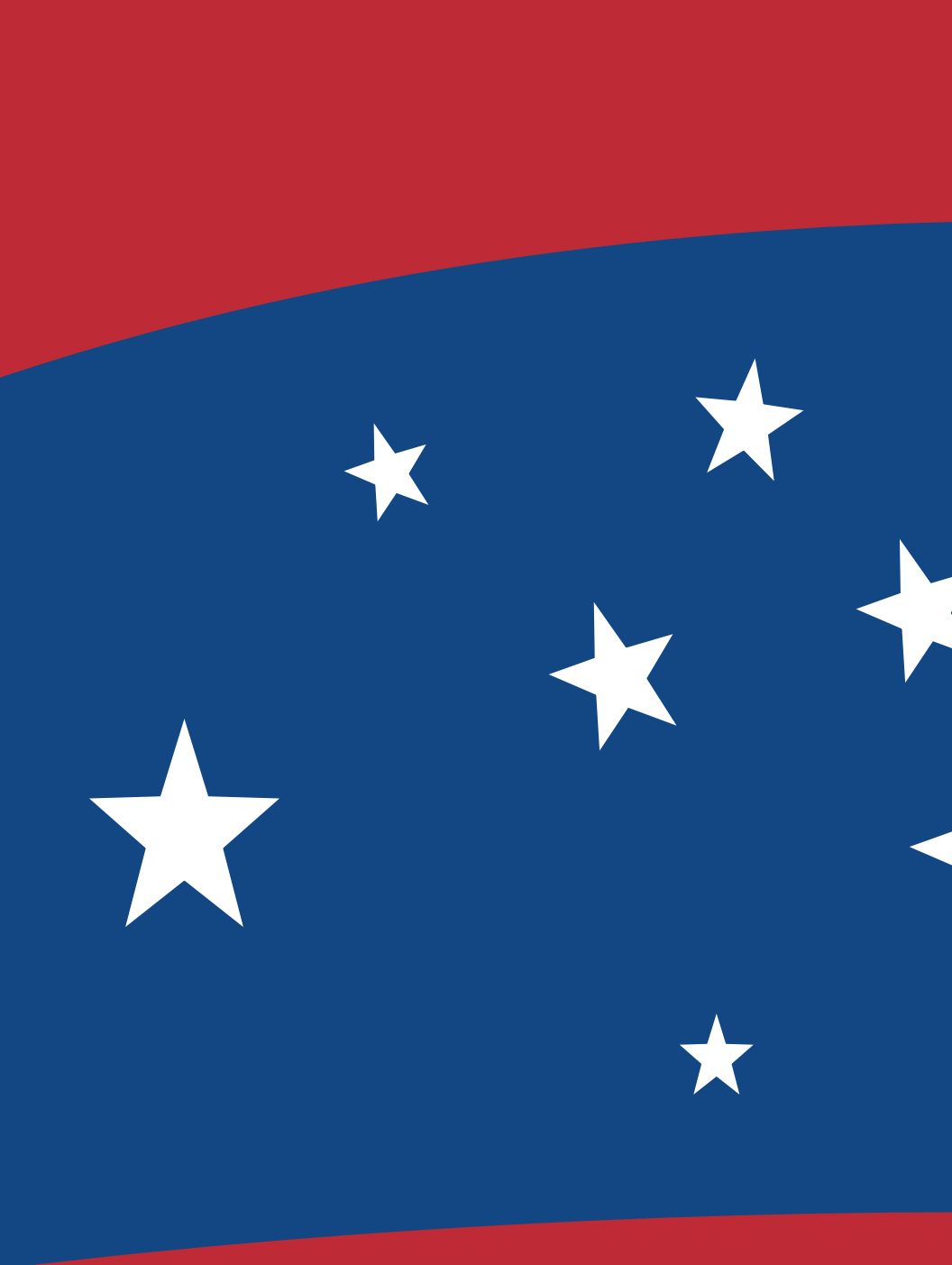
Эл. почта: ask.census.gov



Телефон: 1-888-346-9682



Интернет: census.gov/acs



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Hỏi & Đáp

Khảo
Sát Cộng
Đồng Mỹ

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U.S. CENSUS BUREAU
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Khảo Sát Cộng Đồng Mỹ là gì?

Khảo Sát Cộng Đồng Mỹ là cuộc khảo sát do Văn Phòng Kiểm Tra Dân Số Hoa Kỳ thực hiện tại mỗi quận, vùng đất người Mỹ Da Đỏ, bản xứ Alaska và quần đảo Hạ Uy Di thuộc quốc gia.

Khảo Sát Cộng Đồng Hoa Kỳ cung cấp các thông tin quan trọng về kinh tế, xã hội, nhân khẩu, và gia cư cho những cộng đồng quốc gia này mỗi năm. Các cộng đồng cho chúng tôi biết rằng cuộc Khảo Sát Cộng Đồng Mỹ giúp họ lấy nhiều quyết định sáng suốt và rất quan trọng cho tương lai của họ.

Tôi chưa nghe gì về cuộc Khảo Sát Cộng Đồng Mỹ. Quý vị đã tiến hành được bao lâu rồi?

Khảo Sát Cộng Đồng Mỹ bắt đầu vào năm 1996 tại một số quận tiêu biểu ở khắp quốc gia. Ngày nay khảo sát được tiến hành tại khắp các quận ở Hoa Kỳ.



Các câu trả lời trên bản Khảo Sát Cộng Đồng Mỹ sẽ được sử dụng như thế nào?

Các câu hỏi trên bản Khảo Sát Cộng Đồng Mỹ được để thu thập dữ kiện cần thiết để quản lý hay đánh giá các chương trình của chính phủ. Những câu hỏi này tương tự như những câu hỏi có trong phần kiểm kê dân số mười năm một lần.

- Thông tin về *lợi tức* được để so sánh mức kinh tế của những khu vực khác nhau. Nhiều chương trình liên bang và tiểu bang dùng những dữ liệu như thế để phân phối ngân quỹ khai triển cộng đồng.
- Câu trả lời của quý vị cho các câu hỏi *cách thức đi làm* được Bộ Giao Thông Hoa Kỳ sử dụng để hoạch định cải tiến xa lộ, khai triển dịch vụ vận chuyển công cộng, và thiết kế các chương trình để giải quyết vấn đề giao thông.
- Thông tin về *tuổi tác* được dùng ở các chương trình liên bang để phân chia ngân quỹ hay dịch vụ cho trẻ em, người lớn ở độ tuổi đi làm, hoặc lão niên.
- Các câu trả lời cho những câu hỏi về *lợi tức và gia cư* được tóm lược và được Bộ Gia Cư và Phát Triển Cộng Đồng Hoa Kỳ dùng để đánh giá nhu cầu trợ cấp nhà cửa cho lão niên, người tàn tật và chủ nhà có lợi tức thấp.
- Thông tin về *chủng tộc, nguồn gốc Tây Ban Nha, và ngôn ngữ sử dụng tại gia* được để xác định yêu cầu bầu cử song ngữ theo Đạo Luật Quyền Bầu Cử và giám sát cơ hội làm việc bình đẳng theo Luật Dân Quyền. Chủng tộc và nguồn gốc Tây Ban Nha nguyên thủy (hay chủng tộc) được xem như là khái niệm khác biệt và do đó đòi hỏi các câu hỏi riêng biệt.
- Thông tin về *quân đội* chủ yếu do Bộ Sự Vụ Cựu Quân Nhân sử dụng để đánh giá nhu cầu của cựu quân nhân và các chương trình của những người này về giáo dục, việc làm và chăm sóc sức khỏe.



Tôi sẽ hưởng lợi ích nào khi trả lời bản Khảo Sát Cộng Đồng Mỹ?

Các cơ quan liên bang, tiểu bang và cộng đồng cho biết là họ không có thông tin mới nhất để hiểu rõ hơn các vấn đề cộng đồng, đáp ứng các nhu cầu, và phân định chương trình và tài nguyên. Theo lời của một vị lãnh đạo cộng đồng nói thì “Ước tính thì khá hay nhưng ít có hiệu quả.”

Qua cách trả lời bản Khảo Sát Cộng Đồng Mỹ, quý vị giúp cho cộng đồng mình thiết lập mục tiêu cộng đồng, nhận biết các vấn đề và các giải pháp của cộng đồng, tìm các cơ sở và chương trình, và đánh giá mức hiệu quả của chương trình.

Các chương trình và thực thể sau đây dùng dữ kiện của bản Khảo Sát Cộng Đồng Mỹ:

- **Các chương trình cộng đồng**, như những chương trình cho lão niên, chương trình hướng đạo, thư viện, ngân hàng, bệnh viện, và các tổ chức cộng đồng khác, nhằm cung cấp dịch vụ cho cộng đồng và để tìm các tòa nhà, dịch vụ, và chương trình.
- **Chuyên viên hoạch định vận chuyển**, dùng thông tin về cách thức đi làm, để hoạch định lượng lưu thông cao điểm nhằm giảm tắc nghẽn lưu thông, hoạch định chỗ đậu xe, và khai triển chiến lược, như chương trình đi chung xe và thời biểu làm việc uyển chuyển. Họ sẽ lấy quyết định để xây đường mới hay mở rộng đường hiện tại, và để khai triển hệ thống vận chuyển, như xe điện nhẹ hay xe điện ngầm, bằng cách dự đoán nhu cầu tương lai.
- **Chánh phủ địa phương** để cấp ngân sách, đánh giá chương trình, và hoạch định cho các dự án phát triển cộng đồng.



Tôi có phải trả lời các câu hỏi trên bản Khảo Sát Cộng Đồng Mỹ không?

Có. Trả lời câu hỏi trên bản khảo sát được luật pháp đòi hỏi (Tựa Đề 13, Quy Luật Hoa Kỳ, Đoạn 141, 193, và 221).

Câu trả lời trong bản khảo sát của tôi có được giữ kín không?

Có. Cục Thống Kê Dân Số Hoa Kỳ được pháp luật yêu cầu bảo mật thông tin của quý vị. Chúng tôi không được phép công bố công khai các phản hồi của quý vị theo cách có thể nhận diện gia đình quý vị. Theo Đạo luật Tăng cường An ninh Mạng Liên bang năm 2015, dữ liệu của quý vị được bảo vệ khỏi các rủi ro an ninh mạng thông qua sàng lọc các hệ thống truyền đi dữ liệu của quý vị. Theo luật, Cục Thống kê chỉ được sử dụng các phản hồi của quý vị để tạo ra các số liệu thống kê.

Tôi có phải trả lời cho bản khảo sát nếu chỉ ở tạm thời tại địa chỉ này?

Có. Nếu ở tại địa chỉ này trong hơn 2 tháng, quý vị phải điền vào toàn bộ bản khảo sát. Nếu ở trong 2 tháng hay ngắn hơn, quý vị vẫn phải hoàn tất một phần bản khảo sát, theo chỉ dẫn. Đại diện Phòng Kiểm Tra Dân Số có thể giúp quý vị. Thông tin này giúp cho cộng đồng hoạch định khi dân số thay đổi ở thời điểm khác nhau trong năm.

Tôi có phải trả lời các câu hỏi này mỗi năm không?

Không. Chỉ một số địa chỉ mẫu được chọn tham gia vào cuộc Khảo Sát Cộng Đồng Mỹ. Một địa chỉ chỉ có thể được chọn làm mẫu mỗi 5 năm một lần. Những địa chỉ này được chọn ngẫu nhiên và tiêu biểu cho những địa chỉ khác trong cộng đồng. Đó là lý do vì sao việc các hộ được chọn làm mẫu phải trả lời lại quan trọng như vậy.



Làm thế nào để xem được kết quả khảo sát?

Thông tin này được công bố trên mạng lưới American FactFinder® của Phòng Kiểm Tra Dân Số tại: factfinder.census.gov

Dữ kiện được cung cấp dưới một số dạng thức khác nhau để cho mọi người từ người mới bắt đầu (có thể chỉ muốn xem dữ liệu) cho đến nhà nghiên cứu nhiều kinh nghiệm.

American FactFinder® cung cấp các bảng mà:

- cung cấp cái nhìn tổng quát về các dữ kiện một cách nhanh chóng.
- so sánh dữ kiện cho những nơi khác nhau và,
- cung cấp dữ kiện bao quát để nghiên cứu chi tiết hơn.



Tôi là người lão niên, tàn tật, hay nói cách khác là không thể hoàn tất bảng câu hỏi Khảo Sát Cộng Đồng Mỹ. Vậy thì phải làm sao?

Quý vị có thể chỉ định người khác giúp mình, hay đại diện Văn Phòng Kiểm Tra Dân Số có thể gọi cho quý vị hoặc đến nhà để giúp quý vị điền bản khảo sát. Người trả lời có thể gọi số 1-877-221-9436 để được giúp đỡ. Để có kết quả chính xác nhất, điều quan trọng là mỗi gia đình nào được chọn nên tham gia vào cuộc khảo sát.

Tôi có thể lấy thêm thông tin về cuộc Khảo Sát Cộng Đồng Mỹ bằng cách nào?

Có một số cách để lấy thông tin về Khảo Sát Cộng Đồng Mỹ:

Muốn biết thông tin chi tiết, chúng tôi khuyến khích quý vị viếng thăm mạng lưới của chúng tôi tại: census.gov/acs hoặc gọi cho Văn Phòng Khu Vực của Văn Phòng Kiểm Tra Dân Số gần nhà quý vị nhất được liệt kê dưới đây:

**Văn Phòng Khu Vực của
Văn Phòng Kiểm Tra Dân Số**

Atlanta, GA
1-800-424-6974

Chicago, IL
1-800-865-6384

Denver, CO
1-800-852-6159

Los Angeles, CA
1-800-992-3530

New York, NY
1-800-991-2520

Philadelphia, PA
1-866-238-1374



Nếu có thắc mắc về dữ kiện
Khảo Sát Cộng Đồng Mỹ hay
muốn biết cách xem kết quả của
cuộc khảo sát, xin gọi cho đường
dây Dịch Vụ Khách Hàng theo
số:

301-763-INFO (4636)

1-888-346-9682

Quý vị cũng có thể liên lạc với
chúng tôi bằng điện thư:

ask.census.gov

hoặc gửi thư cho chúng tôi tại
địa chỉ sau đây:

**American Community Survey
U.S. Census Bureau
4600 Silver Hill Rd.
Washington, DC
20233-7500**

KHẢO SÁT CỘNG ĐỒNG MỸ

PHÒNG KIỂM TRA DÂN SỐ HOA KỲ



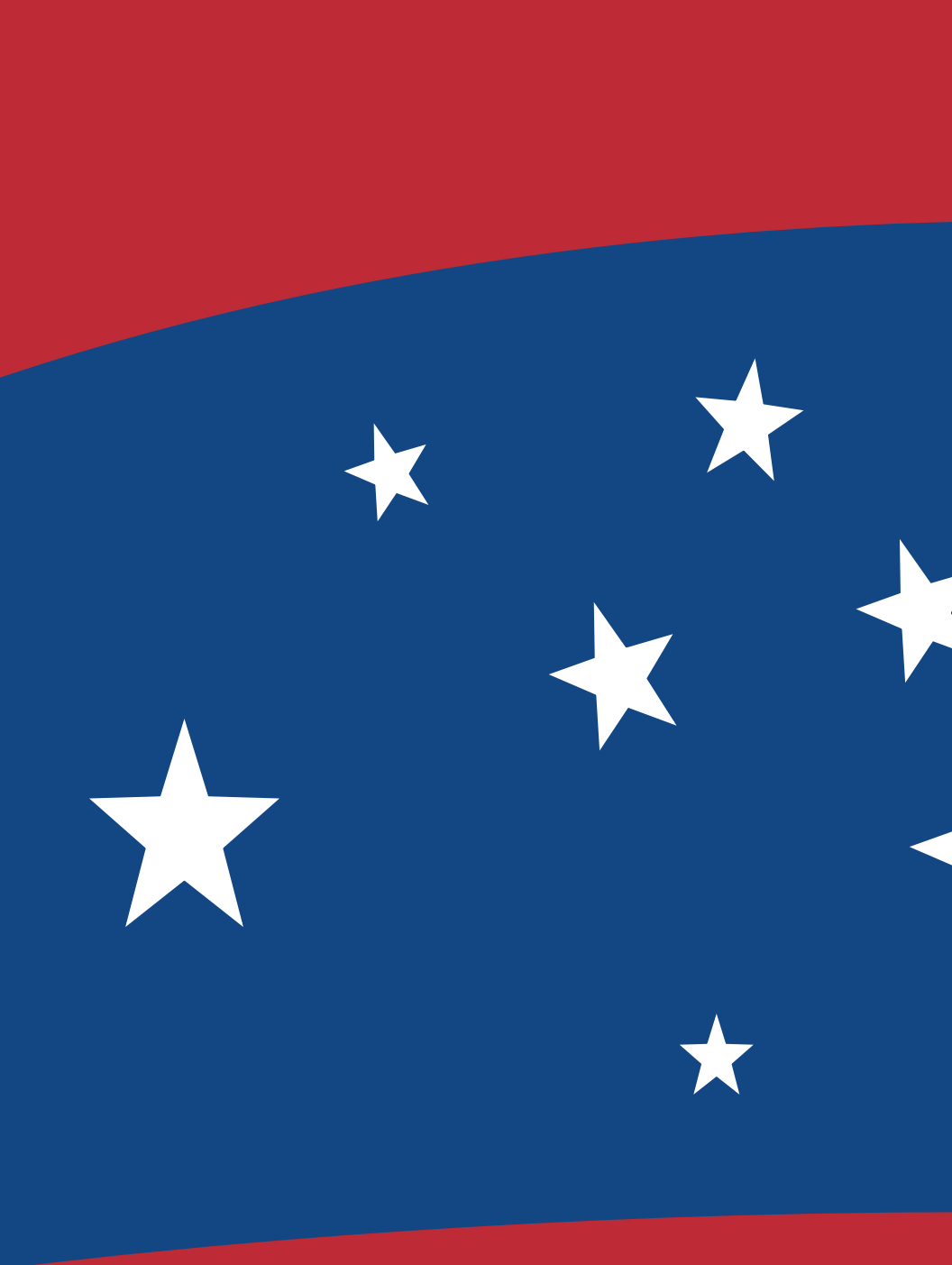
Điện thư: ask.census.gov



Điện thoại: 1-888-346-9682



Internet: census.gov/acs



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أسئلة وأجوبة

استبيان المجتمعات المحلية في الولايات المتحدة الأمريكية





لم أسمع من قبل عن استبيان المجتمعات المحلية في الولايات المتحدة الأمريكية. فمنذ متى وأنتم تقومون بها؟

بدأ استبيان المجتمعات المحلية في الولايات المتحدة الأمريكية عام ١٩٩٦ في عينة من المقاطعات في كل أنحاء الدولة. واليوم يتم الاستبيان في كل المقاطعات الأمريكية وفي بورتوريكو، حيث يطلق عليه استبيان المجتمعات المحلية في بورتوريكو.

ما هو استبيان المجتمعات المحلية في الولايات المتحدة الأمريكية؟

استبيان المجتمعات المحلية في الولايات المتحدة الأمريكية هو استبيان يجريه مكتب الإحصاء الأمريكي في كل مقاطعة ومناطق الأمريكيين من أصل هندي أحمر أو من سكان الأسكا الأصليين وسكان هاواي الأصليين.

يقدم استبيان المجتمعات المحلية في الولايات المتحدة الأمريكية معلومات هامة اقتصادية، اجتماعية، سكانية وإسكانية إلى المجتمعات السكانية الأمريكية كل عام. فالمجتمعات تخبرنا أن استبيان المجتمعات المحلية في الولايات المتحدة الأمريكية يساعدهم في اتخاذ القرارات المدروسة وهو دليل على المستقبل بالنسبة لهم.



■ إجابات الأسئلة المتعلقة **بالدخل والإسكان** يتم تلخيصها واستخدامها في وزارة الإسكان والتنمية العمرانية الأمريكية لتقييم الحاجة للمساعدة السكنية بالنسبة لكبار السن والمعاقين ومالكي المساكن ذوي الدخل المحدود.

■ المعلومات المتعلقة **بالعرق والأصول اللاتينية واللغة المتحدث بها في المنزل**، تُستخدم لتحديد المتطلبات ثنائية اللغة في الانتخابات بموجب قانون حقوق التصويت ومراقبة تكافؤ فرص التوظيف بموجب قانون الحقوق المدنية. العرق أو الأصول الهسبانية (أو الجذور العرقية) تعد مفاهيم متميزة، ولذا فإنها تتطلب أسئلة منفصلة.

■ المعلومات المتعلقة **بالخدمة العسكرية** تستخدمها الإدارة الأمريكية أساساً لشؤون المحاربين القدامى لقياس احتياجات المحاربين ولتقييم برامجهم المعنية بالتعليم والتوظيف والرعاية الصحية.

كيف سيتم استخدام الإجابات التي أقدمها إلى استبيان المجتمعات المحلية في الولايات المتحدة الأمريكية؟

الأسئلة الواردة في استبيان المجتمعات المحلية في الولايات المتحدة الأمريكية أساسية لجمع البيانات المطلوبة لإدارة البرامج الحكومية أو تقييمها. وتلك الأسئلة هي بالطبع نفس الأسئلة التي طرحت كجزء من الإحصاء الذي يجري كل عشر سنوات.

■ معلومات **الدخل** تتيح مقارنة المستويات الاقتصادية للمناطق المختلفة. كما أن العديد من البرامج الفيدرالية وبرامج الولايات تستخدم تلك البيانات لتوزيع الموارد المالية لتنمية المجتمع.

■ إجاباتك على الأسئلة المتعلقة **بالتوجه إلى العمل** تستخدمها وزارة النقل الأمريكية للتخطيط لتحسين الطرق السريعة وتطوير خدمات النقل العام وتصميم البرامج الكفيلة بالتخفيف من المشاكل المرورية.

■ المعلومات المتعلقة **بالعمر** تُستخدم في البرامج الفيدرالية لتوجيه الموارد المالية أو الخدمات إلى الأطفال أو البالغين في سن العمل أو كبار السن.



- **البرامج المجتمعية**، مثل المعنية بكبار السن والبرامج الكشفية والمكتبات والمصارف والمستشفيات وغيرها من المؤسسات المجتمعية، لتقديم الخدمات للمجتمع وتحديد المنشآت والخدمات والبرامج.
- **القائمين على تخطيط الطرق**، وذلك باستخدام معلومات التوجه إلى العمل، للتخطيط لأوقات الذروة لتفادي الاختناقات المرورية، والتخطيط لساحات انتظار السيارات، ووضع الاستراتيجيات مثل برامج النقل الجماعي وجدول العمل المرنة. ويتم اتخاذ قرارات شق طرق جديدة أو توسيع الطرق الحالية، وتطوير أنظمة النقل مثل القطارات الخفيفة أو مترو الأنفاق، وذلك باستقراء الاحتياجات المستقبلية.

كيف ساستفيد من الإجابة على استبيان المجتمعات المحلية في الولايات المتحدة الأمريكية؟

تقول الوكالات الفيدرالية والولايات والمجتمعات أنه لا يتوفر لديها أحدث المعلومات المطلوبة للتعرف بشكل أفضل على قضايا المجتمع والاستجابة لاحتياجاته وتخصيص البرامج والموارد. وكما قال أحد رواد المجتمع: «التخمين دائماً متعة، ولكن نادراً ما يكون فعالاً».

بالرد على أسئلة استبيان المجتمعات المحلية في الولايات المتحدة الأمريكية، فإنك تساعد مجتمعك على تحقيق أهدافه الاجتماعية وتحديد مشكله وحلولها والتعرف على المرافق والبرامج ومقياس أداء البرامج. بيانات استبيان المجتمعات المحلية في الولايات المتحدة الأمريكية يستخدمها كلٌ من:

- **الحكومات المحلية** للمساعدة في وضع الموازنات وتقييم البرامج والتخطيط لمشاريع التنمية المجتمعية.



هل يجب عليّ الإجابة على الاستبيان إذا كنت مقيماً في هذا العنوان بشكل مؤقت؟

نعم. إذا كنت تقيم في هذا العنوان لأكثر من شهرين، فيجب أن تكمل الاستبيان كله. أما إذا كنت تقيم لمدة شهرين أو أقل، فيجب أيضاً أن تكمل جزءً من الاستبيان، وفقاً للإرشادات. ويمكن لممثل مكتب الإحصاء مساعدتك. فهذه المعلومات تساعد المجتمعات في التخطيط مع التغيرات السكانية في أوقات مختلفة من العام.

هل أجوتي على الاستبيان سرية؟

نعم. يلزم القانون مكتب الإحصاء الأمريكي بأن يحافظ على معلوماتك السرية. وغير مسموح لنا بنشر إجاباتك بشكل عام بطريقة من شأنها أن تحدد هوية أسرته. وتتم حماية البيانات ضد هجمات الأمن الإلكتروني من خلال مراقبة الأنظمة التي تنقل بياناتك وذلك وفق قانون تعزيز الأمن الإلكتروني الفيدرالي لعام ٢٠١٥. وحسب القانون، يمكن لمكتب الإحصاء استخدام إجاباتك لإنتاج الإحصائيات فقط.

هل يجب عليّ الإجابة على أسئلة استبيان المجتمعات المحلية في الولايات المتحدة الأمريكية؟

نعم. فاستجابتك لهذا الاستبيان إلزامية بموجب القانون (المادة ١٣ من قانون الولايات المتحدة، الفقرات ١٤١ و١٩٣ و٢٢١). والقانون ذاته يحمي سرية المعلومات التي تقدمها.

هل يجب علي الرد على تلك الأسئلة كل عام؟

لا. يتم اختيار عينة صغيرة من العناوين للمشاركة في استبيان المجتمعات المحلية في الولايات المتحدة الأمريكية. وقد يتم اختيار عنوان ما للعينة مرة كل ٥ سنوات. ويتم اختيار تلك العناوين عشوائياً لكي تمثل العناوين الأخرى في المجتمع. ولذلك فإنه من الأهمية بمكان أن تجيب كل أسرة يقع عليها الاختيار.



كيف يمكنني أن أطلع على نتائج الاستبيان؟

تُنشر هذه المعلومات على موقع
American FactFinder® التابع لمكتب
الإحصاء على الإنترنت

factfinder.census.gov

تُقدم البيانات بعدة تنسيقات لكل شخص، من المبتدئين
(الذين يريدون الاطلاع على البيانات وحسب) إلى
الباحثين المتخصصين.

يقدم American FactFinder® الجداول التي:

- تقدم نبذة عامة عن البيانات بسرعة
- تقارن بيانات الأماكن المختلفة
- تقدم بيانات أكثر شمولية من أجل الأبحاث الأكثر تفصيلاً.



كيف أحصل على معلومات أكثر عن استبيان المجتمعات المحلية في الولايات المتحدة الأمريكية؟

توجد طرق عدة للحصول على معلومات عن دراسة المجتمع الأمريكي:

للمعلومات المفصلة، نوصيك بزيارة موقعنا على الإنترنت:

census.gov/acs

أو الاتصال بأقرب فرع إقليمي لمكتب الإحصاء كما هو أدناه:

أنا عجوز أو معاق أو لا يمكنني إكمال أسئلة استبيان المجتمعات المحلية في الولايات المتحدة الأمريكية. فماذا أفعل؟

يمكنك اختيار شخص آخر لمساعدتك، أو من الممكن أن يتصل بك ممثل مكتب الإحصاء أو يأتي إلى منزلك ويساعدك في إكمال الاستبيان. ويمكن للمعنيين الاتصال على ١_٨٠٠_٣٥٤_٧٢٧١ لتلقي المساعدة.

وللحصول على أدق النتائج، من الأهمية بمكان أن تشارك في الاستبيان كل الأسر المختارة.

المكاتب الإقليمية التابعة لمكتب الإحصاء

Atlanta, GA
1-800-424-6974

Chicago, IL
1-800-865-6384

Denver, CO
1-800-852-6159

Los Angeles, CA
1-800-992-3530

New York, NY
1-800-991-2520

Philadelphia, PA
1-866-238-1374



كما يمكن مراسلتنا بالبريد الإلكتروني

ask.census.gov

أو بالبريد العادي الأمريكي على:

**American Community Survey
U.S. Census Bureau
4600 Silver Hill Rd.
Washington, DC
20233-7500**

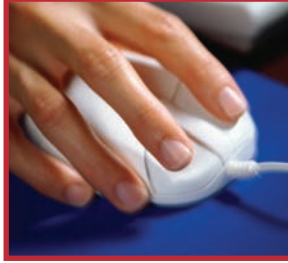
لترح أسئلة حول بيانات استبيان المجتمعات المحلية في الولايات المتحدة الأمريكية أو لمعرفة كيفية الاطلاع على نتائج الاستبيان، يمكن الاتصال على خط خدمة العملاء:

301-763-INFO (4636)

1-888-346-9682

استبيان المجتمعات المحلية في الولايات المتحدة الأمريكية

مكتب الإحصاء الأمريكي



بريد إلكتروني: ask.census.gov



هاتف: 1-888-346-9682



موقع الإنترنت: census.gov/acs

APPROVED REFUSAL LETTER

<<DATE>>

<<CONTROLNUMBER>>

<<F_RESPNAME>>

<<ADDRESS>>

Dear <<F_RESPNAME>>:

Recently, a U.S. Census Bureau representative, <<FRNAME>>, visited your household on behalf of the American Community Survey. The Census Bureau is conducting this survey under the authority of Title 13, Sections 141, 193, and 221, of the United States Code. I understand that you have some concerns about participating in this survey, but your household's participation is important to the success of this survey.

The American Community Survey contains questions about your household characteristics including such topics as education, employment, and housing. The primary goal of this survey is to provide information each year about the social, economic, and housing characteristics of the United States. Your participation helps provide the information needed by your community, county, state, and nation, to plan and fund programs at all levels. The American Community Survey will provide communities annually updated, detailed information previously available only when the Census Bureau conducted a census every 10 years.

The U.S. Census Bureau is required by law to keep your information. We are not permitted to publicly release your responses in a way that could identify this household. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. By law, the Census Bureau can only use your responses to produce statistics.

A member of our staff will contact you again in a few days, or you can contact <<FRNAME>> at <<FRPHONE>>, to arrange an interview at your convenience. Your participation and cooperation are important to the success of the survey. If you have any questions, contact <<SUPERVISOR1>>, Program Supervisor, at <<OFFICEPHONE>>. For more information about the American Community Survey, visit our website at <http://www.census.gov/acs>.

Sincerely,

Program Supervisor

Enclosures

APPROVED REFUSAL LETTER

<<DATE>>

<<CONTROLNUMBER>>

<<F_RESPNAME>>

<<ADDRESS>>

<<F_RESPNAME>>님께:

최근에 미국 통계청(U.S. Census Bureau) 직원인 <<FRNAME>>이(가) 미국 지역사회 설문조사와 관련하여 귀하의 가정을 방문했습니다. 통계청은 미국 연방 법령 제 13 장 141, 193 및 221 조항에 의거하여 본 설문조사를 실시하고 있습니다. 귀하께서 본 설문조사 참여와 관련하여 우려하시는 점을 이해하지만 여러분 가정의 참여는 본 설문조사의 성공에 있어서 중요합니다.

미국 지역사회 설문조사는 교육, 고용 및 주택과 같은 주제를 포함하여 가정의 특성과 관련된 질문을 포함하고 있습니다. 본 설문조사의 주 목적은 매년 미국 사회, 경제 및 주거 특성에 관한 정보를 제공하는 것입니다. 귀하의 참여는 지역사회, 카운티, 주 및 국가에서 모든 각계 분야의 프로그램을 계획하고 자금을 조달하는데 있어서 필요한 정보를 제공하는데 도움이 됩니다. 미국 지역사회 설문조사는 예전에는 10년마다 인구조사를 수행했을 경우에만 이용가능한 상세 정보를 매년 갱신해서 지역사회에 제공합니다.

미국 통계청은 법률에 따라 귀하의 정보를 기밀로 유지합니다. 저희가 참여 가정을 식별할 수 있는 방법으로 귀하의 답변을 공개적으로 발표하는 것은 허용되지 않습니다. 2015년 연방 사이버보안 개선 법안에 따라서 데이터를 전송하는 시스템의 검사를 통하여 귀하의 데이터를 사이버 보안 위협으로부터 보호합니다. 법률에 의거하여 통계청에서는 귀하의 응답을 통계 목적으로만 사용할 수 있습니다.

편하신 시간에 인터뷰를 예약하실 수 있도록 저희 직원이 수 일 내로 다시 연락드리거나 <<FRPHONE>>번으로 <<FRNAME>>에게 연락하실 수 있습니다. 귀하의 참여와 협조는 성공적인 설문조사를 위해 중요합니다. 문의사항이 있으신 경우에는 프로그램 감독관인 <<SUPERVISOR1>>에게 <<OFFICEPHONE>>번으로 연락하여 주십시오. 미국 지역사회 설문조사에 관한 보다 자세한 정보는 웹사이트 <http://www.census.gov/acs> 에서 확인하십시오.

감사합니다.

프로그램 감독관

첨부

APPROVED REFUSAL LETTER

<<DATE>>

<<CONTROLNUMBER>>

<<F_RESPNAME>>

<<ADDRESS>>

Уважаемый(-ая) <<F_RESPNAME>>:

Недавно представитель Бюро переписи США <<FRNAME>> посетил ваше домохозяйство от имени программы Анкетирования населения США по месту жительства. Бюро переписи проводит это анкетирование в соответствии с пунктом 13, разделов 141, 193 и 221 Кодекса Соединенных Штатов. Я понимаю, что у вас есть определенное беспокойство по поводу участия в этом анкетировании, но участие вашего домохозяйства очень важно для успешного проведения этого анкетирования.

В Анкетировании населения США по месту жительства содержатся вопросы о характеристиках домохозяйств, включая такие темы, как образование, занятость и жилье. Основная цель этого анкетирования — ежегодно предоставлять информацию о социальных, экономических и жилищных характеристиках населения Соединенных Штатов. Ваше участие в этом анкетировании помогает получить информацию, необходимую вашему сообществу, округу, штату и государству в целом для планирования и финансирования программ на всех уровнях. Анкетирование населения США по месту жительства будет предоставлять сообществам ежегодно обновляемую подробную информацию, ранее доступную только каждые 10 лет, когда Бюро переписи проводило перепись населения.

В соответствии с законом Бюро переписи США обязано сохранять конфиденциальность вашей информации. Нам не разрешается публиковать ваши ответы таким образом, чтобы можно было идентифицировать конкретное домохозяйство. В соответствии с Федеральным законом об усилении кибербезопасности от 2015 года ваши данные защищены от рисков нарушения кибербезопасности посредством скрининга систем, которые передают ваши данные. По закону Бюро переписи может использовать ваши ответы только для получения статистических данных.

Через несколько дней наш сотрудник снова свяжется с вами, или вы сможете связаться с <<FRNAME>>, позвонив по номеру <<FRPHONE>>, чтобы договориться о проведении интервью в удобное для вас время. Ваше участие и сотрудничество очень важны для успешного проведения анкетирования. Если у вас есть какие-либо вопросы, звоните <SUPERVISOR1>, руководителю программы, по номеру <<OFFICERPHONE>>. Для получения дополнительной информации об Анкетировании населения США по месту жительства посетите наш веб-сайт по адресу <http://www.census.gov/acs>.

С уважением,

руководитель программы

Вложения

APPROVED REFUSAL LETTER

<<DATE>>

<<CONTROLNUMBER>>

<<F_RESPNAME>>

<<ADDRESS>>

尊敬的 <<F_RESPNAME>>:

最近，美国人口普查局代表 <<FRNAME>> 为美国社区调查事宜访问了您的家庭。人口普查局在美国法典第 13 章第 141、193 和 221 节的授权下进行这项调查。我理解您对参加本调查有一些顾虑，但是，您家庭的参与对本调查取得成功很重要。

美国社区调查包含关于家庭特征的问题，包括教育、就业和住房等主题。本调查的主要目标是每年提供有关美国的社会、经济和住房特征的信息。您的参与有助于提供您所在社区、县、州和国家所需的信息，并在所有层面制定计划及提供资金支持。美国社区调查将每年向社区提供最新、详细的信息，以前只有在人口普查局每隔 10 年进行人口普查时才会提供这些信息。

法律要求美国人口普查局将您的信息保密。我们不允许以可能识别此家庭的方式公开发布您的回复。根据 2015 年联邦网络安全增强法案，我们通过筛查传输您的数据的系统，消除您的数据的网络安全风险。根据法律，人口普查局只能使用您的回复生成统计数据。

我们的员工将在几天内再次联系您，或者您可拨打电话 <<FRPHONE>> 联系 <<FRNAME>>，以安排在您方便的时间进行面谈。您的参与和合作对调查取得成功很重要。如果您有任何问题，请拨打电话 <<OFFICEPHONE>> 联系项目主管 <<SUPERVISOR1>>。有关美国社区调查的详细信息，请访问我们的网站 <http://www.census.gov/acs>。

此致，

项目主管

附件

APPROVED REFUSAL LETTER

<<DATE>>

<<CONTROLNUMBER>>

<<F_RESPNAME>>

<<ADDRESS>>

Estimado(a) <<F_RESPNAME>>:

Recientemente, un representante de la Oficina del Censo de los EE. UU., <<FRNAME>>, visitó su hogar en nombre de la Encuesta sobre la Comunidad Estadounidense. La Oficina del Censo realiza esta encuesta en conformidad con la autoridad del Título 13, Secciones 141, 193 y 221 del Código de los Estados Unidos. Comprendo sus preocupaciones sobre la participación en esta encuesta, pero la participación de su hogar es importante para el éxito de esta encuesta.

La Encuesta sobre la Comunidad Estadounidense contiene preguntas sobre las características de su hogar, incluidos temas como la educación, el empleo y la vivienda. El objetivo principal de esta encuesta es proporcionar información anual sobre las características sociales, económicas y de vivienda de los Estados Unidos. Su participación ayuda a proporcionar la información que necesitan su comunidad, condado, estado y país para planificar y financiar programas en todos los niveles. La Encuesta sobre la Comunidad Estadounidense les proporcionará a las comunidades información anual actualizada y detallada que previamente solo estaba disponible cuando la Oficina del Censo llevaba a cabo un censo cada 10 años.

La Oficina del Censo de los EE. UU. está obligada por ley a mantener confidencial su información. No se nos permite divulgar sus respuestas de manera que su hogar pudiera ser identificado. En conformidad con la Ley para el Fortalecimiento de la Seguridad Cibernética Federal del 2015, sus datos están protegidos contra los riesgos de seguridad cibernética mediante los controles aplicados a los sistemas que los transmiten. Por ley, la Oficina del Censo puede usar sus respuestas solamente para producir estadísticas.

Uno de nuestros empleados se comunicará de nuevo con usted en los próximos días, o usted puede comunicarse con <<FRNAME>> al <<FRPHONE>> para concertar una entrevista a su conveniencia. Su participación y cooperación son importantes para el éxito de la encuesta. Si tiene preguntas, comuníquese con <<SUPERVISOR1>>, el supervisor del programa, al <<OFFICEPHONE>>. Para obtener más información sobre la Encuesta sobre la Comunidad Estadounidense, visite nuestro sitio web en <http://www.census.gov/acs>.

Atentamente,

Supervisor del programa

Documentos adjuntos

APPROVED REFUSAL LETTER

<<DATE>>

<<CONTROLNUMBER>>

<<F_RESPNAME>>

<<ADDRESS>>

Kính gửi <<F_RESPNAME>>:

Gần đây, một đại diện của Cục Thống Kê Dân Số Hoa Kỳ, <<FRNAME>>, đã đến hộ gia đình của quý vị thay mặt Khảo Sát Cộng Đồng tại Mỹ. Cục Thống Kê Dân Số tiến hành cuộc khảo sát này theo thẩm quyền của Mục 13, Phần 141, 193 và 221 của Đạo Luật Hoa Kỳ. Tôi hiểu rằng quý vị có một số lo ngại về việc tham gia vào cuộc khảo sát này, nhưng việc tham gia của hộ gia đình của quý vị rất quan trọng nhằm giúp cuộc khảo sát này thành công.

Cuộc Khảo Sát Cộng Đồng tại Mỹ gồm các câu hỏi về đặc điểm hộ gia đình của quý vị bao gồm các chủ đề như giáo dục, việc làm và nhà ở. Mục tiêu chính của cuộc khảo sát này là nhằm cung cấp thông tin mỗi năm về các đặc điểm xã hội, kinh tế và nhà ở tại Hoa Kỳ. Sự tham gia của quý vị sẽ giúp cung cấp thông tin cần thiết cho cộng đồng, quận, tiểu bang và quốc gia để lập kế hoạch và tài trợ các chương trình thuộc mọi cấp độ. Khảo Sát Cộng Đồng tại Mỹ sẽ cung cấp cho cộng đồng thông tin cập nhật, chi tiết hàng năm mà trước đó chỉ có khi Cục Thống Kê Dân Số tiến hành điều tra dân số 10 năm một lần.

Luật pháp yêu cầu Cục Thống Kê Dân Số Hoa Kỳ giữ bảo mật thông tin của quý vị. Chúng tôi không được phép công bố công khai phần trả lời của quý vị theo cách thức có thể xác định hộ gia đình này. Theo Đạo Luật Củng Cố An Ninh Mạng Liên Bang 2015, dữ liệu của quý vị được bảo vệ khỏi các rủi ro an ninh mạng thông qua sàng lọc các hệ thống truyền tải dữ liệu của quý vị. Theo luật, Cục Thống Kê Dân Số chỉ có thể sử dụng phần trả lời của quý vị để lập số liệu thống kê.

Một nhân viên của chúng tôi sẽ liên hệ lại với quý vị trong vài ngày tới, hoặc quý vị có thể liên hệ với <<FRNAME>> theo số <<FRPHONE>>, để sắp xếp phỏng vấn tiện lợi nhất cho quý vị. Sự tham gia và hợp tác của quý vị rất quan trọng để khảo sát này thành công. Nếu quý vị có bất kỳ thắc mắc nào, xin hãy liên hệ với <<SUPERVISOR1>>, Giám Sát Viên Chương Trình, theo số <<OFFICEPHONE>>. Để biết thêm thông tin về Khảo Sát Cộng Đồng tại Mỹ, xin hãy truy cập trang web của chúng tôi tại địa chỉ <http://www.census.gov/acs>.

Trân trọng,

Giám Sát Viên Chương Trình

Tài liệu đính kèm

**ACS-18(L)(C)(GQ)(ATLANTA)(2019)
(8-2017)**



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau
Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

A message from the Director, U.S. Census Bureau ...

To: Director of Student Housing

Your student housing facility has been randomly selected to participate in a very important national survey conducted by the U.S. Census Bureau called the **American Community Survey** (ACS). The ACS is an on-going survey that tells us what the population looks like and how it lives. A sample of students who live or stay in student housing is included in the ACS. Participating in the ACS is important and also *required by law* (Title 13, United States Code, Sections 141, 193, 221, and 223).

Estimates from the ACS are used by federal, tribal, state, and local governments, as well as by businesses and private nonprofit organizations.

- The ACS estimates are used by federal agencies to determine the distribution of Title I funding and college tuition grant and loan programs.
- Local governments use these estimates for budgeting, evaluating programs, and planning for community development projects, such as those for libraries and new schools.
- Other organizations use this information to provide services to the community and to plan or establish new facilities, buildings, and programs.
- Researchers and planners at your own institution almost certainly use ACS estimates themselves.

Throughout the year, representatives for the ACS contact different facilities, such as college residence halls, dormitories, and fraternity/sorority housing recognized by the college or university. During the next month, one of our ACS field representatives will contact you or someone in your office to discuss the survey and to schedule an appointment to visit your facility.

The field representative will:

- answer any questions you may have about the ACS or about interviewing residents of your facility.
- collect and verify basic information about your student housing facility such as the facility name and address.
- ask for a list of students who are currently living or staying at the sampled student housing facility to establish a basis for their sample. According to the Family Education Rights and Privacy Act (FERPA) the Census Bureau is permitted to collect this information.
- select a random sample of students to take part in the ACS.
- interview the selected students. If a student is unable to participate in an interview, the field representative will work with you to determine if there are other ways to get the needed information.

Selected students will be asked to respond to the ACS and provide information about various topics, such as education and employment. **The Census Bureau is required by law to keep your information confidential. We are not permitted to publicly release your responses in a way that could identify you. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data (Title 13, United States Code, Section 9).**

Your cooperation is essential to the success of the ACS, and the field representative may need your assistance in collecting survey information from the sample of students. The field representative will need access to the students chosen. For those students who do not complete the survey, colleges and universities can lawfully disclose directory information from student records to the Census Bureau without prior consent of the student, parents, or guardians as stated in the FERPA. Directory information includes a student's name, date of birth, school address, and dates of attendance.

The enclosed brochure provides answers to frequently asked questions about the ACS. If you want to learn more about the ACS, please visit the Census Bureau's Web site at [census.gov/acs](https://www.census.gov/acs).

If you have further questions, please call the Census Bureau's Atlanta Regional Office toll-free number at 1-800-424-6974 (ext. 53955), and ask for the ACS supervisor.

Thank you in advance for your cooperation, and we look forward to working with you.

Enclosure

**ACS-18(L)(C)(GQ)(CHICAGO)(2019)
(8-2017)**



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau
Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

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If you have further questions, please call the Census Bureau's Chicago Regional Office toll-free number at 1-800-865-6384 (ext.1), and ask for the ACS supervisor.

Thank you in advance for your cooperation, and we look forward to working with you.

Enclosure

**ACS-18(L)(C)(GQ)(DENVER)(2019)
(8-2017)**



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau
Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

A message from the Director, U.S. Census Bureau ...

To: Director of Student Housing

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If you have further questions, please call the Census Bureau's Denver Regional Office toll-free number at 1-888-209-7659, and ask for the ACS supervisor.

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Enclosure

ACS-18(L)(C)(GQ)(LOS ANGELES)(2019)
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UNITED STATES DEPARTMENT OF COMMERCE
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Washington, DC 20233-0001
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**ACS-18(L)(C)(GQ)(NEW YORK)(2019)
(8-2017)**



UNITED STATES DEPARTMENT OF COMMERCE
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U.S. Census Bureau
Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

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If you have further questions, please call the Census Bureau's New York Regional Office toll-free number at 1-800-991-2520 (ext. 43433), and ask for the ACS supervisor.

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Enclosure

ACS-18(L)(C)(GQ)(PHILADELPHIA)(2019)
(8-2017)



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
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Washington, DC 20233-0001
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Enclosure

**ACS-18(L)(H)(GQ)(ATLANTA)(2019)
(8-2017)**



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**ACS-18(L)(H)(GQ)(CHICAGO)(2019)
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ACS-18(L)(H)(GQ)(LOS ANGELES)(2019)
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The enclosed brochure provides answers to frequently asked questions about the ACS. If you want to learn more about the ACS, please visit the Census Bureau's Web site at census.gov/acs.

If you have further questions, please call the Census Bureau's New York Regional Office toll-free number at 1-800-991-2520 (ext. 43433), and ask for the ACS supervisor.

Thank you in advance for your cooperation, and we look forward to working with you.

Enclosure

ACS-18(L)(H)(GQ)(PHILADELPHIA)(2019)
(8-2017)



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau
Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

A message from the Director, U.S. Census Bureau ...

To: Health Care Facility Administrator

Your facility has been randomly selected to participate in a very important national survey conducted by the U.S. Census Bureau called the **American Community Survey (ACS)**. The ACS is an on-going survey that tells us what the population looks like and how it lives. A sample of residents who live or stay in your hospitals, nursing facilities/skilled nursing facilities, and inpatient hospice facilities is included in the ACS. Participating in the ACS is important and also *required by law* (Title 13, United States Code, Sections 141, 193, 221, and 223).

Estimates from the ACS are used by federal, tribal, state, and local governments, as well as by private nonprofit organizations and communities, for example:

- Local governments use these estimates for budgeting, evaluating programs, and planning for community development projects, such as those for the older population, hospitals, and senior centers.
- Other organizations use this information to provide services to the community and to plan or establish new facilities, buildings, and programs.
- Administrators at your own facility may use ACS estimates themselves.

Throughout the year, representatives for the ACS contact different facilities, such as hospitals, nursing facilities/skilled nursing facilities, and inpatient hospice facilities. During the next month, one of our ACS field representatives will contact you or someone in your office to discuss the survey and to schedule an appointment to visit your facility.

The field representative will:

- answer any questions you may have about the ACS or about interviewing residents of your facility.
- collect and verify basic information about your facility, such as the facility name and address.

- ask for a list of residents who are currently living or staying at your facility to establish a basis for their sample.
- select a random sample of residents to take part in the ACS.
- interview the selected residents. If a resident is unable to participate in an interview, the field representative will work with you to determine if there are other ways to get the needed information.

Selected residents will be asked to respond to the ACS and provide information about various topics, such as education, military service, insurance coverage and disability. **The Census Bureau is required by law to keep your information confidential. We are not permitted to publicly release your responses in a way that could identify you. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data (Title 13, United States Code, Section 9).**

Your cooperation is essential to the success of the ACS, and the field representative may need your assistance in collecting survey information from the sample of residents. The field representative will need access to the residents chosen. For those residents who cannot complete the survey, according to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), to the extent required by Title 13 or other law, an organization or facility covered by HIPAA is permitted under the Privacy Rule to disclose protected health information to the Census Bureau for survey purposes.

The enclosed brochure provides answers to frequently asked questions about the ACS. If you want to learn more about the ACS, please visit the Census Bureau's Web site at census.gov/acs.

If you have further questions, please call the Census Bureau's Philadelphia Regional Office toll-free number at 1-866-238-1374, and ask for the ACS supervisor.

Thank you in advance for your cooperation, and we look forward to working with you.

Enclosure

**ACS-18(L)(GQ)(ATLANTA)(2019)
(8-2017)**



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau
Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

A message from the Director, U.S. Census Bureau ...

To: Facility Manager

Your facility has been randomly selected to participate in a very important national survey conducted by the U.S. Census Bureau called the **American Community Survey** (ACS). The ACS is an on-going survey that tells us what the population looks like and how it lives. A sample of residents who live or stay in your facility is included in the ACS. Participating in the ACS is important and also *required by law* (Title 13, United States Code, Sections 141, 193, 221, and 223).

Estimates from the ACS are used by federal, tribal, state, and local governments, as well as by private nonprofit organizations and communities, for example:

- Local governments use these estimates for budgeting, evaluating programs, and planning for community development projects, such as those for the older population, scout programs, libraries, and hospitals.
- Other organizations use this information to provide services to the community and to plan or establish new facilities, buildings, and programs.
- Administrators at your own facility may use ACS estimates themselves.

Throughout the year, representatives for the ACS contact different facilities, such as correctional facilities, juvenile facilities, military barracks, and college residence halls. During the next month, one of our ACS field representatives will contact you or someone in your office to discuss the survey and to schedule an appointment to visit your facility.

The field representative will:

- answer any questions you may have about the ACS or about interviewing residents of your facility.
- collect and verify basic information about your facility, such as the facility name and address.
- ask for a list of residents who are currently living or staying at your facility to establish a basis for their sample.

- select a random sample of residents to take part in the ACS.
- interview the selected residents. If a resident is unable to participate in an interview, the field representative will work with you to determine if there are other ways to get the needed information.

Selected residents will be asked to respond to the ACS and provide information about various topics such as education and employment. ***The Census Bureau is required by law to keep your information confidential. We are not permitted to publicly release your responses in a way that could identify you. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data (Title 13, United States Code, Section 9).***

Your cooperation is essential to the success of the ACS, and the field representative may need your assistance in collecting survey information from the sample of residents. The field representative will need access to the residents chosen.

The enclosed brochure provides answers to frequently asked questions about the ACS. If you want to learn more about the ACS, please visit the Census Bureau's Web site at [census.gov/acs](https://www.census.gov/acs).

If you have further questions, please call the Census Bureau's Atlanta Regional Office toll-free number at 1-800-424-6974 (ext. 53955), and ask for the ACS supervisor.

Thank you in advance for your cooperation, and we look forward to working with you.

Enclosure

**ACS-18(L)(GQ)(CHICAGO)(2019)
(8-2017)**



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau
Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

A message from the Director, U.S. Census Bureau ...

To: Facility Manager

Your facility has been randomly selected to participate in a very important national survey conducted by the U.S. Census Bureau called the **American Community Survey** (ACS). The ACS is an on-going survey that tells us what the population looks like and how it lives. A sample of residents who live or stay in your facility is included in the ACS. Participating in the ACS is important and also *required by law* (Title 13, United States Code, Sections 141, 193, 221, and 223).

Estimates from the ACS are used by federal, tribal, state, and local governments, as well as by private nonprofit organizations and communities, for example:

- Local governments use these estimates for budgeting, evaluating programs, and planning for community development projects, such as those for the older population, scout programs, libraries, and hospitals.
- Other organizations use this information to provide services to the community and to plan or establish new facilities, buildings, and programs.
- Administrators at your own facility may use ACS estimates themselves.

Throughout the year, representatives for the ACS contact different facilities, such as correctional facilities, juvenile facilities, military barracks, and college residence halls. During the next month, one of our ACS field representatives will contact you or someone in your office to discuss the survey and to schedule an appointment to visit your facility.

The field representative will:

- answer any questions you may have about the ACS or about interviewing residents of your facility.
- collect and verify basic information about your facility, such as the facility name and address.
- ask for a list of residents who are currently living or staying at your facility to establish a basis for their sample.

- select a random sample of residents to take part in the ACS.
- interview the selected residents. If a resident is unable to participate in an interview, the field representative will work with you to determine if there are other ways to get the needed information.

Selected residents will be asked to respond to the ACS and provide information about various topics such as education and employment. **The Census Bureau is required by law to keep your information confidential. We are not permitted to publicly release your responses in a way that could identify you. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data (Title 13, United States Code, Section 9).**

Your cooperation is essential to the success of the ACS, and the field representative may need your assistance in collecting survey information from the sample of residents. The field representative will need access to the residents chosen.

The enclosed brochure provides answers to frequently asked questions about the ACS. If you want to learn more about the ACS, please visit the Census Bureau's Web site at [census.gov/acs](https://www.census.gov/acs).

If you have further questions, please call the Census Bureau's Chicago Regional Office toll-free number at 1-800-865-6384 (ext.1), and ask for the ACS supervisor.

Thank you in advance for your cooperation, and we look forward to working with you.

Enclosure

**ACS-18(L)(GQ)(DENVER)(2019)
(8-2017)**



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau
Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

A message from the Director, U.S. Census Bureau ...

To: Facility Manager

Your facility has been randomly selected to participate in a very important national survey conducted by the U.S. Census Bureau called the **American Community Survey (ACS)**. The ACS is an on-going survey that tells us what the population looks like and how it lives. A sample of residents who live or stay in your facility is included in the ACS. Participating in the ACS is important and also *required by law* (Title 13, United States Code, Sections 141, 193, 221, and 223).

Estimates from the ACS are used by federal, tribal, state, and local governments, as well as by private nonprofit organizations and communities, for example:

- Local governments use these estimates for budgeting, evaluating programs, and planning for community development projects, such as those for the older population, scout programs, libraries, and hospitals.
- Other organizations use this information to provide services to the community and to plan or establish new facilities, buildings, and programs.
- Administrators at your own facility may use ACS estimates themselves.

Throughout the year, representatives for the ACS contact different facilities, such as correctional facilities, juvenile facilities, military barracks, and college residence halls. During the next month, one of our ACS field representatives will contact you or someone in your office to discuss the survey and to schedule an appointment to visit your facility.

The field representative will:

- answer any questions you may have about the ACS or about interviewing residents of your facility.
- collect and verify basic information about your facility, such as the facility name and address.
- ask for a list of residents who are currently living or staying at your facility to establish a basis for their sample.

- select a random sample of residents to take part in the ACS.
- interview the selected residents. If a resident is unable to participate in an interview, the field representative will work with you to determine if there are other ways to get the needed information.

Selected residents will be asked to respond to the ACS and provide information about various topics such as education and employment. ***The Census Bureau is required by law to keep your information confidential. We are not permitted to publicly release your responses in a way that could identify you. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data (Title 13, United States Code, Section 9).***

Your cooperation is essential to the success of the ACS, and the field representative may need your assistance in collecting survey information from the sample of residents. The field representative will need access to the residents chosen.

The enclosed brochure provides answers to frequently asked questions about the ACS. If you want to learn more about the ACS, please visit the Census Bureau's Web site at [census.gov/acs](https://www.census.gov/acs).

If you have further questions, please call the Census Bureau's Denver Regional Office toll-free number at 1-888-209-7659, and ask for the ACS supervisor.

Thank you in advance for your cooperation, and we look forward to working with you.

Enclosure

**ACS-18(L)(GQ)(LOS ANGELES)(2019)
(8-2017)**



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau
Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

A message from the Director, U.S. Census Bureau ...

To: Facility Manager

Your facility has been randomly selected to participate in a very important national survey conducted by the U.S. Census Bureau called the **American Community Survey** (ACS). The ACS is an on-going survey that tells us what the population looks like and how it lives. A sample of residents who live or stay in your facility is included in the ACS. Participating in the ACS is important and also *required by law* (Title 13, United States Code, Sections 141, 193, 221, and 223).

Estimates from the ACS are used by federal, tribal, state, and local governments, as well as by private nonprofit organizations and communities, for example:

- Local governments use these estimates for budgeting, evaluating programs, and planning for community development projects, such as those for the older population, scout programs, libraries, and hospitals.
- Other organizations use this information to provide services to the community and to plan or establish new facilities, buildings, and programs.
- Administrators at your own facility may use ACS estimates themselves.

Throughout the year, representatives for the ACS contact different facilities, such as correctional facilities, juvenile facilities, military barracks, and college residence halls. During the next month, one of our ACS field representatives will contact you or someone in your office to discuss the survey and to schedule an appointment to visit your facility.

The field representative will:

- answer any questions you may have about the ACS or about interviewing residents of your facility.
- collect and verify basic information about your facility, such as the facility name and address.
- ask for a list of residents who are currently living or staying at your facility to establish a basis for their sample.

- select a random sample of residents to take part in the ACS.
- interview the selected residents. If a resident is unable to participate in an interview, the field representative will work with you to determine if there are other ways to get the needed information.

Selected residents will be asked to respond to the ACS and provide information about various topics such as education and employment. ***The Census Bureau is required by law to keep your information confidential. We are not permitted to publicly release your responses in a way that could identify you. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data (Title 13, United States Code, Section 9).***

Your cooperation is essential to the success of the ACS, and the field representative may need your assistance in collecting survey information from the sample of residents. The field representative will need access to the residents chosen.

The enclosed brochure provides answers to frequently asked questions about the ACS. If you want to learn more about the ACS, please visit the Census Bureau's Web site at [census.gov/acs](https://www.census.gov/acs).

If you have further questions, please call the Census Bureau's Los Angeles Regional Office toll-free number at 1-800-992-3530 (ext. 1), and ask for the ACS supervisor.

Thank you in advance for your cooperation, and we look forward to working with you.

Enclosure

**ACS-18(L)(GQ)(NEW YORK)(2019)
(8-2017)**



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau
Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

A message from the Director, U.S. Census Bureau ...

To: Facility Manager

Your facility has been randomly selected to participate in a very important national survey conducted by the U.S. Census Bureau called the **American Community Survey (ACS)**. The ACS is an on-going survey that tells us what the population looks like and how it lives. A sample of residents who live or stay in your facility is included in the ACS. Participating in the ACS is important and also *required by law* (Title 13, United States Code, Sections 141, 193, 221, and 223).

Estimates from the ACS are used by federal, tribal, state, and local governments, as well as by private nonprofit organizations and communities, for example:

- Local governments use these estimates for budgeting, evaluating programs, and planning for community development projects, such as those for the older population, scout programs, libraries, and hospitals.
- Other organizations use this information to provide services to the community and to plan or establish new facilities, buildings, and programs.
- Administrators at your own facility may use ACS estimates themselves.

Throughout the year, representatives for the ACS contact different facilities, such as correctional facilities, juvenile facilities, military barracks, and college residence halls. During the next month, one of our ACS field representatives will contact you or someone in your office to discuss the survey and to schedule an appointment to visit your facility.

The field representative will:

- answer any questions you may have about the ACS or about interviewing residents of your facility.
- collect and verify basic information about your facility, such as the facility name and address.
- ask for a list of residents who are currently living or staying at your facility to establish a basis for their sample.

- select a random sample of residents to take part in the ACS.
- interview the selected residents. If a resident is unable to participate in an interview, the field representative will work with you to determine if there are other ways to get the needed information.

Selected residents will be asked to respond to the ACS and provide information about various topics such as education and employment. **The Census Bureau is required by law to keep your information confidential. We are not permitted to publicly release your responses in a way that could identify you. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data (Title 13, United States Code, Section 9).**

Your cooperation is essential to the success of the ACS, and the field representative may need your assistance in collecting survey information from the sample of residents. The field representative will need access to the residents chosen.

The enclosed brochure provides answers to frequently asked questions about the ACS. If you want to learn more about the ACS, please visit the Census Bureau's Web site at census.gov/acs.

If you have further questions, please call the Census Bureau's New York Regional Office toll-free number at 1-800-991-2520 (ext. 43433), and ask for the ACS supervisor.

Thank you in advance for your cooperation, and we look forward to working with you.

Enclosure

**ACS-18(L)(GQ)(PHILADELPHIA)(2019)
(8-2017)**



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau
Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

A message from the Director, U.S. Census Bureau ...

To: Facility Manager

Your facility has been randomly selected to participate in a very important national survey conducted by the U.S. Census Bureau called the **American Community Survey (ACS)**. The ACS is an on-going survey that tells us what the population looks like and how it lives. A sample of residents who live or stay in your facility is included in the ACS. Participating in the ACS is important and also *required by law* (Title 13, United States Code, Sections 141, 193, 221, and 223).

Estimates from the ACS are used by federal, tribal, state, and local governments, as well as by private nonprofit organizations and communities, for example:

- Local governments use these estimates for budgeting, evaluating programs, and planning for community development projects, such as those for the older population, scout programs, libraries, and hospitals.
- Other organizations use this information to provide services to the community and to plan or establish new facilities, buildings, and programs.
- Administrators at your own facility may use ACS estimates themselves.

Throughout the year, representatives for the ACS contact different facilities, such as correctional facilities, juvenile facilities, military barracks, and college residence halls. During the next month, one of our ACS field representatives will contact you or someone in your office to discuss the survey and to schedule an appointment to visit your facility.

The field representative will:

- answer any questions you may have about the ACS or about interviewing residents of your facility.
- collect and verify basic information about your facility, such as the facility name and address.
- ask for a list of residents who are currently living or staying at your facility to establish a basis for their sample.

- select a random sample of residents to take part in the ACS.
- interview the selected residents. If a resident is unable to participate in an interview, the field representative will work with you to determine if there are other ways to get the needed information.

Selected residents will be asked to respond to the ACS and provide information about various topics such as education and employment. ***The Census Bureau is required by law to keep your information confidential. We are not permitted to publicly release your responses in a way that could identify you. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data (Title 13, United States Code, Section 9).***

Your cooperation is essential to the success of the ACS, and the field representative may need your assistance in collecting survey information from the sample of residents. The field representative will need access to the residents chosen.

The enclosed brochure provides answers to frequently asked questions about the ACS. If you want to learn more about the ACS, please visit the Census Bureau's Web site at census.gov/acs.

If you have further questions, please call the Census Bureau's Philadelphia Regional Office toll-free number at 1-866-238-1374, and ask for the ACS supervisor.

Thank you in advance for your cooperation, and we look forward to working with you.

Enclosure

**ACS-18(L)(GQ)(PR)(2019)
(8-2017)**



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau
Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

A message from the Director, U.S. Census Bureau ...

To: Facility Manager

Your facility has been randomly selected to participate in a very important national survey conducted by the U.S. Census Bureau called the **Puerto Rico Community Survey** (PRCS). The PRCS is an on-going survey that tells us what the population looks like and how it lives. A sample of residents who live or stay in your facility is included in the PRCS. Participating in the PRCS is important and also *required by law* (Title 13, United States Code, Sections 141, 193, 221, and 223).

Estimates from the PRCS are used by federal, Puerto Rico and municipio governments, as well as by private nonprofit organizations and communities, for example:

- Puerto Rico and municipio governments use these estimates for budgeting, evaluating programs, and planning for community development projects, such as those for the older population, scout programs, libraries, and hospitals.
- Other organizations use this information to provide services to the community, and to plan or establish new facilities, buildings, and programs.
- Administrators at your own facility may use PRCS estimates themselves.

Throughout the year, representatives for the PRCS contact different facilities such as correctional facilities, juvenile facilities, military barracks, and college residence halls. During the next month, one of our PRCS field representatives will contact you or someone in your office to discuss the survey and to schedule an appointment to visit your facility.

The field representative will:

- answer any questions you may have about the PRCS or about interviewing residents of your facility.
- collect and verify basic information about your facility, such as the facility name and address.
- ask for a list of residents who are currently living or staying at your facility to establish a basis for their sample.

- select a random sample of residents to take part in the PRCS.
- interview the selected residents. If a resident is unable to participate in an interview, the field representative will work with you to determine if there are other ways to get the needed information.

Selected residents will be asked to respond to the PRCS and provide information about various topics such as education and employment. **The Census Bureau is required by law to keep your information confidential. We are not permitted to publicly release your responses in a way that could identify you. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data (Title 13, United States Code, Section 9).**

Your cooperation is essential to the success of the PRCS, and the field representative may need your assistance in collecting survey information from the sample of residents. The field representative will need access to the residents chosen.

The enclosed brochure provides answers to frequently asked questions about the PRCS. If you want to learn more about the PRCS, please visit the Census Bureau's Web site at census.gov/acs.

If you have any further questions, please call the Census Bureau's New York Regional Office toll-free number at 1-800-991-2520 (ext. 43433), and ask for the PRCS supervisor.

Thank you in advance for your cooperation, and we look forward to working with you.

Enclosures



Un mensaje del Director de la Oficina del Censo de los EE. UU. ...

Para: Administrador de la instalación

Su instalación ha sido seleccionada al azar para participar en una encuesta nacional muy importante conocida como la **Encuesta sobre la Comunidad de Puerto Rico** (PRCS, por sus siglas en inglés), la cual es llevada a cabo por el la Oficina del Censo de los EE. UU. La PRCS es una encuesta mensual continua que nos indica cómo es la población y cómo vive. En la PRCS se incluye una muestra de los residentes que viven o se quedan en su instalación. Participar en la PRCS es importante y también *lo requiere la ley* (secciones 141, 193, 221 y 223 del título 13 del Código de los Estados Unidos).

Los estimados basados en los datos de la PRCS son utilizados por el gobierno federal, el de Puerto Rico y los gobiernos municipales, al igual que por organizaciones privadas sin fines de lucro y comunidades, por ejemplo:

- El gobierno de Puerto Rico y el de los gobiernos municipales utilizan estos estimados para preparar presupuestos, evaluar programas y planificar proyectos de desarrollo comunitario, tales como los que son para las personas de edad avanzada, los programas de niños y niñas escuchas, las bibliotecas y los hospitales.
- Otras organizaciones usan esta información para proveer servicios a la comunidad y para planificar o establecer nuevas instalaciones, edificios y programas.
- Los administradores de su instalación pueden usar los estimados de la PRCS.

Durante el año, los representantes de la PRCS se comunican con diferentes instalaciones, tales como instituciones de corrección, instituciones para jóvenes, barracas militares y residencias de estudiantes universitarios. Dentro del próximo mes, uno de nuestros representantes de la PRCS se comunicará con usted o con alguien en su oficina para hablar sobre la encuesta y hacer una cita para visitar su instalación.

El representante de la Oficina del Censo:

- le contestará cualquier pregunta que usted tenga sobre la PRCS o sobre los procedimientos para las entrevistas con los residentes de su instalación.
- recopilará y verificará información básica sobre su instalación, tal como el nombre y la dirección.
- solicitará una lista de las personas que actualmente residen o se quedan en la instalación, con el fin de crear una base para la muestra.
- seleccionará al azar una muestra de residentes para que participen en la PRCS.
- entrevistará a los residentes seleccionados. Si algún residente no puede participar en la entrevista, el representante de la Oficina del Censo trabajará con usted para determinar si hay otra manera de obtener la información necesaria.

Se les pedirá a los residentes seleccionados que respondan a la PRCS y que provean información sobre varios temas, tales como la educación y el empleo. **La Oficina del Censo de los EE. UU. está obligada por ley a mantener confidencial su información. A la Oficina del Censo no se le permite divulgar sus respuestas de manera que usted pudiera ser identificado. En conformidad con la Ley para el Fortalecimiento de la Seguridad Cibernética Federal del 2015, sus datos están protegidos contra los riesgos de seguridad cibernética mediante los controles aplicados a los sistemas que transmiten su información (sección 9 del título 13 del Código de los EE. UU.).**

Su cooperación es esencial para el éxito de la PRCS y el representante podrá llegar a necesitar su asistencia para recopilar información de la encuesta de la muestra de residentes. El representante del Censo necesitará tener acceso a los residentes seleccionados.

El folleto que se incluye provee respuestas a las preguntas más frecuentes sobre la PRCS. Si usted desea aprender más sobre la PRCS, visite la página de la Oficina del Censo en census.gov/acs.

Si tiene alguna otra pregunta, por favor, llame sin cargos a la Oficina Regional del Censo en Nueva York al número de teléfono 1-800-991-2520 (ext. 43433) y pida hablar con el supervisor de la PRCS.

Se le agradece su cooperación por adelantado y esperamos poder contar con usted.

Anejo



Frequently Asked Questions for Facility Administrators

American Community Survey Group Quarters

Your Community's Key to the Future

United States[™]
Census
Bureau

U.S. Department of Commerce
Economics and Statistics Administration
U.S. CENSUS BUREAU
census.gov







What is the American Community Survey?

The American Community Survey is a survey conducted by the U.S. Census Bureau in every county, American Indian and Alaska Native Area, and Hawaiian Home Land. It replaced the long form in the decennial census and greatly simplified operations so that the focus of the decennial census is solely on counting the population.

The American Community Survey provides current demographic, social, economic, and housing characteristics every year. In the past, this information was only available every 10 years when the decennial census was conducted. Estimates from the American Community Survey help communities make informed decisions and are a key to their future.

The American Community Survey does not count the population, but it does provide information that reflects what the population looks like and how it lives.

That information is vital for states and local communities in determining how to plan for schools, roads, senior citizen centers, and other goods and services.

The U.S. Office of Management and Budget (OMB) approved this survey and gave it OMB approval No. 0607-0810. Displaying this number shows that the Census Bureau is authorized to conduct this survey. Please use this number in any correspondence concerning this survey. Respondents are not required to respond to any information collection unless it displays a valid approval number from the OMB.





We have not heard of the American Community Survey. How long have you been conducting it?

The American Community Survey began in 1996 in a sample of counties across the country. The American Community Survey began sampling group quarters in 2006. Today, the survey is conducted in all U.S. counties, as well as in Puerto Rico where it is called the Puerto Rico Community Survey.

How does this group quarters and its residents benefit by answering the American Community Survey?

The American Community Survey provides up-to-date information for your community. By responding to the American Community Survey you are helping your community to establish goals, identify problems and solutions, and measure the performance of programs.

Communities need data about the well-being of children, families, and the elderly to provide services to them. These estimates are also used to decide where to locate new highways, schools, libraries, hospitals, and community centers, and to determine the goods and services its residents need.

What type of group quarter facilities are included in the American Community Survey?

Examples of group quarter facilities include:

- College/University student housing
- Residential treatment centers for adults
- Nursing facilities/ Skilled-nursing facilities
- Group homes intended for adults
- Military quarters
- Correctional facilities for adults
- Workers' group living quarters and Job Corps centers





Why did the Census Bureau select this group quarters facility?

Group quarter facilities are randomly selected each year from a sample list of all group quarters in your area. The larger the group quarters, the greater the probability that it will be selected to participate in the survey one or more times each year.

Your participation is very important for us to be able to produce accurate information from this survey.

We have already participated in this survey. How many times during the year will the Census Bureau sample my facility?

The number of times we visit your facility depends on the size of your facility. Large facilities may be sampled multiple times throughout the year.

What level of assistance is expected from my staff during the survey period?

Your staff will be asked to:

- provide a list of residents currently staying at your facility,
- give the Census Bureau representative access to the sample residents to conduct interviews, and
- inform the Census Bureau representative of any special requirements that may assist them in conducting interviews at your facility.

How are residents at my facility selected to be in the sample?

After you provide a list of all residents currently staying at your facility, field representatives randomly select residents to take part in the American Community Survey. One of the advantages of a random sample is that we can use it to measure the whole





population without having to actually interview every resident at every facility. But in order for it to work properly, we cannot substitute sample residents—the sample has to be truly random.

Do the sampled group quarters and sampled residents have to answer the questions on the American Community Survey?

Yes. You are required by law to answer the American Community Survey. Two provisions of Title 13, United States Code, require your participation. Section 221 of Title 13 makes it mandatory for individuals to participate in the American Community Survey, and Section 223 of Title 13 makes it mandatory for building owners and others to provide access to individuals in order to conduct the American Community Survey group quarter interviews. The same law protects the confidentiality of the information

you provide. For more information about Title 13, you may visit the Census Bureau's Web site at <https://askacs.census.gov/> and select the topic: "American Community Survey: Must I respond?"

How will information be collected from sampled residents in this facility?

The American Community Survey collects residents' information through face-to-face or telephone interviews. This can either be with the sampled resident or a proxy respondent. The sampled resident may also fill out the questionnaire on his/her own. The Census Bureau representative will leave the questionnaire with the resident and return to pick up the completed questionnaire at an agreed upon time.





Why do you select residents who may be physically or mentally unable to answer the American Community Survey?

Residents are randomly selected to take part in the American Community Survey. Sampled residents may designate another person, such as a relative, guardian, or facility administrator to help with the survey. The facility administrator may talk with the Census Bureau representative to resolve any issues. To produce the most accurate results, it is very important that every resident selected for the survey is included.

How long will it take to complete the survey?

We estimate that the facility survey will take about 15 minutes to complete and each resident survey will take about 25 minutes to complete. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this

burden, to: Paperwork Reduction Project 0607-0810, U.S. Census Bureau, 4600 Silver Hill Road, AMSD-3K138, Washington, DC 20233. You may e-mail comments to Paperwork@census.gov; use "Paperwork Project 0607-0810" as the subject.

Can the sampled resident interviews be done via e-mail or online?

No. At this time, the survey cannot be completed via e-mail or online.

Why do you ask detailed questions that may seem unnecessary for residents living in this facility?

The American Community Survey asks very detailed questions because we are required to collect specific information that is used for a variety of federal and state programs. The questionnaire is used for residents of many types of facilities. Therefore, not every question will apply to everyone who receives it.





Will the Census Bureau keep the group quarter facility and resident information confidential?

Yes. The U.S. Census Bureau is required by law to keep your information confidential. The Census Bureau is not permitted to publicly release your responses in a way that could identify you. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data.

How will the Census Bureau use the information the group quarters and sampled residents provide?

By law, the Census Bureau can only use your responses to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify you. Per the Federal Cybersecurity Enhancement Act of 2015, your

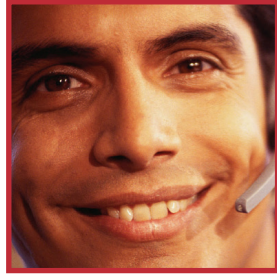
data are protected from cybersecurity risks through screening of the systems that transmit your data. The Census Bureau will also use this information to improve the American Community Survey, ultimately resulting in even better data for your community and the nation.

Who can see the answers this group quarters or its residents provide to the survey?

Your facility and resident responses will only be seen by Census Bureau personnel with a work-related need to know. The Census Bureau protects the confidentiality of the information. The police cannot see it and no court of law can see it. No one can see or use your specific answers to enforce any type of law or amend any kind of benefit.

If any Census Bureau employee were to share information about your facility or its residents, he or she would be subject to severe criminal sanctions imposed





by Congress—up to 5 years imprisonment and/or up to a \$250,000 fine (Title 13, United States Code, Section 214, as amended by Title 18, United States Code, Sections 3559 and 3571).

When will results of the survey be available?

The previous years' results of the American Community Survey are released every fall. Survey estimates are released each year for areas of 65,000 or more people. For smaller areas, results are available in the form of 3-year and 5-year estimates.

How can the group quarters and the residents see the results of the survey?

This information is published on the Census Bureau's American FactFinder Web site at <<http://factfinder.census.gov>>

Where can the facility and its residents get assistance or find more information about the American Community Survey?

You can contact the Census Bureau's Regional Office nearest you as listed below:

Census Bureau Regional Offices

Atlanta, GA

1-800-424-6974 (ext. 53955)

Chicago, IL

1-800-865-6384 (ext. 1)

Denver, CO

1-888-209-7659

Los Angeles, CA

1-800-992-3530 (ext. 1)

New York, NY

1-800-991-2520 (ext. 43433)

Philadelphia, PA

1-866-238-1374





census.gov/acs

AMERICAN COMMUNITY SURVEY

For more information about the American Community Survey, or to obtain survey results from past years, we encourage you to visit our Web site at:

census.gov/acs

You may also contact us by calling 301-763-INFO (4636), or by visiting <<http://ask.census.gov>>, or by mail at the following address:

American Community Survey
U.S. Census Bureau
4600 Silver Hill Road
Washington, DC 20233-7500





AMERICAN COMMUNITY SURVEY

U.S. CENSUS BUREAU



<http://ask.census.gov>

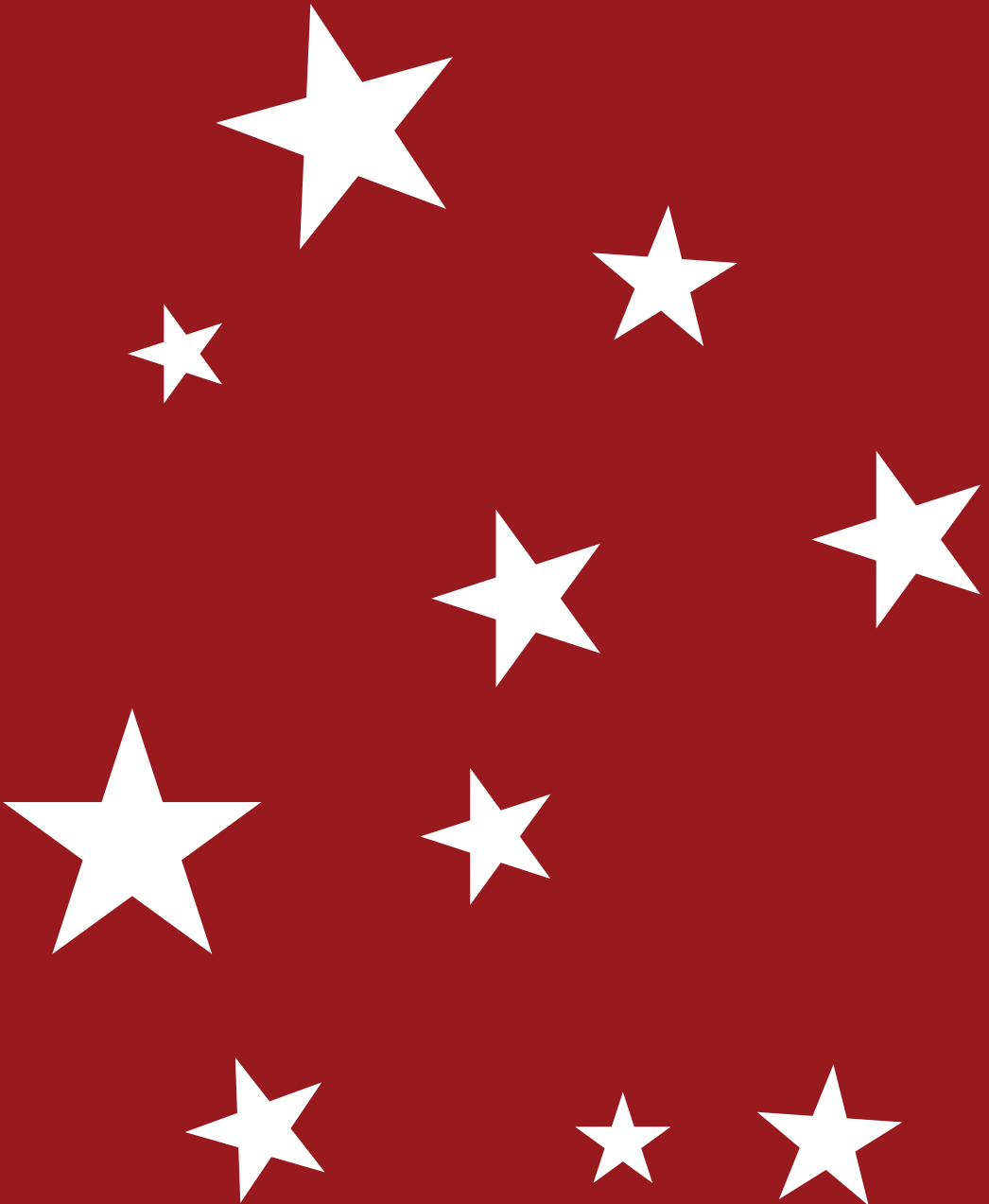


Phone: 1-888-346-9682



Internet: census.gov/acs





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ACS-26(L)(GQ)(F)(2019)
(5-2017)



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau
Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

Dear Facility Administrator:

Thank You

On behalf of the U.S. Census Bureau, I thank you for participating in the American Community Survey. The success of the survey depends upon cooperation from you and the residents selected for the survey. The Census Bureau is required by law to keep your information confidential. We are not permitted to publicly release your responses in a way that could identify you. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data.

Federal, tribal, state, and local governments will use summarized information from this survey to make decisions that affect you and your community, and to develop programs that will provide many goods and services, including health care, education, and transportation. To learn more about the American Community Survey and to review the survey results, visit our Web site at census.gov/acs.

Your participation is greatly appreciated.

Sincerely,

ACS-26(L)(GQ)(F)(2019)
(5-2017)



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau
Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

Un mensaje del Director de la Oficina del Censo de los EE. UU. ...

Estimado administrador(a) de la instalación:

Gracias

En nombre de la Oficina del Censo de los EE. UU., le agradezco su participación en la Encuesta sobre la Comunidad Estadounidense. El éxito de esta encuesta depende de la cooperación que recibimos de usted y de los residentes seleccionados para esta encuesta. En conformidad con la ley, toda la información que se proporcionó se mantendrá confidencial.

El gobierno federal y los gobiernos tribales, estatales, y locales usarán información resumida de esta encuesta para tomar decisiones que les conciernen a usted y su comunidad, y para elaborar programas que proporcionarán muchos bienes y servicios, incluso atención médica, educación y transporte. Para obtener más información acerca de la Encuesta sobre la Comunidad Estadounidense y para revisar los resultados de la encuesta, visite nuestro sitio en Internet en census.gov/acs.

Le agradecemos mucho su participación.

Atentamente,

ACS-26(L)(GQ)(PR)(F)(2019)
(8-2017)



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau
Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

A message from the Director, U.S. Census Bureau ...

Dear Facility Administrator:

Thank You

On behalf of the U.S. Census Bureau, I thank you for participating in the Puerto Rico Community Survey (PRCS). The success of the survey depends upon cooperation from you and the residents selected for the survey. The U.S. Census Bureau is required by law to keep your information confidential. The Census Bureau is not permitted to publicly release your responses in a way that could identify you. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data.

Puerto Rico and local governments will use summarized information from this survey to make decisions that affect you and your community, and to develop programs that will provide many goods and services, including health care, education, and transportation. To learn more about the PRCS and to review the survey results, visit our Web site at census.gov/acs.

Your participation is greatly appreciated.

ACS-26(L)(GQ)(PR)(F)(2019)
(8-2017)



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau
Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

Un mensaje del Director de la Oficina del Censo de los EE. UU. ...

Estimado administrador(a) de la instalación:

Gracias

En nombre de la Oficina del Censo de los EE. UU., le agradezco su participación en la Encuesta sobre la Comunidad de Puerto Rico. El éxito de esta encuesta depende de la cooperación que recibimos de usted y de los residentes seleccionados para esta encuesta. La Oficina del Censo de los EE. UU. está obligada por ley a mantener confidencial su información. A la Oficina del Censo no se le permite divulgar sus respuestas de manera que usted pudiera ser identificado. En conformidad con la Ley para el Fortalecimiento de la Seguridad Cibernética Federal del 2015, sus datos están protegidos contra los riesgos de seguridad cibernética mediante los controles aplicados a los sistemas que transmiten su información.

El gobierno de Puerto Rico y los gobiernos locales usarán información resumida de esta encuesta para tomar decisiones que les conciernen a usted y su comunidad, y para elaborar programas que proporcionarán muchos bienes y servicios, incluso atención médica, educación y transportación. Para obtener más información acerca de la Encuesta sobre la Comunidad de Puerto Rico y para revisar los resultados de la encuesta, visite nuestro sitio en la Internet en census.gov/acs.

Le agradecemos mucho su participación.

Group Quarters Facility Questionnaire

| | |
|--------|---|
| Screen | <p>Hello. My name is _____. I'm with the U.S. Census Bureau. We are currently conducting an important survey in your community, the American/Puerto Rico Community Survey, and I'd like to verify that this is [fill: GQNAME]?</p> |
|--------|---|

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| Screen | <p>SPECIAL PLACE NAME: <u>Fill in SPECPLACE</u> GROUP QUARTERS NAME: <u>Fill in GQNAME</u></p> <p>What is the name of this place?</p> <p>Update GQ name (GQNAME - 100 characters)</p> <p><u>Fields available to enter contact information (and variable name and length). Use these titles for the form pane:</u></p> <p><i>Instrument: Prefill all of these fields with the current value.</i></p> <p>Valid Values: Alphanumeric (field length 100), Do not accept DK or R.</p> |
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| Screen | <p>SPECIAL PLACE NAME: <u>Fill in SPECPLACE</u> GROUP QUARTERS NAME: <u>Fill in GQNAME</u></p> <p>Is [fill: GQNAME] owned by or affiliated with [fill:SPECPLACE]?</p> <p><u>Fields available to enter contact information (and variable name and length). Use these titles for the form pane:</u></p> |
|--------|---|

| | |
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| Screen | <p>SPECIAL PLACE NAME: <u>Fill in SPECPLACE</u> GROUP QUARTERS NAME: <u>Fill in GQNAME</u></p> <p>Is [fill: GQNAME] owned by or affiliated with another organization or company?</p> |
| Input Options | <p>1. Yes 2. No</p> <p>Valid Values: 1,2,DK,R</p> |

| | |
|-------------------|---|
| Screen | <p>SPECIAL PLACE NAME: <u>Fill in SPECPLACE</u> GROUP QUARTERS NAME: <u>Fill in GQNAME</u></p> <p>What is the name of that company or organization that [fill: GQ name] is associated with?</p> |
| Skip Instructions | <p>1. Go to VERIFYADDR.</p> |

| | |
|-------------------|--|
| Variable Name | VERIFYADDR |
| Screen | Special Place Name: [fill: SPNAME] Group Quarters Name: [fill: GQNAME] I have your address listed as [fill: <u>GQADDLINE1</u> <u>GQADDLINE2</u>]. Is this correct? |
| Input Options | 1. Yes 2. No Valid Values: 1,2, Do not accept DK or R. |
| Skip Instructions | 1. If Yes, go to SRCHKNLRESP. 2. If No, go to NHNO |

| | |
|-------------------|---|
| Variable Name | NEWHNO, NEWHNOSUF, NEWSTRPRXD,NEWSTRPRXT, NEWSTRNAME,NEWSTRSFXT, NEWSTRSFXD, NEWSTRNAMX, NEWUNITDES, NEWRRDESC, NEWRRID, NEWBOXDESC, NEWBOXID, NEWPO, NEWST, NEWZIP5, NEWZIP4, NEWPRADDR1, NEWPRADDR2, NEWPHYSDES |
| Universe | [VERIFYADDR= 2] |
| Screen | OLD ADDRESS: <u>Fill in GQADDLINE1</u> <u>Fill in GQADDLINE2</u> What is the correct address for [Fill: GQNAME]? ◆ Update the [fill: <i>full field name.</i>] Press <ENTER> if the field is not applicable. <i>Instrument: "Full field name" is "house number", "house number suffix", etc.</i> |
| Skip Instructions | 1. Go to ADDRCHNG Valid Values: Do not accept DK or R. |

| | |
|-------------------|--|
| Variable Name | ADDRCHNG |
| Input Options | <ol style="list-style-type: none"> 1. Yes 2. No <p>Valid Values: 1,2, Do not accept DK or R</p> |
| Fill Instructions | <p>Question fill if INITSCREEN=2:</p> <p>Does the address change represent a physical location that is different from the sample GQ Address?</p> <p>FR Instruction Fill if INITSCREEN=3</p> <p>◆ Does the address change represent a physical location that is different from the sample GQ Address? If so, select Option 1 for Yes. If not, select Option 2 for No.</p> |
| Skip Instructions | If ADDRCHNG=1 or 2, go to SRCHKNLRESP. |

| Variable Name | SRCHKNLRESP |
|---------------|---|
| Screen | <p>SPECIAL PLACE NAME: <u>Fill in SPECPLACE</u></p> <p>GROUP QUARTERS NAME: <u>Fill in GQNAME</u></p> <p>ADDRESS: <u>Fill in GQADDLINE1</u> <u>Fill in GQADDLINE2</u></p> <p>GENERAL/MAIN PHONE #: <u>Fill in GQPHONE, GOEXT</u></p> <p>CONTACT PERSON 1: <u>Fill in CP1NAME</u> CONTACT TITLE: <u>Fill in CP1TITL</u> CONTACT PHONE: <u>Fill in CP1PHON, CP1EXT</u></p> <p>CONTACT PERSON 2: <u>Fill in CP2NAME</u> CONTACT TITLE: <u>Fill in CP2TITL</u> CONTACT PHONE: <u>Fill in CP2PHON, CP2EXT</u></p> <p>I'd like to speak with someone who can give me the authority to conduct this survey which means getting access to interview selected people staying at [fill: GQNAME]. Would that person be you or should I speak to someone else?</p> |
| Input Options | <p>1. Yes, this is the correct person. 2. No, need to speak to someone else.</p> <p>Valid Values: 1,2, DK, R</p> <p>**Input Options for BoP:</p> <p>1. Yes, they are available. 2. No, you'll need to call back.</p> <p>Valid Values for BoP only: 1,2 only</p> |

| | |
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| Variable Name | NEWCP1NAME, NEWCP1TITL, NEWCP1PHON, NEWCP1EXT |
| Screen | <p>[fill #1 May I have your name, title and phone number?]</p> <p>[fill #2 May I have the name of the person who can help me?]</p> <p>◆ Enter Contact #1's information. Press <ENTER> if a field is not applicable.</p> <p>CONTACT PERSON 1: <u>Fill in CP1NAME</u></p> <p>CONTACT TITLE: <u>Fill in CP1TITL</u></p> <p>CONTACT PHONE: <u>Fill in CP1PHON, CP1EXT</u></p> |

| | |
|-------------------|---|
| Variable Name | SPEAKNOW |
| Screen | May I talk to [fill: CP1NAME] now? |
| Input Options | <p>1. Yes</p> <p>2. No</p> <p>Valid Values: 1,2,R, Do not accept DK</p> |
| Skip Instructions | <p>1. If SPEAKNOW = 1 and INITSCREEN = 2, go to INTRO.</p> <p>2. If SPEAKNOW = 1 and INITSCREEN = 3, go to INTRO.</p> <p>3. If SPEAKNOW = 2 and INITSCREEN = 2, go to TCALLBACK.</p> <p>4. If SPEAKNOW = 2 and INITSCREEN = 3, go to TCALLBACK.</p> <p>5. If SPEAKNOW = R and INITSCREEN = 2 or 3, go to TCALLBACK.</p> |

| | |
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| Variable Name | INTRO |
| Screen | <p>CONTACT PERSON 1: <u>Fill in CP1NAME</u> CONTACT TITLE 1: <u>Fill in CP1TITL</u> CONTACT PHONE 1: <u>Fill in CP1PHON, CP1EXT</u></p> <p>APPOINTMENT DATE/TIME: <u>Fill in Response TCALLBACK or APPOINTMENT1</u></p> <p><u>Question</u></p> <p><u>Fill #1</u> {Hello. My name is _____. I'm with the U. S. Census Bureau. We are currently conducting an important survey in your community, the American / Puerto Rico Community Survey. Did you receive the letter and brochure we mailed to you recently?</p> <p>* If no, ask if they would like you to FAX them a copy.</p> <p>*Press Shift + F2 and use FAQ #1 to provide further info on the survey. Use other FAQs to answer additional questions.</p> <p>To conduct this survey, I need to schedule a day and time to meet with you. On the day of our meeting, I will collect additional information from you about [fill: GQNAME]. Then, I will ask you for a current list of all the people that are living/staying there. On the day of this visit, I will also need access to the people that are selected for the survey so I can conduct the interviews while I'm there. Do you have any questions?}</p> <p><u>Fill #2</u> We are currently conducting an important survey in your community, the American / Puerto Rico Community Survey. Did you receive the letter and brochure we mailed to you recently?</p> <p>* If no, ask if they would like you to FAX them a copy.</p> <p>*Press Shift + F2 and use FAQ #1 to provide further info on the survey. Use other FAQs to answer additional questions.</p> <p>To conduct this survey, I need to schedule a day and time to meet with you. On the day of our meeting, I will collect additional information from you about [fill: GQNAME]. Then, I will ask you for a current list of all the people that are living/staying there. On the day of this visit, I will also need access to the people that are selected for the survey so I can conduct the interviews while I'm there. Do you have any questions?}</p> |

| | |
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| | <p><u>Fill #3</u> {Hello. My name is _____ . I'm with the U. S. Census Bureau. We are currently conducting an important survey in your community, the American / Puerto Rico Community Survey. Did you receive the letter and brochure we mailed to you recently?</p> <p>*If no, give them a copy of the letter and brochure. ◆ Show GQ contact the questionnaire.</p> <p>*Press Shift + F2 and use FAQ #1 to provide further info on the survey. Use other FAQs to answer additional questions.</p> <p>I want to describe what I would like to do during the rest of my visit here today. First, I will collect additional information from you about [fill: GQNAME]. Second, I will ask you for a list of all people staying here as of today. Then, I will need access to the people I select for the survey. I will do all of these tasks today. I would like to continue with the interview. Do you have any questions?}</p> <p><u>Fill #4</u> Did you receive the letter and brochure we mailed to you recently?</p> <p>*If no, give them a copy of the letter and brochure. ◆ Show GQ contact the questionnaire.</p> <p>*Press Shift + F2 and use FAQ #1 to provide further info on the survey. Use other FAQs to answer additional questions.</p> <p>I want to describe what I would like to do during the rest of my visit here today. First, I will collect additional information from you about [fill: GQNAME]. Second, I will ask you for a list of all people staying here as of today. Then, I will need access to the people I select for the survey. I will do all of these tasks today. Do you have any questions?}</p> <p><u>Fill #5</u> {Hello. My name is _____ . I'm with the U. S. Census Bureau. Thanks for agreeing to meet with me today. I have a few more questions about [fill:GQNAME].}</p> |
| Input Options | 1. Enter '1' to Continue. |

| | |
|---------------------------|---|
| | <p><u>Valid Values:</u> 1, DK, R</p> |
| Fill Instructions | <p>1. Display Fill #1 if INITSCREEN = 2 and PEAS_FL = 1 and SRCHKNLWRESP = 2 and SPEAKNOW =1 2. Display fill #2 if INITSCREEN = 2 and PEAS_FL = 1 and SRCHKNLWRESP = 1 3. Display fill #3 if INITSCREEN = 3 and PEAS_FL = 1 and SRCHKNLWRESP = 2 and SPEAKNOW = 1 4. Display fill #4 if INITSCREEN = 3 and PEAS_FL=1 and SRCHKNLWRESP = 1 5. Display fill #5 if INITSCREEN = 4, PEAS_FL= 1 6. Display fill #2 if INITSCREEN = 2 and PEAS_FL = 1 and SRCHKNLWRESP = DK or R] 7. Display fill #4 if INITSCREEN = 3 and PEAS_FL = 1 and SRCHKNLWRESP = DK or R</p> <p><u>Special BoP Fill Instruction:</u> 1. Display Fill #6 if INITSCREEN=2 and PEAS_FL=1 and SRCHKNLWRESP=1 and BoP_Flag = 1.</p> |
| Skip Instructions | <p>1. If INTRO = 1 and INITSCREEN = 2 and PEAS_FL = 1, go to APPOINTMENT 2. If INTRO = 1 and INITSCREEN =3 and PEAS_FL = 1, go to CONDINTNOW 3. If INITSCREEN = 4 and PEAS_FL = 1, go to MAILADDYSAME 4. If DK or R, go to INTSTAT</p> |
| Skip Instructions for BoP | <p>1. If INTRO = 1 and INITSCREEN = 2 and PEAS_FL = 1 and BoP flag = 1, go to APPOINTMENT.</p> |

| | |
|-------------------|---|
| Variable Name | CONDINTNOW |
| Screen | <p><u>Question</u></p> <p>◆ Are you going to conduct the interview now? *Try to convince the contact person to continue and finish the interviews today.</p> |
| Input Options | <p>1. Yes 2. No</p> <p>Valid Values: 1,2, Do not accept DK, R.</p> |
| Skip Instructions | <p>1. [If CONDINTNOW = 1] and [HNO or STRNAME = blank] go to MAILHNO</p> <p>2. [If CONDINTNOW = 1] and [HNO and STRNAME ne blank] go to MAILADDYSAME</p> <p>3. If CONDINTNOW = 2, go to APPOINTMENT</p> |

| | |
|-------------------|---|
| Screen | <p>SPECIAL PLACE NAME: <u>Fill in SPECPLACE</u></p> <p>GROUP QUARTERS NAME: <u>Fill in GQNAME</u></p> <p>ADDRESS: <u>Fill in GQADDLINE1</u> <u>Fill in GQADDLINE2</u></p> <p>PHYSICAL DESCRIPTION: <u>Fill in PHYSDDES</u></p> <p>Is this (read address above) also the mailing address for <u>fill in GQNAME</u>?</p> <p><i>Instrument: Update GQADDRESS1 and GQADDRESS2 based on the responses to Question 2.9.</i></p> |
| Input Options | <p>1. Yes 2. No</p> <p>Valid Values: 1,2 Do not accept DK or R</p> |
| Skip Instructions | <p>1. If MAILADYSAME = 1, go to NEWBLDGNAME</p> <p>2. If MAILADDYSAME = 2, go to MAILHNO</p> |

| | |
|-------------------|--|
| Variable Name | MAILHNO to MAILZIP4 |
| Screen | <p>SPECIAL PLACE NAME: <u>Fill in SPECPLACE</u> GROUP QUARTERS NAME: <u>Fill in GQNAME</u></p> <p>ADDRESS: <u>Fill in GQADDLINE1</u> <u>Fill in GQADDLINE2</u></p> <p>What is the mailing address for <u>fill in GQNAME</u>?</p> <p>◆ Mail <i>full field name</i>. Press <ENTER> if the field is not applicable.</p> <p><i>Instrument: "Full field name" is "house number", "house number suffix", etc.</i></p> |
| Input Options | <p>Fields available to enter address information (and variable name and length): Same as in Question 2.10, except that building name and physical description are not included.</p> <p>Valid Values: Do not accept DK or R</p> |
| Skip Instructions | 1. Go to NEWBLDGNAME |

| | |
|-------------------|--|
| Variable Name | NEWBLDGNAME |
| Screen | <p>SPECIAL PLACE NAME: <u>Fill in SPECPLACE</u> GROUP QUARTERS NAME: <u>Fill in GQNAME</u></p> <p>ADDRESS: <u>Fill in GQADDLINE1</u> <u>Fill in GQADDLINE2</u></p> <p>Is there a unique name for this building?</p> <p>◆ The GQ building name is the actual name on the GQ structure or on a sign easily seen in front of the GQ structure. Examples are: Building 202 or Building A-1.</p> |
| Input Options | <p>1. Yes 2. No</p> <p>Valid Values: 1, 2, DK, R</p> |
| Skip Instructions | <p>1. If 1, go to BLDGNAME 2. If 2, DK, or R go to UPDATECONTACT2INFO</p> |

| | |
|-------------------|---|
| Variable Name | UPDATEBLDGNAME |
| Screen | <p>NEWBLDGNAME = 1</p> <p><u>Question</u> SPECIAL PLACE NAME: <u>Fill in SPECPLACE</u> GROUP QUARTERS NAME: <u>Fill in GQNAME</u></p> <p>ADDRESS: <u>Fill in GQADDLINE1</u> <u>Fill in GQADDLINE2</u></p> <p>BUILDING NAME: <u>Fill in BLDGNAME</u></p> <p>◆ Enter the building name.</p> <p><u>Fields available to enter address information (and variable name and length):</u> · Update GQ building name (BLDGNAME - 60 characters)</p> |
| Input Options | Valid Values: alphanumeric, DK, R (go to UPDATECONT2INFO) |
| Skip Instructions | Go to UPDATECONTACT2INFO |

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| Variable Name | UPDATECONT2INFO |
| Screen | <p>CONTACT PERSON 2: <u>Fill in CP2NAME</u> CONTACT TITLE2: <u>Fill in CP2TITL</u> CONTACT PHONE2: <u>Fill in CP2PHON, CP2EXT</u></p> <p>Is there another person who might be able to help us if needed? *Update the Second GQ contact name.</p> |
| Input Options | <p>1. Yes 2. No</p> <p>Valid Values: 1,2</p> |
| Skip Instructions | <p>1. If 1, go to NEWCP2NAME 2. If 2, go to NEWGENPHON</p> |

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|-------------------|--|
| Variable Name | NEWCP2NAME, NEWCP2TITL, NEWCP2PHON, NEWCP2EXT |
| Screen | <p>CONTACT PERSON 2: <u>Fill in CP2NAME</u></p> <p>CONTACT TITLE2: <u>Fill in CP2TITL</u></p> <p>CONTACT PHONE2: <u>Fill in CP2PHON, CP1EXT</u></p> <ul style="list-style-type: none"> • For CP2NAME display “Enter Contact #2 Name (CP1NAME - 42 characters)” • For CP2TITLT display “Enter Contact #2 Title (CP1TITL - 20 characters)” • For CP2PHON display “Enter Contact #2 Phone (CP1PHON - 10 characters)” • For CP2EXT display “Enter Contact #2 Extension (CP1EXT - 5 characters)” <p><i>Instrument: <u>Field</u> is name, title, phone number, or phone number extension, whichever is appropriate.</i></p> <p><u>Fields available to enter contact information (and variable name and length).</u></p> <p><u>Use these tiles for the form pane:</u></p> <p>All variables are not must fill. If CP2PHON is not filled, do not fill CP2EXT.</p> <p><i>Instrument: <u>Pre</u>fill all of these fields with the current value.</i></p> |
| Skip Instructions | Go to NEWGENPHON |

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| Variable Name | NEWGENPHON and NEWGENEXT |
| Screen | <p>What is the general or main phone number for <u>fill in GQNAME</u>?</p> <p>GENERAL/MAIN PHONE #: <u>Fill in GQPHONE, GQEXT</u></p> <p>◆ Update the main or general phone number of the group quarters/special place.</p> <p><u>Field available to enter general contact information (and variable name and length).</u> <u>Use these tiles for the form pane:</u></p> <ul style="list-style-type: none"> · General phone number (GQPHONE - 10 characters) · General phone extension (GQEXT - 5 characters) <p>R is allowed for GQPHONE. If GQPHONE is not filled or R, do not fill GQEXT.</p> <p><i>Instrument: Prefill all of these fields with the current value.</i></p> |
| Input Options | <p>See screen section</p> <p>Valid Values: numeric only, R, Blank</p> |
| Skip Instructions | 1. If entry, blank or R, go to STAY_NOW |

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| Variable Name | STAY_NOW |
| Screen | <p>SPECIAL PLACE NAME: <u>Fill in SPECNAME</u></p> <p>GROUP QUARTERS NAME: <u>Fill in GQNAME</u></p> <p>Are people currently living or staying at <u>fill in GQNAME</u> ?</p> |
| Input Options | <p>1. Yes 2. No</p> <p>Valid Values: 1,2, R. Do not accept blank.</p> |
| Skip Instructions | 1. If STAY_NOW = 1,2 or R, go to GQMAIN1. |

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| Variable Name | APPOINTMENT1 |
| Screen | <p>I want to schedule a date and time in the next few days to complete our interview and the interviews with the people I select for the survey. What date and time would be the best to visit?</p> <p>Special BoP Question text</p> <p>We would like to schedule this visit to happen as soon as possible. What date and time would be the best for someone to visit you?</p> <p>*Ask for directions if necessary. Press Ctrl + F7 keys simultaneously and record details in Notes.</p> |
| Input Options | Appointment Date/Time: _____ |
| Skip Instructions | <ol style="list-style-type: none"> 1. If INITSCREEN = 2 and PEAS_FL = 1, go to SECPROCS 2. If INITSCREEN = 3 and PEAS_FL = 1, go to SECPROCS |

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| Variable Name | SECPROCS |
| Screen | <p>I will have a picture ID with me on the day of my visit. Are there any specific procedures I need to know of prior to my visit for entering this place or interviewing the residents.</p> <p>*If yes, press Ctrl + F7 keys simultaneously and record details in Notes.</p> |
| Input Options | <ol style="list-style-type: none"> 1. Yes 2. No <p>Valid Values: 1,2</p> |
| Skip Instructions | 1. Go to THANKYOU |

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| Variable Name | INTSTAT |
| Screen | <p>◆ Is the respondent able to complete the interview?</p> <p>◆ If this is a Federal Prison or a Federal Detention Center select option 3 for <i>Other noninterview</i>. (This option does <u>not</u> apply to privately operated correctional facilities that house mostly federal prisoners.)</p> <p>◆ If you are at a privately operated correctional facility that contains federal, state, or local prisoners, do not exit the interview. Continue with the GQFQ interview, sampling and interviewing the persons selected for sample. Select the F8 to return to the interview. Instructions are directly below on how these GQs will be classified.</p> <p>◆ If you are at a privately operated correctional facility that contains mostly federal prisoners, you will continue with the interview. This GQ will be coded out as a 102, Federal Prison.</p> <p>◆ If you are at a privately operated correctional facility that contains mostly state prisoners, you will continue with the interview. This GQ will be coded out as a 103, State Prison.</p> <p>◆ If you are at a privately operated correctional facility that contains mostly local prisoners, you will continue with the interview. This GQ will be coded out as a 104, Local Jail. (Local jails include tribal as well.)</p> |
| Input Options | <ol style="list-style-type: none"> 1. Inconvenient Time. Try again later. 2. Refusal. 3. Other noninterview |
| Skip Instructions | <ol style="list-style-type: none"> 1. If 1, go to PCALLBACK 2. If 2, go to REFREASON 3. If 3, go to REASONINT |

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| Variable Name | PCALLBACK |
| Screen | What day and time would be best to contact you again? |
| Input Options | Date/Time: [Fill in the blank. Allow 25 characters] |
| Skip Instructions | 1. Go to THANKYOU |

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| Variable Name | REFREASON |
| Screen | <u>Question</u> ◆ Mark all that apply. |
| Input Options | <u>Answer Categories</u> 1. Respondent busy. 2. Interview too long 3. Survey is a waste of taxpayers money 4. Respondent questions legitimacy of survey 5. Confidentiality reasons 6. Respondent says that he/she cannot comply because of legal restrictions 7. Other – Specify in Notes |
| Skip Instructions | 1. If 1-5 OR 7, go to THANKYOU 2. If 6, go to REASON811 |

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| Block | BF10 Exit BExit |
| Variable Name | REASON811 |
| Field Description | 4.8 Reason for 811 Outcome |
| Universe | REFREASON=6 |
| Screen | <u>Question</u> ◆ What is the legal restriction cited by the respondent? Get the name of the law, if possible, and whether it is a federal or state law. |
| Input Options | Fill in the blank – 60 characters. |
| Fill Instructions | |
| Skip Instructions | Go to THANKYOU. |
| Skip Instructions for BoP | |
| Special Instructions | |
| BoP Special Instruction | |

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| Variable Name | TCALLBACK |
| Screen | When is a good time for me to call back? Callback date/time: _____ |
| Skip Instructions | 1. Go to THANKYOU |

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| Variable Name | REASONINT |
| Screen | <p><u>Question</u> ◆ Indicate the reason for the noninterview.</p> <p><u>Answer Categories</u></p> <ol style="list-style-type: none"> 1. Unable to locate 2. Other Type A - Specify in Notes. 3. GQ no longer exists 4. GQ is actually a housing unit (in addition to standard housing units, this includes assisted / independent living units, RV parks, campgrounds, marinas, or racetracks) 5. GQ is a domestic violence shelter or sensitive place 6. Other Type C - Specify in Notes. 7. Natural disaster - Type B 8. Type C - no residents during survey period 9. Federal Prison 10. Federal Detention Center |
| Skip Instructions | <ol style="list-style-type: none"> 1. If REASONINT = 1,3, 4, 5, 7, 8, 9, 10 go to NOTES 2. If REASONINT = 2, go to REASON819 3. If REASONINT = 6, go to REASON844. 4. If REASONINT = 9, display soft error that says the following: <p style="margin-left: 40px;">◆ This facility is out of scope at this time. You have reached a Federal Prison outside of the data collection period for Federal Prisons. You will be exited out of the interview and your case will be closed. Please read the script below to the contact person.</p> <p style="margin-left: 40px;">“I’m sorry, we have contacted you at a time outside of the data collection period for Federal Prisons. This ends the interview. Those Federal correctional facilities, selected for sample for the ACS, will be visited beginning in September, in which your facility may be one of those. You will be notified prior to our return. Thank you for your time.”</p> <p style="margin-left: 40px;">Suppress exits the instrument. Close and Go to returns to REASONINT. Set GQTYPE CODE = 102</p> 5. If REASONINT = 10, display soft error that says the following: <p style="margin-left: 40px;">◆ This facility is out of scope at this time. You have reached a Federal Detention Center outside of the data collection period for Federal Detention Centers. You will be exited out of the interview and your case will be closed.</p> |

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| | <p>Please read the script below to the contact person.</p> <p>“I’m sorry, we have contacted you at a time outside of the data collection period for Federal Detention Centers. This ends the interview. Those Federal correctional facilities, selected for sample for the ACS, will be visited beginning in September, in which your facility may be one of those. You will be notified prior to our return. Thank you for your time.”</p> <p>*****Suppress exits the instrument. Close and Go to exit the instrument. SET GQTYPE = 101</p> |
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| Variable Name | REASON819 |
| Screen | <u>Question</u> ◆ Specify the reason for this Other Type A outcome. |
| Skip Instructions | Go to THANKYOU. |

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| Variable Name | REASON844 |
| Screen | <u>Question</u> ◆ Specify the reason for this Other Type C outcome. |
| Skip Instructions | Go to Notes. |

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| Variable Name | THANKYOU |
| Screen | Thank you for helping the Census Bureau with the [fill in American/Puerto Rico] Community Survey |
| Fill Instructions | 1. If ST = 72, display “Puerto Rico”, else display “American” |
| Skip Instructions | Go to Notes |

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| Variable Name | GQMAIN1 |
| Screen | <p>Special Place Name: fill in SPECNAME Group Quarters Name: fill in GQNAME</p> <p>This is a list of places where people live, could live, or stay and/or receive services. Using this list, please select ONLY ONE category that BEST describes [fill in GQNAME]</p> <p>◆ Give the contact person time to read all the categories on the flashcard and provide you with a selection. If they choose more than one category, ask for the one that has the most residents and note that we'll ask about the other categories later.</p> |
| Input Options | <p><u>Answer Categories</u></p> <ol style="list-style-type: none"> 1. Educational Facility 2. Correctional Facility 3. Group Home 4. Health Care or Treatment Facility 5. Military 6. Other Group Living Facilities 7. None of the Above" <p><u>Valid Values</u> 1 through 7 Do not accept DK, R</p> |
| Skip Instructions | <ol style="list-style-type: none"> 1. If 1, go to EDU_DD 2. If 2, go to CORRECTIONAL_DD 3. If 3, go to GROUPTHOME_DD 4. If 4, go to HEALTH_DD 5. If 5, go to MILITARY_DD 6. If 6, go to OGLF_DD 7. If 7, go to OUTOFSCOPE |

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| Variable Name | EDU_DD |
| Screen | ◆ Select category based on GQ contact's response. |
| Input Options | 1. College/University, Student Housing 2. Residential School for People with Disabilities |
| Skip Instructions | 1. If EDU_DD = 1, go to COLLEGE 2. If EDU_DD = 2, go to MAXCAP1 |

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| Variable Name | College |
| Screen | "Is [fill: GQNAME] used solely to provide housing for college students?" |
| Input Options | 1. Yes 2. No |
| Skip Instructions | 1. If College=1, go to MAXCAP1 2. If College = 2, go to OUTOFSCOPE_TY |

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| Variable Name | CORRECTIONAL_DD |
| Screen | ◆ Select category based on GQ contact's response. |
| Input Options | 1. Adult Correctional Residential Facility 2. Juvenile Correctional Facility |
| Skip Instructions | 1. If CORRECTIONAL_DD = 1, go to CF_DESC. 2. If CORRECTIONAL_DD = 2, go to MAXCAP1. |

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| Variable Name | CF_DESC |
| Screen | <p>Which of the following categories describes [fill in GQNAME]?</p> <ul style="list-style-type: none"> ◆ If more than one flashcard category applies, mark the one with the most prisoners. ◆ If this is a Federal Prison or a Federal Detention Center, select either Option 5 or Option 6 respectively to exit out of the interview. ◆ If you are at a privately operated facility that contains federal, state or local prisoners, do not exit the interview. Continue with the GQFQ interview, sampling and interviewing the persons selected for sample. Instructions are directly below on how to code privately operated facilities out. ◆ If you are at a privately operated correctional facility that contains mostly state prisoners, you will select Option 1 and continue with the interview. This case will have the GQ Type code of 103, State Prison. ◆ If you are at a privately operated correctional facility that contains mostly local/county prisoners, you will select Option 2 and continue with the interview. This case will have the GQ Type code of 104, Local Jail. (Local jails include tribal as well) ◆ If you are at a privately operated correctional facility that contains mostly federal prisoners, you will select Option 4 and continue with the interview. This case will have the GQ Type code of 102. |
| Input Options | <ol style="list-style-type: none"> 1. State Prison/Private Operated Facility housing mainly state prisoners 2. Local or County Jail/Private Operated Facility housing mainly local or county prisoners. 3. Adult Residential Correctional Facility 4. Privately Operated Facility housing mainly federal prisoners. 5. Federal Prison 6. Federal Detention Center |
| Skip Instructions | <ol style="list-style-type: none"> 1. If CF_DESC = 1 through 4 go to MAXCAP1 2. If CF_DESC = 5, display soft error that says: This facility is out of scope at this time. You have reached a Federal Prison outside of the data collection period for Federal |

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| | <p>Prisons. You will be exited out of the interview and your case will be closed. Please read the script below to the contact person.</p> <p>“I’m sorry, we have contacted you at a time outside of the data collection period for Federal Prisons. This ends the interview. Those Federal correctional facilities, selected for sample for the ACS, will be visited beginning in September, in which your facility may be one of those. You will be notified prior to our return. Thank you for your time,”</p> <p>Suppress exits the instrument. Close and GO returns to CF_DESC. Set GQTYPE = 102</p> <p>3. If CF_DESC = 6 display soft error that says: This facility is out of scope at this time. You have reached a Federal Detention Center outside of the data collection period for Federal Detention Centers. You will be exited out of the interview and your case will be closed. Please read the script below to the contact person.</p> <p>“I’m sorry, we have contacted you at a time outside of the data collection period for Federal Detention Centers. This ends the interview. Those Federal correctional facilities, selected for sample for the ACS, will be visited beginning in September, in which your facility may be one of those. You will be notified prior to our return. Thank you for your time,”</p> <p>Suppress exits the instrument. Close and GO returns to CF_DESC. Set GQTYPE = 101</p> |
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| Variable Name | GROUPHOME_DD |
| Screen | ◆ Select category based on GQ contact’s response. |
| Input Options | 1. Adult Group Home 2. Juvenile Group Home |
| Skip Instructions | 1. If GROUPHOME_DD = 1 go to MAXCAP1. 2. If GROUPHOME_DD = 2, go to MAXCAP1. |

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| Variable Name | HEALTH_DD |
| Screen | ◆ Select category based on GQ contact's response. |
| Input Options | <ol style="list-style-type: none"> 1. Adult Residential Treatment Center (non-correctional) 2. Assisted Living, Independent Living or Continuing Care Facility 3. Nursing or Skilled Nursing Facility 4. In-Patient Hospice Facility 5. Hospital 6. Juvenile Residential Treatment Center (non-correctional) |
| Skip Instructions | <ol style="list-style-type: none"> 1. If 1,3, 4 or 6 go to MAXCAP1. 2. If 2, go to ALF 3. If 5, go to HOSP_DESC |

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| Variable Name | ALF |
| Screen | Does [GQNAME] have a skilled nursing unit or a nursing unit? |
| Input Options | <ol style="list-style-type: none"> 1. Yes 2. No |
| Skip Instructions | <ol style="list-style-type: none"> 1. If ALF = 1, go to MAXCAP1 2. If ALF = 2, got to OUTOFSCOPE_TY |

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| Variable Name | HOSP_DESC |
| Screen | <p>Does [GQNAME] provide treatment or care that includes:</p> <p>◆ If more than one Information Card category applies, enter the one with the most patients.</p> |
| Input Options | <ol style="list-style-type: none"> 1. Mental / Psychiatric Hospital or Unit 2. Skilled Nursing Unit 3. Patients Who Have No Usual Home Elsewhere. 4. None Of The Above Apply To This Hospital |
| Skip Instructions | <ol style="list-style-type: none"> 1. If HOSP_DESC = 3, go to UHE_COUNT 2. If HOSP_DESC = 1 or 2, go to MAXCAP1. 3. If HOSP_DESC = 4, go to OUTOFSCOPE_TY. |

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| Variable Name | UHE_COUNT |
| Screen | <p>Fill #1 [What is the maximum number of people who have no usual home elsewhere who live or stay here?]</p> <p>Fill #2 [What is the maximum number of people experiencing homelessness who can live or stay in this building?]</p> |
| Skip Instructions | Go to SECGQ. |

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| Variable Name | MILITARY_DD |
| Screen | ◆ Select category based on GQ contact's response. |
| Input Options | <ol style="list-style-type: none"> 1. Barracks or Academy Residence Hall 2. Disciplinary Barracks or Jail 3. Ship 4. Military Treatment Facility with Assigned Patients <hr/> |
| Skip Instructions | MILITARY_DD – 1 through 4, go to MAXCAP1. |

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| Variable Name | OGLF_DD |
| Screen | ◆Select category based on GQ contact's response. |
| Input Options | <ol style="list-style-type: none"> 1. Commune, Recreational Vehicle Park, Campground, Marina, Racetrack. 2. Religious Facility 3. Hotel, Motel, Inn, Resort, Lodge, or Bed and Breakfast. 4. Job Corps or Vocational Training Facility 5. Shelter 6. Worker's Group Living Facility <hr/> |
| Skip Instructions | <ol style="list-style-type: none"> 1. If OGLF_DD = 1, go to OUTOFSCOPE_TY. 2. If OGLF_DD = 2,4,6, go to MAXCAP1. 3. If OGLF_DD = 3, go to HOTEL_UHE. 4. If OGLF_DD=5, go to DVS_DD. |

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| Variable Name | DVS_DD |
| Screen | <p>Interviewer instruction in blue –</p> <p>◆ Domestic Violence Shelters are always out of scope for the American Community Survey.</p> <p>Scripted question:</p> <p>Is this facility a Domestic Violence Shelter?</p> |
| Input Options | <ol style="list-style-type: none"> 1. Yes 2. No |
| Skip Instructions | <ol style="list-style-type: none"> 1. If DVS_DD = 1, go to OUTOFSCOPE_TY. 2. If DVS_DD= 2 go to MAXCAP1. |

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| Variable Name | HOTEL_UHE |
| Screen | <p>Does [fill GQNAME] or part of [fill GQNAME] provide shelter for people experiencing homelessness?</p> |
| Input Options | <ol style="list-style-type: none"> 1. Yes 2. No |
| Skip Instructions | <ol style="list-style-type: none"> 1. If HOTEL_UHE = 1, go to UHE_COUNT. 2. If HOTEL_UHE = 2, go to OUTOFSCOPE_TY. |

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| Variable Name | OUTOFSCOPE_DD |
| Screen | Is [fill GQNAME] a..? |
| Input Options | <ol style="list-style-type: none"> 1. Soup Kitchen 2. Regularly Scheduled Mobile Food Van 3. Targeted Non-Sheltered Outdoor Location 4. Natural Disaster Shelter 5. Maritime/Merchant Vessel 6. None of these |
| Skip Instructions | <ol style="list-style-type: none"> 1. If OUTOFSCOPE = 1 through 5, go to OUTOFSCOPE_TY. 2. If OUTOFSCOPE = 6, go to HU. |

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| Variable Name | HU |
| Input Options | <ol style="list-style-type: none"> 1. Yes 2. No <p>Valid Values 1, 2, do not accept DK or R</p> |
| Skip Instructions | 1. If HU = 1 or 2, go to OUTOFSCOPE_TY. |

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| Variable Name | OUTOFSCOPE_TY |
| Screen | <p>This place is not in scope for this part of the American / Puerto Rico Community Survey.</p> <p>In the future, you may be contacted again for an interview.</p> |
| Input Options | Enter 1 to continue |
| Fill Instructions | If ST = 72, display “Puerto Rico”, else display “American” |
| Skip Instructions | Go to Notes. |

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| Variable Name | MAXCAP1 |
| Screen | What is the maximum number of people who can live or stay at [fill GQNAME]? Include only those people who are part of the [fill GQTYPECODE1DESC] section of [fill GQNAME]. Please include any staff living or staying at [fill GQNAME]. |
| Skip Instructions | GO to SECGQ |

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| Variable Name | SECGQ |
| Screen | This is the same list of places where people live, could live or stay and/or receive services. Is [fill GQNAME] also one of the categories on the card? ◆ Give the contact person some time to read all the categories and provide you with a selection. |
| Input Options | 1. Yes 2. No |
| Skip Instructions | 1. If SECGQ = 1, go to SECGQ_NAME. 2. If SECGQ = 2 and STAY_NOW = 1, go to PEOPLEATGQ. 3. If SECGQ = 2 and STAY_NOW = 2, go to RI_BCT. |

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| Variable Name | SECGQNAME |
| Screen | What is the name of this place? ◆ Enter the name that accurately describes only that part of the GQ that the contact identified on the Information Card. PRIMARY GQ NAME: [fill GQNAME] PRIMARY GQ TYPE: [fill GQTYPE1CODE] SECOND GQ NAME: [fill GQNAME#2] SECOND GQ TYPE: [fill GQTYPE2CODE] |
| Skip Instructions | Go to GQMAIN2 |

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| Block | BGQtype2 |
| Variable Name | GQMAIN2 |
| Field Description | 11.5 Second GQ Category |
| Universe | SECGQ_NAME ne blank |
| Screen | <p>Special Place Name: fill SPECNAME Group Quarters name: fill GQNAME</p> <p>Please tell me which is the category that best describes [fill GQNAME#2]?</p> <p>◆ This type code must be different from the first type code.</p> <p>◆ The second GQ name must accurately describe only the GQ that reflects the second type code.</p> |
| Input Options | <ol style="list-style-type: none"> 1. Educational Facility 2. Correctional Facility 3. Group Home 4. Health Care Treatment Facility 5. Military 6. Other Group Living Facilities <p>Valid Values 1 through 6, do not accept DK, R</p> |
| Fill Instructions | |
| Skip Instructions | <ol style="list-style-type: none"> 1. If GQMAIN2 = 1, go to EDU_DD 2. If 2, go to CORRECTIONAL_DD 3. If 3, go to GROUPTHOME_DD 4. If 4, go to HEALTH_DD 5. If 5, go to MILITARY_DD 6. If 6, go to OGLF_DD |

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| Variable Name | EDU_DD |
| Screen | Select category based on GQ contact's response. |
| Input Options | 1. College/University Student Housing 2. Residential School for People with Disabilities |
| Skip Instructions | 1. If EDU_DD = 1, go to COLLEGE 2. If EDU_DD = 2, go to MAXCAP2 |

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| Variable Name | College |
| Screen | "Is [fill: GQNAME] used solely to provide housing for college students?" |
| Input Options | 1. Yes 2. No |
| Skip Instructions | 1. If College = 1, go to MAXCAP2 2. If College = 2, go to PEOPLEATGQ. |

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| Variable Name | CORRECTIONAL_DD |
| Screen | ◆ Select category based on GQ contact's response. |
| Input Options | 1. Adult Correctional Residential Facility 2. Juvenile Correctional Facility |
| Skip Instructions | 1. If CORRECTIONAL_DD = 1, go to CF_DESC. 2. If CORRECTIONAL_DD = 2, go to MAXCAP2. |

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| Variable Name | CF_DESC |
| Screen | <p>Which of the following categories describes [fill in GQNAME#2]?</p> <p>◆ If more than one flashcard category applies, mark the one with the most prisoners.</p> |
| Input Options | <ol style="list-style-type: none"> 1. State Prison 2. Local or County Jail 3. Adult Residential Correctional Facility 4. Privately Operated Correctional Facility (federal) 5. Federal Prison 6. Federal Detention Center |
| Skip Instructions | <ol style="list-style-type: none"> 1. If CF_DESC = 1 through 4 go to MAXCAP2 This Goes to PEOPLEATGQ and should be going to MAXCAP2 2. If CF_DESC = 5, display soft error that says: <ul style="list-style-type: none"> “ You have attempted to collect GQ information for Federal Prison outside of the data collection period for Federal Prisons. Please read the script below to the respondent and continue with the interview. <p style="text-align: center;">Federal facilities are out of scope at this time of data collection. Is this GQ another of the categories on this card?</p> <p style="text-align: center;">Suppress is off line. Close and GO returns to SECGQ.</p> 3. If CF_DESC = 6 display soft error that says: <ul style="list-style-type: none"> You have attempted to collect GQ information for Federal Prison outside of the data collection period for Federal Prisons. Please read the script below to the respondent and continue with the interview. <p style="text-align: center;">Federal facilities are out of scope at this time of data collection. Is this GQ another of the categories on this card?</p> <p style="text-align: center;">Suppress is off line. Close and GO returns to SECGQ.</p> |

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| Variable Name | GROUPHOME_DD |
| Screen | ◆ Select category based on GQ contact's response. |
| Input Options | 1. Adult Group Home 2. Juvenile Group Home |
| Skip Instructions | 1. If GROUPHOME_DD = 1 go to MAXCAP2. 2. If GROUPHOME_DD = 2, go to MAXCAP2. |

| | |
|-------------------|--|
| Variable Name | HEALTH_DD |
| Screen | ◆ Select category based on GQ contact's response. |
| Input Options | 1. Adult Residential Treatment Center (non-correctional) 2. Assisted Living, Independent Living or Continuing Care Facility 3. Nursing or Skilled Nursing Facility 4. Hospice 5. Hospital 6. Juvenile Residential Treatment Center (non-correctional) |
| Skip Instructions | 1. If 1, 3, 4 or 6 go to MAXCAP2. 2. If 2, go to ALF 3. If 5, go to HOSP_DESC |

| | |
|-------------------|--|
| Variable Name | ALF |
| Screen | ◆ Does [GQNAME#2] have a skilled nursing unit or a nursing unit? |
| Input Options | 1. Yes 2. No |
| Skip Instructions | 1. If ALF = 1, go to MAXCAP2 2. If ALF = 2, got to PEOPLEATGQ |

| | |
|-------------------|---|
| Variable Name | HOSP_DESC |
| Screen | Does [GQNAME#2] provide treatment or care that includes: ◆ If more than one Information Card category applies, enter the one with the most patients. |
| Input Options | 1. Mental /Psychiatric Hospital or Unit. 2. Skilled Nursing Unit 3. Patients Who Have No Usual Home Elsewhere. 4. None Of The Above Apply To This Hospital |
| Skip Instructions | 1. If HOSP_DESC = 3, go to UHE_COUNT 2. If HOSP_DESC = 1 or 2, go to MAXCAP2. 3. If HOSP_DESC = 4, go to PEOPLEATGQ. |

| | |
|-------------------|--|
| Variable Name | UHE_COUNT |
| Screen | <p>Fill #1 [What is the maximum number of people who have no usual home elsewhere who live or stay here?]</p> <p>Fill #2 [What is the maximum number of people experiencing homelessness who can live or stay in this building?]</p> |
| Skip Instructions | Go to TERGQ. |

| | |
|-------------------|--|
| Variable Name | MILITARY_DD |
| Screen | ◆ Select category based on GQ contact's response. |
| Input Options | <ol style="list-style-type: none"> 1. Barracks or Academy Residence Hall 2. Disciplinary Barrack or Jail 3. Ship 4. Military Treatment Facility with Assigned Patients |
| Skip Instructions | MILITARY_DD – 1 through 4, go to MAXCAP2. |

| | |
|-------------------|---|
| Variable Name | OGLF_DD |
| Screen | ◆ Select category based on GQ contact's response. |
| Input Options | <ol style="list-style-type: none"> 1. Commune, Recreational Vehicle Park, Campground, Marina, Racetrack. 2. Religious Facility 3. Hotel, Motel, Inn, Resort, Lodge, or Bed and Breakfast. 4. Job Corps or Vocational Training Facility 5. Shelter 6. Worker's Group Living Facility |
| Skip Instructions | <ol style="list-style-type: none"> 1. If OGLF_DD = 1, go to PEOPLEATGQ. 2. If OGLF_DD = 2,4,6 go to MAXCAP2. 3. If OGLF_DD = 3, go to HOTEL_UHE. 4. If OGLF_DD=5, go to DVS_DD |

| | |
|-------------------|--|
| Variable Name | DVS_DD |
| Screen | Domestic Violence Shelters are always out of scope for the American Community Survey. Is this facility a Domestic Violence Shelter? |
| Input Options | <ol style="list-style-type: none"> 1. Yes 2. No |
| Skip Instructions | <ol style="list-style-type: none"> 1. If DVS_DD = 1, go to OUTOFSCOPE_TY. 2. If DVS_DD= 2 go to MAXCAP2. |

| | |
|-------------------|---|
| Variable Name | HOTEL_UHE |
| Screen | ◆ Does [fill GQNAME#2] or part of [fill GQNAME#2] provide shelter for people experiencing homelessness? |
| Input Options | <ol style="list-style-type: none"> 1. Yes 2. No |
| Skip Instructions | <ol style="list-style-type: none"> 1. If HOTEL_UHE = 1, go to UHE_COUNT. 2. If HOTEL_UHE = 2, go to PEOPLEATGQ. |

| | |
|-------------------|---|
| Variable Name | MAXCAP2 |
| Screen | <p>“What is the maximum number of people who can live or stay at [fill GQNAME#2]? Include only those people who are part of the [fill GQTYPECODE2DESC] section of [fill GQNAME#2]. Please include any staff living or staying at [fill GQNAME#2].”</p> <p>This was in the last spec sent up – re-sending it in this one.</p> |
| Skip Instructions | GO to TERGQ |

| | |
|-------------------|---|
| Variable Name | TerGQ |
| Screen | <p>This is the same list of places where people live, could live or stay and/or receive services. Is [fill GQNAME] also one of the categories on the card?</p> <p>◆ Give the contact person some time to read all the categories and provide you with a selection.</p> |
| Input Options | <p>1. Yes 2. No</p> |
| Skip Instructions | <p>1. If TerGQ = 1, go to TERGQNAME. 2. If TerGQ = 2 and STAY_NOW = 1, go to PEOPLEATGQ. 3. If TerGQ = 2 and STAY_NOW = 2, go to RI_BCT.</p> |

| | |
|-------------------|--|
| Variable Name | TERGQNAME |
| Screen | <p>What is the name of this place?</p> <p>◆ Enter the name that accurately describes only the part of the GQ that the contact identified on the Information Card.</p> <p>PRIMARY GQ NAME: [fill GQNAME] PRIMARY GQ TYPE: [fill GQTYPE1CODE]</p> <p>SECOND GQ NAME: [fill GQNAME#2] SECOND GQ TYPE: [fill GQTYPE2CODE]</p> <p>THIRD GQ NAME: [fill: GQNAME#3 for third GQ] THIRD GQTYPE: [fill: GQTYPE3CODE]</p> |
| Skip Instructions | Go to GQMAIN3 |

| | |
|-------------------|---|
| Variable Name | GQMAIN3 |
| Screen | <p>Special Place Name: fill SPECNAME Group Quarters name: fill GQNAME</p> <p>Please tell me which is the category that best describes [fill GQNAME#3]?</p> <p>◆ This type code must be different from the first type code.</p> <p>◆ The third GQ name must accurately describe only the GQ that reflects the third type code.</p> |
| Input Options | <ol style="list-style-type: none"> 1. Educational Facility 2. Correctional Facility 3. Group Home 4. Health Care Treatment Facility 5. Military 6. Other Group Living Facilities <p>Valid Values 1 through 6, do not accept DK, R</p> |
| Skip Instructions | <ol style="list-style-type: none"> 1. If GQMAIN3 = 1, go to EDU_DD 2. If GQMAIN3 = 2, go to CORRECTIONAL_DD 3. If GQMAIN3 = 3, go to GROUPTHOME_DD 4. If GQMAIN3 = 4, go to HEALTH_DD 5. If GQMAIN3 = 5, go to MILITARY_DD 6. If GQMAIN3 = 6, go to OGLF_DD |

| | |
|-------------------|---|
| Variable Name | EDU_DD |
| Screen | ◆ Select category based on GQ contact's response. |
| Input Options | 1. College/University Student Housing 2. Residential School for People with Disabilities |
| Skip Instructions | 1. If EDU_DD = 1, go to COLLEGE 2. If EDU_DD = 2, go to MAXCAP3 |

| | |
|-------------------|--|
| Variable Name | College |
| Field Description | 6.1 College/University Student Housing |
| Screen | "Is [fill: GQNAME] used solely to provide housing for college students?" |
| Input Options | 1. Yes 2. No |
| Skip Instructions | 1. If College=1, go to MAXCAP3 2. If College = 2, go to PEOPLEATGQ |

| | |
|-------------------|--|
| Variable Name | CORRECTIONAL_DD |
| Screen | ◆ Select category based on GQ contact's response. |
| Input Options | 1. Adult Correctional Residential Facility 2. Juvenile Correctional Facility |
| Skip Instructions | 1. If CORRECTIONAL_DD = 1, go to CF_DESC. 2. If CORRECTIONAL_DD = 2, go to MAXCAP3. |

| | |
|-------------------|---|
| Variable Name | CF_DESC |
| Screen | <p>“Which of the following categories describes [fill in GQNAME#3]?”</p> <p>◆ If more than one flashcard category applies, mark the one with the most prisoners.”</p> |
| Input Options | <ol style="list-style-type: none"> 1. State Prison 2. Local or County Jail 3. Adult Residential Correctional Facility 4. Privately Operated Correctional Facility (federal) 5. Federal Prison 6. Federal Detention Center |
| Skip Instructions | <ol style="list-style-type: none"> 1. If CF_DESC = 1 through 4 go to MAXCAP3 Going to PEOPLEATGQ and it should be going to MAXCAP3 2. If CF_DESC = 5, display soft error that says: <ul style="list-style-type: none"> “ You have attempted to collect GQ information for Federal Prison outside of the data collection period for Federal Prisons. Please read the script below to the respondent and continue with the interview. “Federal facilities are out of scope at this time of data collection. Is this GQ another one of the categories on this card?” Suppress is off line. Close and GO returns to TERGQNAME. 3. If CF_DESC = 6, display soft error that says: <ul style="list-style-type: none"> You have attempted to collect GQ information for Federal Prison outside of the data collection period for Federal Prisons. Please read the script below to the respondent and continue with the interview. “Federal facilities are out of scope at this time of data collection. Is this GQ another one of the categories on this card?” Suppress is off line. Close and GO returns to TERGQNAME. |

| | |
|-------------------|---|
| Variable Name | GROUPHOME_DD |
| Screen | ◆ Select category based on GQ contact's response. |
| Input Options | 1. Adult Group 2. Juvenile Group |
| Skip Instructions | 1. If GROUPHOME_DD = 1 go to MAXCAP3. 2. If GROUPHOME_DD = 2, go to MAXCAP3. |

| | |
|-------------------|--|
| Variable Name | HEALTH_DD |
| Screen | ◆ Select category based on GQ contact's response. |
| Input Options | <ol style="list-style-type: none"> 1. Adult Residential Treatment Center (non-correctional) 2. Assisted Living, Independent Living or Continuing Care Facility 3. Nursing or Skilled Nursing Facility 4. In-Patient Hospice Facility 5. Hospital 6. Juvenile Residential Treatment Center (non-correctional) |
| Skip Instructions | <ol style="list-style-type: none"> 1. If 1, 3, 4 or 6 go to MAXCAP3. 2. If 2, go to ALF 3. If 5, go to HOSP_DESC |

| | |
|-------------------|--|
| Variable Name | ALF |
| Screen | Does [GQNAME#3] have a skilled nursing unit or a nursing unit? |
| Input Options | <ol style="list-style-type: none"> 1. Yes 2. No |
| Skip Instructions | <ol style="list-style-type: none"> 1. If ALF = 1, go to MAXCAP3 2. If ALF = 2, got to PEOPLEATGQ |

| | |
|-------------------|--|
| Variable Name | HOSP_DESC |
| Screen | <p>Does [GQNAME#3] provide treatment or care that includes:</p> <p>◆ If more than one Information Card category applies, enter the one with the most patients.”</p> |
| Input Options | <ol style="list-style-type: none"> 1. Mental/Psychiatric Hospital or Unit 2. Skilled Nursing Unit. 3. Patients Who Have No Usual Home Elsewhere. 4. None Of The Above Apply To This Hospital |
| Skip Instructions | <ol style="list-style-type: none"> 1. If HOSP_DESC = 3, go to UHE_COUNT 2. If HOSP_DESC = 1 or 2, go to MAXCAP3. 3. If HOSP_DESC = 4, go to PEOPLEATGQ. |

| | |
|-------------------|--|
| Variable Name | UHE_COUNT |
| Screen | <p>Fill #1 [What is the maximum number of people who have no usual home elsewhere who live or stay here?]</p> <p>Fill #2 [What is the maximum number of people experiencing homelessness who can live or stay in this building?]</p> |
| Skip Instructions | <ol style="list-style-type: none"> 1. If STAY_NOW = 1, go to PEOPLEATGQ 2. If STAY_NOW = 2, go to RI_BTC |

| | |
|-------------------|---|
| Variable Name | MILITARY_DD |
| Screen | ◆ Select category based on GQ contact's response. |
| Input Options | <ol style="list-style-type: none"> 1. Barracks or Academy Residence Hall 2. Disciplinary Barracks or Jail 3. Ship 4. Military Treatment Facility with Assigned Patients |
| Skip Instructions | MILITARY_DD – 1 through 4, go to MAXCAP3. |

| | |
|-------------------|---|
| Variable Name | OGLF_DD |
| Screen | ◆ Select category based on GQ contact's response. |
| Input Options | <ol style="list-style-type: none"> 1. Commune, Recreational Vehicle Park, Campground, Marina, Racetrack. 2. Religious Facility 3. Hotel, Motel, Inn, Resort, Lodge, or Bed and Breakfast. 4. Job Corps or Vocational Training Facility 5. Shelter 6. Worker's Group Living Facility |
| Skip Instructions | <ol style="list-style-type: none"> 1. If OGLF_DD = 1, go to PEOPLEATGQ. 2. If OGLF_DD = 2,4,6, go to MAXCAP3. 3. If OGLF_DD = 3, go to HOTEL_UHE. 4. If OGLF_DD=5, go to DVS_DD. |

| | |
|-------------------|--|
| Variable Name | DVS_DD |
| Screen | Domestic Violence Shelters are always out of scope for the American Community Survey. Is this facility a Domestic Violence Shelter? |
| Input Options | 1. Yes 2. No |
| Skip Instructions | 1. If DVS_DD = 1, go to OUTOFSCOPE_TY. 2. If DVS_DD= 2 go to MAXCAP3. |

| | |
|-------------------|--|
| Variable Name | HOTEL_UHE |
| Screen | Does [fill GQNAME#3] or part of [fill GQNAME#3] provide shelter for people experiencing homelessness? |
| Input Options | 1. Yes 2. No |
| Skip Instructions | 1. If HOTEL_UHE = 1, go to UHE_COUNT. 2. If HOTEL_UHE = 2, go to PEOPLEATGQ. |

| | |
|-------------------|---|
| Variable Name | MAXCAP3 |
| Screen | What is the maximum number of people who can live or stay at [fill GQNAME#3]? Include only those people who are part of the [fill GQTYPECODE3DESC] section of [fill GQNAME#3]. Please include any staff living or staying at [fill GQNAME#3]. The instruction should be up in the question, not as an FR instruction any longer. Thanks! |
| Skip Instructions | GO to PEOPLEATGQ |

| | |
|-------------------|--|
| Variable Name | PEOPLEATGQ |
| Screen | <p>“We need to take a sample of the residents and staff of [fill: GQNAME] to determine who I should interview. To take the sample, I will now need a list of all occupied beds as of TODAY. The list needs to include sufficient information so that I can locate that person. For example: the resident’s name, floor number, room number and bed designation. Can you provide me with this type of list?</p> <p>◆ Be sure to include any staff members living of staying at the GQ. Do not include Held Beds.”</p> |
| Input Options | <p>1. Yes 2. No</p> <p>Valid Values 1,2,R</p> |
| Skip Instructions | <p>1. If PEOPLEATGQ = 1, go to CURRENTPOP 2. If PEOPLEATGQ = 2,R go to ALLBEDS</p> |

| | |
|-------------------|---|
| Variable Name | ALLBEDS |
| Screen | <p>Is there an up-to-date list of all beds at [fill: GQNAME]</p> <p>◆ Be sure to include any staff members living or staying at the GQ.</p> |
| Input Options | <p>1. Yes 2. No</p> <p>Valid Values 1, 2, R</p> |
| Skip Instructions | <p>1. If ALLBEDS = 1, go to CURRENTPOP 2. If ALLBEDS = 2,R go to CREATE_OCCBEDS</p> |

| | |
|-------------------|--|
| Variable Name | CREATE_OCCBEDS |
| Screen | Can you help me create a list of occupied beds? ◆ Be sure to include any staff members living of staying at the GQ. Do not include Held Beds. |
| Input Options | 1. Yes 2. No Valid Values 1,2,R |
| Skip Instructions | 1. If CREATE_OCCBEDS = 1, go to CURRENTPOP 2. If CREATE_OCCBEDS = 2, R go to CREATE_ALLBEDS. |

| | |
|-------------------|--|
| Variable Name | CREATE_ALLBEDS |
| Screen | Can you help me create a list of all beds? |
| Input Options | 1. Yes 2. No Valid Values 1,2,R |
| Skip Instructions | 1. If CREATE_ALLBEDS = 1, go to CURRENTPOP 2. If CREATE_ALLBEDS = 2, R go to INSTAT |

| | |
|-------------------|---|
| Variable Name | CURRENTPOP |
| Screen | “What is the total number of [fill 1: occupied beds] or [fill 2: all beds] at this place? Be sure you have the resister/list that you just received from or created with the GQ contact person.” |
| Skip Instructions | Go to CONFIRMATION |

| | |
|-------------------|--|
| Variable Name | CONFIRMATION |
| Screen | ◆ You have entered that the total number of [fill1: occupied beds] or [fill2: all beds] is [fill3: CURRENTPOP]. Verify, using your list, that this number is accurate and then re-enter the correct number. |
| Fill Instructions | 1. If PEOPLEATGQ = 1 or CREATE_OCCBEDS = 1, then fill 1 with “occupied beds”. 2. If ALLBEDS = 1 or CREATE_ALLBEDS = 1, then fill 2 with “all beds”. 3. Fill 3 and Fill 4 is the value from CURRENTPOP 4. Fill 5 is the value from CONFIRMATION. |

| | |
|-------------------|--|
| Variable Name | RI_BCT |
| Screen | ◆ Thank you for your help with the [fill American / Puerto Rico] Community Survey. In order to evaluate the quality of my work, my supervisor may contact you to verify that I am doing my job correctly. What is the best time to contact you? |
| Skip Instructions | 1. If STAY_NOW = 1, go to GQCONTACTFINISH 2. If STAY_NOW = 2, go to NOTES 3. If STAY_NOW = R, go to NOTES |

| | |
|-------------------|---|
| Variable Name | GQCONTACTFINISH |
| Screen | ◆ You are now finished getting the information you need from the GQ contact. Let the GQ contact know that it will take a few minutes to take the sample. Let the GQ contact know that you will need to meet with them once you are finished sampling so they can help you find the people in sample to interview. Ask the GQ contact if there is a room that you can sit in to finish the sampling. |
| Skip Instructions | Go to TAKESAMPLE |

| | |
|-------------------|--|
| Variable Name | TAKESAMPLE |
| Screen | <p>◆ You need to have you register in front of you. You are about to draw the sample for [fill: GQNAME].</p> <p>Reminders: Be sure to only include those people who are currently staying at the GQ. For those GQs where you have determined there is a mix of housing units and GQs, ONLY include those people currently staying in the sample GQ. Do not include Held Beds.</p> |
| Input Options | Enter 1 to continue |
| Skip Instructions | Go to SAMPROSTER, PHONENUM, and EXTENSION for each person. |

| | |
|-------------------|--|
| Variable Name | SAMPROSTER, PHONENUM , and EXTENSION |
| Screen | <p>Enter Name of person, bed, or room</p> <p>◆ Using you register and referring to the sample line below, enter the room #, bed #, floor # and / or sample person's name for each of the GQ residents that were selected in the sample.</p> <p>Sample line number (This column is prefilled and cannot be changed by the interviewer)</p> <p>Phone Number Enter the telephone number for the sample person, room, or bed if you were able to get a telephone number.</p> <p>Phone Number extension Enter the telephone number extension for the sampled person, room, or bed if one exists. If phone number is blank, DK or R only accept blank.</p> <p>ACS Control Number (This column is prefilled and can not be changed by the interviewer.</p> <p>D, R or no answer are acceptable for Phone number and Phone Number extension. If Phone number is blank, D or R, only accept no answer for Phone number extension.</p> |
| Skip Instructions | Go to COLLINDV |

| | |
|-------------------|--|
| Variable Name | GCDREMIND |
| Screen | <p>◆ Geocode verification is required for this case and has not yet been completed. Please verify the geocodes during this personal visit to the sample unit.</p> <p>◆ Select the Geocoding Tab or Press Ctrl+G to proceed to the geocode verification screens now, or enter 1 to continue exiting the instrument.</p> <p>◆ If you exit the instrument before Geocoding, this case will not be complete and you will not be able to transmit.</p> |
| Input Options | Enter 1 |
| Skip Instructions | If GCDREMIND=1 and GeocodeCmplt=1, Goto NOTES FINISH . |

| | |
|-------------------|---|
| Variable Name | COLLINDV |
| Screen | <p>◆ You have completed sampling at this GQ. You must now prepare the ACS-1(GQ) questionnaires to be distributed to each sampled person. Remember that the contact(s) must be sworn in if he/she/they will be handling completed questionnaires.</p> <p>◆ Since this is a completed interview, you must select the Geocode tab or press Ctrl+G to verify that this GQ has the correct Geocodes.</p> |
| Input Options | Enter 1 to continue |
| Skip Instructions | <ol style="list-style-type: none"> 1. If INITSCREEN = 3 or 4; PEAS_FL = 1 and GeocodeCmplt = 1, set STOREOUT = 801, set GeocodeReqd = 1 goto FINISH. 2. If INITSCREEN = 3 or 4; PEAS_FL = 1 and GeocodeCmplt = 0, set OUTCOME =807, set STOREOUT = 801, set GeocodeReqd = 1 goto GCDRemind. 3. If INITSCREEN = 3 or 4; PEAS_FL = 0, set STOREOUT = 801, goto FINISH. 4. If Ctrl+G is pressed, go to GCDCORRECT. |

| | |
|-------------------|---|
| Variable Name | FINISH |
| Screen | ◆ This case is ready to be transmitted. Enter 1 to continue. |
| Skip Instructions | If FINISH = 1 and STOREOUT ne blank, set OUTCOME = STOREOUT and Goto NOTES. |




U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau

**GROUP QUARTERS LISTING SHEET
AMERICAN COMMUNITY SURVEY (ACS)**

| | | |
|--|---------------------|--|
| (1) GQ Name | | |
| (2) Sample Date | (3) Username | (4) Interview Date <i>Month/Day/Year</i> |
| (5) GQ Control Number | | |
| (6) Total Number of Current Residents (Current Pop) | | |

| Line No. (7) | Sample Resident Name and Location Description (8) | Telephone Number/Remarks (9) |
|------------------------|---|--|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |
| 8 | | |
| 9 | | |
| 10 | | |
| 11 | | |
| 12 | | |
| 13 | | |
| 14 | | |
| 15 | | |

(10) Footnotes

| | | | |
|--|--|------------------------------|--|
|  <p style="text-align: center; font-weight: bold; margin-top: 20px;">HOJA DE LISTADO DEL ALOJAMIENTO DE GRUPO ENCUESTA SOBRE LA COMUNIDAD DE PUERTO RICO (PRCS)</p> | DEPARTAMENTO DE COMERCIO DE LOS EE.UU. Administración de Economía y Estadísticas OFICINA DEL CENSO DE LOS EE.UU. | | |
| | (1) Nombre del GO | | |
| | (2) Fecha de la Muestra | (3) Nombre de usuario | (4) Fecha de la Entrevista Mes/Día/Año |
| | (5) Número de Control del GO | | |
| (6) Número Total de Residentes Actuales (Población Actual) | | | |

| Núm. de Línea (7) | Nombre del Residente en la Muestra y Descripción de la Localización (8) | Número de Teléfono/Comentarios (9) |
|---------------------------------------|--|--|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |
| 8 | | |
| 9 | | |
| 10 | | |
| 11 | | |
| 12 | | |
| 13 | | |
| 14 | | |
| 15 | | |

| |
|----------------------------|
| (10) Notas al Calce |
|----------------------------|



**SURVEY PACKAGE CONTROL LIST FOR
SPECIAL SWORN STATUS (SSS)
INDIVIDUALS
AMERICAN COMMUNITY SURVEY
GROUP QUARTERS**

1. GQ Name

2. GQ Control Number

3. SSS Name

4. SSS Phone Number

NOTE – Please return this form to the Field Representative who picks up the survey package.

| Sample Resident Name (a) | Date questionnaire – | | | | Remarks (d) |
|-----------------------------|----------------------|-----|------------------|-----|----------------|
| | Distributed (b) | | Collected (c) | | |
| | Month | Day | Month | Day | |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| 7. | | | | | |
| 8. | | | | | |
| 9. | | | | | |
| 10. | | | | | |
| 11. | | | | | |
| 12. | | | | | |
| 13. | | | | | |
| 14. | | | | | |
| 15. | | | | | |



DEPARTAMENTO DE COMERCIO DE LOS EE.UU.
 Administración de Economía y Estadísticas
 OFICINA DEL CENSO DE LOS EE.UU.

**LISTA DE CONTROL DEL PAQUETE DE
 MATERIALES DE LA ENCUESTA PARA LOS
 EMPLEADOS ESPECIALES JURAMENTADOS**
**ENCUESTA SOBRE LA COMUNIDAD DE
 PUERTO RICO**
ALOJAMIENTO DE GRUPO

| |
|--|
| 1. Nombre del GO |
| 2. Número de control del GO |
| 3. Nombre del empleado especial juramentado |
| 4. Número de teléfono del empleado especial juramentado |

NOTA – Por favor, devuelva esta forma al Representante de Campo cuando él/ella regrese a recoger los paquetes de materiales de la encuesta.

| Nombre del Residente en la Muestra (a) | Fecha del cuestionario – | | | | Comentarios (d) |
|---|--------------------------|-----|-----------------|-----|--------------------|
| | Distribuido (b) | | Recogido (c) | | |
| | Mes | Día | Mes | Día | |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| 7. | | | | | |
| 8. | | | | | |
| 9. | | | | | |
| 10. | | | | | |
| 11. | | | | | |
| 12. | | | | | |
| 13. | | | | | |
| 14. | | | | | |
| 15. | | | | | |

ACS-17(L)(GQ)(2019)
(8-2017)



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau
Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

A message from the Director, U.S. Census Bureau ...

Dear Resident:

The U.S. Census Bureau is conducting a very important survey called the **American Community Survey** (ACS). The ACS is an on-going monthly survey that tells us what the population looks like and how it lives. The Census Bureau chose this facility, not you personally, as part of a randomly selected sample. Participating in the ACS is important and also *required by law* (Title 13, United States Code (U.S.C.), Sections 141, 193, 221, and 223).

An ACS field representative from the Census Bureau will conduct a personal interview with you or you may complete the survey questionnaire yourself. We estimate this survey will take about 25 minutes of your time. If you fill out the questionnaire yourself, please place it in the envelope that the ACS field representative gave you. The field representative will arrange for a convenient time to pick it up.

The ACS produces critical, up-to-date information that is used to meet the needs of communities across the United States. For example, results from this survey may be used to decide where new schools, hospitals, and fire stations are needed. The ACS estimates are used by federal, tribal, state, and local governments to make decisions and to develop programs that will provide healthcare, education, and transportation services that affect you and your community.

The Census Bureau is required by law to keep your information confidential. We are not permitted to publicly release your responses in a way that could identify you. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. The Census Bureau can only use your responses to produce statistics. The enclosed brochure provides answers to frequently asked questions about the ACS.

If you have access to the Internet and want to learn more about the ACS, please visit the Census Bureau's Web site at: census.gov/acs. Thank you for your help.

Enclosure



Un mensaje del Director de la Oficina del Censo de los EE. UU. ...

Estimado señor o señora,

La Oficina del Censo de los EE. UU. está realizando una encuesta nacional muy importante conocida como la **Encuesta sobre la Comunidad Estadounidense** (ACS, por sus siglas en inglés). La ACS es una encuesta mensual continua que nos indica cómo es la población y cómo vive. La Oficina del Censo no lo escogió a usted personalmente, sino este alojamiento como parte de una muestra al azar. Participar en la ACS es importante y también *lo requiere la ley* (secciones 141, 193, 221 y 223 del título 13 del Código de los Estados Unidos).

Un representante de la Encuesta sobre la Comunidad Estadounidense realizará una entrevista en persona con usted, o usted mismo puede completar el cuestionario de la encuesta. Estimamos que esta encuesta tomará aproximadamente 25 minutos de su tiempo. Si usted mismo contesta el cuestionario, por favor, échelo en el sobre que le entregó el representante de la Encuesta sobre la Comunidad Estadounidense. El representante acordará con usted el mejor momento para recogerlo.

La Encuesta sobre la Comunidad Estadounidense produce información actual y crítica que se utiliza para satisfacer las necesidades de comunidades en todo los Estados Unidos. Por ejemplo, puede que los resultados de esta encuesta se usen para decidir dónde se necesitan nuevas escuelas, hospitales y estaciones de bomberos. El gobierno federal, los gobiernos de las tribus y los gobiernos estatales y locales usan los estimados de la ACS para tomar decisiones y elaborar programas que brinden atención médica, educación y servicios de transporte que le atañen a usted y a su comunidad.

La Oficina del Censo de los EE. UU. está obligada por ley a mantener confidencial su información. A la Oficina del Censo no se le permite divulgar sus respuestas de manera que usted pudiera ser identificado. En conformidad con la Ley para el Fortalecimiento de la Seguridad Cibernética Federal del 2015, sus datos están protegidos contra los riesgos de seguridad cibernética mediante los controles aplicados a los sistemas que transmiten su información (sección 9 del título 13 del Código de los Estados Unidos). Por ley, la Oficina del Censo solamente puede usar sus respuestas para producir estadísticas. El folleto adjunto proporciona respuestas a las preguntas más frecuentes acerca de la Encuesta sobre la Comunidad Estadounidense.

Si tiene acceso a Internet y desea obtener más información acerca de la Encuesta sobre la Comunidad Estadounidense, visite el sitio de la Oficina del Censo por Internet en census.gov/acs. Gracias por su ayuda.

Documentos adjuntos



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

American Community Survey

Your Answers Are Confidential

The U.S. Census Bureau is conducting the American Community Survey. We appreciate your participation and cooperation.

Your answers are required and confidential by law (Title 13, United States Code, Sections 9, 141, 193, 214, and 221). The U.S. Census Bureau is required by law to protect your information. The Census Bureau is not permitted to publicly release your responses in a way that could identify you.

The Census Bureau estimates that this form will take about 25 minutes to complete, including the time for reviewing the instructions and answers. Send comments regarding this burden estimate or any other aspect of this burden, to: Paperwork Reduction Project 0607-0810, U.S. Census Bureau, 4600 Silver Hill Road, AMSD – 3K138, Washington, DC 20233. You may e-mail comments to Paperwork@census.gov; use "Paperwork Project 0607-0810" as the subject.

Respondents are not required to respond to any information collection unless a valid approval number has been assigned by the Office of Management and Budget. The approval number for the American Community Survey is: OMB No. 0607-0810.

Thank you for your cooperation. The Census Bureau appreciates your help.

Para la traducción al español, véase al dorso. (For a Spanish translation, see the reverse side.)

ACS-21(GQ) (8-2017)

Encuesta sobre la Comunidad Estadounidense

Sus Respuestas son Confidenciales

La Oficina del Censo de los EE.UU. está llevando a cabo la Encuesta sobre la Comunidad Estadounidense. Agradecemos su participación y cooperación.

Sus respuestas son obligatorias y confidenciales por ley (secciones 9, 141,193, 214 y 221 del título 13 del Código de los EE.UU.). La Oficina del Censo de los EE.UU. está obligada por ley a mantener confidencial su información. A la Oficina del Censo no se le permite divulgar sus respuestas de manera que usted pudiera ser identificado.

La Oficina del Censo estima que le tomará aproximadamente 25 minutos completar este cuestionario, incluyendo el tiempo para repasar las instrucciones y respuestas. Si tiene algún comentario sobre el tiempo que toma completar este cuestionario o cualquier otro aspecto de la recopilación debe enviarlo a: Paperwork Reduction Project 0607-0810, U.S. Census Bureau, 4600 Silver Hill Road, AMSD – 3K138, Washington, DC 20233. Puede dirigir sus comentarios por correo electrónico a Paperwork@census.gov; y use como referencia "Paperwork Project 0607-0810".

No se requiere que las personas respondan a ninguna recopilación de información a menos que la Oficina de Administración y Presupuesto le asigne un número de aprobación válido. El número de aprobación para la Encuesta sobre la Comunidad Estadounidense es: Núm. de OMB 0607-0810.

Gracias por su cooperación. La Oficina del Censo agradece su ayuda.

For an English translation, see the reverse side. (Para la traducción al inglés, véase al dorso.)



THE American Community Survey

PLACE LABEL
HERE

**This questionnaire is available in either English or Spanish.
Este cuestionario está disponible en español o en inglés.**

To complete the English questionnaire, begin on page 2. To complete the Spanish questionnaire, flip this over and complete the green side.

Please complete this form as soon as possible. Place it in the envelope provided and HOLD it for a census representative to return to pick it up.

If you need help or have questions about completing this form, call the number that our census representative has given you.

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

Para completar el cuestionario en inglés, comience en la página 2. Para completar el cuestionario en español, vírelo y complete el lado verde.

Por favor, complete este cuestionario tan pronto sea posible. Colóquelo en el sobre que se provee y GUÁRDELO hasta que un representante del censo lo venga a recoger.

Si necesita ayuda o tiene preguntas sobre cómo completar este cuestionario, llame al número de teléfono que le ha dado nuestro representante del censo.

Para obtener más información sobre la Encuesta sobre la Comunidad Estadounidense, vaya a nuestra página en la Internet: <http://www.census.gov/acs>

CENSUS USE ONLY

How was this form completed?

English Spanish



- 1 What is your name?** Please print your name. Include your telephone number, and today's date. We will only contact you if needed for official Census Bureau business.

Last Name

First Name

MI

Area Code + Number

 -

Today's Date

Month Day Year

- 2 What is your sex?** Mark (X) ONE box.

 Male Female

- 3 What is your age and what is your 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

- A NOTE: Please answer BOTH Question 4 about Hispanic origin and Question 5 about race. For this survey, Hispanic origins are not races.**

- 4 Are you 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. ↘

- 5 What is your race?** Mark (X) one or more boxes.

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

- Asian Indian Native Hawaiian
- Chinese Guamanian or Chamorro
- Filipino Samoan
- Japanese Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on. ↘
- Korean
- Vietnamese
- Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on. ↘

- Some other race – Print race. ↘

- 6 Where were you born?**

- In the United States – Print name of state.

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

- 7 Are you a citizen of the United States?**

- Yes, born in the United States → SKIP to question 9a
- 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

- 8 When did you come to live in the United States?** If you came to live in the United States more than once, print latest year.

Year

- 9 a. At any time IN THE LAST 3 MONTHS, have you attended school or college?** Include only nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.

- No, have not attended in the last 3 months → SKIP to question 10
- Yes, public school, public college
- Yes, private school, private college, home school

- b. What grade or level were you attending?** Mark (X) ONE box.

- Nursery school, preschool
- Kindergarten
- Grade 1 through 12 – Specify grade 1 - 12 →

- College undergraduate years (freshman to senior)
- Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school)



- 10** What is the highest degree or level of school you have COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received.

NO SCHOOLING COMPLETED

- No schooling completed

NURSERY OR PRESCHOOL THROUGH GRADE 12

- Nursery school
- Kindergarten
- Grade 1 through 11 – Specify grade 1 – 11 →

- 12th grade – NO DIPLOMA

HIGH SCHOOL GRADUATE

- Regular high school diploma
- GED or alternative credential

COLLEGE OR SOME COLLEGE

- Some college credit, but less than 1 year of college credit
- 1 or more years of college credit, no degree
- Associate's degree (for example: AA, AS)
- Bachelor's degree (for example: BA, BS)

AFTER BACHELOR'S DEGREE

- Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
- Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)
- Doctorate degree (for example: PhD, EdD)

- B** Answer question 11 if you have a bachelor's degree or higher. Otherwise, SKIP to question 12.

- 11** This question focuses on your BACHELOR'S DEGREE. Please print below the specific major(s) of any BACHELOR'S DEGREES you have received. (For example: chemical engineering, elementary teacher education, organizational psychology)

- 12** What is your ancestry or ethnic origin?

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

- 13** a. Do you speak a language other than English at home?

- Yes
- No → SKIP to question 14a

b. What is this language?

For example: Korean, Italian, Spanish, Vietnamese

c. How well do you speak English?

- Very well
- Well
- Not well
- Not at all

- 14** a. Did you live at this address 1 year ago?

- Person is under 1 year old → SKIP to question 16
- Yes, at this address → SKIP to question 15
- 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 15

- No, at a different address in the United States or Puerto Rico

**b. Where did you live 1 year ago?
Address (Number and street name)**

Name of city, town, post office, military installation, or base

Name of U.S. county or municipality in Puerto Rico

Name of U.S. state or Puerto Rico

ZIP Code

- 15** IN THE PAST 12 MONTHS, did you receive benefits from the Food Stamp Program or SNAP (the Supplemental Nutrition Assistance Program)? Do NOT include WIC, the School Lunch Program, or assistance from food banks.

- Yes
- No

- 16** Are you CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h.

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Insurance through a current or former employer or union (of yours or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Insurance purchased directly from an insurance company (by you or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicare, for people 65 and older, or people with certain disabilities | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability | <input type="checkbox"/> | <input type="checkbox"/> |
| e. TRICARE or other military health care | <input type="checkbox"/> | <input type="checkbox"/> |
| f. VA (enrolled for VA health care) | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Indian Health Service | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Any other type of health insurance or health coverage plan – Specify ↴ | <input type="checkbox"/> | <input type="checkbox"/> |

- C** Answer question 17a if you are covered by health insurance. Otherwise, SKIP to question 18a.

- 17** a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs.

- Yes
- No → SKIP to question 18a

- b. Do you receive a tax credit or subsidy based on your income to help pay the premium?**

- Yes
- No



- 18** a. Are you deaf or do you have serious difficulty hearing?

- Yes
 No

- b. Are you blind or do you have serious difficulty seeing even when wearing glasses?

- Yes
 No

D Answer question 19a – c if you are 5 years old or over. Otherwise, SKIP to **J** on page 7 for further instructions; do not answer any more questions.

- 19** a. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

- Yes
 No

- b. Do you have serious difficulty walking or climbing stairs?

- Yes
 No

- c. Do you have difficulty dressing or bathing?

- Yes
 No

E Answer question 20 if you are 15 years old or over. Otherwise, SKIP to **J** on page 7 for further instructions; do not answer any more questions.

- 20** Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

- Yes
 No

- 21** What is your marital status?

- Now married
 Widowed
 Divorced
 Separated
 Never married → SKIP to **F**

- 22** In the PAST 12 MONTHS did you get –

- | | Yes | No |
|--------------|--------------------------|--------------------------|
| a. Married? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Widowed? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Divorced? | <input type="checkbox"/> | <input type="checkbox"/> |

- 23** How many times have you been married?

- Once
 Two times
 Three or more times

- 24** In what year did you last get married?
Year

F Answer question 25 if you are female and 15 – 50 years old. Otherwise, SKIP to question 26a.

- 25** In the PAST 12 MONTHS, have you given birth to any children?

- Yes
 No

- 26** a. Do you have any of your own grandchildren under the age of 18 living in this place?

- Yes
 No → SKIP to question 27

- b. Are you currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this place?

- Yes
 No → SKIP to question 27

- c. How long have you been responsible for these grandchildren? If you are financially responsible for more than one grandchild, answer the question for the grandchild for whom you have been responsible for the longest period of time.

- | | |
|---|--|
| <input type="checkbox"/> Less than 6 months | <input type="checkbox"/> 3 or 4 years |
| <input type="checkbox"/> 6 to 11 months | <input type="checkbox"/> 5 or more years |
| <input type="checkbox"/> 1 or 2 years | |

- 27** Have you 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 30a
 Only on active duty for training in the Reserves or National Guard → SKIP to question 29a
 Now on active duty
 On active duty in the past, but not now

- 28** When did you serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which you served, even if just for part of the period.

- September 2001 or later
 August 1990 to August 2001 (including Persian Gulf War)
 May 1975 to July 1990
 Vietnam Era (August 1964 to April 1975)
 February 1955 to July 1964
 Korean War (July 1950 to January 1955)
 January 1947 to June 1950
 World War II (December 1941 to December 1946)
 November 1941 or earlier

- 29** a. Do you have a VA service-connected disability rating?

- Yes (such as 0%, 10%, 20%, ... , 100%)
 No → SKIP to question 30a

- b. What is your service-connected disability rating?

- 0 percent
 10 or 20 percent
 30 or 40 percent
 50 or 60 percent
 70 percent or higher



30 a. LAST WEEK, did you work for pay at a job (or business)?

- Yes → SKIP to question 31
 No – Did not work (or retired)

b. LAST WEEK, did you do ANY work for pay, even for as little as one hour?

- Yes
 No → SKIP to question 36a

31 At what location did you work LAST WEEK? If you worked at more than one location, print where you worked most last week.

a. Address (Number and street name)

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

b. Name of city, town, post office, military installation, or base

c. Is the work location inside the limits of that city or town?

- Yes
 No, outside the city/town limits

d. Name of county

e. Name of U.S. state or foreign country

f. ZIP Code

32 How did you usually get to work LAST WEEK? Mark ONE box for the method of transportation used for most of the distance.

- | | |
|---|--|
| <input type="checkbox"/> Car, truck, or van | <input type="checkbox"/> Taxicab |
| <input type="checkbox"/> Bus | <input type="checkbox"/> Motorcycle |
| <input type="checkbox"/> Subway or elevated rail | <input type="checkbox"/> Bicycle |
| <input type="checkbox"/> Long-distance train or commuter rail | <input type="checkbox"/> Walked |
| <input type="checkbox"/> Lightrail, streetcar, or trolley | <input type="checkbox"/> Worked from this address → SKIP to question 40a |
| <input type="checkbox"/> Ferryboat | <input type="checkbox"/> Other method |

G Answer question 33 if you marked "Car, truck, or van" in question 32. Otherwise, SKIP to question 34.

33 How many people, including yourself, usually rode to work in the car, truck, or van LAST WEEK?

Person(s)

34 LAST WEEK, what time did your trip to work usually begin?

Hour Minute a.m.
 p.m.

35 How many minutes did it usually take you to get from this address to work LAST WEEK?

Minutes

H Answer questions 36 – 39 if you did NOT work last week. Otherwise, SKIP to question 40a.

36 a. LAST WEEK, were you on layoff from a job?

- Yes → SKIP to question 36c
 No

b. LAST WEEK, were you TEMPORARILY absent from a job or business?

- Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 39
 No → SKIP to question 37

c. Have you been informed that you will be recalled to work within the next 6 months OR been given a date to return to work?

- Yes → SKIP to question 38
 No

37 During the LAST 4 WEEKS, have you been ACTIVELY looking for work?

- Yes
 No → SKIP to question 39

38 LAST WEEK, could you 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.)

39 When did you last work, even for a few days?

- Within the past 12 months
 1 to 5 years ago → SKIP to I
 Over 5 years ago or never worked → SKIP to question 48

40 a. During the PAST 12 MONTHS (52 weeks), did you work EVERY week? Count paid vacation, paid sick leave, and military service as work.

- Yes → SKIP to question 41
 No

b. During the PAST 12 MONTHS (52 weeks), how many WEEKS did you work? Include paid time off and include weeks when you only worked for a few hours.

Weeks

41 During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did you usually work each WEEK?

Usual hours worked each WEEK



Answer questions 42 – 47 if you worked in the past 5 years. Otherwise, SKIP to question 48.

DESCRIPTION OF EMPLOYMENT

The next series of questions is about the type of employment you had last week.

If you had more than one job, describe the one at which the most hours were worked. If you did not work last week, describe the most recent employment in the past five years.

- 42** Which one of the following best describes your employment last week or the most recent employment in the past 5 years? Mark (X) ONE box.

PRIVATE SECTOR EMPLOYEE

- For-profit company or organization
- Non-profit organization (including tax-exempt and charitable organizations)

GOVERNMENT EMPLOYEE

- Local government (for example: city or county school district)
- State government (including state colleges/universities)
- Active duty U.S. Armed Forces or Commissioned Corps
- Federal government civilian employee

SELF-EMPLOYED OR OTHER

- Owner of non-incorporated business, professional practice, or farm
- Owner of incorporated business, professional practice, or farm
- Worked without pay in a for-profit family business or farm for 15 hours or more per week

- 43** What was the name of your employer, business, agency, or branch of the Armed Forces?

- 44** What kind of business or industry was this? Include the main activity, product, or service provided at the location where employed. (For example: elementary school, residential construction)

- 45** Was this mainly – Mark (X) ONE box.

- manufacturing?
- wholesale trade?
- retail trade?
- other (agriculture, construction, service, government, etc.)?

- 46** What was your main occupation? (For example: 4th grade teacher, entry-level plumber)

- 47** Describe your most important activities or duties. (For example: instruct and evaluate students and create lesson plans, assemble and install pipe sections and review building plans for work details)

48 INCOME IN THE PAST 12 MONTHS

Mark (X) the "Yes" box for each type of income you 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 NOT received.

If your net income was a loss, mark the "Loss" box to the right of the dollar amount.

For income received jointly, report only your share of the amount received or earned.

- a. Did you receive any wages, salary, commissions, bonuses, or tips in the PAST 12 MONTHS?**

- Yes → What was the amount from all jobs before deductions for taxes, bonds, dues, or other items?

Total amount - Dollars

- No

- b. Did you have any self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships, in the PAST 12 MONTHS?**

- Yes → What was the net income after business expenses?

Total amount - Dollars

Loss

- No

- c. Did you receive any interest, dividends, net rental income, royalty income, or income from estates and trusts in the PAST 12 MONTHS? Report even small amounts credited to an account.**

- Yes → What was the amount?

Total amount - Dollars

Loss

- No

- d. Did you receive any Social Security or Railroad Retirement income in the PAST 12 MONTHS?**

- Yes → What was the amount?

Total amount - Dollars

- No

- e. Did you receive any Supplemental Security Income (SSI) in the PAST 12 MONTHS?**

- Yes → What was the amount?

Total amount - Dollars

- No

- f. Did you receive any public assistance or welfare payments from the state or local welfare office in the PAST 12 MONTHS?**

- Yes → What was the amount?

Total amount - Dollars

- No

- g. Did you receive any retirement income, pensions, survivor or disability income in the PAST 12 MONTHS? Include income from a previous employer or union, or any regular withdrawals or distributions from IRA, Roth IRA, 401(k), 403(b), or other accounts specifically designed for retirement. Do NOT include Social Security.**

- Yes → What was the amount?

Total amount - Dollars

- No

- h. Did you have any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony in the PAST 12 MONTHS? Do NOT include lump sum payments such as money from an inheritance or sale of a home.**

- Yes → What was the amount?

Total amount - Dollars

- No

- 49** What was your total income during the PAST 12 MONTHS? Add entries 48a to 48h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.

None

- OR

Total amount - Dollars

Loss

-



J Thank you very much for your participation.

Place the questionnaire in the envelope and HOLD for your Census Bureau Representative to pick up.

The Census Bureau estimates that this form will take about 25 minutes to complete, including the time for reviewing the instructions and answers. Send comments regarding this burden estimate, including suggestions for reducing this burden, to: Paperwork Reduction Project 0607-0810, U.S. Census Bureau, 4600 Silver Hill Road, AMSD-3K138, Washington, DC 20233. You may email comments to Paperwork@census.gov; use "Paperwork Project 0607-0810" as the subject.

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



CENSUS USE ONLY

1. Who answered the questions on this form? *Mark (X) one box.*

- Sample resident
- Proxy respondent
- SSS individual
- A combination of sources
- Don't know

2. How were the questions on this form completed? *Mark (X) one box.*

- By self-response
- By personal interview - *Specify reason* ↘

3. Were administrative records used to complete any of the questions on this form?
Mark (X) one box.

- No**
- Yes, Some** administrative record information was used
- Yes, All** responses were obtained from administrative record information
- Don't know

| Final Outcome Codes | | Reason (code 219 or 243): |
|--|--|---------------------------|
| Interview | Noninterview | |
| <input type="checkbox"/> 201 <input type="checkbox"/> 203 | <input type="checkbox"/> 213 <input type="checkbox"/> 214 <input type="checkbox"/> 215 <input type="checkbox"/> 217 <input type="checkbox"/> 218 <input type="checkbox"/> 219 <input type="checkbox"/> 233 <input type="checkbox"/> 241 | |
| Out of scope → | <input type="checkbox"/> 243 | |
| Other – <i>Specify</i> → | <input type="checkbox"/> ____ | |
| | | |

I have reviewed the questionnaire for completeness.

FR's name

Username

Date of interview



CENSUS USE ONLY

1. ¿Quién contestó las preguntas de este cuestionario? *Marque (X) una casilla.*

- Residente en la muestra
- Individuo con poder o autorización para responder en nombre del residente en la muestra
- Individuo con clasificación de empleado especial juramentado
- Una combinación de fuentes
- No sabe

2. ¿Cómo se completaron las preguntas de este cuestionario? *Marque (X) una casilla.*

- Por auto-respuesta
- Por medio de una entrevista en persona – *Especifique la razón* ↴

3. ¿Se usaron registros administrativos para completar cualquiera de las preguntas de este cuestionario? *Marque (X) una casilla.*

- No**
- Sí, se usó alguna** información de registros administrativos para completar este cuestionario
- Sí, todas** las respuestas de este cuestionario se obtuvieron de información de registros administrativos
- No sabe

| Códigos de Resultado Final | Razón (código 219 ó 243): | | | | | | | | |
|---|--|--------------|--|--|-----------------------|------------------------------|---------------------|--------------------------------|--|
| Marque (X) UNO de los códigos a continuación para indicar el resultado final del caso. Si marcó el código 219 ó 243, explique la razón en el espacio a continuación. | | | | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center;">Interview</th> <th style="width: 50%; text-align: center;">Noninterview</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;"> <input type="checkbox"/> 201 <input type="checkbox"/> 203 </td> <td style="padding: 5px;"> <input type="checkbox"/> 213 <input type="checkbox"/> 214 <input type="checkbox"/> 215 <input type="checkbox"/> 217 <input type="checkbox"/> 218 <input type="checkbox"/> 219 <input type="checkbox"/> 233 <input type="checkbox"/> 241 </td> </tr> <tr> <td style="padding: 5px;">Fuera de la muestra →</td> <td style="padding: 5px;"><input type="checkbox"/> 243</td> </tr> <tr> <td style="padding: 5px;">Otra, especifique →</td> <td style="padding: 5px;"><input type="checkbox"/> _____</td> </tr> </tbody> </table> | Interview | Noninterview | <input type="checkbox"/> 201 <input type="checkbox"/> 203 | <input type="checkbox"/> 213 <input type="checkbox"/> 214 <input type="checkbox"/> 215 <input type="checkbox"/> 217 <input type="checkbox"/> 218 <input type="checkbox"/> 219 <input type="checkbox"/> 233 <input type="checkbox"/> 241 | Fuera de la muestra → | <input type="checkbox"/> 243 | Otra, especifique → | <input type="checkbox"/> _____ | |
| Interview | Noninterview | | | | | | | | |
| <input type="checkbox"/> 201 <input type="checkbox"/> 203 | <input type="checkbox"/> 213 <input type="checkbox"/> 214 <input type="checkbox"/> 215 <input type="checkbox"/> 217 <input type="checkbox"/> 218 <input type="checkbox"/> 219 <input type="checkbox"/> 233 <input type="checkbox"/> 241 | | | | | | | | |
| Fuera de la muestra → | <input type="checkbox"/> 243 | | | | | | | | |
| Otra, especifique → | <input type="checkbox"/> _____ | | | | | | | | |

I have reviewed the questionnaire for completeness.

FR's name

Username

Date of interview

| | | |
|---|---|---|
| <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> |
|---|---|---|



J Muchas gracias por su participación.

Coloque el cuestionario en el sobre y **GUÁRDELO** hasta que su Representante de la Oficina del Censo lo recoja.

La Oficina del Censo estima que le tomará 25 minutos completar este cuestionario, incluyendo el tiempo para repasar las instrucciones y respuestas. Los comentarios sobre el estimado del tiempo, incluyendo sugerencias para reducir el tiempo que toma, deben dirigirse a: Paperwork Reduction Project 0607-0810, U.S. Census Bureau, 4600 Silver Hill Road, AMSD-3K138, Washington, DC 20233. Puede enviar sus comentarios por correo electrónico a Paperwork@census.gov: escriba "Paperwork Project 0607-0810" en el espacio para el tema.

No se requiere que las personas respondan a ninguna recopilación de información a menos que ésta tenga un número válido aprobado de la Oficina de Administración y Presupuesto. Este número de 8 dígitos se encuentra en la parte inferior derecha de la cubierta de este cuestionario.



- 30 a. LA SEMANA PASADA, ¿hizo usted algún trabajo por paga en un empleo (o negocio)?**

- Sí → PASE a la pregunta 31
 No – No trabajó (o está retirado(a))

- b. LA SEMANA PASADA, ¿hizo usted CUALQUIER trabajo por paga, incluso aunque fuese por una hora?**

- Sí
 No → PASE a la pregunta 36a

- 31 ¿En qué lugar trabajó usted LA SEMANA PASADA? Si trabajó en más de un lugar, escriba en letra de molde la dirección donde usted trabajó la mayor parte de la semana.**

- a. Dirección (Número y nombre de la calle)**

Si no sabe la dirección exacta, dé una descripción de la localización, tal como el nombre del edificio o la calle o intersección más cercana.

- b. Nombre de la ciudad, pueblo, oficina de correos, instalación o base militar**

- c. ¿Está localizado el lugar de trabajo dentro de los límites de esa ciudad o pueblo?**

- Sí
 No, fuera de los límites de la ciudad/pueblo

- d. Nombre del condado**

- e. Nombre del estado de los EE.UU. o país extranjero**

- f. Código Postal**

- 32 ¿Cómo llegó usualmente usted al trabajo LA SEMANA PASADA? Marque (X) UNA casilla para el medio de transporte que utilizó por más distancia.**

- | | |
|---|---|
| <input type="checkbox"/> Automóvil, camión o van | <input type="checkbox"/> Taxi |
| <input type="checkbox"/> Autobús | <input type="checkbox"/> Motocicleta |
| <input type="checkbox"/> Tren subterráneo o elevado | <input type="checkbox"/> Bicicleta |
| <input type="checkbox"/> Tren de viajes largos o de cercanías | <input type="checkbox"/> Camión |
| <input type="checkbox"/> Tren ligero, tranvía o tranvía eléctrico | <input type="checkbox"/> Trabajó en esta dirección → PASE a la pregunta 40a |
| <input type="checkbox"/> Lancha (ferry) | <input type="checkbox"/> Otro método |

- G** Conteste la pregunta 33 si marcó "Automóvil, camión o van" en la pregunta 32. De lo contrario, PASE a la pregunta 34.

- 33 ¿Cuántas personas, incluyéndolo(a) a usted, usualmente viajaron al trabajo en el automóvil, camión o van LA SEMANA PASADA?**

Persona(s)

- 34 LA SEMANA PASADA ¿a qué hora usualmente comenzó usted su viaje al trabajo?**

Hora Minutos
 : a.m.
 p.m.

- 35 ¿Cuántos minutos le tomó a usted usualmente ir de esta dirección al trabajo LA SEMANA PASADA?**

Minutos

- H** Conteste las preguntas 36 – 39 si usted NO trabajó la semana pasada. De lo contrario, PASE a la pregunta 40a.

- 36 a. LA SEMANA PASADA, ¿estuvo usted suspendido(a) (on layoff) o lo(a) descansaron de un empleo?**

- Sí → PASE a la pregunta 36c
 No

- b. LA SEMANA PASADA, ¿estuvo usted ausente TEMPORALMENTE de su empleo o negocio?**

- Sí, de vacaciones, enfermedad temporal, licencia por maternidad, otras razones personales o relacionadas con la familia, mal tiempo, etc. → PASE a la pregunta 39

- No → PASE a la pregunta 37

- c. ¿Se le ha informado a usted que será llamado(a) de nuevo a trabajar dentro de los próximos 6 meses O se le ha dado una fecha para regresar al trabajo?**

- Sí → PASE a la pregunta 38
 No

- 37 Durante las ÚLTIMAS 4 SEMANAS, ¿ha estado usted buscando trabajo ACTIVAMENTE?**

- Sí
 No → PASE a la pregunta 39

- 38 LA SEMANA PASADA, ¿hubiera podido usted comenzar un empleo si se le hubiera ofrecido uno, o hubiera podido regresar al trabajo si se le hubiera llamado de nuevo?**

- Sí, hubiera podido ir a trabajar
 No, debido a una enfermedad temporal propia
 No, debido a otras razones (en la escuela, etc.)

- 39 ¿Cuándo trabajó usted por última vez, aunque fuera por unos pocos días?**

- En los últimos 12 meses
 Hace 1 a 5 años → PASE a la sección I
 Hace más de 5 años o nunca trabajó → PASE a la pregunta 48

- 40 a. ¿Durante los ÚLTIMOS 12 MESES (52 semanas), ¿trabajó usted TODAS las semanas? Incluya como trabajo vacaciones pagadas, licencia por enfermedad pagada y servicio militar.**

- Sí → PASE a la pregunta 41
 No

- b. Durante los ÚLTIMOS 12 MESES (52 semanas), ¿cuántas SEMANAS trabajó usted? Incluya vacaciones o licencias pagadas e incluya semanas en que usted únicamente trabajó por unas pocas horas.**

Semanas

- 41 En las SEMANAS TRABAJADAS durante los ÚLTIMOS 12 MESES, ¿cuántas horas trabajó usualmente usted cada SEMANA?**

Horas usualmente trabajadas cada SEMANA



18 a. ¿Es usted sordo(a) o tiene una dificultad seria para oír?

- Sí
 No

b. ¿Es usted ciego(a) o tiene una dificultad seria para ver aunque lleve puestos espejuelos o lentes?

- Sí
 No

D Conteste las preguntas 19a – c si usted tiene 5 años de edad o más. De lo contrario, PASE a la sección **J** en la página 7 para instrucciones adicionales; no conteste más preguntas.

19 a. Debido a una condición física, mental o emocional, ¿tiene usted una dificultad seria para concentrarse, recordar o tomar decisiones?

- Sí
 No

b. ¿Tiene usted una dificultad seria para caminar o subir las escaleras?

- Sí
 No

c. ¿Tiene usted dificultad para vestirse o bañarse?

- Sí
 No

E Conteste la pregunta 20 si usted tiene 15 años de edad o más. De lo contrario, PASE a la sección **J** en la página 7 para instrucciones adicionales; no conteste más preguntas.

20 Debido a una condición física, mental o emocional, ¿tiene usted dificultad para hacer diligencias o mandados solo(a), tal como ir al consultorio de un médico o ir de compras?

- Sí
 No

21 ¿Cuál es su estado civil?

- Casado(a) actualmente
 Viudo(a)
 Divorciado(a)
 Separado(a)
 Nunca se ha casado → PASE a la sección **F**

22 En los PASADOS 12 MESES, ¿usted –

- | | Sí | No |
|-----------------|--------------------------|--------------------------|
| a. se casó? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. enviudó? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. se divorció? | <input type="checkbox"/> | <input type="checkbox"/> |

23 ¿Cuántas veces ha estado usted casado(a)?

- Una vez
 Dos veces
 Tres veces o más

24 ¿En qué año se casó usted la última vez?

Año

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

F Conteste la pregunta 25 si usted es del sexo femenino y tiene de 15 a 50 años de edad. De lo contrario, PASE a la pregunta 26a.

25 ¿En los ÚLTIMOS 12 MESES, ¿ha dado a luz usted?

- Sí
 No

26 a. ¿Tiene usted algún nieto menor de 18 años que viva en este lugar?

- Sí
 No → PASE a la pregunta 27

b. ¿Es usted actualmente responsable de la mayoría de las necesidades básicas de algunos de sus nietos menores de 18 años que viven en este lugar?

- Sí
 No → PASE a la pregunta 27

c. ¿Cuánto tiempo hace que usted es responsable de este(os) nieto(s)? Si usted es responsable económicamente de más de un nieto, conteste la pregunta para el nieto del cual haya sido responsable por más tiempo.

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Menos de 6 meses | <input type="checkbox"/> 3 ó 4 años |
| <input type="checkbox"/> 6 a 11 meses | <input type="checkbox"/> 5 años o más |
| <input type="checkbox"/> 1 ó 2 años | |

27 ¿Ha estado usted alguna vez en el servicio militar activo en las Fuerzas Armadas, la Reserva Militar o la Guardia Nacional de los Estados Unidos? Marque (X) UNA casilla.

- Nunca estuvo en el servicio militar → PASE a la pregunta 30a
 Servicio activo solamente para entrenamiento de la Reserva Militar o la Guardia Nacional → PASE a la pregunta 29a
 En servicio activo ahora
 En servicio activo en el pasado, pero no ahora

28 ¿Cuándo estuvo usted en servicio militar activo en las Fuerzas Armadas de los Estados Unidos? Marque (X) una casilla para CADA período durante el cual usted estuvo en servicio militar, aunque fuera sólo por parte del período.

- Septiembre del 2001 ó después
 Agosto del 1990 a agosto del 2001 (incluyendo la Guerra del Golfo Pérsico)
 Mayo del 1975 a julio del 1990
 Época de Vietnam (agosto del 1964 a abril del 1975)
 Febrero del 1955 a julio del 1964
 Guerra de Corea (julio del 1950 a enero del 1955)
 Enero del 1947 a junio del 1950
 Segunda Guerra Mundial (diciembre del 1941 a diciembre del 1946)
 Noviembre del 1941 ó antes

29 a. ¿Tiene usted una clasificación de incapacidad de la VA relacionada con el servicio?

- Sí (tal como 0%, 10%, 20%, ... 100%)
 No → PASE a la pregunta 30a

b. ¿Qué por ciento de incapacidad relacionada con el servicio militar tiene usted?

- 0 por ciento
 10 ó 20 por ciento
 30 ó 40 por ciento
 50 ó 60 por ciento
 70 por ciento o más



- 10** ¿Cuál es el título o nivel escolar más alto que usted ha COMPLETADO? Marque (X) UNA casilla. Si está matriculado(a) actualmente, marque el grado escolar anterior o el título más alto recibido.

NO HA COMPLETADO NINGÚN GRADO

- No ha completado ningún grado

PRE-ESCOLAR O PRE-KINDER HASTA GRADO 12

- Pre-escolar o pre-kinder
- Kindergarten
- Grado 1 al 11 – Especifique grado 1-11

- Grado 12, SIN DIPLOMA

GRADUADO(A) DE ESCUELA SECUNDARIA O PREPARATORIA

- Diploma de escuela secundaria o preparatoria
- GED o examen equivalente

UNIVERSIDAD O ALGUNOS CRÉDITOS UNIVERSITARIOS

- Algunos créditos universitarios, pero menos de 1 año de créditos universitarios
- 1 año o más de créditos universitarios, sin título
- Título asociado universitario (por ejemplo: AA, AS)
- Título de licenciatura universitaria (por ejemplo: BA, BS)

DESPUÉS DEL TÍTULO DE LICENCIATURA UNIVERSITARIA

- Título de maestría (por ejemplo: MA, MS, MEng, MEd, MSW, MBA)
- Título profesional más allá de un título de licenciatura universitaria (por ejemplo: MD, DDS, DVM, LLB, JD)
- Título de doctorado (por ejemplo: PhD, EdD)

B Conteste la pregunta 11 si tiene un título de licenciatura universitaria o más alto. De lo contrario, PASE a la pregunta 12.

- 11** Esta pregunta se enfoca en su TÍTULO DE LICENCIATURA UNIVERSITARIA. Por favor, escriba en letra de molde el título específico de la concentración de estudio de cualquier TÍTULO DE LICENCIATURA UNIVERSITARIA específico(s) que usted recibió. (Por ejemplo: ingeniería química, enseñanza de educación primaria, o psicología organizacional)

- 12** ¿Cuál es su ascendencia u origen étnico?

(Por ejemplo: italiana, jamaicana, africana americana, camboyana, de Cabo Verde, noruega, dominicana, franco-canadiense, haitiana, coreana, libanesa, polaca, nigeriana, mexicana, taiwanesa, ucraniana, entre otras.)

- 13** a. En su hogar, ¿habla usted un idioma que no sea inglés?

- Sí
- No → PASE a la pregunta 14a

- b. ¿Qué idioma es ese?

Por ejemplo: coreano, italiano, español, vietnamés

- c. ¿Cuán bien habla usted el inglés?

- Muy bien
- Bien
- No bien
- No habla inglés

- 14** a. ¿Vivía usted en esta dirección hace 1 año?

- Persona es menor de 1 año de edad → PASE a la pregunta 16
- Sí, en esta dirección → PASE a la pregunta 15
- No, fuera de los Estados Unidos y Puerto Rico – Escriba en letra de molde continuación el nombre del país extranjero o las Islas Vírgenes de los EE.UU., Guam, etc.; luego PASE a la pregunta 15

- No, en una dirección diferente en los Estados Unidos o Puerto Rico

- b. ¿Dónde vivía usted hace 1 año?

Dirección
(Número y nombre de la calle)

Nombre de la ciudad, pueblo, oficina de correos, instalación o base militar

Nombre del condado de los Estados Unidos o municipio en Puerto Rico

Nombre del estado de los Estados Unidos o anote Puerto Rico

Código Postal

- 15** EN LOS ÚLTIMOS 12 MESES, ¿recibió usted beneficios del gobierno por medio del Programa de Cupones de Alimentos o SNAP (el Programa de Asistencia Nutricional Suplementaria)? NO incluya WIC, ni el Programa de Almuerzos Escolares, ni ayuda de bancos de alimentos.

- Sí
- No

- 16** ¿Tiene usted cobertura ACTUALMENTE de cualquiera de los siguientes tipos de seguros de salud o planes de cobertura de seguro de salud? Marque "Sí" o "No" para CADA tipo de cobertura en las respuestas a-h.

| | Sí | No |
|---|--------------------------|--------------------------|
| a. Seguro a través de su empleador o sindicato (union), actual o previo, (de usted o de cualquier otro miembro de la familia) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Seguro adquirido directamente de una compañía de seguro (por usted o por cualquier otro miembro de la familia) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicare, para personas que tienen 65 años o más, o personas con ciertos impedimentos | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Medicaid, Medical Assistance o cualquier tipo de plan de asistencia gubernamental para esas personas con un ingreso bajo o incapacidad | <input type="checkbox"/> | <input type="checkbox"/> |
| e. TRICARE u otro seguro de salud militar | <input type="checkbox"/> | <input type="checkbox"/> |
| f. VA (personas inscritas en el sistema de cuidado de salud de la VA) | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Servicio de Salud Indio (Indian Health Service) | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Cualquier otro tipo de seguro de salud o plan de cobertura de seguro de salud – Especifique | <input type="checkbox"/> | <input type="checkbox"/> |

C Conteste la pregunta 17a si usted tiene seguro de salud. De lo contrario, PASE a la pregunta 18a.

- 17** a. ¿Tiene este plan una prima o cuota? Una prima o cuota es una cantidad fija de dinero que se paga regularmente para la cobertura de salud. No incluye los copagos, deducibles ni otros gastos, tales como los costos de las medicinas recetadas.

- Sí
- No → PASE a la pregunta 18a

- b. ¿Recibe usted un crédito fiscal o subsidio basado en su ingreso como ayuda para pagar la prima o cuota?

- Sí
- No



1 ¿Cuál es su nombre? Escriba su nombre en letra de molde. Incluya su número de teléfono y la fecha de hoy. Solo nos comunicaremos con usted si es necesario para asuntos oficiales de la Oficina del Censo.

Apellido

Nombre

Inicial

Código de área y número de teléfono

 -

Fecha

Mes

Día

Año

2 ¿Cuál es su sexo? Marque (X) UNA casilla.

Masculino Femenino

3 ¿Cuál es su edad y su fecha de nacimiento? Por favor, escriba 0 para los bebés que tengan menos de 1 año de edad.

Escriba los números en las casillas.

Edad
(en años)

Mes

Día

Año de
nacimiento

A NOTA: Por favor, conteste la Pregunta 4 sobre origen hispano Y la Pregunta 5 sobre raza. Para esta encuesta, origen hispano no es una raza.

4 ¿Es usted de origen hispano, latino o español?

- No, no es de origen hispano, latino o español
- Sí, mexicano, mexicano americano, chicano
- Sí, puertorriqueño
- Sí, cubano
- Sí, otro origen hispano, latino o español – Escriba el origen en letra de molde, por ejemplo, argentino, colombiano, dominicano, nicaragüense, salvadoreño, español, etc. ↘

5 ¿Cuál es su raza? Marque (X) una o más casillas.

- Blanca
- Negra o africana americana
- Indígena de las Américas o nativa de Alaska – Escriba en letra de molde el nombre de la tribu en la cual está inscrito(a) o la tribu principal. ↘
- India asiática
- China
- Filipina
- Japonesa
- Coreana
- Vietnamita
- Otra asiática – Escriba la raza en letra de molde, por ejemplo, hmong, laosiana, tailandesa, paquistaní, camboyana, etc. ↘
- Nativa de Hawái
- Guameña o Chamorra
- Samoana
- Otra de las islas del Pacífico – Escriba la raza en letra de molde, por ejemplo, fiyiana, tongana, etc. ↘

Alguna otra raza – Escriba la raza en letra de molde. ↘

6 ¿Dónde nació usted?

- En los Estados Unidos – Escriba en letra de molde el nombre del estado.
- Fuera de los Estados Unidos – Escriba en letra de molde el nombre del país extranjero, o Puerto Rico, Guam, etc.

7 ¿Es usted ciudadano(a) de los Estados Unidos?

- Sí, nació en los Estados Unidos → PASE a la pregunta 9a
- Sí, nació en Puerto Rico, Guam, las Islas Vírgenes de los Estados Unidos o las Islas Marianas del Norte
- Sí, nació en el extranjero de padre o madre que es ciudadano(a) de los EE.UU.
- Sí, es ciudadano(a) de los Estados Unidos por naturalización. Escriba el año de naturalización ↘
- No, no es ciudadano(a) de los Estados Unidos

8 ¿Cuándo vino usted a vivir a los Estados Unidos? Si usted vino a vivir a los Estados Unidos más de una vez, escriba el último año.

Año

9 a. En cualquier momento DURANTE LOS ÚLTIMOS 3 MESES, ¿ha estudiado usted en una escuela o universidad? Incluya sólo pre-escolar o pre-kinder, kindergarten, escuela elemental, enseñanza en el hogar y escuela que conduce a un diploma de escuela secundaria o un título universitario.

- No, no ha estudiado durante los últimos 3 meses → PASE a la pregunta 10
- Escuela o universidad pública
- Escuela o universidad privada o enseñanza en el hogar

b. ¿A qué grado o nivel escolar asistía usted? Marque (X) UNA casilla.

- Pre-escolar o pre-kinder
- Kindergarten
- Grado 1 al 12 – Especifique grado 1-12 ↘

- Estudios universitarios al nivel de licenciatura (freshman a senior)
- Escuela graduada o profesional más allá de una licenciatura universitaria (por ejemplo, un programa de Maestría o Doctorado o una escuela de medicina o leyes)





LA Encuesta sobre la Comunidad Estadounidense

**This questionnaire is available in either English or Spanish.
Este cuestionario está disponible en español o en inglés.**

To complete the Spanish questionnaire, begin on page 2. To complete the English questionnaire, flip this over and complete the blue side.

Please complete this form as soon as possible.

Place it in the envelope provided and HOLD it for a census representative to return to pick it up.

If you need help or have questions about completing this form, call the number that our census representative has given you.

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

Para completar el cuestionario en español, comience en la página 2. Para completar el cuestionario en inglés, vérelo y complete el lado azul.

Por favor, complete este cuestionario tan pronto sea posible. Colóquelo en el sobre que se provee y GUÁRDELO hasta que un representante del censo lo venga a recoger.

Si necesita ayuda o tiene preguntas sobre cómo completar este cuestionario, llame al número de teléfono que le ha dado nuestro representante del censo.

Para obtener más información sobre la Encuesta sobre la Comunidad Estadounidense, vaya a nuestra página en la Internet: <http://www.census.gov/acs>



Your Guide for

THE
**American
Community
Survey**

Group Quarters

This guide gives helpful information on completing your survey form. This guide is bilingual. The Spanish text begins on the back cover of this booklet. If you need more help, call the number that the Census Field Representative provided for you. After you have completed your survey form, **please place the form in the envelope** we have provided. A Census Field Representative will return to pick it up.

Esta guía está disponible en español e inglés. Para la versión en español, vire la guía y comience en la parte posterior.



| | |
|--|----------|
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Your Answers are Confidential and Required by Law

The U.S. Census Bureau is required by law to keep your information confidential. The Census Bureau is not permitted to publicly release your responses in a way that could identify you. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data.

The same law that protects the confidentiality of your answers **requires** that you provide the information asked in this survey to the best of your knowledge.

What the Survey is About – Some Questions and Answers

Why are we taking a survey?

The Census Bureau is conducting the American Community Survey to provide more timely data than data we typically collect only once every 10 years during the decennial census.

What does the Census Bureau do with the information you provide?

The American Community Survey will be the source of summarized data that we make available to federal, state, and local governments, and also to the public. The data will enable your community leaders from government, business, and non-profit organizations to plan more effectively.

Why did you select this Group Quarters (GQ) facility and how did I get selected?

Group quarters facilities are randomly selected each year from a sample list of all group quarters in your area. The larger the group quarters, the greater the probability that it will be selected to participate in the survey one or more times each year. From a list provided by the GQ contact person of all residents currently staying at the GQ, field representatives randomly select residents to take part in this survey. One of the advantages of a random sample is that we can use it to measure the whole population without having to actually interview every person at every GQ. But in order for it to work, we cannot substitute sampled facilities or individuals -- the sample has to be truly random. Your participation is very important to us to be able to produce accurate information from this survey.

Why the Census Bureau Asks Certain Questions

Here are reasons we ask some of the questions on the survey.

Name

Names help make sure that we don't duplicate persons selected at this place for the survey. Individual identities are kept confidential.

Place of birth

This question provides information used to study long-term trends about where people move and to study migration patterns and differences in growth patterns.

Job

Answers to the questions about the jobs people hold provide information on the extent and types of employment in different areas of the country. From this information, communities can develop training programs, and business and local governments can determine the need for new employment opportunities.

Income

Income helps determine how well families or persons live. Income information makes it possible to compare the economic levels of different areas, and how economic levels for a community change over time. Funding for many government programs is based on the answers to these questions.

Education

Responses to the education questions in the survey help to determine the number of new public schools, education programs, and daycare services required in a community.

Disability

Questions about disability provide the means to allocate federal funding for healthcare services and new hospitals in many communities.

How to Fill Out the American Community Survey Form

Use blue or black ink to complete the form. Please mark the category or categories as they apply to you. Some questions ask you to print the information. See **examples** below.

Make sure you answer all the questions that apply to you. Read these instructions and also follow the instructions provided throughout the questionnaire. These instructions will help you understand the questions and to answer them correctly. If you need assistance, call the number that the field representative has provided to you.

Examples of Printed and Marked Entries

| |
|--|
| <p>13 a. Do you speak a language other than English at home?</p> <p><input checked="" type="checkbox"/> Yes</p> <p><input type="checkbox"/> No → SKIP to question 14a</p> <p>b. What is this language?</p> <p>Korean</p> <p><i>For example: Korean, Italian, Spanish, Vietnamese</i></p> |
| <p>23 In what year did you last get married?</p> <p>Year</p> <p>2 0 0 8</p> |

Instructions for Completing the Survey Questions

The questionnaire is a bilingual form. One side is in English and the other is in Spanish.

1. Print your Last Name, First Name, and Middle Initial (MI) in the spaces provided.

Enter your telephone number, including area code, and today's date in the boxes provided.
2. Mark one box to indicate your biological sex.
3. Print your age and month, day, and year of birth. Print your age at your last birthday. Do not round your age up if you are close to having a birthday. If you do not know your exact age, provide an estimate. Print "0" for babies less than 1 year old.

Please answer BOTH question 4 about Hispanic origin and question 5 about race. For this survey, Hispanic origins are not races.

4. You are of Hispanic, Latino, or Spanish origin if your origin (ancestry) is Mexican, Mexican American, Chicano, Puerto Rican, Cuban, Argentinean, Colombian, Costa Rican, Dominican, Ecuadorian, Guatemalan, Honduran, Nicaraguan, Peruvian, Salvadoran, from other Spanish-speaking countries of Central or South America or from Spain.

The term *Mexican Am.* refers to persons of Mexican-American origin or ancestry.

If you mark the "**Yes, another Hispanic, Latino, or Spanish origin**" box, print the name of the specific origin.

If you are not of Hispanic, Latino, or Spanish origin, answer this question by marking the "**No, not of Hispanic, Latino, or Spanish origin**" box.

This question should be answered by **all** individuals.

5. Mark all boxes for the appropriate races.

The concept of race, as used by the Census Bureau, reflects self-identification by individuals according to the race or races with which they identify.

The instruction before question 4, "*For this survey, Hispanic origins are not races*" reflects the federal government's treatment of Hispanic origin and race as separate and distinct concepts. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

People may choose to provide two or more races either by marking two or more race response boxes, by providing multiple write-in responses, or by some combination of marking boxes and writing in responses.

If you mark the "**American Indian or Alaska Native**" box, print the name of your enrolled or principal tribe(s) in the space provided (for example, Navajo Nation, Blackfeet Tribe, Muscogee (Creek) Nation, Mayan, Doyon, Native Village of Barrow Inupiat Traditional Government, and so on).

If you mark the "**Other Asian**" box, print the name of the specific Asian group(s) in the space provided (for example, Pakistani, Cambodian, Hmong, Thai, Laotian, Bangladeshi, and so on).

If you mark the "**Other Pacific Islander**" box, print the name of the specific Pacific Islander group(s) in the space provided (for example, Tongan, Fijian, Marshallese, Palauan, Tahitian, Papua New Guinean, and so on).

If you mark the "**Some other race**" box, print the name of the specific group(s) in the space provided.

This question should be answered by **all** individuals.

6. *For people born in the United States:*

Mark the "**In the United States**" box and then print the name of the state in which you were born. If you were born in Washington, D.C., print "District of Columbia."

For people born outside the United States:

Mark the "**Outside the United States**" box, and then print the name of the foreign country or Puerto Rico, Guam, etc. where you were born. Use current boundaries, not boundaries at the time of your birth. For example, specify Czech Republic or Slovakia, not Czechoslovakia; North or South Korea, not Korea. Specify the particular country, not region. For example, specify Jamaica, not West Indies; Kenya, not East Africa.

7. If you were born in the United States (50 states and the District of Columbia), mark the "**Yes, born in the United States**" box. If you were born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas, mark the "**Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas**" box. Although not listed, if you were born in American Samoa, mark "**Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas**" box. If you were born outside the United States (50 states and the District of Columbia) or at sea and had at least one parent who was a U.S. citizen at the time of your birth, mark the "**Yes, born abroad of U.S. citizen parent or parents**" box. Mark the "**Yes, U.S. citizen by naturalization**" box only if you were born outside the United States (50 states and the District of Columbia) and have completed the naturalization process and are now a United States citizen. In the box below "*Print year of naturalization,*" enter the four-digit year you completed the formal naturalization process. If you are not a U.S. citizen, mark the "**No, not a U.S. citizen**" box. Legal Permanent Residents (LPRs) or "green card" holders, or other non-naturalized immigrants or visitors to the U.S. are not citizens of the United States and therefore should mark the "**No, not a U.S. citizen**" box.
- 9a. A *public school* is any school or college that is supported and controlled primarily by a local, county, state, or federal government. Schools are *private* if supported and controlled primarily by religious organizations or other private groups. *Home school* applies to parental guided education outside of a public or private school for grades 1–12.
- 9b. Only record grades that you attended in the **LAST 3 MONTHS**. If this is currently a summer month, do not record grades you will attend in the future.

- 10. Mark only ONE box** to indicate the highest grade or level of schooling you have **COMPLETED** or the **highest degree** you have received.

Report schooling completed in foreign or ungraded schools as the equivalent level of schooling in the regular American school system.

Mark the "**GED or alternative credential**" box if you did not receive a regular high school diploma but completed high school by receiving a GED or other formal recognition of high school completion from a school or governmental authority.

If you have not completed any college courses for credit, mark the highest level completed below college level. If you have not completed enough credit to be counted as a sophomore, mark the "**Some college credit, but less than 1 year of college credit**" box.

For the "**Professional degree beyond a bachelor's degree**" category, **do not** include certificates or diplomas for training in specific trades or occupations, such as computer and electronics technology, medical assistant, or cosmetology. **DO NOT** include post-bachelor's certificates that are related to occupational training in such fields as teaching, accounting, or engineering.

- 11.** Answer this question only if you have a bachelor's degree or higher and print the specific major of your **BACHELOR'S DEGREE**. If you have more than one bachelor's degree or more than one major, print the names of the specific majors for all of your bachelor's degree(s).
- 12.** Print your ancestry group(s). *Ancestry* refers to your ethnic origin or descent, "roots," or heritage. *Ancestry* may also refer to your country of birth or that of your parents or ancestors before their arrival in the United States. This question should be answered by **all** individuals, regardless of race, Hispanic origin, or place of birth.

Do not report a religious group as your ancestry.

You may report two ancestry groups (for example: German, Irish).

- 13a.** Mark the "**Yes**" box if you sometimes or always speak a language other than English at home.

Mark the "**No**" box if you speak only English, or if a non-English language is spoken only at school or is limited to a few expressions or slang.

- 13b.** If you speak more than one non-English language and cannot determine which is spoken more often, report the one you first learned to speak.

- 14a.** If you did not live in the United States or Puerto Rico one year ago, mark the **"No, outside the United States and Puerto Rico"** box and print the name of the foreign country, or U.S. Virgin Islands, Guam, etc., where you lived. Be specific when printing the name of the foreign country; for example, specify Czech Republic or Slovakia, not Czechoslovakia; North or South Korea, not Korea. Specify the particular country, not region. For example, specify Jamaica, not West Indies; Kenya, not East Africa. Then **SKIP** to question **15**.

If you lived somewhere else in the United States or Puerto Rico one year ago, mark the **"No, at a different address in the United States or Puerto Rico"** box.

- 14b.** Include the house or structure number; street name; street type (for example, St., Road, Ave.); and the street direction (if a direction such as "North" is part of the address). For example, print 1239 N. Main St. or 1239 Main St., N.W., not just 1239 Main. If you lived in Puerto Rico, the address should also include the name of the development or building.

*If the only known address is a post office box, give a description of the location. For example, print the name of the building where you lived, the nearest intersection, the name of a military base or installation, or the nearest street where the building was located, etc. **DO NOT give a post office box number.***

Print the name of the U.S. county or the name of the municipio in Puerto Rico. If you lived in Louisiana, print the parish name in the **"Name of U.S. county or municipio in Puerto Rico"** space. If you lived in Alaska, print the borough or census area name, if known. If you lived in New York City and the county name is not known, print the borough name. If you lived in an independent city (not in any county) or in Washington, D.C., leave the **"Name of U.S. county or municipio in Puerto Rico"** space blank.

- 15.** On October 1, 2008, the federal Food Stamp Program was renamed SNAP (Supplemental Nutrition Assistance Program). Some states may have their own specific name for this program. If you received benefits from the government to buy food for your family using a benefit card, mark the **"Yes"** box.

- 16.** Mark the **"Yes"** or **"No"** box for each part of question **16**.

If you report any other type of coverage plan in question **16h**, specify the type of coverage or name of the plan in the write-in box. **DO NOT** include plans that cover only one type of health care (such as dental plans) or plans that only cover a person in case of an accident or disability.

17a-17b

If you have more than one type of health insurance, answer these questions while thinking about your primary health insurance.

Answer questions 19a through 19c if you are 5 years old or over.

19a–19c.

Mark the **"Yes"** or **"No"** box to indicate if you have serious difficulty with any of the activities listed in parts a, b, and c because of a physical, mental, or emotional condition.

Answer questions 20 through 49 if you are 15 years old or over.

21. Mark the **"Now married"** box if you are married regardless of whether you are living with your spouse, unless you are separated. If your only marriage was annulled, mark the **"Never married"** box. Mark the **"Divorced"** box only if you have received a divorce decree.
22. Mark the **"Yes"** box only if you have received a divorce decree in the **PAST 12 MONTHS**.
23. Do not count marriages that ended in annulment.
24. Enter the four-digit year when you last got married, even if you are now widowed, divorced, or separated.

Answer question 25 if you are female and 15–50 years old.

25. Mark the **"Yes"** box if you have given birth to at least one child born alive in the **PAST 12 MONTHS**, even if the child died or no longer lives with you. Do not consider miscarriages, or stillborn children, or any adopted, foster, or stepchildren.
27. *Active duty* means full-time service as a member of the Army, Navy, Air Force, Marine Corps, Coast Guard, or as a commissioned officer of the Public Health Service or the National Oceanic and Atmospheric Administration, or its predecessors, the Coast and Geodetic Survey or Environmental Science Service Administration. Active duty does not include active duty for training. For service in the military Reserves or National Guard, mark the **"Only on active duty for training in the Reserves or National Guard"** box if you have never been called up for active duty, mobilized, or deployed. For service only as a civilian employee or civilian volunteer for the Red Cross, USO, Public Health Service, or War or Defense Department, mark the **"Never served in the military"** box. For Merchant Marine service, count only the service during World War II as active duty and no other period of service.
28. Mark as many responses as apply.
- 29a. Mark the **"Yes"** box if you have a Department of Veterans Affairs (VA) service-connected disability rating.
- 29b. Mark the **"0 percent"** box if you have received a service-connected disability rating of zero. **DO NOT** mark the box showing **"0 percent"** to indicate no rating.

30a–30b.

Count as work – Mark the "Yes" box if you performed:

- Work for someone else for wages, salary, piece rate, commission, tips, or payments "in kind" (for example, food or lodging received as payment for work performed).
- Work in own business, professional practice, or farm.
- Any work in a family business or farm, paid (for any amount of time) or without pay (for 15 or more hours per week).
- Any part-time work including babysitting, paper routes, etc.
- Active duty in Armed Forces.

Do not count as work – Mark the "No" box if your activities were limited to the following:

- Housework or yard work at home.
- Unpaid volunteer work.
- School work done as a student.
- Work done as a resident or inmate of an institutional facility (like a nursing facility or correctional facility).

- 31.** Include the building or structure number; street name; street type (for example, St., Road, Ave.); and the street direction (if a direction such as "North" is part of the address). For example, print 1239 N. Main St. or 1239 Main St., N.W. not just 1239 Main.

*If the only known address is a post office box, give a description of the work location. For example, print the name of the building or shopping center where you work, the nearest intersection, or the nearest street where the workplace is located, etc. **DO NOT give a post office box number.***

If you worked at a military installation or military base that has no street address, report the name of the military installation or base, and a description of the work location (such as building number, building name, nearest street or intersection).

If you worked at several locations, but reported to the same location each day to begin work, print the street address of the location where you reported. If you did not report to the same location each day to begin work, print the address of the location where you worked most of the time last week.

If your employer operates in more than one location (such as a grocery store chain or public school system), print the street address of the location or branch where you worked. If the street address of a school is not known, print the name of the school, and a description of the location (such as the nearest street or intersection).

If you worked on a college or university campus and the street address of the workplace is not known, print the name of the building where you worked, and a description of the location (such as the nearest street or intersection).

If you worked in a foreign country or Puerto Rico, Guam, etc., print the name of the country on the state or foreign country line.

32. Mark only one box to indicate the method of transportation used to travel the **longest distance** to work **LAST WEEK**.

- Mark the "**Car, truck, or van**" box if you drove a station wagon, company car, light truck of 1-ton capacity or less, truck cab, mini bus, or private limousine (NOT for hire).
- Mark the "**Subway or elevated rail**" box if you took a subway, or other vehicle that operates on tracks or rails with complete separation from other vehicle and pedestrian traffic.
- Mark the "**Long-distance train or commuter rail**" box if you took long distance rail service such as Amtrak, or a commuter train (also called metropolitan rail, regional rail, or suburban rail) that operates between a central city and surrounding suburbs or other central cities. This does not include rail systems that predominately offer intercity rail service, which is often referred to as subway, metro, or heavy rail.
- Mark the "**Light rail, Streetcar, or trolley**" box if you rode light rail, streetcar, trolley, cable car, tramway or other vehicle that operates on tracks or rails. Such vehicles are often driven electrically via overhead wires.
- Mark the "**Taxicab**" box if you took a limousine such as an airport limousine for which a fare is charged.
- Mark the "**Motorcycle**" box if you rode a motorbike, moped, motor scooter, or similar vehicle that is motor driven.
- Mark the "**Bicycle**" box if you rode a bicycle or other vehicle that is pedaled.
- Mark the "**Walked**" box ONLY if you walked all the way to work and used no other means of transportation.
- Mark the "**Worked at this address**" box if you worked on a farm where you live, or an office or shop in your own home.
- Mark the "**Other method**" box if you took an airplane, helicopter, horse, horse and buggy, boat (other than public ferries), large motor home, dog sled, large truck or truck rig, All-Terrain Vehicle (ATV), Segway® or other self-balancing electric vehicle, skateboard, inline skates, or motorized chair.

Answer question 33 if you marked "Car, truck, or van" in question 32.

33. If you were driven to work by someone who then drove back home or to a non-work destination, enter "1" in the box labeled "**Person(s).**"

DO NOT include persons who rode to school or some other non-work destination in the count of persons who rode in the vehicle.

34. Give the time of day **your trip to work usually begins**. **DO NOT** give the time that you usually began your work.

If you usually left to go to work sometime between 12:00 o'clock midnight and 12:00 o'clock noon, mark "**a.m.**"

If you usually left to go to work sometime between 12:00 o'clock noon and 12:00 o'clock midnight, mark "**p.m.**"

35. Travel time is from door to door. Enter a one-way commute time for your usual daily commute to work **LAST WEEK**. Include time waiting for public transportation or picking up passengers in a carpool.

Answer questions 36 through 39 if you did NOT work last week.

- 36a.** You are *on layoff* if you are waiting to be recalled to a job from which you were temporarily separated for business-related reasons.
- 36b.** If you work only during certain seasons or on a day-by-day basis when work is available, mark the **"No"** box.
- 36c.** If you were informed by your employer, either formally or informally, that you will be recalled within the next 6 months, mark the **"Yes"** box. Also mark the **"Yes"** box if you have been given, formally or informally, a specific date to return to work, even if that date is more than 6 months away.
- 37.** Mark the **"Yes"** box if you tried to get a job or start a business or professional practice at any time in the **LAST 4 WEEKS**; for example, registered at a public or private employment office, went to a job interview, placed or answered employment ads, or did anything toward starting a business or professional practice.
- 38.** If you were expecting to report to a job within 30 days, mark the **"Yes, could have gone to work"** box.

Mark the **"No, because of own temporary illness"** box only if you expect to be able to work within 30 days.

If you could not have gone to work because you were going to school, taking care of children, etc., mark the **"No, because of all other reasons (in school, etc.)"** box.

- 39.** Refer to the instructions for questions **30a–30b** to determine what to count as work. Mark the **"Over 5 years ago or never worked"** box if you: (1) never worked at any kind of job or business, either full or part time, (2) never worked, with or without pay, in a family business or farm, and (3) never served on active duty in the Armed Forces.

40a–40b.

Refer to the instructions for questions **30a–30b** to determine what to count as work. Include paid vacation, paid sick leave, and military service. Count every week in which you worked at all, even for an hour.

- 41.** If the hours worked each week varied considerably in the **PAST 12 MONTHS**, give an approximate average of the hours worked each week.

Answer questions 42 through 47 if you worked in the past 5 years.

- 42.** If you worked for a cooperative, credit union, mutual insurance company, or similar organization, mark the **"Non-profit organization (including tax-exempt and charitable organizations)"** box.

If you worked for a public school, college or university, mark the appropriate government category. For example, mark the **"Local government (for example: city or county school district)"** box for a county-run community college or city-run public school. Mark the **"State government (including state colleges/universities)"** box for a state university.

Employees of foreign governments, the United Nations, and other international organizations should mark the **"Federal government civilian employee"** box.

- 43.** If you worked for a company, business, or government agency, print the name of the company, not the name of your supervisor. If you worked for an individual or a business that had no company name, print the name of the individual you worked for. If you worked in your own un-named business, print "self-employed." If you marked "**Active duty** U.S. Armed Forces or Commissioned Corps," print the name of the branch of the Armed Forces. For Commissioned Corps, enter U.S. Public Health Service or NOAA Commissioned Corps.
- 44.** Describe the business, industry, or individual employer named in question 43. If there is more than one activity, describe only the major activity at the place where you worked. Describe what is made, what is sold, or what service is given. **Enter descriptions like the following:** elementary school, residential construction.
- 45.** Mark one box to indicate the main type of business or industry where you work or worked.
- 46.** Describe the kind of work you did. If you were a trainee, apprentice, or helper, include that in the description. **Enter descriptions like the following:** 4th grade teacher, entry-level plumber.
- If possible, avoid single words such as: nurse, manager, and teacher.
- 47.** Describe the most important activities or duties you performed for your job. **Enter descriptions like the following:** instruct and evaluate students and lesson plans, assemble and install pipe sections and review building plans for work details.

Answer questions 48 through 49 if you are 15 years old or over.

Mark the "**Yes**" or "**No**" box for each type of income, and enter the amount received **IN THE PAST 12 MONTHS** for each "**Yes**" response.

If income from any source was received jointly, report the amount you earned or received, not the total amount you and the other person received jointly.

DO NOT include the following as income in any item:

- Refunds or rebates of any kind
 - Withdrawals from savings of any kind
 - Capital gains or losses from the sale of homes, shares of stock, etc.
 - Inheritances or insurance settlements
 - Any type of loan
 - Pay in-kind such as food, free rent
- 48a.** Include wages and salaries before deductions from **all** jobs. Be sure to include any tips, commissions, or bonuses. Owners of incorporated businesses should enter their salary here. Military personnel should include base pay plus cash housing and/or subsistence allowance, flight pay, uniform allotments, reenlistment bonuses.

48b. Report income from incorporated businesses under wages and salary (question **48a**), and not under self-employment. Include **nonfarm** profit (or loss) from self-employment in sole proprietorships and partnerships. Mark the "**Loss**" box if there is a loss. Exclude profit (or loss) of incorporated businesses you own.

Include **farm** profit (or loss) from self-employment in sole proprietorships and partnerships. Mark the "**Loss**" box if there is a loss. Exclude profit (or loss) of incorporated farm businesses you own. Also exclude amounts from land rented for cash but include amounts from land rented for shares.

48c. Include interest received or credited to checking and saving accounts, money market funds, certificates of deposit (CDs), IRAs, KEOGHs, and government bonds.

Include dividends received, credited, or reinvested from ownership of stocks or mutual funds.

Include profit (or loss) from royalties and the rental of land, buildings or real estate, or from roomers or boarders. Mark the "**Loss**" box if there is a loss. Income received by self-employed persons whose primary source of income is from renting property or from royalties should be included in **48b**. Include regular payments from an estate or trust fund.

48d. Include amounts, before Medicare deductions, of Social Security and/or Railroad Retirement payments you received as a retired person, as a dependent of deceased insured workers, and as a disabled worker.

48e. Include Supplemental Security Income (SSI) received as an elderly, blind, or disabled person.

48f. Include any public assistance or welfare payments you received by check or electronic transfer from the state or local welfare office, even if received for only one month or less than a year. Include benefits received on behalf of children. These payments are sometimes referred to as Temporary Assistance for Needy Families (TANF), Aid to Families with Dependent Children (AFDC), Aid to Dependent Children (ADC), Welfare or welfare to work, General Assistance, General Relief, Emergency Assistance, and Diversion Payments. **Do not** include assistance received from private charities.

Do not include Supplemental Security Income (SSI), food assistance (such as food stamps and benefits from Supplemental Nutrition Assistance Program, or SNAP), rental assistance, education assistance, child care assistance, transportation assistance, or assistance with heating or cooling costs or **any other** energy assistance (such as Low Income Home Energy Assistance Program, or LIHEAP).

48g. Include regular income from a company pension, union pension, Federal government pension, state government pension, local government pension, U.S. Railroad pension, KEOGH retirement plan, SEP (Simplified Employee Pension), U.S. military pension or any other type of pension, retirement account or annuity such as IRA, ROTH IRA, 401(k) or 403(b).

Include survivor income paid to spouses or children of a deceased person. Include regular income from a disability pension paid to those who are unable to work due to a disability.

Do not include Social Security or income that is "rolled over" or reinvested in another retirement account.

- 48h.** Include Veterans' (VA) disability compensation and educational assistance payments (VEAP); unemployment compensation, worker's compensation, child support or alimony; and all other regular payments such as Armed Forces transfer payments, assistance from private charities, regular contributions from persons not living with you.
- 49.** Add the total entries (subtracting losses) for **48a** through **48h** for the **PAST 12 MONTHS** and enter that number in the space provided. Mark the "**Loss**" box if there is a loss. Print the total amount in dollars.

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Su guía para

LA
**Encuesta Sobre
La Comunidad
Estadounidense**

Alojamientos de grupo

Esta guía provee información que le ayudará a completar el cuestionario. Esta guía es bilingüe. El texto en español empieza en la contracubierta de este folleto. Si necesita más ayuda, llame al número de teléfono que el Representante del Censo le indicó. Después de que haya completado el cuestionario, **por favor, devuélvalo en el sobre** que le hemos provisto. Un Representante del Censo regresará a recogerlo.

This guide is available in Spanish and English. For the English version, flip the guide over and begin on the back page.



Sus Respuestas son Confidenciales y Requeridas por Ley 3

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Sus Respuestas son Confidenciales y Requeridas por Ley

La Oficina del Censo de los EE.UU. está obligada por ley a mantener confidencial su información. A la Oficina del Censo no se le permite divulgar sus respuestas de manera que usted pudiera ser identificado. En conformidad con la Ley para el Fortalecimiento de la Seguridad Cibernética Federal del 2015, sus datos están protegidos contra los riesgos de seguridad cibernética mediante los controles aplicados a los sistemas que transmiten su información.

La misma ley que protege la confidencialidad de sus respuestas **requiere** que usted provea la información que se le pide según su mejor conocimiento.

De Qué Trata la Encuesta – Algunas Preguntas y Respuestas

¿Por qué hacemos una encuesta?

La Oficina del Censo está llevando a cabo la Encuesta sobre la Comunidad Estadounidense para proveer datos más actualizados que los que generalmente se recopilan sólo una vez cada 10 años durante el censo decenal.

¿Qué hace la Oficina del Censo con la información que usted provee?

La Encuesta sobre la Comunidad Estadounidense será la fuente de datos resumidos que ponemos a la disposición del gobierno federal, los gobiernos estatales y locales, y del público. Los datos ayudarán a los líderes de su comunidad en el gobierno, negocios y organizaciones sin fines de lucro a planear eficazmente.

¿Por qué se seleccionó este Alojamiento de Grupo (GQ) y cómo fue seleccionado?

Cada año, se seleccionan al azar las instalaciones de alojamientos de grupo (GQ) basada en una lista de muestra de todos los alojamientos de grupo de su área. Mientras más grande es el alojamiento de grupo, mayor es la probabilidad de ser seleccionado para participar en la encuesta una o más veces cada año. La persona contacto del GQ suministra una lista de todos los residentes que se quedan actualmente en el GQ. De esta lista, los representantes del Censo seleccionan residentes al azar para participar en esta encuesta. Una de las ventajas de la muestra al azar es que nos permite medir la población total sin tener que entrevistar a cada persona en cada GQ. Para que esto funcione, no podemos sustituir instalaciones o a individuos en la muestra; la muestra tiene que ser verdaderamente al azar. Su participación es muy importante para nosotros, porque nos permite producir información precisa de esta encuesta.

Por Qué la Oficina del Censo Hace Ciertas Preguntas

A continuación se indican las razones por las cuales hacemos algunas de las preguntas en la encuesta.

Nombre

Los nombres ayudan a asegurar que las personas seleccionadas en este lugar para la encuesta no se listen dos veces. Las identidades de los individuos se mantienen confidenciales.

Lugar de nacimiento

Esta pregunta provee información que se usa para estudiar tendencias a largo plazo de la movilidad de las personas y para estudiar patrones de migración y diferencias en el aumento de la población.

Empleo

Las respuestas a las preguntas sobre el empleo de las personas proveen información sobre la variedad y los tipos de empleo en las diferentes áreas del país. Utilizando esta información, las comunidades pueden desarrollar programas de entrenamiento, y los negocios y gobiernos locales pueden determinar la necesidad de nuevas oportunidades de empleo.

Ingreso

El ingreso ayuda a determinar cuán bien viven las familias o las personas. La información sobre ingreso hace posible comparar los niveles económicos de diferentes áreas y cómo los niveles económicos de una comunidad cambian a través del tiempo. Los fondos para muchos programas gubernamentales se basan en las respuestas a estas preguntas.

Educación

Las respuestas a las preguntas sobre educación en la encuesta ayudan a determinar el número de escuelas públicas, programas de educación y servicios de cuidado diurno nuevos que se requieren en una comunidad.

Impedimentos

Las preguntas sobre impedimentos proveen los medios de asignar fondos federales para servicios de salud y nuevos hospitales en muchas comunidades.

Cómo Completar el Cuestionario para la Encuesta Sobre la Comunidad Estadounidense

Use un bolígrafo de tinta azul o negra para completar el cuestionario. Por favor, marque la categoría o categorías según le apliquen a usted. Algunas preguntas le piden que escriba la información en letra de molde. Vea los **Ejemplos** a continuación.

Cerciórese de contestar todas las preguntas que le apliquen a usted. Lea las instrucciones y siga los pasos mientras completa el cuestionario. Estas instrucciones le ayudarán a comprender las preguntas y contestarlas correctamente. Si necesita ayuda, llame al número de teléfono que el representante del Censo le indicó.

Ejemplos de Entradas Escritas y Marcadas

| |
|--|
| <p>13 a. En su hogar, ¿habla usted un idioma que no sea inglés?</p> <p><input checked="" type="checkbox"/> Si</p> <p><input type="checkbox"/> No → <i>PASE a la pregunta 14a</i></p> <p>b. ¿Qué idioma es ese?</p> <p><input type="text" value="coreano"/></p> <p><i>Por ejemplo: coreano, italiano, español, vietnamés</i></p> |
| <p>23 ¿En qué año se casó usted la última vez?</p> <p>Año</p> <p><input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> |

Instrucciones para Completar las Preguntas de la Encuesta

Este cuestionario es un formulario bilingüe. Un lado está en español y el otro lado está en inglés.

1. Escriba en letra de molde su apellido, nombre e inicial (MI) en los espacios que se proveen.

Entre su número de teléfono, incluyendo el código de área, y la fecha de hoy en las casillas que se proveen.

2. Marque una casilla para indicar su sexo biológico.
3. Escriba su edad y el mes, día y año de nacimiento. Escriba su edad en su último cumpleaños. No redondee su edad si está a punto de cumplir años. Si usted no sabe su edad exacta, provea un estimado. Escriba "0" para los bebés que tengan menos de 1 año de edad.

Por favor, conteste la pregunta 4 sobre origen hispano y la pregunta 5 sobre raza. Para esta encuesta, origen hispano no es una raza.

4. Usted es de origen hispano, latino o español si su origen (ascendencia) es mexicano, mexicano americano, chicano, puertorriqueño, cubano, argentino, colombiano, costarricense, dominicano, ecuatoriano, guatemalteco, hondureño, nicaragüense, peruano, salvadoreño, de otros países hispanohablantes de Centro o Sudamérica, o de España.

El término *mexicano americano* se refiere a las personas de origen o ascendencia mexicana.

Si usted marca la casilla "**Sí, otro origen hispano, latino o español**", escriba en letra de molde el nombre del grupo específico.

Si usted no es de origen hispano, latino o español, conteste esta pregunta marcando la casilla "**No, no es de origen hispano, latino o español**".

Esta pregunta debe ser contestada por **todos** los individuos.

5. Marque todas las casillas para las razas apropiadas.

El concepto de raza, de acuerdo con el uso de la Oficina del Censo, refleja la auto-identificación de las personas con la raza o las razas con las cuales se identifican.

La explicación que precede a la pregunta 4, "*Para esta encuesta, origen hispano no es una raza*", refleja la manera en que el gobierno federal trata el origen hispano y la raza como dos conceptos separados y distintos. Las personas que identifican su origen como hispano, latino o español pueden ser de cualquier raza.

Las personas pueden optar por proporcionar dos razas o más, ya sea marcando las casillas de respuesta de dos razas o más, escribiendo múltiples respuestas o mediante la combinación de marcar las casillas y escribir las respuestas.

Si usted marca la casilla "**India americana o nativa de Alaska**", escriba en el espacio provisto el nombre de la tribu o las tribus en las que está inscrito, o la tribu principal (por ejemplo, Navajo Nation, Blackfeet Tribe, Muscogee (Creek) Nation, Maya, Doyon, Native Village of Barrow Inupiat Traditional Government, etc.).

Si usted marca la casilla "**Otra asiática**", escriba el nombre del grupo o los grupos específicos en el espacio provisto (por ejemplo, paquistaní, camboyano, hmong, tailandés, laosiano, bangladesí, etc.).

Si usted marca la casilla "**Otra de las islas del Pacífico**", escriba el nombre del grupo o los grupos específicos en el espacio provisto (por ejemplo, tongano, fijiano, de las Islas Marshall, palauano, tahitiano, papú neoguineano, etc.).

Si usted marca la casilla "**Alguna otra raza**", escriba el nombre del grupo o los grupos específicos en el espacio provisto.

Esta pregunta debe ser contestada para **todos** los individuos.

6. *Para las personas que nacieron en los Estados Unidos:*

Marque la casilla "**En los Estados Unidos**" y luego escriba en letra de molde el nombre del estado donde usted nació. Si nació en Washington, D.C., escriba en letra de molde "Distrito de Columbia".

Para las personas que nacieron fuera de los Estados Unidos:

Marque la casilla "**Fuera de los Estados Unidos**" y luego escriba en letra de molde el nombre del país extranjero o Puerto Rico, Guam, etc. donde usted nació. Use las fronteras actuales, no las fronteras que existían cuando usted nació. Por ejemplo, especifique República Checa o Eslovaquia, no Checoslovaquia; Corea del Norte o Corea del Sur, no Corea. Especifique el país particular, no la región. Por ejemplo, especifique Jamaica, no Antillas; Kenia, no África Oriental.

7. Si usted nació en los Estados Unidos (los 50 estados y el Distrito de Columbia), marque la casilla "**Sí, nació en los Estados Unidos**". Si usted nació en Puerto Rico, Guam, las Islas Vírgenes de los Estados Unidos o las Islas Marianas del Norte, marque la casilla "**Sí, nació en Puerto Rico, Guam, las Islas Vírgenes de los Estados Unidos o las Islas Marianas del Norte**". Aunque no esté listada, si usted nació en Samoa Americana, marque la casilla "**Sí, nació en Puerto Rico, Guam, las Islas Vírgenes de los Estados Unidos o las Islas Marianas del Norte**". Si usted nació fuera de los Estados Unidos (los 50 estados y el Distrito de Columbia) o en altamar y tiene por lo menos un padre o la madre era ciudadano(a) de los Estados Unidos cuando usted nació, marque la casilla "**Sí, nació en el extranjero de padre o madre que es ciudadano(a) de los EE.UU.**". Marque la casilla "**Sí, es ciudadano(a) de los Estados Unidos por naturalización**" si usted nació fuera de los Estados Unidos (50 estados y el Distrito de Columbia), ha completado el proceso de naturalización y ahora es ciudadano(a) de los Estados Unidos. En la casilla a continuación escriba el año de cuatro dígitos en el cual usted completó el proceso formal de naturalización. Si usted no es ciudadano(a) de los Estados Unidos, marque la casilla "**No, no es ciudadano(a) de los Estados Unidos**". Los Residentes Permanentes Legales (LPR) o que tienen tarjeta de residencia, u otros inmigrantes no naturalizados o visitantes a los EE.UU. no son ciudadanos de los Estados Unidos, por lo tanto usted debe marcar la casilla "**No, no es ciudadano(a) de los Estados Unidos**".

- 9a. Una *escuela pública* es cualquier escuela o universidad que está mantenida y administrada principalmente por el gobierno local, del condado, estatal o federal. Las escuelas son *privadas* si son mantenidas y administradas principalmente por organizaciones religiosas o grupos privados. *La enseñanza en el hogar* se aplica a la educación guiada por los padres fuera de una escuela pública (*home school*) o privada para los grados del 1 al 12.
- 9b. Solamente marque los grados a los cuales asistió en los **ÚLTIMOS 3 MESES**. Si el mes actual es un mes del verano, no marque los grados a los cuales asistirá en el futuro.
10. **Marque UNA sola casilla** para indicar el grado o nivel escolar más alto que usted ha **COMPLETADO** o el **título más alto** que ha recibido.

Informe educación completada en un país extranjero o en escuelas sin grados, como el nivel equivalente de educación en el sistema regular estadounidense de educación.

Marque la casilla "**GED o examen equivalente**" si usted no recibió un diploma regular de escuela secundaria o preparatoria (High School) pero sí completó la escuela secundaria o preparatoria aprobando un examen de Equivalencia de Escuela Secundaria o preparatoria (GED, por sus siglas en inglés) u otro reconocimiento formal de una escuela o autoridad gubernamental por haber completado la escuela secundaria o preparatoria.

Si usted no ha completado ningún curso universitario con crédito, marque el nivel más alto completado por debajo del nivel universitario. Si usted no ha completado suficientes créditos para ser contado(a) como que está en el segundo año, marque la casilla "**Algunos créditos universitarios, pero menos de 1 año de créditos universitarios**".

Para la categoría "**Título profesional más allá de un título de licenciatura universitaria**", no incluya certificados o diplomas por entrenamiento en oficios específicos u ocupaciones tales como tecnología de computadoras y electrónica, asistente médico o cosmetología. **NO** incluya certificados adquiridos de la licenciatura universitaria que están relacionados con entrenamientos ocupacionales en campos tales como la enseñanza, contabilidad e ingeniería.

11. Conteste esta pregunta solamente si usted tiene un título de licenciatura universitaria o uno más alto. Escriba en letra de molde el título específico de la concentración de estudio de su **LICENCIATURA UNIVERSITARIA**. Si usted tiene más de un título de licenciatura universitaria o más de una concentración de estudio, escriba en letra de molde los nombres específicos de todas las concentraciones de estudios de cada título de licenciatura universitaria que usted tiene.
12. Escriba en letra de molde su *ascendencia*. La *ascendencia* se refiere a su origen étnico o descendencia, "raíces" o herencia. La *ascendencia* también puede referirse al país donde usted o sus padres o antepasados nacieron antes de su llegada a Puerto Rico. Conteste esta pregunta sin tener en cuenta su clasificación de raza, origen, hispano o lugar de nacimiento.

No informe un grupo religioso como su ascendencia.

Usted puede informar dos grupos de ascendencia (por ejemplo: alemán, irlandés).

- 13a.** Marque la casilla "**Sí**" si usted a veces o siempre habla en su hogar un idioma que no sea inglés.

Marque la casilla "**No**" si usted sólo habla inglés, o si sólo habla un idioma que no sea inglés en la escuela o está limitado a algunas expresiones o jergas en ese otro idioma.

- 13b.** Si usted habla más de un idioma que no sea inglés y tiene dificultad en determinar cuál se habla más, informe el idioma que usted aprendió a hablar primero.

- 14a.** Si usted no vivía en los Estados Unidos y Puerto Rico hace un año, marque la casilla "**No, fuera de los Estados Unidos y Puerto Rico**" y escriba en letra de molde el nombre del país extranjero Islas Vírgenes de los Estados Unidos, Guam, etc., donde viva usted. Sea específico cuando escribía el nombre del país extranjero; por ejemplo, especifique República Checa Eslovaquia, no Checoslovaquia; Corea del Norte o del Sur, no Corea. Especifique el país particular, no la región. Por ejemplo, especifique Jamaica, no Antillas; Kenia, no África Oriental. Luego, **PASE** a la pregunta **15**.

Si usted vivía en algún otro lugar en los Estados Unidos o Puerto Rico hace un año, marque la casilla "**No, en una dirección diferente en los Estados Unidos o Puerto Rico**".

- 14b.** Incluya el número de la casa o de la estructura, el nombre de la calle, el tipo de calle (por ejemplo, calle, carretera, avenida); y la dirección de la calle (si la orientación tal como "Norte" es parte de la dirección). Por ejemplo, escriba en letra de molde 1239 N. Main St. o 1239 Main St. N.W., no sólo 1239 Main. Si usted vivía en Puerto Rico, la dirección también debe incluir el nombre de la urbanización o del edificio.

Si la *única dirección* que es conocida es de un apartado postal, dé una descripción del lugar. Por ejemplo, escriba en letra de molde el nombre del edificio en el cual usted vivía, la intersección más cercana, el nombre de la instalación o base militar, o la calle más cercana, etc. **NO escriba el número de un apartado postal.**

Escriba en letra de molde el nombre del condado de los Estados Unidos o el nombre del municipio si usted estaba en Puerto Rico. Si usted vivía en Louisiana, escriba en letra de molde el nombre de la parroquia en el espacio "**Nombre del condado de los Estados Unidos o municipio en Puerto Rico**". Si vivía en Alaska, escriba en letra de molde el nombre del distrito o área censal, si lo sabe. Si vivía en la ciudad de Nueva York y no conoce el nombre del condado, escriba en letra de molde el nombre del distrito. Si usted vivía en una ciudad independiente (no en un condado), o en Washington, D.C., deje en blanco el espacio "**Nombre del condado de los Estados Unidos o municipio en Puerto Rico**".

- 15.** El 1 de octubre de 2008, al programa federal de Cupones para Alimentos se le dio el nombre de Programa de Asistencia Nutricional Suplementaria (SNAP). Algunos estados tendrán nombres específicos para este programa. Si usted recibe beneficios del gobierno para comprar alimentos para su familia usando una tarjeta de beneficios, marque la casilla "**Sí**".

- 16.** Marque la casilla "**Sí**" o "**No**" para cada parte de la pregunta **16**.

Si usted informa cualquier otro tipo de plan de cobertura en **16h**, especifique el tipo de cobertura o el nombre del plan en el espacio que se provee. **NO** incluya planes que cubran un solo tipo de cuidado médico (como planes dentales) o planes que solamente cubran a una persona en caso de un accidente o impedimento.

- 17.** Si usted tiene más de un tipo de seguro médico, responda a estas preguntas pensando en su seguro médico principal.

Conteste las preguntas 19a a la 19c si usted tiene 5 años de edad o más.

19a–19c.

Marque la casilla "**Sí**" o "**No**" en las partes a, b y c de la pregunta **19** para indicar si usted tiene una dificultad para llevar a cabo algunas de las actividades listadas debido a una condición física, mental o emocional.

Conteste las preguntas 20 a la 49 si usted tiene 15 años de edad o más.

- 21.** Marque la casilla "**Casado(a) actualmente**" si usted está casado(a), sin importar si su esposo o esposa vive en el hogar, a menos que estén separados. Si su único matrimonio fue anulado, marque la casilla "**Nunca se ha casado**". Marque la casilla "**Divorciado(a)**" solamente si usted ha recibido una sentencia de divorcio.

- 22.** Marque la casilla "**Sí**" solamente si usted ha recibido una sentencia de divorcio en los **PASADOS 12 MESES**.

- 23.** No cuente matrimonios que fueron anulados.

- 24.** Anote los cuatro dígitos del año en que usted se casó por última vez, incluso si usted ahora ha enviudado, se ha divorciado o se ha separado.

Conteste la pregunta 25 si usted es de sexo femenino y tiene entre 15 y 50 años de edad.

- 25.** Marque la casilla "**Sí**" si usted ha dado a luz a un hijo vivo en los **ÚLTIMOS 12 MESES**, aun si el hijo falleció o si ya no vive con usted. No considere abortos naturales o hijos nacidos muertos, ni ningún hijo adoptivo, hijo de crianza (foster) o hijastro.

- 27.** El *servicio militar activo* significa servicio a tiempo completo como miembro del Ejército, la Fuerza Naval, la Fuerza Aérea, el Cuerpo de la Marina, los Guardacostas o como oficial nombrado de Servicios de Salud Pública o de la Administración Nacional Oceánica y Atmosférica, o sus predecesores, el Servicio Costero y Geodésico o la Administración de Servicios de Ciencias Ambientales. El *servicio militar activo* no incluye entrenamiento en servicio militar activo. El *servicio activo* también se refiere a los cadetes que asisten a una de las cinco Academias del Servicio Militar de los EE.UU. Para servicio militar en la Guardia Nacional o en la Reserva Militar, marque la casilla "**Servicio activo solamente para entrenamiento de la Reserva Militar o la Guardia Nacional**" si nunca ha sido movilizadado, desplegado o llamado a servicio activo. Para servicio solamente como empleado(a) civil o voluntario(a) civil de la Cruz Roja, USO, Servicio de Salud Pública o Departamento de Defensa o Guerra, marque la casilla "**Nunca estuvo en el servicio militar**". Para servicio en la Marina Mercante, cuente solamente como servicio activo el servicio durante la Segunda Guerra Mundial y no otro periodo de servicio.
- 28.** Marque todas las respuestas que apliquen.
- 29a.** Marque la casilla "**Sí**" si usted tiene una clasificación de incapacidad relacionada con su servicio por el Departamento de Asuntos de Veteranos (VA).
- 29b.** Marque la casilla "**0 por ciento**" si usted ha recibido una clasificación de incapacidad relacionada con el servicio de cero. **NO** marque la casilla de "**0 por ciento**" para indicar que no recibió ninguna clasificación.

30a–30b.

Cuente como trabajo – *Marque la casilla "Sí" si usted hizo:*

- Trabajo para otra persona por salario, sueldo, pago a destajo, comisión, propinas o pagos en especie (por ejemplo, comida o albergue recibido como pago por trabajo hecho).
- Trabajo en su propio negocio, práctica profesional o finca.
- Cualquier trabajo en un negocio o finca de la familia, pagado o no, durante 15 horas o más a la semana.
- Cualquier trabajo a tiempo parcial, incluyendo el cuidar niños, repartir periódicos, etc.
- Servicio activo en las Fuerzas Armadas.

No cuente como trabajo – *Marque la casilla "No" si sus actividades se limitaban a lo siguiente:*

- Quehaceres domésticos o jardinería en el hogar.
- Trabajo voluntario sin paga.
- Tareas completadas como estudiante.
- Trabajo desempeñado como residente o recluso de una institución (como un hogar de convalecencia o asilo o una instalación correccional).

31. *Incluya el número del edificio o de la estructura; el nombre de la calle; el tipo de calle (por ejemplo, Calle, Carretera, Avenida); y la dirección de la calle (si la dirección, tal como "Norte", es parte de la dirección). Por ejemplo, escriba 1239 Calle Principal o 1239 Calle Principal, N.W. no solamente 1239 Calle Principal.*

*Si la única dirección que es conocida es de un apartado postal, dé una descripción del lugar de trabajo. Por ejemplo, escriba en letra de molde el nombre del edificio o centro comercial en el cual usted trabaja, la intersección más cercana, o la calle más cercana de donde se encuentra su lugar de trabajo, etc. **NO de un número de apartado postal.***

Si usted trabajó en una instalación o base militar que no tiene una dirección de calle, informe el nombre de la instalación o base militar y una descripción del lugar de trabajo (tal como el número del edificio, el nombre del edificio, la calle o intersección más cercana).

Si usted trabajó en varios lugares pero iba al mismo lugar cada día para empezar a trabajar, escriba en letra de molde la dirección de calle del lugar donde iba. Si usted no iba al mismo lugar cada día para empezar a trabajar, escriba en letra de molde la dirección del lugar donde trabajó la mayor parte del tiempo durante la semana anterior.

Si su empleador opera en más de un lugar (tal como una cadena de supermercados o sistema de escuelas públicas), escriba en letra de molde la dirección de calle del lugar o sucursal donde usted trabajó. Si no sabe la dirección de calle de una escuela, escriba en letra de molde el nombre de la escuela y una descripción del lugar (tal como la calle o intersección más cercana).

Si usted trabajó en un recinto de un colegio o universidad y no sabe la dirección de calle del lugar de trabajo, escriba en letra de molde el nombre del edificio donde trabajó y una descripción del lugar (tal como la calle o intersección más cercana).

Si usted trabajó en un país extranjero o Puerto Rico, Guam, etc., escriba en letra de molde el nombre del país en la línea para el nombre del estado o país extranjero.

32. Marque solamente una casilla para indicar el método de transporte que usó para viajar **la distancia más larga** al trabajo **LA SEMANA PASADA**.

- Marque la casilla "**Automóvil, camión o van**" si usted manejó un station wagon, un automóvil de una compañía, camioneta ligera con capacidad para una tonelada o menos, cabina de camión, minibús o limusina privada (NO de alquiler).
- Marque la casilla "**Tren ligero, tranvía o trolebús**" si usted viajó en tren ligero, tranvía, trolebús, tranvía de tracción por cable (tramway) o cualquier otro vehículo que opere en rieles o carriles. Estos vehículos con frecuencia operan con electricidad a través de cables elevados.
- Marque la casilla "**Tren subterráneo o elevado**" si usted viajó en el tren subterráneo o cualquier otro vehículo que opere sobre rieles o carriles y esté completamente separado de otro tránsito de vehículos o peatones.
- Marque la casilla "**Tren de viajes largos o de cercanías**" si usted viajó en un servicio de trenes de viajes largos, como Amtrak, o un tren de cercanías (conocido también como tren metropolitano, tren regional o tren suburbano) que opere entre una ciudad central y los alrededores u otras ciudades centrales. Esto no incluye los sistemas de trenes que ofrecen principalmente servicio dentro de las ciudades, los cuales se conocen generalmente como subterráneo, metro o tren urbano.
- Marque la casilla "**Taxi**" si usted viajó en limusina, tal como una limusina del aeropuerto por la cual hay que pagar.
- Marque la casilla "**Motocicleta**" si usted viajó en motocicleta pequeña, ciclomotor, vespa o un vehículo similar que funcione con motor.
- Marque la casilla "**Bicicleta**" si usted viajó en bicicleta o cualquier otro vehículo con pedales.
- Marque la casilla "**Caminó**" SOLO si usted caminó todo el camino al trabajo y no usó otro medio de transporte.
- Marque la casilla "**Trabajó en esta dirección**" si usted trabajó en una finca donde usted vive, o en una oficina o tienda en su propia casa.
- Marque la casilla "**Otro método**" si usted viajó en avión, helicóptero, a caballo, en carruaje con caballo, embarcación (que no sea un ferri público), casa motorizada grande, trineo guiado por perros, camión grande, vehículo todoterreno (ATV), Segway® u otro vehículo eléctrico autoequilibrado, patineta, patines o silla motorizada.

Conteste la pregunta 33 si usted marco "Automóvil, camión o van" en la pregunta 32.

33. Si otra persona lo llevó al trabajo y luego regresó al hogar o condujo a un destino que no fuera el trabajo, entre "1" en la casilla para "**Persona(s)**".

NO incluya en el recuento de personas que viajaron en el vehículo a las personas que viajaron a la escuela u otro destino que no fuera el trabajo.

34. Dé la hora del día en que **comienza su viaje al trabajo habitualmente**. **NO DÉ** la hora a la que empieza a trabajar habitualmente.

Si usted habitualmente salió para ir al trabajo en algún momento entre las 12 de la medianoche y las 12 del mediodía, marque "**a. m.**".

Si usted habitualmente salió para ir al trabajo en algún momento entre las 12 del mediodía y las 12 de la medianoche, marque "**p. m.**".

35. El tiempo de viaje es de puerta a puerta. Entre el tiempo de viaje al trabajo en una sola dirección para el viaje día **LA SEMANA PASADA**. Incluya la cantidad de tiempo que le tomo esperar por el transporte público o para recoger a pasajeros en un "carpool".

Conteste las preguntas 36 a la 39 si usted no trabajó la semana pasada.

- 36a. Usted está *suspendido (on layoff) o en cesantía* si está esperando que lo llamen para regresar a un trabajo del que estaba temporalmente separado por motivos relacionados con la empresa.
- 36b. Si usted sólo trabaja durante ciertas temporadas o los días cuando hay trabajo disponible, marque la casilla "**No**".
- 36c. Marque la casilla "**Sí**" si su empleador le informó, formal o informalmente, que sería llamado de nuevo dentro de los próximos 6 meses. También marque "**Sí**" si le han indicado, formal o informalmente, una fecha específica para regresar al trabajo, aunque esa fecha esté seis meses en el futuro.
37. Marque la casilla "**Sí**" si usted intentó conseguir un trabajo o empezar un negocio o una práctica profesional durante cualquier momento en las **ÚLTIMAS 4 SEMANAS**; por ejemplo, si está registrado(a) en una oficina de empleo, fue a una entrevista de trabajo, puso o respondió a anuncios de empleo, o hizo algo para empezar un negocio o práctica profesional.
38. Si usted tenía intenciones de comenzar un trabajo dentro de 30 días, marque la casilla "**Sí, hubiera podido ir a trabajar**".

Marque la casilla "**No, debido a una enfermedad temporal propia**" sólo si usted esperaba trabajar dentro de 30 días.

Si usted no hubiera podido ir al trabajo porque asistía a la escuela, cuidaba a niños, etc., marque la casilla "**No, debido a otras razones (en la escuela, etc.)**".

39. Refiérase a las instrucciones para las preguntas **30a–30b** para determinar qué considerar como trabajo. Marque la casilla "**Hace más de 5 años o nunca trabajó**" si usted: (1) nunca trabajó en ningún tipo de trabajo o negocio, a tiempo completo o parcial, (2) nunca trabajó, con o sin paga, en un negocio o finca de la familia y (3) nunca estuvo en servicio activo en las Fuerzas Armadas.

40a–40b.

Refiérase a las instrucciones para las preguntas **30a–30b** para determinar qué considerar como trabajo. Incluya días de vacaciones pagados, días por enfermedad pagados y servicio militar. Cuento toda semana durante la cual la persona trabajó, aun si fuera por una hora.

41. Si las horas trabajadas cada semana difirieron considerablemente durante los **ÚLTIMOS 12 MESES**, dé un promedio aproximado de las horas trabajadas cada semana.

Conteste las preguntas 42 a la 47 si usted trabajó en los últimos 5 años.

- 42.** Si usted trabajó para una cooperativa, cooperativa de crédito, compañía de seguros mutuos o una organización similar, marque la casilla "empleado(a) de una **organización privada sin fines de lucro** (incluyendo las organizaciones exentas de impuestos y de caridad".

Si usted trabajó en una escuela pública, colegio universitario o universidad, marque la categoría apropiada para gobierno. Por ejemplo, marque la casilla "empleado(a) del **gobierno local (por ejemplo: distrito escolar de la ciudad o el condado)**" para colegio comunitario administrado por el condado o escuela pública administrada por la ciudad. Marque la casilla "**gobierno estatal (incluyendo colegios/universidades estatales)**" para una universidad estatal.

Los empleados de gobiernos extranjeros, las Naciones Unidas y otras organizaciones internacionales deben marcar la casilla "empleado(a) civil del **gobierno federal**".

- 43.** Si usted trabajó para una compañía, empresa o agencia gubernamental, escriba en letra de molde el nombre de la compañía, no el nombre de su supervisor. Si trabajó para un individuo o una empresa que no tiene un nombre de compañía, escriba en letra de molde el nombre del individuo para el cual trabajó. Si trabajó en su propia empresa que no tiene nombre, escriba en letra de molde "empleado(a) por cuenta propia". Si usted marcó "**Servicio activo** en las Fuerzas Armadas de los EE. UU.", escriba el nombre de la rama de las Fuerzas Armadas. Para los Cuerpos Comisionados, escriba Servicio de Salud Pública de los EE. UU. o Cuerpos Comisionados de NOAA.

- 44.** Describa la empresa, industria o empleador individual que se anotó en la pregunta 43. Si hay más de una actividad, solo describa la actividad principal en el lugar donde usted trabajó. Anote lo que se confecciona, lo que se vende o qué tipo de servicio se provee.

Anote descripciones como las siguientes: escuela primaria, construcción de residencias.

- 45.** Marque una casilla para indicar el principal tipo de negocio o industria donde trabaja o trabajó esta persona.

- 46.** Describa el tipo de trabajo que usted desempeñó. Si estaba en entrenamiento, era aprendiz o asistente, inclúyalo en la descripción.

Anote descripciones como las siguientes: Maestro de cuarto grado, plomero principiante.

Si es posible, evite escribir una sola palabra, como: enfermera, gerente y maestro.

- 47.** Describa las tareas o actividades más importantes que usted realizó en su trabajo.

Anote descripciones como las siguientes: impartir clases, evaluar a los estudiantes y planificar clases, ensamblar e instalar secciones de tuberías y revisar los detalles de trabajo de los planes de construcción.

Conteste las preguntas 48 a la 49 si usted tiene 15 años de edad o más.

Marque la categoría "**Sí**" o "**No**" para cada parte de las preguntas sobre ingreso y anote la cantidad recibida en los ÚLTIMOS 12 MESES para cada respuesta "**Sí**".

Si recibió ingreso de cualquier fuente en conjunto con otra persona, informe la cantidad que usted ganó o recibió; no la cantidad total que usted y la otra persona recibieron en conjunto.

NO incluya lo siguiente como ingreso en ninguna pregunta:

- Reembolsos o descuentos de cualquier tipo
- Retiros de cuentas de ahorros de cualquier tipo
- Plusvalías o minusvalías de la venta de casas o acciones
- Herencias o acuerdos con seguros
- Cualquier tipo de préstamo
- Pagos en especie, tales como comida o alquiler gratuito

48a. Incluya jornales y salarios antes de aplicarse las deducciones de **todos** los trabajos. Asegúrese de incluir cualquier propina, comisión o bono. Los propietarios de negocios constituidos en sociedad (incorporados) deben anotar sus salarios aquí. El personal militar debe incluir su paga básica más la asignación de dinero para vivienda o subsistencia, pago por tiempo de vuelo, asignaciones de dinero para uniformes y bonos por volver a alistarse.

48b. Indique el ingreso obtenido de negocios incorporados bajo la categoría de jornales, sueldos y salarios (pregunta **48a**), y no bajo empleo por cuenta propia. Incluya ganancias (o pérdidas) de un empleo por cuenta propia en un negocio **no agrícola** de propiedad única o en sociedad. Marque la casilla "**Pérdida**" si hay alguna pérdida. No incluya ganancias (o pérdidas) de negocios incorporados que son propiedad suya.

Incluya las ganancias (o pérdidas) **agrícolas** de empleo por cuenta propia en empresas individuales o en sociedad. Marque la casilla "**Pérdida**" si hay alguna pérdida. No incluya ganancias (o pérdidas) de negocios agrícolas incorporados que son propiedad suya. Tampoco incluya cantidades por terreno alquilado pordinero en efectivo, pero incluya cantidades por terreno alquilado en aparcería.

48c. Incluya intereses recibidos o acreditados a cuentas corrientes y cuentas de ahorros, fondos del mercado monetario (money market), certificados de depósito (CD), cuentas de retiro individual (IRA), planes KEOGH y bonos del gobierno.

Incluya dividendos recibidos, acreditados o reinvertidos de la propiedad de acciones o fondos comunes de inversión.

Incluya ingresos (o pérdidas) de derechos de autor, alquiler de terreno, edificios o bienes raíces, o de inquilinos o pupilos. Marque la casilla "**Pérdida**" si hay alguna pérdida. El ingreso recibido por personas empleadas por cuenta propia cuya fuente principal de ingreso es el alquiler de propiedad o por derechos de autor debe incluirse **48b**. Incluya pagos regulares de una herencia o de un fondo de fideicomiso.

- 48d.** Incluya las cantidades, antes de las deducciones por Medicare, pagos del Seguro Social o retiro para personal de los ferrocarriles, dependientes de empleados asegurados fallecidos y empleados incapacitados.
- 48e.** Incluya ingreso de Seguridad de Ingreso Suplementario (SSI) que recibió por ser una persona de edad avanzada, ciega o impedida.
- 48f.** Incluya cualquier pago de asistencia pública o bienestar público (welfare) que usted a recibido de la oficina de bienestar del gobierno estatal o del condado. A veces nos referimos a estos pagos como (TANF) Ayuda Temporal a Familias Necesitadas, (AFDC) Ayuda a Familias con Niños Dependientes, (ADC) Ayuda a Niños Dependientes, el Bienestar o el Programa de Asistencia Social al Trabajo, Asistencia General, Ayuda General, Asistencia de Emergencia, y Pagos Adicionales para Necesidades Inmediatas. No incluya la asistencia recibida de instituciones benéficas privadas.

No incluya Seguridad de Ingreso Suplementario (SSI), asistencia para el pago de alimentos (tales como cupones de alimentos y beneficios del Programa de Asistencia Nutricional Suplementario o SNAP), asistencia para el pago de alquiler, asistencia para la educación, asistencia para el cuidado de niños, asistencia para pago de transportación o asistencia con los costos de calefacción o aire acondicionado o **cualquier otra** asistencia de energía [tal como el Programa de Asistencia de Energía para Hogares de Bajos Ingresos (LIHEAP)].

- 48g.** Incluya ingresos regulares de la pensión de una compañía, pensión de un sindicato, pensión del gobierno federal, pensión del gobierno estatal, pensión de un gobierno local, pensión de los trabajadores ferroviarios de los EE. UU., plan de retiro KEOGH, SEP (Pensión Simplificada para Empleado) pensiones de las Fuerzas Armadas de los EE. UU. o cualquier otro tipo de pensión, cuenta de retiro o anualidad como IRA, ROTH IRA, 401(k) o 403(b).

Incluya ingresos de sobrevivientes que se pagan a los cónyuges e hijos de la persona fallecida. Incluya ingresos regulares de una pensión por discapacidad que se paga a las personas que no pueden trabajar debido a una discapacidad.

No incluya el Seguro Social ni el ingreso que se "pasa a otra cuenta" o se reinvierte en otra cuenta de retiro.

- 48h.** Incluya compensaciones de la Administración de Veteranos (VA) y el Programa de Asistencia Educativa para Veteranos (VEAP), compensación por desempleo, compensación laboral, pensión para hijos menores, pensiones alimenticias o pensión de su ex pareja, y todos los otros pagos recibidos regularmente, tales como pagos de transferencia de personal de las Fuerzas Armadas, asistencia de instituciones benéficas privadas, y contribuciones regulares de personas que no viven con usted.
- 49.** Sume las cantidades totales (restando las pérdidas) en **48a a 48h** para los **ÚLTIMOS 12 MESES** y anote esta cantidad en el espacio que se provee. Marque la casilla de "**Pérdida**" si hay alguna pérdida. Escriba la cantidad total en dólares.

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ACS-26(L)(GQ)(R)(2019)
(8-2017)



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau
Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

A message from the Director, U.S. Census Bureau ...

Dear Resident:

Thank You

On behalf of the U.S. Census Bureau, I thank you for participating in the American Community Survey. The success of the survey depends upon cooperation from you and the other residents selected for the survey. The U.S. Census Bureau is required by law to keep your information confidential. The Census Bureau is not permitted to publicly release your responses in a way that could identify you. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data.

Federal, tribal, state, and local governments will use summarized information from this survey to make decisions that affect you and your community, and to develop programs that will provide many goods and services, including health care, education, and transportation. To learn more about the American Community Survey and to review the survey results, visit our Web site at census.gov/acs.

Your participation is greatly appreciated.

ACS-26(L)(GQ)(R)(2019)
(8-2017)



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau
Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

Un mensaje del Director de la Oficina del Censo de los EE. UU. ...

Estimado(a) residente:

Gracias

En nombre de la Oficina del Censo de los EE. UU., le agradezco su participación en la Encuesta sobre la Comunidad Estadounidense. El éxito de esta encuesta depende de la cooperación que recibimos de usted y de los otros residentes seleccionados para esta encuesta. La Oficina del Censo de los EE. UU. está obligada por ley a mantener confidencial su información. No se nos permite divulgar sus respuestas de manera que usted pudiera ser identificado. En conformidad con la Ley para el Fortalecimiento de la Seguridad Cibernética Federal del 2015, sus datos están protegidos contra los riesgos de seguridad cibernética mediante los controles aplicados a los sistemas que transmiten su información.

El gobierno federal y los gobiernos tribales, estatales y locales usarán información resumida de esta encuesta para tomar decisiones que les conciernen a usted y su comunidad, y para elaborar programas que proporcionarán muchos bienes y servicios, incluso atención médica, educación y transporte. Para obtener más información acerca de la Encuesta sobre la Comunidad Estadounidense y para revisar los resultados de la encuesta, visite nuestro sitio en Internet en census.gov/acs.

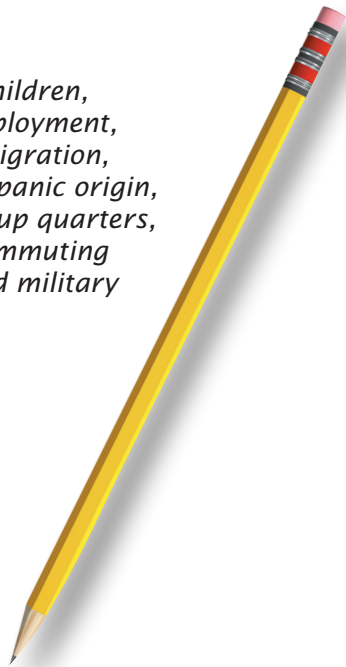
Le agradecemos mucho su participación.

How will the Census Bureau use the information that I provide?

By law, the Census Bureau can only use your responses to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify you. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. The Census Bureau will also use this information to improve the American Community Survey, ultimately resulting in even better data for your community and the nation.

The American Community Survey brings you estimates every year about . . .

education, children, families, employment, income, immigration, race and Hispanic origin, housing, group quarters, rural life, commuting patterns, and military service.



How do I get more information about the American Community Survey?

For more information about the American Community Survey, or to obtain survey results from past years, we encourage you to visit our Web site at:

census.gov/acs

or contact us by mail at the following address:

**American Community Survey
U.S. Census Bureau
4600 Silver Hill Road
Washington, DC 20233-7500**

You can also telephone the Census Bureau's regional office nearest you as listed below:

Census Bureau Regional Offices

Atlanta, GA
1-800-424-6974 (ext. 53955)

Chicago, IL
1-800-865-6384 (ext. 1)

Denver, CO
1-888-209-7659

Los Angeles, CA
1-800-992-3530 (ext. 1)

New York, NY
1-800-991-2520 (ext. 43433)

Philadelphia, PA
1-866-238-1374



Issued September 2017
ACS-50(GQ)



The American Community Survey

Group Quarters



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census.gov

What is the American Community Survey?

The American Community Survey (ACS) provides current demographic, social, economic, and housing characteristics every year. In the past, this information was only available every 10 years when the decennial census was conducted. Estimates from the American Community Survey helps communities make informed decisions and is a key to their future.

Only a small sample of addresses is selected to participate in the American Community Survey and represent other addresses in the community. In addition to this household sample, the U.S. Census Bureau selects a sample of group quarters (GQ) facilities from a sample of all GQs in your area each year. Individuals from sampled GQs are randomly selected to participate in the ACS. A Census Bureau representative will contact the sample GQs and individuals and conduct a personal interview. If a personal interview is not possible, the Census Bureau representative may collect your information over the telephone or ask that you complete the survey questionnaire. If you complete the survey yourself, a Census Bureau representative will arrange for a day and time to return to the GQ to pick up the completed questionnaire.

Do the sampled group quarters and individuals have to answer the questions on the American Community Survey?

Yes. Your response to this survey is required by law (Title 13, United States Code, Sections 141, 193 and 221). The Census Bureau estimates the survey will

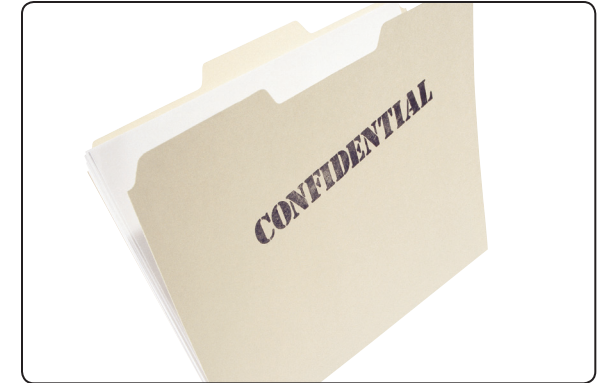


take about 25 minutes to complete. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Paperwork Reduction Project 0607-0810, U.S. Census Bureau, 4600 Silver Hill Road, AMSD-3K138, Washington, DC 20233. You may e-mail comments to Paperwork@census.gov; use "Paperwork Project 0607-0810" as the subject.

The U.S. Office of Management and Budget (OMB) approved this survey and gave it OMB approval No. 0607-0810. Displaying this number shows that the Census Bureau is authorized to conduct this survey. Please use this number in any correspondence concerning this survey. Respondents are not required to respond to any information collection unless it displays a valid approval number from the OMB.

How will my participation help me and my community?

Billions of government and business dollars are distributed among states, communities, and population groups based on the social, economic, housing, and GQ information available for that area.



The information you provide will help you and other individuals, local governments, nongovernmental organizations, and businesses to:

- Distribute resources to communities.
- Improve your community by deciding where in your town new highways, schools, and hospitals can do the most good.
- Measure changes in the well-being of children, families, and senior citizens to plan for future programs.
- Plan for emergency situations that might affect your community, such as floods, fires, and other natural disasters.

Is the information I provide confidential?

Yes. The U.S. Census Bureau is required by law to keep your information confidential. The Census Bureau is not permitted to publicly release your responses in a way that could identify you. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data.

How will the Census Bureau use the information that I provide?

The Census Bureau will compile and publish estimates for geographical areas, such as, for the nation, states, counties and Puerto Rico municipios. The Census Bureau will not publish or release information that would identify a facility, or its residents. Estimates are then available for use by a variety of programs supporting your community.

Is the information I provide strictly confidential?

Yes. The U.S. Census Bureau is required by law to keep your information confidential. The Census Bureau is not permitted to publicly release your responses in a way that could identify you. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data.

When will the results of the survey be available?

The previous years' results of the American Community Survey are released every Fall. Survey estimates are released each year for areas of 65,000 or more people. For smaller areas, results are available in the form of 3-year and 5-year estimates.

Will American Indians and Alaska Natives be recruited for jobs?

The Census Bureau has always relied on the help of American Indians and Alaska Natives to make the census work and will do the same to make the American Community Survey work.

Where can I get assistance or find more information about the American Community Survey in Alaska?

For questions or assistance with completing this survey, telephone the Census Bureau's Los Angeles Regional Office at **1-800-992-3530 (ext. 1)**.

For more information about the American Community Survey, we encourage you to visit our Web site at:

census.gov/acs

or contact us by mail at the following address:

**American Community Survey
U.S. Census Bureau
4600 Silver Hill Road
Washington, DC 20233-7500**

The American Community Survey brings you estimates every year about . . .

*education, children,
families, employment,
income, veterans,
commuting patterns,
and housing.*



Issued September 2017
ACS-51 (GQ)RA



The American Community Survey

Group Quarters



United States
Census
Bureau

U.S. Department of Commerce
Economics and Statistics Administration
U.S. CENSUS BUREAU
census.gov

What Is the American Community Survey?

The American Community Survey (ACS) provides current demographic, social, economic, and housing characteristics every year. In the past, this information was only available every 10 years when the decennial census was conducted. Estimates from the American Community Survey help communities make informed decisions and are a key to their future.

Only a small sample of addresses is selected to participate in the American Community Survey and represent other addresses in the community. In addition to household sample, the U.S. Census Bureau selects a sample of group quarters (GQ) facilities from a sample of all GQs in your area each year. Individuals from sampled GQs are randomly selected to participate in the ACS. A Census Bureau representative will contact the sample GQs and individuals and conduct a personal interview. If a personal interview is not possible, the Census Bureau representative may collect your information over the telephone or ask that you complete the survey questionnaire. If you complete the survey yourself, a Census Bureau representative will arrange for a day and time to return to the GQ to pick up the completed questionnaire.

Do the sampled group quarters and individuals have to answer the questions on the American Community Survey?

Yes. Your response to this survey is required by law (Title 13, United States Code, Sections 141, 193 and 221). The Census Bureau estimates the survey will take about 25 minutes to complete. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden,



to: Paperwork Reduction Project 0607-0810, U.S. Census Bureau, 4600 Silver Hill Road, AMSD-3K138, Washington, DC 20233. You may e-mail comments to Paperwork@census.gov; use "Paperwork Project 0607-0810" as the subject.

The U.S. Office of Management and Budget (OMB) approved this survey and gave it OMB approval Number 0607-0810. Displaying this number shows that the Census Bureau is authorized to conduct this survey. Please use this number in any correspondence concerning this survey. Respondents are not required to respond to any information collection unless it displays a valid approval number from the OMB.

How will my participation help me and my community?

Billions of dollars are allocated among states, communities, villages, and population groups based on the social, economic, housing, and GQ information available for that area.

The information you provide will help you and other individuals, local governments, nongovernmental organizations, and businesses to:

- Ensure fair distribution of tax dollars and other resources.



- Evaluate programs to increase their effectiveness and target specific needs.
- Improve your community's quality of life by building new roads, improving airstrips, schools, and hospitals, and deciding where in your town they can do the most good.
- Observe change over time in such key areas as the well-being of children, families, and senior citizens.
- Help communities plan for emergency situations that might affect you or your neighbors, such as floods, fires, and other natural disasters.
- Help village leaders and Alaska Native corporations plan for better education and health services.

What about my tribe or my village?

The use of American Community Survey estimates could result in improved utility services, new housing, job training, better school facilities, or a new or improved health clinic that benefits you, your family, or your village. For example, the Workforce Investment Act of 1998 requires information about American Indian and Alaska Native households to support training and employment activities. Your participation in the American Community Survey will provide this critically important information.

8-17-2017

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

AN EQUAL OPPORTUNITY EMPLOYER

6385-46(GQ) (8-2017)

Survey Form Enclosed

**YOUR RESPONSE IS
REQUIRED BY LAW**

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ACS-17(L)(GQ)(PR)(2019)
(8-2017)



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau
Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

A message from the Director, U.S. Census Bureau ...

Dear Resident:

The U.S. Census Bureau is conducting a very important national survey called the **Puerto Rico Community Survey** (PRCS). The PRCS is an on-going monthly survey that tells us what the population looks like and how it lives. The Census Bureau chose this facility, not you personally, as part of a randomly selected sample. Participating in the PRCS is important and also *required by law* (Title 13, United States Code (U.S.C.), Sections 141, 193, 221, and 223).

A PRCS field representative from the Census Bureau will conduct a personal interview with you, or you may complete the survey questionnaire yourself. We estimate this survey will take about 25 minutes of your time. If you fill out the questionnaire yourself, please place it in the envelope that the PRCS field representative gave you. The field representative will arrange for a convenient time to pick it up.

The PRCS produces critical, up-to-date information that is used to meet the needs of communities across Puerto Rico. For example, results from this survey may be used to decide where new schools, hospitals, and fire stations are needed. Estimates from the PRCS are used by federal and Puerto Rico governments to make decisions and to develop programs that will provide healthcare, education, and transportation services that affect you and your community.

The Census Bureau is required by law to keep your information confidential. We are not permitted to publicly release your responses in a way that could identify you. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. The Census Bureau can only use your responses to produce statistics. The enclosed brochure provides answers to frequently asked questions about the PRCS.

If you have access to the Internet and want to learn more about the PRCS, please visit the Census Bureau's Web site at: census.gov/acs. Thank you for your help.

Enclosure

United States™
Census
Bureau
Puerto Rico

census.gov

**ACS-17(L)(GQ)(PR)(2019)
(8-2017)**



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau
Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

Un mensaje del Director de la Oficina del Censo de los EE. UU. ...

Estimado señor o señora,

La Oficina del Censo de los EE. UU. está realizando una encuesta nacional importante conocida como la **Encuesta sobre la Comunidad de Puerto Rico** (PRCS, por sus siglas en inglés). La PRCS es una encuesta mensual continua que nos indica cómo es la población y cómo vive. La Oficina del Censo no lo escogió a usted personalmente, sino este alojamiento como parte de una muestra al azar. Participar en la PRCS es importante y también *lo requiere la ley* (secciones 141, 193, 221 y 223 del título 13 del Código de los Estados Unidos).

Un representante de la Encuesta sobre la Comunidad de Puerto Rico realizará una entrevista en persona con usted, o usted mismo puede completar el cuestionario de la encuesta. Estimamos que esta encuesta tomará aproximadamente 25 minutos de su tiempo. Si usted mismo contesta el cuestionario, por favor, échelo en el sobre que le entregó el representante de la Encuesta sobre la Comunidad de Puerto Rico. El representante acordará con usted el mejor momento para recogerlo.

La Encuesta sobre la Comunidad de Puerto Rico produce información actual y crítica que se utiliza para satisfacer las necesidades de comunidades en toda la isla de Puerto Rico. Por ejemplo, puede que los resultados de esta encuesta se usen para decidir dónde se necesitan nuevas escuelas, hospitales y estaciones de bomberos. El gobierno federal y el gobierno de Puerto Rico usan los estimados de la PRCS para tomar decisiones y elaborar programas que brinden atención médica, educación y servicios de transportación que le atañen a usted y a su comunidad.

La Oficina del Censo de los EE. UU. está obligada por ley a mantener confidencial su información. A la Oficina del Censo no se le permite divulgar sus respuestas de manera que usted pudiera ser identificado. En conformidad con la Ley para el Fortalecimiento de la Seguridad Cibernética Federal del 2015, sus datos están protegidos contra los riesgos de seguridad cibernética mediante los controles aplicados a los sistemas que transmiten su información (sección 9 del título 13 del Código de los Estados Unidos). Por ley, la Oficina del Censo solamente puede usar sus respuestas para producir estadísticas. El folleto adjunto proporciona respuestas a las preguntas más frecuentes acerca de la Encuesta sobre la Comunidad de Puerto Rico.

Si tiene acceso a la Internet y desea obtener más información acerca de la Encuesta sobre la Comunidad de Puerto Rico, visite el sitio de la Oficina del Censo por la Internet en census.gov/acs. Gracias por su ayuda.

Documentos adjuntos

Encuesta sobre la Comunidad de Puerto Rico

Sus Respuestas son Confidenciales

La Oficina del Censo de los EE.UU. está llevando a cabo la Encuesta sobre la Comunidad de Puerto Rico del 2006. Agradecemos su participación y cooperación.

Sus respuestas son obligatorias y confidenciales por ley (secciones 9, 141, 193, 214 y 221 del título 13 del Código de los EE.UU.). La Oficina del Censo de los EE.UU. está obligada por ley a mantener confidencial su información. A la Oficina del Censo no se le permite divulgar sus respuestas de manera que usted pudiera ser identificado.

El Negociado del Censo estima que le tomará aproximadamente 25 minutos completar este cuestionario, incluyendo el tiempo para repasar las instrucciones y respuestas. Si tiene algún comentario sobre el tiempo que toma completar este cuestionario o cualquier otro aspecto de la recopilación debe enviarlo a: Paperwork Reduction Project 0607-0810, U.S. Census Bureau, 4600 Silver Hill Road, AMSD – 3K138, Washington, DC 20233. Puede dirigir sus comentarios por correo electrónico a Paperwork@census.gov; y use como referencia "Paperwork Project 0607-0810".

No se requiere que las personas respondan a ninguna recopilación de información a menos que la Oficina de Administración y Presupuesto le asigne un número de aprobación válido. El número de aprobación para la Encuesta sobre la Comunidad de Puerto Rico del 2006 es: Núm. de OMB 0607-0810.

Gracias por su cooperación. La Oficina del Censo agradece su ayuda.

For an English translation, see the reverse side. (Para la traducción al inglés, véase al dorso.)

ACS-21(GQ)(PR) (8-2017)



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

Puerto Rico Community Survey

Your Answers Are Confidential

The U.S. Census Bureau is conducting the Puerto Rico Community Survey. We appreciate your participation and cooperation.

Your answers are required and confidential by law (Title 13, United States Code, Sections 9, 141, 193, 214, and 221). The U.S. Census Bureau is required by law to protect your information. The Census Bureau is not permitted to publicly release your responses in a way that could identify you.

The Census Bureau estimates that this form will take about 25 minutes to complete, including the time for reviewing the instructions and answers. Send comments regarding this burden estimate or any other aspect of this burden, to: Paperwork Reduction Project 0607-0810, U.S. Census Bureau, 4600 Silver Hill Road, AMSD – 3K138, Washington, DC 20233. You may e-mail comments to Paperwork@census.gov; use "Paperwork Project 0607-0810" as the subject.

Respondents are not required to respond to any information collection unless a valid approval number has been assigned by the Office of Management and Budget. The approval number for the Puerto Rico Community Survey is: OMB No. 0607-0810.

Thank you for your cooperation. The Census Bureau appreciates your help.

Para la traducción al español, véase al dorso. (For a Spanish translation, see the reverse side.)

ACS-21(GQ)(PR) (8-2017)



THE Puerto Rico Community Survey

PLACE LABEL
HERE

**This questionnaire is available in either English or Spanish.
Este cuestionario está disponible en español o en inglés.**

To complete the English questionnaire, begin on page 2. To complete the Spanish questionnaire, flip this over and complete the yellow side.

Please complete this form as soon as possible. Place it in the envelope provided and HOLD it for a census representative to return to pick it up.

If you need help or have questions about completing this form, call the number that our census representative has given you.

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

Para completar el cuestionario en inglés, comience en la página 2. Para completar el cuestionario en español, vírelo y complete el lado amarillo.

Por favor, complete este cuestionario tan pronto sea posible. Colóquelo en el sobre que se provee y GUÁRDELO hasta que un representante del censo lo venga a recoger.

Si necesita ayuda o tiene preguntas sobre cómo completar este cuestionario, llame al número de teléfono que le ha dado nuestro representante del censo.

Para obtener más información sobre la Encuesta sobre la Comunidad de Puerto Rico, vaya a nuestra página en la Internet: <http://www.census.gov/acs>

CENSUS USE ONLY

How was this form completed?

English

Spanish



- 1 What is your name?** Please print your name. Include your telephone number, and today's date. We will only contact you if needed for official Census Bureau business.

Last Name

First Name

MI

Area Code + Number

 -

Today's Date

Month Day Year

- 2 What is your sex?** Mark (X) ONE box.

 Male Female

- 3 What is your age and what is your 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

- A NOTE: Please answer BOTH Question 4 about Hispanic origin and Question 5 about race. For this survey, Hispanic origins are not races.**

- 4 Are you 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. ↴

- 5 What is your race?** Mark (X) one or more boxes.

White

Black or African Am.

American Indian or Alaska Native – Print name of enrolled or principal tribe. ↴

Asian Indian Native Hawaiian

Chinese Guamanian or Chamorro

Filipino Samoan

Japanese Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on. ↴

Korean

Vietnamese

Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on. ↴

Some other race – Print race. ↴

- 6 Where were you born?**

In the United States – Print name of state.

Outside the United States – Print Puerto Rico or name of foreign country, or U.S. Virgin Islands, Guam, etc.

- 7 Are you a citizen of the United States?**

Yes, born in Puerto Rico → SKIP to question 9a

Yes, born in a U.S. State, District of Columbia, 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

- 8 When did you come to live in Puerto Rico?** If you came to live in Puerto Rico more than once, print latest year.

Year

- 9 a. At any time IN THE LAST 3 MONTHS, have you attended school or college?** Include only nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.

No, have NOT attended in the last 3 months → SKIP to question 10

Yes, public school, public college

Yes, private school, private college, home school

- b. What grade or level were you attending?** Mark (X) ONE box.

Nursery school, preschool

Kindergarten

Grade 1 through 12 – Specify grade 1 - 12 ↴

College undergraduate years (freshman to senior)

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



- 10** What is the highest degree or level of school you have COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received.

NO SCHOOLING COMPLETED

- No schooling completed

NURSERY OR PRESCHOOL THROUGH GRADE 12

- Nursery school
- Kindergarten
- Grade 1 through 11 – Specify grade 1 – 11 →

- 12th grade – NO DIPLOMA

HIGH SCHOOL GRADUATE

- Regular high school diploma
- GED or alternative credential

COLLEGE OR SOME COLLEGE

- Some college credit, but less than 1 year of college credit
- 1 or more years of college credit, no degree
- Associate's degree (for example: AA, AS)
- Bachelor's degree (for example: BA, BS)

AFTER BACHELOR'S DEGREE

- Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
- Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)
- Doctorate degree (for example: PhD, EdD)

- 12** What is your ancestry or ethnic origin?

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

- 13** a. Do you speak a language other than English at home?

- Yes
- No → SKIP to question 14a

- b. What is this language?

For example: Korean, Italian, Spanish, Vietnamese

- c. How well do you speak English?

- Very well
- Well
- Not well
- Not at all

- 14** a. Did you live at this address 1 year ago?

- Person is under 1 year old → SKIP to question 16
- Yes, at this address → SKIP to question 15
- No, outside Puerto Rico and the United States – Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 15

- No, at a different address in the United States or Puerto Rico

- b. Where did you live 1 year ago?

**Address
Development or condominium name
Number and street name**

Name of city, town, post office, military installation, or base

Name of municipio in Puerto Rico or U.S. county

Enter Puerto Rico or name of U.S. state

ZIP Code

- 15** IN THE PAST 12 MONTHS, did you receive benefits from the Nutritional Assistance Program? Do NOT include WIC, the School Lunch Program, or assistance from food banks.

- Yes
- No

- 16** Are you CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h.

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Insurance through a current or former employer or union (of yours or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Insurance purchased directly from an insurance company (by you or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicare, for people 65 and older, or people with certain disabilities | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability | <input type="checkbox"/> | <input type="checkbox"/> |
| e. TRICARE or other military health care | <input type="checkbox"/> | <input type="checkbox"/> |
| f. VA (enrolled for VA health care) | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Indian Health Service | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Any other type of health insurance or health coverage plan – Specify ↴ | <input type="checkbox"/> | <input type="checkbox"/> |

- B** Answer question 11 if you have a bachelor's degree or higher. Otherwise, SKIP to question 12.

- 11** This question focuses on your BACHELOR'S DEGREE. Please print below the specific major(s) of any BACHELOR'S DEGREES you have received. (For example: chemical engineering, elementary teacher education, organizational psychology)

- C** Answer question 17a if you are covered by health insurance. Otherwise, SKIP to question 18a.

- 17** a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs.

- Yes
- No → SKIP to question 18a

- b. Do you receive a tax credit or subsidy based on your income to help pay the premium?

- Yes
- No



18 a. Are you deaf or do you have serious difficulty hearing?

- Yes
 No

b. Are you blind or do you have serious difficulty seeing even when wearing glasses?

- Yes
 No

D Answer question 19a – c if you are 5 years old or over. Otherwise, SKIP to **J** on page 7 for further instructions; do not answer any more questions.

19 a. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

- Yes
 No

b. Do you have serious difficulty walking or climbing stairs?

- Yes
 No

c. Do you have difficulty dressing or bathing?

- Yes
 No

E Answer question 20 if you are 15 years old or over. Otherwise, SKIP to **J** on page 7 for further instructions; do not answer any more questions.

20 Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

- Yes
 No

21 What is your marital status?

- Now married
 Widowed
 Divorced
 Separated
 Never married → SKIP to **F**

22 In the PAST 12 MONTHS did you get –

- | | Yes | No |
|--------------|--------------------------|--------------------------|
| a. Married? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Widowed? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Divorced? | <input type="checkbox"/> | <input type="checkbox"/> |

23 How many times have you been married?

- Once
 Two times
 Three or more times

24 In what year did you last get married?

Year

F Answer question 25 if you are female and 15 – 50 years old. Otherwise, SKIP to question 26a.

25 In the PAST 12 MONTHS, have you given birth to any children?

- Yes
 No

26 a. Do you have any of your own grandchildren under the age of 18 living in this place?

- Yes
 No → SKIP to question 27

b. Are you currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this place?

- Yes
 No → SKIP to question 27

c. How long have you been responsible for these grandchildren? If you are financially responsible for more than one grandchild, answer the question for the grandchild for whom you have been responsible for the longest period of time.

- | | |
|---|--|
| <input type="checkbox"/> Less than 6 months | <input type="checkbox"/> 3 or 4 years |
| <input type="checkbox"/> 6 to 11 months | <input type="checkbox"/> 5 or more years |
| <input type="checkbox"/> 1 or 2 years | |

27 Have you 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 30a
 Only on active duty for training in the Reserves or National Guard → SKIP to question 29a
 Now on active duty
 On active duty in the past, but not now

28 When did you serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which you served, even if just for part of the period.

- September 2001 or later
 August 1990 to August 2001 (including Persian Gulf War)
 May 1975 to July 1990
 Vietnam Era (August 1964 to April 1975)
 February 1955 to July 1964
 Korean War (July 1950 to January 1955)
 January 1947 to June 1950
 World War II (December 1941 to December 1946)
 November 1941 or earlier

29 a. Do you have a VA service-connected disability rating?

- Yes (such as 0%, 10%, 20%, ... , 100%)
 No → SKIP to question 30a

b. What is your service-connected disability rating?

- 0 percent
 10 or 20 percent
 30 or 40 percent
 50 or 60 percent
 70 percent or higher



30 a. LAST WEEK, did you work for pay at a job (or business)?

- Yes → SKIP to question 31
 No – Did not work (or retired)

b. LAST WEEK, did you do ANY work for pay, even for as little as one hour?

- Yes
 No → SKIP to question 36a

31 At what location did you work LAST WEEK?

If you worked at more than one location, print where you worked most last week.

a. Address
 Development or condominium name
 Number and street name

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

b. Name of city, town, post office, military installation, or base

c. Is the work location inside the limits of that city or town?

- Yes
 No, outside the city/town limits

d. Name of municipio in Puerto Rico or U.S. county

e. Enter Puerto Rico or name of U.S. state or foreign country

f. ZIP Code

32 How did you usually get to work LAST WEEK? Mark ONE box for the method of transportation used for most of the distance.

- | | |
|---|---|
| <input type="checkbox"/> Car, truck, or van | <input type="checkbox"/> Taxicab |
| <input type="checkbox"/> Bus | <input type="checkbox"/> Motorcycle |
| <input type="checkbox"/> Subway or elevated rail | <input type="checkbox"/> Bicycle |
| <input type="checkbox"/> Long-distance train or commuter rail | <input type="checkbox"/> Walked |
| <input type="checkbox"/> Carro público | <input type="checkbox"/> Worked from this address → SKIP to weeks worked question 40a |
| <input type="checkbox"/> Ferryboat | <input type="checkbox"/> Other method |

G Answer question 33 if you marked "Car, truck, or van" in question 32. Otherwise, SKIP to question 34.

33 How many people, including yourself, usually rode to work in the car, truck, or van LAST WEEK?

Person(s)

34 LAST WEEK, what time did your trip to work usually begin?

Hour Minute a.m.
 p.m.

 :

35 How many minutes did it usually take you to get from this address to work LAST WEEK?

Minutes

H Answer questions 36 – 39 if you did NOT work last week. Otherwise, SKIP to question 40a.

36 a. LAST WEEK, were you on layoff from a job?

- Yes → SKIP to question 36c
 No

b. LAST WEEK, were you TEMPORARILY absent from a job or business?

- Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 39
 No → SKIP to question 37

c. Have you been informed that you will be recalled to work within the next 6 months OR been given a date to return to work?

- Yes → SKIP to question 38
 No

37 During the LAST 4 WEEKS, have you been ACTIVELY looking for work?

- Yes
 No → SKIP to question 39

38 LAST WEEK, could you 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.)

39 When did you last work, even for a few days?

- Within the past 12 months
 1 to 5 years ago → SKIP to I
 Over 5 years ago or never worked → SKIP to question 48

40 a. During the PAST 12 MONTHS (52 weeks), did you work EVERY week? Count paid vacation, paid sick leave, and military service as work.

- Yes → SKIP to question 41
 No

b. During the PAST 12 MONTHS (52 weeks), how many WEEKS did you work? Include paid time off and include weeks when you only worked for a few hours.

Weeks

41 During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did you usually work each WEEK?

Usual hours worked each WEEK



Answer questions 42 – 47 if you worked in the past 5 years. Otherwise, SKIP to question 48.

DESCRIPTION OF EMPLOYMENT

The next series of questions is about the type of employment you had last week.

If you had more than one job, describe the one at which the most hours were worked. If you did not work last week, describe the most recent employment in the past five years.

- 42** Which one of the following best describes your employment last week or the most recent employment in the past 5 years? Mark (X) ONE box.

PRIVATE SECTOR EMPLOYEE

- For-profit company or organization
- Non-profit organization (including tax-exempt and charitable organizations)

GOVERNMENT EMPLOYEE

- Local government (for example: city or county school district)
- State government (including state colleges/universities)
- Active duty U.S. Armed Forces or Commissioned Corps
- Federal government civilian employee

SELF-EMPLOYED OR OTHER

- Owner of non-incorporated business, professional practice, or farm
- Owner of incorporated business, professional practice, or farm
- Worked without pay in a for-profit family business or farm for 15 hours or more per week

- 43** What was the name of your employer, business, agency, or branch of the Armed Forces?

- 44** What kind of business or industry was this? Include the main activity, product, or service provided at the location where employed. (For example: elementary school, residential construction)

- 45** Was this mainly – Mark (X) ONE box.

- manufacturing?
- wholesale trade?
- retail trade?
- other (agriculture, construction, service, government, etc.)?

- 46** What was your main occupation? (For example: 4th grade teacher, entry-level plumber)

- 47** Describe your most important activities or duties. (For example: instruct and evaluate students and create lesson plans, assemble and install pipe sections and review building plans for work details)

48 INCOME IN THE PAST 12 MONTHS

Mark (X) the "Yes" box for each type of income you 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 NOT received.

If your net income was a loss, mark the "Loss" box to the right of the dollar amount.

For income received jointly, report only your share of the amount received or earned.

- a. Did you receive any wages, salary, commissions, bonuses, or tips in the PAST 12 MONTHS?**

- Yes → What was the amount from all jobs before deductions for taxes, bonds, dues, or other items?

Total amount - Dollars

- No

- b. Did you have any self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships, in the PAST 12 MONTHS?**

- Yes → What was the net income after business expenses?

Total amount - Dollars

Loss

- No

- c. Did you receive any interest, dividends, net rental income, royalty income, or income from estates and trusts in the PAST 12 MONTHS? Report even small amounts credited to an account.**

- Yes → What was the amount?

Total amount - Dollars

Loss

- No

- d. Did you receive any Social Security or Railroad Retirement income in the PAST 12 MONTHS?**

- Yes → What was the amount?

Total amount - Dollars

- No

- e. Did you receive any Supplemental Security Income (SSI) in the PAST 12 MONTHS?**

- Yes → What was the amount?

Total amount - Dollars

- No

- f. Did you receive any public assistance or welfare payments from the state or local welfare office in the PAST 12 MONTHS?**

- Yes → What was the amount?

Total amount - Dollars

- No

- g. Did you receive any retirement income, pensions, survivor or disability income in the PAST 12 MONTHS? Include income from a previous employer or union, or any regular withdrawals or distributions from IRA, Roth IRA, 401(k), 403(b), or other accounts specifically designed for retirement. Do NOT include Social Security.**

- Yes → What was the amount?

Total amount - Dollars

- No

- h. Did you have any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony in the PAST 12 MONTHS? Do NOT include lump sum payments such as money from an inheritance or sale of a home.**

- Yes → What was the amount?

Total amount - Dollars

- No

- 49** What was your total income during the PAST 12 MONTHS? Add entries 48a to 48h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.

None Total amount - Dollars

 OR

Loss



J Thank you very much for your participation.

Place the questionnaire in the envelope and **HOLD** for your Census Bureau Representative to pick up.

The Census Bureau estimates that this form will take about 25 minutes to complete, including the time for reviewing the instructions and answers. Send comments regarding this burden estimate, including suggestions for reducing this burden, to: Paperwork Reduction Project 0607-0810, U.S. Census Bureau, 4600 Silver Hill Road, AMSD-3K138, Washington, DC 20233. You may email comments to Paperwork@census.gov; use "Paperwork Project 0607-0810" as the subject.

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



CENSUS USE ONLY

1. Who answered the questions on this form? *Mark (X) one box.*

- Sample resident
- Proxy respondent
- SSS individual
- A combination of sources
- Don't know

2. How were the questions on this form completed? *Mark (X) one box.*

- By self-response
- By personal interview - *Specify reason* ↘

3. Were administrative records used to complete any of the questions on this form?
Mark (X) one box.

- No**
- Yes, Some** administrative record information was used
- Yes, All** responses were obtained from administrative record information
- Don't know

| Final Outcome Codes | | Reason (code 219 or 243): |
|--|--|---------------------------|
| Interview | Noninterview | |
| <input type="checkbox"/> 201 <input type="checkbox"/> 203 | <input type="checkbox"/> 213 <input type="checkbox"/> 214 <input type="checkbox"/> 215 <input type="checkbox"/> 217 <input type="checkbox"/> 218 <input type="checkbox"/> 219 <input type="checkbox"/> 233 <input type="checkbox"/> 241 | |
| Out of scope → | <input type="checkbox"/> 243 | |
| Other – <i>Specify</i> → | <input type="checkbox"/> ____ | |
| | | |

I have reviewed the questionnaire for completeness.

FR's name

Username

Date of interview

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|



CENSUS USE ONLY

1. ¿Quién contestó las preguntas de este cuestionario? *Marque (X) una casilla.*

- Residente en la muestra
- Individuo con poder o autorización para responder en nombre del residente en la muestra
- Individuo con clasificación de empleado especial juramentado
- Una combinación de fuentes
- No sabe

2. ¿Cómo se completaron las preguntas de este cuestionario? *Marque (X) una casilla.*

- Por auto-respuesta
- Por medio de una entrevista en persona – *Especifique la razón* ↴

3. ¿Se usaron registros administrativos para completar cualquiera de las preguntas de este cuestionario? *Marque (X) una casilla.*

- No**
- Sí, se usó alguna** información de registros administrativos para completar este cuestionario
- Sí, todas** las respuestas de este cuestionario se obtuvieron de información de registros administrativos
- No sabe

| Códigos de Resultado Final | | Razón (código 219 ó 243): |
|---|---|---------------------------|
| Interview | Noninterview | |
| <p>Marque (X) UNO de los códigos a continuación para indicar el resultado final del caso. Si marcó el código 219 ó 243, explique la razón en el espacio a continuación.</p> <p><input type="checkbox"/> 201</p> <p><input type="checkbox"/> 203</p> | <p><input type="checkbox"/> 213</p> <p><input type="checkbox"/> 214</p> <p><input type="checkbox"/> 215</p> <p><input type="checkbox"/> 217</p> <p><input type="checkbox"/> 218</p> <p><input type="checkbox"/> 219</p> <p><input type="checkbox"/> 233</p> <p><input type="checkbox"/> 241</p> | |
| Fuera de la muestra → | <input type="checkbox"/> 243 | |
| Otra, especifique → | <input type="checkbox"/> _____ | |

I have reviewed the questionnaire for completeness.

FR's name

Username

Date of interview

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|



J Muchas gracias por su participación.

Coloque el cuestionario en el sobre y **GUÁRDELO** hasta que su Representante de la Oficina del Censo lo recoja.

La Oficina del Censo estima que le tomará 25 minutos completar este cuestionario, incluyendo el tiempo para repasar las instrucciones y respuestas. Los comentarios sobre el estimado del tiempo, incluyendo sugerencias para reducir el tiempo que toma, deben dirigirse a: Paperwork Reduction Project 0607-0810, U.S. Census Bureau, 4600 Silver Hill Road, AMSD-3K138, Washington, DC 20233. Puede enviar sus comentarios por correo electrónico a Paperwork@census.gov: escriba "Paperwork Project 0607-0810" en el espacio para el tema.

No se requiere que las personas respondan a ninguna recopilación de información a menos que ésta tenga un número válido aprobado de la Oficina de Administración y Presupuesto. Este número de 8 dígitos se encuentra en la parte inferior derecha de la cubierta de este cuestionario.



I Conteste las preguntas 42 – 47 sólo si usted trabajó durante los últimos 5 años. De lo contrario, PASE a la pregunta 48.

DESCRIPCIÓN DEL EMPLEO

La serie de preguntas que sigue es sobre el tipo de empleo que usted tenía la semana pasada.

Si usted tenía más de un empleo, describa el empleo en el cual trabajó más horas. Si usted no trabajó la semana pasada, describa el empleo más reciente los últimos cinco años.

42 ¿Cuál de las siguientes opciones describe mejor su empleo de la semana pasada o su empleo más reciente en los últimos 5 años? Marque (X) UNA casilla.

EMPLEADO DEL SECTOR PRIVADO

- Compañía u organización **con fines de lucro**
- Organización **sin fines de lucro** (incluso las organizaciones exentas de impuestos y las organizaciones caritativas)

EMPLEADO DEL GOBIERNO

- Gobierno local** (por ejemplo: distrito escolar de la ciudad o municipio)
- Gobierno estatal** (incluso universidades estatales)
- Servicio activo** en las Fuerzas Armadas de los EE. UU. o en el Cuerpo de Comisionados
- Empleado civil de **gobierno federal**

EMPLEADO POR CUENTA PROPIA U OTRO

- Propietario(a)** de un negocio, una práctica profesional o una finca **no incorporada** o más a la semana
- Propietario(a)** de un negocio, una práctica profesional o una finca **incorporada**
- Trabajó **sin paga** en un negocio o finca de la familia **con fines de lucro** 15 horas o más a la semana

43 ¿Cuál era el nombre de su patrono, negocio, agencia o rama de las Fuerzas Armadas?

44 ¿Qué tipo de negocio o industria era este? Incluya la actividad, producto o servicio principal que se ofrecía en el lugar de empleo. (Por ejemplo: escuela primaria, construcción residencial)

45 ¿Era este principalmente de: Marque (X) UNA casilla.

- manufactura?
- comercio al por mayor?
- comercio al por menor?
- otro (agricultura, construcción, servicio, gobierno, etc.)?

46 ¿Cuál era su ocupación principal? (Por ejemplo: maestro(a) de 4to grado, plomero(a) principiante)

47 Describa su actividades o deberes más importantes. (Por ejemplo: dar clases y evaluar a los estudiantes y planificar lecciones, montar e instalar tramos de tubería y revisar los planes de construcción para las especificaciones del trabajo)

48 INGRESO EN LOS ÚLTIMOS 12 MESES

Marque (X) la casilla "Sí" por cada tipo de ingreso que recibió y anote el mejor estimado de la CANTIDAD TOTAL recibida durante los ÚLTIMOS 12 MESES.

(NOTA: Los "últimos 12 meses" es el período desde la fecha de hoy hace un año hasta hoy.)

Marque (X) la casilla "No" para mostrar los tipos de ingresos NO recibidos.

Si el ingreso neto fue una pérdida, marque la casilla "Pérdida" a la derecha de la cantidad en dólares.

Para ingreso recibido en conjunto, sólo informe la parte que le corresponde a usted.

a. ¿Recibió usted jornales, salarios, comisiones, bonos o propinas en los PASADOS 12 MESES?

Sí → ¿Cuál fue la cantidad de todos los empleos antes de aplicarse las deducciones por impuestos, bonos, cuotas u otras cosas?

Cantidad total – Dólares

No

b. ¿Tuvo usted algún ingreso de empleo por cuenta propia en su negocio no agrícola o finca comercial, ya sea como propietario(a) único(a) o en sociedad en los PASADOS 12 MESES?

Sí → ¿Cuál fue el ingreso neto después de descontar los gastos de negocio?

Cantidad total – Dólares

Pérdida

No

c. ¿Recibió usted intereses, dividendos, ingreso neto por rentas, ingreso por derechos de autor, o ingreso por herencias y fideicomisos en los PASADOS 12 MESES? Informe cantidades acreditadas a una cuenta aunque sean pequeñas.

Sí → ¿Cuál fue la cantidad?

Cantidad total – Dólares

Pérdida

No

d. ¿Recibió usted algún ingreso de Seguro Social o ingreso de retiro para personal de los ferrocarriles en los PASADOS 12 MESES?

Sí → ¿Cuál fue la cantidad?

Cantidad total – Dólares

 No

e. ¿Recibió usted algún ingreso de Seguridad de Ingreso Suplementario (SSI) en los PASADOS 12 MESES?

Sí → ¿Cuál fue la cantidad?

Cantidad total – Dólares

 No

f. ¿Recibió usted algún pago de asistencia o bienestar público (welfare) de la oficina de bienestar estatal o local en los PASADOS 12 MESES?

Sí → ¿Cuál fue la cantidad?

Cantidad total – Dólares

 No

g. ¿Recibió usted algún ingreso por retiro, pensiones, ingreso por discapacidad o por ser esposo(a) sobreviviente en los PASADOS 12 MESES? Incluya ingresos de un patrono o sindicato previo, retiros o distribuciones periódicas de una cuenta individual de retiro (IRA, por sus siglas en inglés), una IRA no deducible (Roth IRA), un plan 401(k), 403(b) u otras cuentas diseñadas específicamente para la jubilación. No incluya el Seguro Social.

Sí → ¿Cuál fue la cantidad?

Cantidad total – Dólares

 No

h. ¿Tuvo usted alguna otra fuente de ingreso recibido regularmente, tal como pagos de la Administración de Veteranos (VA), compensación por desempleo, pensión para hijos menores, pensión alimenticia, o pensión de su ex pareja en los PASADOS 12 MESES? NO incluya pagos de mayor cantidad recibidos una sola vez, tal como dinero de una herencia o de la venta de una casa.

Sí → ¿Cuál fue la cantidad?

Cantidad total – Dólares

 No

49 ¿Cuál fue su ingreso total en los PASADOS 12 MESES? Sume las cantidades anotadas en las preguntas 48a–48h; reste cualquier pérdida. Si el ingreso neto fue una pérdida, anote la cantidad y marque (X) la casilla "Pérdida" al lado de la cantidad.

Cantidad total – Dólares

Ninguno ó Pérdida



- 30 a. LA SEMANA PASADA, ¿hizo usted algún trabajo por paga en un empleo (o negocio)?**

- Sí → PASE a la pregunta 31
 No – No trabajó (o está retirado(a))

- b. LA SEMANA PASADA, ¿hizo usted CUALQUIER trabajo por paga, incluso aunque fuese por una hora?**

- Sí
 No → PASE a la pregunta 36a

- 31 ¿En qué lugar trabajó usted LA SEMANA PASADA? Si trabajó en más de un lugar, escriba en letra de molde la dirección donde usted trabajó la mayor parte de la semana.**

- a. Dirección**
Nombre de urbanización o condominio
Número y nombre de la calle

Si no sabe la dirección exacta, dé una descripción de la localización, tal como el nombre del edificio o la calle o intersección más cercana.

- b. Nombre de la ciudad, pueblo, oficina de correos, instalación o base militar**

- c. ¿Está localizado el lugar de trabajo dentro de los límites de esa ciudad o pueblo?**

- Sí
 No, fuera de los límites de la ciudad/pueblo

- d. Nombre del municipio en Puerto Rico o condado de los Estados Unidos**

- e. Anote Puerto Rico o nombre del estado de los Estados Unidos o país extranjero**

- f. Código Postal**

- 32 ¿Cómo llegó usualmente usted al trabajo LA SEMANA PASADA? Marque (X) UNA casilla para el medio de transportación que utilizó por más distancia.**

- | | |
|---|---|
| <input type="checkbox"/> Automóvil, camión o van | <input type="checkbox"/> Taxi |
| <input type="checkbox"/> Autobús | <input type="checkbox"/> Motocicleta |
| <input type="checkbox"/> Tren subterráneo o elevado | <input type="checkbox"/> Bicicleta |
| <input type="checkbox"/> Tren de viajes largos o de cercanías | <input type="checkbox"/> Camión |
| <input type="checkbox"/> Carro público | <input type="checkbox"/> Trabajó en esta dirección → PASE a la pregunta 40a |
| <input type="checkbox"/> Lancha (ferry) | <input type="checkbox"/> Otro método |

- G** Conteste la pregunta 33 si marcó "Automóvil, camión o van" en la pregunta 32. De lo contrario, PASE a la pregunta 34.

- 33 ¿Cuántas personas, incluyéndolo(a) a usted, usualmente viajaron al trabajo en el automóvil, camión o van LA SEMANA PASADA?**

Persona(s)

- 34 LA SEMANA PASADA ¿a qué hora usualmente comenzó usted su viaje al trabajo?**

Hora Minutos
 : a.m.
 p.m.

- 35 ¿Cuántos minutos le tomó a usted usualmente ir de esta dirección al trabajo LA SEMANA PASADA?**

Minutos

- H** Conteste las preguntas 36 – 39 si usted NO trabajó la semana pasada. De lo contrario, PASE a la pregunta 40a.

- 36 a. LA SEMANA PASADA, ¿estuvo usted suspendido(a) (on layoff) o en cesantía de un empleo?**

- Sí → PASE a la pregunta 36c
 No

- b. LA SEMANA PASADA, ¿estuvo usted ausente TEMPORERAMENTE de su empleo o negocio?**

- Sí, de vacaciones, enfermedad temporera, licencia por maternidad, otras razones personales o relacionadas con la familia, mal tiempo, etc. → PASE a la pregunta 39

- No → PASE a la pregunta 37

- c. ¿Se le ha informado a usted que será llamado(a) de nuevo a trabajar dentro de los próximos 6 meses O se le ha dado una fecha para regresar al trabajo?**

- Sí → PASE a la pregunta 38
 No

- 37 Durante las ÚLTIMAS 4 SEMANAS, ¿ha estado usted buscando trabajo ACTIVAMENTE?**

- Sí
 No → PASE a la pregunta 39

- 38 LA SEMANA PASADA, ¿hubiera podido usted comenzar un empleo si se le hubiera ofrecido uno, o hubiera podido regresar al trabajo si se le hubiera llamado de nuevo?**

- Sí, hubiera podido ir a trabajar
 No, debido a una enfermedad temporera propia
 No, debido a otras razones (en la escuela, etc.)

- 39 ¿Cuándo trabajó usted por última vez, aunque fuera por unos pocos días?**

- En los últimos 12 meses
 Hace 1 a 5 años → PASE a la sección I
 Hace más de 5 años o nunca trabajó → PASE a la pregunta 48

- 40 a. ¿Durante los ÚLTIMOS 12 MESES (52 semanas), ¿trabajó usted TODAS las semanas? Incluya como trabajo vacaciones pagadas, licencia por enfermedad pagada y servicio militar.**

- Sí → PASE a la pregunta 41
 No

- b. Durante los ÚLTIMOS 12 MESES (52 semanas), ¿cuántas SEMANAS trabajó usted? Incluya vacaciones o licencias pagadas e incluya semanas en que usted únicamente trabajó por unas pocas horas.**

Semanas

- 41 En las SEMANAS TRABAJADAS durante los ÚLTIMOS 12 MESES, ¿cuántas horas trabajó usualmente usted cada SEMANA?**

Horas usualmente trabajadas cada SEMANA



18 a. ¿Es usted sordo(a) o tiene una dificultad seria para oír?

- Sí
 No

b. ¿Es usted ciego(a) o tiene una dificultad seria para ver aunque lleve puestos espejuelos o lentes?

- Sí
 No

D Conteste las preguntas 19a – c si usted tiene 5 años de edad o más. De lo contrario, PASE a la sección **J** en la página 7 para instrucciones adicionales; no conteste más preguntas.

19 a. Debido a una condición física, mental o emocional, ¿tiene usted una dificultad seria para concentrarse, recordar o tomar decisiones?

- Sí
 No

b. ¿Tiene usted una dificultad seria para caminar o subir las escaleras?

- Sí
 No

c. ¿Tiene usted dificultad para vestirse o bañarse?

- Sí
 No

E Conteste la pregunta 20 si usted tiene 15 años de edad o más. De lo contrario, PASE a la sección **J** en la página 7 para instrucciones adicionales; no conteste más preguntas.

20 Debido a una condición física, mental o emocional, ¿tiene usted dificultad para hacer diligencias solo(a), tal como ir al consultorio de un médico o ir de compras?

- Sí
 No

21 ¿Cuál es su estado civil?

- Casado(a) actualmente
 Viudo(a)
 Divorciado(a)
 Separado(a)
 Nunca se ha casado → PASE a la sección **F**

22 En los PASADOS 12 MESES, ¿usted –

- | | Sí | No |
|-----------------|--------------------------|--------------------------|
| a. se casó? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. enviudó? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. se divorció? | <input type="checkbox"/> | <input type="checkbox"/> |

23 ¿Cuántas veces ha estado usted casado(a)?

- Una vez
 Dos veces
 Tres veces o más

24 ¿En qué año se casó usted la última vez?

Año

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|

F Conteste la pregunta 25 si usted es del sexo femenino y tiene de 15 a 50 años de edad. De lo contrario, PASE a la pregunta 26a.

25 ¿En los ÚLTIMOS 12 MESES, ¿ha dado a luz usted?

- Sí
 No

26 a. ¿Tiene usted algún nieto menor de 18 años que viva en este lugar?

- Sí
 No → PASE a la pregunta 27

b. ¿Es usted actualmente responsable de la mayoría de las necesidades básicas de algunos de sus nietos menores de 18 años que viven en este lugar?

- Sí
 No → PASE a la pregunta 27

c. ¿Cuánto tiempo hace que usted es responsable de este(os) nieto(s)? Si usted es responsable económicamente de más de un nieto, conteste la pregunta para el nieto del cual haya sido responsable por más tiempo.

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Menos de 6 meses | <input type="checkbox"/> 3 ó 4 años |
| <input type="checkbox"/> 6 a 11 meses | <input type="checkbox"/> 5 años o más |
| <input type="checkbox"/> 1 ó 2 años | |

27 ¿Ha estado usted alguna vez en el servicio militar activo en las Fuerzas Armadas, la Reserva Militar o la Guardia Nacional de los Estados Unidos? Marque (X) UNA casilla.

- Nunca estubo en el servicio militar → PASE a la pregunta 30a
 Servicio activo solamente para entrenamiento de la Reserva Militar o la Guardia Nacional → PASE a la pregunta 29a
 En servicio activo ahora
 En servicio activo en el pasado, pero no ahora

28 ¿Cuándo estuvo usted en servicio militar activo en las Fuerzas Armadas de los Estados Unidos? Marque (X) una casilla para CADA período durante el cual usted estuvo en servicio militar, aunque fuera sólo por parte del período.

- Septiembre del 2001 ó después
 Agosto del 1990 a agosto del 2001 (incluyendo la Guerra del Golfo Pérsico)
 Mayo del 1975 a julio del 1990
 Época de Vietnam (agosto del 1964 a abril del 1975)
 Febrero del 1955 a julio del 1964
 Guerra de Corea (julio del 1950 a enero del 1955)
 Enero del 1947 a junio del 1950
 Segunda Guerra Mundial (diciembre del 1941 a diciembre del 1946)
 Noviembre del 1941 ó antes

29 a. ¿Tiene usted una clasificación de incapacidad de la VA relacionada con el servicio?

- Sí (tal como 0%, 10%, 20%, ... 100%)
 No → PASE a la pregunta 30a

b. ¿Qué por ciento de incapacidad relacionada con el servicio militar tiene usted?

- 0 por ciento
 10 ó 20 por ciento
 30 ó 40 por ciento
 50 ó 60 por ciento
 70 por ciento o más



- 10** ¿Cuál es el título o nivel escolar más alto que usted ha COMPLETADO? Marque (X) UNA casilla. Si está matriculado(a) actualmente, marque el grado escolar anterior o el título más alto recibido.

NO HA COMPLETADO NINGÚN GRADO

- No ha completado ningún grado

PRE-ESCOLAR O PRE-KINDER HASTA GRADO 12

- Pre-escolar o pre-kinder
 Kindergarten
 Grado 1 al 11 – Especifique grado 1-11

- Grado 12, SIN DIPLOMA

GRADUADO(A) DE ESCUELA SUPERIOR

- Diploma de escuela superior
 GED o examen equivalente

UNIVERSIDAD O ALGUNOS CRÉDITOS UNIVERSITARIOS

- Algunos créditos universitarios, pero menos de 1 año de créditos universitarios
 1 año o más de créditos universitarios, sin título
 Título asociado universitario (por ejemplo: AA, AS)
 Título de bachillerato universitario (por ejemplo: BA, BS)

DESPUÉS DEL TÍTULO DE BACHILLERATO UNIVERSITARIO

- Título de maestría (por ejemplo: MA, MS, MEng, MEd, MSW, MBA)
 Título profesional más allá de un título de bachillerato universitario (por ejemplo: MD, DDS, DVM, LLB, JD)
 Título de doctorado (por ejemplo: PhD, EdD)

B Conteste la pregunta 11 si tiene un título de bachillerato universitario o más alto. De lo contrario, PASE a la pregunta 12.

- 11** Esta pregunta se enfoca en su TÍTULO DE BACHILLERATO UNIVERSITARIO. Por favor, escriba en letra de molde el título específico de la concentración de estudio de cualquier TÍTULO DE BACHILLERATO UNIVERSITARIO específico(s) que usted recibió. (Por ejemplo: ingeniería química, enseñanza de educación primaria, o psicología organizacional)

- 12** ¿Cuál es su ascendencia u origen étnico?

(Por ejemplo: italiana, jamaicana, africana americana, camboyana, de Cabo Verde, noruega, dominicana, franco-canadiense, haitiana, coreana, libanesa, polaca, nigeriana, mexicana, taiwanesa, ucraniana, entre otras.)

- 13** a. En su hogar, ¿habla usted un idioma que no sea inglés?

- Sí
 No → PASE a la pregunta 14a

- b. ¿Qué idioma es ese?

Por ejemplo: coreano, italiano, español, vietnamés

- c. ¿Cuán bien habla usted el inglés?

- Muy bien
 Bien
 No bien
 No habla inglés

- 14** a. ¿Vivía usted en esta dirección hace 1 año?

- Persona es menor de 1 año de edad → PASE a la pregunta 16
 Sí, en esta dirección → PASE a la pregunta 15
 No, fuera de Puerto Rico y los Estados Unidos – Escriba en letra de molde continuación el nombre del país extranjero o las Islas Vírgenes de los EE.UU., Guam, etc.; luego PASE a la pregunta 15

- No, en una dirección diferente en los Estados Unidos o Puerto Rico

- b. ¿Dónde vivía usted hace 1 año?

Dirección
 Nombre de urbanización o condominio
 Número y nombre de la calle

Nombre de la ciudad, pueblo, oficina de correos, instalación o base militar

Nombre del municipio en Puerto Rico o condado de los Estados Unidos

Anote Puerto Rico o el nombre del estado de los Estados Unidos

Código Postal

- 15** EN LOS ÚLTIMOS 12 MESES, ¿recibió usted beneficios del gobierno por medio del Programa de Asistencia Nutricional? NO incluya WIC, ni el Programa de Almuerzos Escolares, ni ayuda de bancos de alimentos.

- Sí
 No

- 16** ¿Tiene usted cobertura ACTUALMENTE de cualquiera de los siguientes tipos de seguros de salud o planes de cobertura de seguro de salud? Marque "Sí" o "No" para CADA tipo de cobertura en las respuestas a-h.

| | Sí | No |
|--|--------------------------|--------------------------|
| a. Seguro a través de su patrono o sindicato (unión), actual o previo, (de usted o de cualquier otro miembro de la familia) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Seguro adquirido directamente de una compañía de seguro (por usted o por cualquier otro miembro de la familia) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicare, para personas que tienen 65 años o más, o personas con ciertos impedimentos | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Medicaid, Medical Assistance, la Reforma de Salud o cualquier tipo de plan de asistencia gubernamental para esas personas con un ingreso bajo o incapacidad | <input type="checkbox"/> | <input type="checkbox"/> |
| e. TRICARE u otro seguro de salud militar | <input type="checkbox"/> | <input type="checkbox"/> |
| f. VA (personas inscritas en el sistema de cuidado de salud de la VA) | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Servicio de Salud Indio (Indian Health Service) | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Cualquier otro tipo de seguro de salud o plan de cobertura de seguro de salud – Especifique ↗ | <input type="checkbox"/> | <input type="checkbox"/> |

C Conteste la pregunta 17a si usted tiene seguro de salud. De lo contrario, PASE a la pregunta 18a.

- 17** a. ¿Tiene este plan una prima o cuota? Una prima o cuota es una cantidad fija de dinero que se paga regularmente para la cobertura de salud. No incluye los copagos, deducibles ni otros gastos, tales como los costos de las medicinas recetadas.

- Sí
 No → PASE a la pregunta 18a

- b. ¿Recibe usted un crédito fiscal o subsidio basado en su ingreso como ayuda para pagar la prima o cuota?

- Sí
 No



1 ¿Cuál es su nombre? Escriba su nombre en letra de molde. Incluya su número de teléfono y la fecha de hoy. Solo nos comunicaremos con usted si es necesario para asuntos oficiales de la Oficina del Censo.

Apellido

Nombre

Inicial

Código de área y número de teléfono

 -

Fecha

Mes

Día

Año

2 ¿Cuál es su sexo? Marque (X) UNA casilla.

Masculino Femenino

3 ¿Cuál es su edad y su fecha de nacimiento? Por favor, escriba 0 para los bebés que tengan menos de 1 año de edad.

Escriba los números en las casillas.

Edad

(en años)

Mes

Día

Año de

nacimiento

A NOTA: Por favor, conteste la Pregunta 4 sobre origen hispano Y la Pregunta 5 sobre raza. Para esta encuesta, origen hispano no es una raza.

4 ¿Es usted de origen hispano, latino o español?

- No, no es de origen hispano, latino o español
- Sí, mexicano, mexicano americano, chicano
- Sí, puertorriqueño
- Sí, cubano
- Sí, otro origen hispano, latino o español – Escriba el origen en letra de molde, por ejemplo, argentino, colombiano, dominicano, nicaragüense, salvadoreño, español, etc. ↘

5 ¿Cuál es su raza? Marque (X) una o más casillas.

- Blanca
- Negra o africana americana
- Indígena de las Américas o nativa de Alaska – Escriba en letra de molde el nombre de la tribu en la cual está inscrito(a) o la tribu principal. ↘
- India asiática
- China
- Filipina
- Japonesa
- Coreana
- Vietnamita
- Otra asiática – Escriba la raza en letra de molde, por ejemplo, hmong, laosiana, tailandesa, paquistaní, camboyana, etc. ↘
- Nativa de Hawái
- Guameña o Chamorra
- Samoana
- Otra de las islas del Pacífico – Escriba la raza en letra de molde, por ejemplo, fiyiana, tongana, etc. ↘

Alguna otra raza – Escriba la raza en letra de molde. ↘

6 ¿Dónde nació usted?

- En los Estados Unidos – Escriba en letra de molde el nombre del estado.
- Fuera de los Estados Unidos – Escriba en letra de molde Puerto Rico o el nombre del país extranjero, o de las Islas Vírgenes de los EE.UU., Guam, etc.

7 ¿Es usted ciudadano(a) de los Estados Unidos?

- Sí, nació en Puerto Rico → PASE a la pregunta 9a
- Sí, nació en los Estados Unidos, el Distrito de Columbia, Guam, las Islas Vírgenes de los Estados Unidos o las Islas Marianas del Norte
- Sí, nació en el extranjero de padre o madre que es ciudadano(a) de los EE.UU.
- Sí, es ciudadano(a) de los Estados Unidos por naturalización. Escriba el año de naturalización ↘
- No, no es ciudadano(a) de los Estados Unidos

8 ¿Cuándo vino usted a vivir a Puerto Rico? Si usted vino a vivir a Puerto Rico más de una vez, escriba el último año.

Año

9 a. En cualquier momento DURANTE LOS ÚLTIMOS 3 MESES, ¿ha estudiado usted en una escuela o universidad? Incluya sólo pre-escolar o pre-kinder, kindergarten, escuela elemental, enseñanza en el hogar y escuela que conduce a un diploma de escuela superior o un título universitario.

- No, no ha estudiado durante los últimos 3 meses → PASE a la pregunta 10
- Escuela o universidad pública
- Escuela o universidad privada o enseñanza en el hogar (home school)

b. ¿A qué grado o nivel escolar asistía usted? Marque (X) UNA casilla.

- Pre-escolar o pre-kinder
- Kindergarten
- Grado 1 al 12 – Especifique grado 1-12 ↘

- Estudios universitarios al nivel de bachillerato (freshman a senior)
- Escuela graduada o profesional más allá de un bachillerato universitario (por ejemplo, un programa de Maestría o Doctorado o una escuela de medicina o leyes)





LA Encuesta sobre la Comunidad de Puerto Rico

**This questionnaire is available in either English or Spanish.
Este cuestionario está disponible en español o en inglés.**

To complete the Spanish questionnaire, begin on page 2. To complete the English questionnaire, flip this over and complete the purple side.

Please complete this form as soon as possible. Place it in the envelope provided and HOLD it for a census representative to return to pick it up.

If you need help or have questions about completing this form, call the number that our census representative has given you.

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

Para completar el cuestionario en español, comience en la página 2. Para completar el cuestionario en inglés, vérelo y complete el lado lila.

Por favor, complete este cuestionario tan pronto sea posible. Colóquelo en el sobre que se provee y GUÁRDELO hasta que un representante del censo lo venga a recoger.

Si necesita ayuda o tiene preguntas sobre cómo completar este cuestionario, llame al número de teléfono que le ha dado nuestro representante del censo.

Para obtener más información sobre la Encuesta sobre la Comunidad de Puerto Rico, vaya a nuestra página en la Internet: <http://www.census.gov/acs>





Your Guide for

THE Puerto Rico Community Survey

Group Quarters

This guide gives helpful information on completing your survey form. This guide is bilingual. The Spanish text begins on the back cover of this booklet. If you need more help, call the number that the Census Field Representative provided for you. After you have completed your survey form, **please place the form in the envelope** we have provided. A Census Field Representative will return to pick it up.

Esta guía está disponible en español e inglés. Para la versión en español, vire la guía y comience en la parte posterior.

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

ACS-30(GQ)(PR)(2019) (1-2018)



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Your Answers are Confidential and Required by Law

The U.S. Census Bureau is required by law to keep your information confidential. The Census Bureau is not permitted to publicly release your responses in a way that could identify you. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data.

The same law that protects the confidentiality of your answers **requires** that you provide the information asked in this survey to the best of your knowledge.

What the Survey is About – Some Questions and Answers

Why are we taking a survey?

The Census Bureau is conducting the Puerto Rico Community Survey to provide more timely data than data we typically collect only once every 10 years during the decennial census.

What does the Census Bureau do with the information you provide?

The Puerto Rico Community Survey will be the source of summarized data that we make available to federal, Puerto Rico, and local governments, and also to the public. The data will enable your community leaders from government, business, and non-profit organizations to plan more effectively.

Why did you select this Group Quarters (GQ) facility and how did I get selected?

Group quarters facilities are randomly selected each year from a sample list of all group quarters in your area. The larger the group quarters, the greater the probability that it will be selected to participate in the survey one or more times each year. From a list provided by the GQ contact person of all residents currently staying at the GQ, field representatives randomly select residents to take part in this survey. One of the advantages of a random sample is that we can use it to measure the whole population without having to actually interview every person at every GQ. But in order for it to work, we cannot substitute sampled facilities or individuals -- the sample has to be truly random. Your participation is very important to us to be able to produce accurate information from this survey.

Why the Census Bureau Asks Certain Questions

Here are reasons we ask some of the questions on the survey.

Name

Names help make sure that we don't duplicate persons selected at this place for the survey. Individual identities are kept confidential.

Place of Birth

This question provides information used to study long-term trends about where people move and to study migration patterns and differences in growth patterns.

Job

Answers to the questions about the jobs people hold provide information on the extent and types of employment in different areas of Puerto Rico. From this information, communities can develop training programs, and business and local governments can determine the need for new employment opportunities.

Income

Income helps determine how well families or persons live. Income information makes it possible to compare the economic levels of different areas, and how economic levels for a community change over time. Funding for many government programs is based on the answers to these questions.

Education

Responses to the education questions in the survey help to determine the number of new public schools, education programs, and daycare services required in a community.

Disability

Questions about disability provide the means to allocate federal funding for healthcare services and new hospitals in many communities.

How to Fill Out the Puerto Rico Community Survey Form

Use blue or black ink to complete the form. Please mark the category or categories as they apply to you. Some questions ask you to print the information. See **examples** below.

Make sure you answer all the questions that apply to you. Read these instructions and also follow the instructions provided throughout the questionnaire. These instructions will help you understand the questions and to answer them correctly. If you need assistance, call the number that the field representatives has provided to you.

Examples of Printed and Marked Entries

13 a. Do you speak a language other than English at home?

Yes

No → *SKIP to question 14a*

b. What is this language?

Korean

For example: Korean, Italian, Spanish, Vietnamese

23 In what year did you last get married?

Year

2 0 0 8

Instructions for Completing the Survey Questions

The questionnaire is a bilingual form. One side is in Spanish and the other is English.

1. Print your Last Name, First Name, and Middle Initial (MI) in the spaces provided.

Enter your telephone number, including area code, and today's date in the boxes provided.
2. Mark one box to indicate your biological sex.
3. Print your age and month, day, and year of birth. Print your age at your last birthday. Do not round your age up if you are close to having a birthday. If you do not know your exact age, provide an estimate. Print "0" for babies less than 1 year old.

Please answer BOTH question 4 about Hispanic origin and question 5 about race. For this survey, Hispanic origins are not races.

4. You are of Hispanic, Latino, or Spanish origin if your origin (ancestry) is Mexican, Mexican American, Chicano, Puerto Rican, Cuban, Argentinean, Colombian, Costa Rican, Dominican, Ecuadorian, Guatemalan, Honduran, Nicaraguan, Peruvian, Salvadoran, from other Spanish-speaking countries of Central or South America or from Spain.

The term *Mexican Am.* refers to persons of Mexican-American origin or ancestry.

If you mark the "**Yes, another Hispanic, Latino, or Spanish origin**" box, print the name of the specific origin.

If you are not of Hispanic, Latino, or Spanish origin, answer this question by marking the "**No, not of Hispanic, Latino, or Spanish origin**" box.

This question should be answered by **all** individuals.

5. Mark all boxes for the appropriate races.

The concept of race, as used by the Census Bureau, reflects self-identification by individuals according to the race or races with which they identify.

The instruction before question 4, "*For this survey, Hispanic origins are not races*" reflects the federal government's treatment of Hispanic origin and race as separate and distinct concepts. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

People may choose to provide two or more races either by marking two or more race response boxes, by providing multiple write-in responses, or by some combination of marking boxes and writing in responses.

If you mark the "**American Indian or Alaska Native**" box, print the name of your enrolled or principal tribe(s) in the space provided (for example, Navajo Nation, Blackfeet Tribe, Muscogee (Creek) Nation, Mayan, Doyon, Native Village of Barrow Inupiat Traditional Government, and so on).

If you mark the "**Other Asian**" box, print the name of the specific Asian group(s) in the space provided (for example, Pakistani, Cambodian, Hmong, Thai, Laotian, Bangladeshi, and so on).

If you mark the "**Other Pacific Islander**" box, print the name of the specific Pacific Islander group(s) in the space provided (for example, Tongan, Fijian, Marshallese, Palauan, Tahitian, Papua New Guinean, and so on).

If you mark the "**Some other race**" box, print the name of the specific group(s) in the space provided.

This question should be answered by **all** individuals.

6. For people born in the United States:

Mark the "**In the United States**" box and then print the name of the state in which you were born. If you were born in Washington, D.C., print "District of Columbia."

For people born outside the United States:

Mark the "**Outside the United States**" box, and then print Puerto Rico or the name of the foreign country or area where you were born. Use current boundaries, not boundaries at the time of your birth. For example, specify Czech Republic or Slovakia, not Czechoslovakia; North or South Korea, not Korea. Specify the particular country, not region. For example, specify Jamaica, not West Indies; Kenya, not East Africa.

7. If you were born in Puerto Rico, mark the "**Yes, born in Puerto Rico**" box. If you were born in a U.S. state, the District of Columbia, Guam, the U.S. Virgin Islands, or Northern Marianas, mark the "**Yes, born in a U.S. State, District of Columbia, Guam, the U.S. Virgin Islands, or Northern Marianas**" box. Although not listed, if you were born in American Samoa, mark "**Yes, born in a U.S. State, District of Columbia, Guam, the U.S. Virgin Islands, or Northern Marianas**" box. If you were born outside the United States (50 states and the District of Columbia) or at sea and had at least one parent who was a U.S. citizen at the time of your birth, mark the "**Yes, born abroad of U.S. citizen parent or parents**" box. Mark the "**Yes, U.S. citizen by naturalization**" box only if you were born outside the United States (50 states and the District of Columbia), and have completed the naturalization process and are now a United States citizen. In the box below *Print year of naturalization*, enter the four-digit year you completed the formal naturalization process. If you are not a U.S. citizen, mark the "**No, not a U.S. citizen**" box. Legal Permanent Residents (LPRs) or "green card" holders, or other non-naturalized immigrants or visitors to the U.S. are not citizens of the United States and therefore should mark the "**No, not a U.S. citizen**" box.
- 9a. A *public school* is any school or college that is supported and controlled primarily by the Puerto Rico government or federal government. Schools are *private* if supported and controlled primarily by religious organizations or other private groups. *Home school* applies to parental guided education outside of a public or private school for grades 1–12.
- 9b. Only record grades that you attended in the **LAST 3 MONTHS**. If this is currently a summer month, do not record grades that you will attend in the future.

10. Mark only **ONE** box to indicate the highest grade or level of schooling you have **COMPLETED** or the **highest degree** you have received.

Report schooling completed in foreign or ungraded schools as the equivalent level of schooling in the regular American school system.

Mark the "**GED or alternative credential**" box if you did not receive a regular high school diploma but completed high school by receiving a GED or other formal recognition of high school completion from a school or governmental authority.

If you have not completed any college courses for credit, mark the highest level completed below college level. If you have not completed enough credit to be counted as a sophomore, mark the "**Some college credit, but less than 1 year of college credit**" box.

For the "**Professional degree beyond a bachelor's degree**" category, **do not** include certificates or diplomas for training in specific trades or occupations, such as computer and electronics technology, medical assistant, or cosmetology. **DO NOT** include post-bachelor's certificates that are related to occupational training in such fields as teaching, accounting, or engineering.

11. Answer this question only if you have a bachelor's degree or higher and print the specific major of your **BACHELOR'S DEGREE**. If you have more than one bachelor's degree or more than one major, print the names of the specific majors for all of your bachelor's degree(s).

12. Print your ancestry group(s). *Ancestry* refers to your ethnic origin or descent, "roots," or heritage. *Ancestry* may also refer to your country of birth or that of your parents or ancestors before their arrival in Puerto Rico. This question should be answered by **all** individuals, regardless of race, Hispanic origin, or place of birth.

Do not report a religious group as your ancestry.

You may report two ancestry groups (for example: German, Irish).

- 13a. Mark the "**Yes**" box if you sometimes or always speak a language other than English at home.

Mark the "**No**" box if you speak only English, or if a non-English language is spoken only at school or is limited to a few expressions or slang.

- 13b. If you speak more than one non-English language and cannot determine which is spoken more often, report the one you first learned to speak.

- 14a.** If you did not live in Puerto Rico or the United States one year ago, mark the **"No, outside Puerto Rico and the United States"** box and print the name of the foreign country, or U.S. Virgin Islands, or Guam, etc., where you lived. Be specific when printing the name of the foreign country; for example, Czech Republic or Slovakia, not Czechoslovakia; North or South Korea, not Korea. Specify the particular country, not region. For example, specify Jamaica, not West Indies; Kenya, not East Africa. Then **SKIP** to question **15**.

If you lived somewhere else in Puerto Rico or the United States one year ago, mark the **"No, at a different address in the United States or Puerto Rico"** box.

- 14b.** Include the house or structure number; street name; street type (for example, St., Road, Ave.); and the street direction (if a direction such as "North" is part of the address). For example, print 1239 N. Main St. or 1239 Main St., N.W., not just 1239 Main. If you lived in Puerto Rico, the address should also include the name of the development or building.

*If the only known address is a post office box, give a description of the location. For example, print the name of the building where you lived, the nearest intersection, the name of a military base or installation, or the nearest street where the building is located, etc. **DO NOT give a post office box number.***

Print the name of municipio in Puerto Rico or U.S. county. If you lived in Louisiana, print the parish name in the **"Name of municipio in Puerto Rico or U.S. county"** space. If you lived in Alaska, print the borough or census area name, if known. If you lived in New York City and the county name is not known, print the borough name. If you lived in an independent city (not in any county) or in Washington, D.C., leave the **"Name of municipio in Puerto Rico or U.S. county"** space blank.

- 15.** If you received benefits from the government to buy food using a benefit card, mark the **"Yes"** box.

- 16.** Mark the **"Yes"** or **"No"** box for each part of question **16**.

If you report any other type of coverage plan in question **16h**, specify the type of coverage or name of the plan in the write-in box. **DO NOT** include plans that cover only one type of health care (such as dental plans) or plans that only cover a person in case of an accident or disability.

17a-17b

If you have more than one type of health insurance, answer these questions while thinking about your primary health insurance.

Answer questions 19a through 19c if you are 5 years old or over.

19a–19c.

Mark the **"Yes"** or **"No"** box to indicate if you have serious difficulty with any of the activities listed in parts a, b, and c because of a physical, mental, or emotional condition.

Answer questions 20 through 49 if you are 15 years old or over.

21. Mark the **"Now married"** box if you are married regardless of whether you are living with your spouse, unless you are separated. If your only marriage was annulled, mark the **"Never married"** box. Mark the **"Divorced"** box only if you have received a divorce decree.
22. Mark the **"Yes"** box only if you have received a divorce decree in the **PAST 12 MONTHS**.
23. Do not count marriages that ended in annulment.
24. Enter the four-digit year when you last got married, even if you are now widowed, divorced, or separated.

Answer question 25 if you are female and 15–50 years old.

25. Mark the **"Yes"** box if you have given birth in the **PAST 12 MONTHS** to at least one child born alive, even if the child died or no longer lives with you. Do not consider miscarriages, or stillborn children, or any adopted, foster, or stepchildren.
27. *Active duty* means full-time service as a member of the Army, Navy, Air Force, Marine Corps, Coast Guard, or as a commissioned officer of the Public Health Service or the National Oceanic and Atmospheric Administration, or its predecessors, the Coast and Geodetic Survey or Environmental Science Service Administration. Active duty does not include active duty for training. Active duty also applies to cadets attending one of the five United States Military Service Academies. For service in the military Reserves or National Guard, mark the **"Only on active duty for training in the Reserves or National Guard"** box if you have never been called up for active duty, mobilized, or deployed. For service only as a civilian employee or civilian volunteer for the Red Cross, USO, Public Health Service, or War or Defense Department, mark the **"Never served in the military"** box. For Merchant Marine service, count only the service during World War II as active duty and no other period of service.
28. Mark as many responses as apply.
- 29a. Mark the **"Yes"** box if you have a Department of Veterans Affairs (VA) service-connected disability rating.
- 29b. Mark the **"0 percent"** box if you have received a service-connected disability rating of zero. **DO NOT** mark the box showing **"0 percent"** to indicate no rating.

30a-30b.

Count as work – Mark the "Yes" box if you performed:

- Work for someone else for wages, salary, piece rate, commission, tips, or payments "in kind" (for example, food or lodging received as payment for work performed).
- Work in own business, professional practice, or farm.
- Any work in a family business or farm, paid (for any amount of time) or without pay (for 15 or more hours per week).
- Any part-time work including babysitting, paper routes, etc.
- Active duty in the Armed Forces.

Do not count as work – Mark the "No" box if your activities were limited to the following:

- Housework or yard work at home.
- Unpaid volunteer work.
- School work done as a student.
- Work done as a resident or inmate of an institutional facility (like a nursing facility or correctional facility).

- 31.** Include the building or structure number; street name; street type (for example, St., Road, Ave.); and the street direction (if a direction such as "North" is part of the address). For example, print 1239 Main St. or 1239 Main St., N.W., not just 1239 Main.

*If the only known address is a post office box, give a description of the work location. For example, print the name of the building or shopping center where you work, the nearest intersection, or the nearest street where the workplace is located, etc. **DO NOT give a post office box number.***

If you worked at a military installation or military base that has no street address, report the name of the military installation or base, and a description of the work location (such as building number, building name, nearest street or intersection).

If you worked at several locations, but reported to the same location each day to begin work, print the street address of the location where you reported. If you did not report to the same location each day to begin work, print the address of the location where you worked most of the time last week.

If your employer operates in more than one location (such as a grocery store chain or public school system), print the street address of the location or branch where you worked. If the street address of a school is not known, print the name of the school, and a description of the location (such as the nearest street or intersection).

If you worked on a college or university campus and the street address of the workplace is not known, print the name of the building where you worked, and a description of the location (such as the nearest street or intersection).

If you worked, in a foreign country or Guam, U.S. Virgin Islands, etc., print the name of the country on the state or foreign country line.

- 32. Mark only one box to indicate the method of transportation used to travel the longest distance to work LAST WEEK.**
- Mark the "**Car, truck, or van**" box if you drove a station wagon, company car, light truck of 1-ton capacity or less, truck cab, mini bus, or private limousine (NOT for hire).
 - Mark the "**Subway or elevated rail**" box if you took the "tren urbano", or other vehicle that operates on tracks or rails with complete separation from other vehicle and pedestrian traffic.
 - Mark the "**Long-distance train or commuter rail**" box if you took long distance rail service such as Amtrak, or a commuter train (also called metropolitan rail, regional rail, or suburban rail) that operates between a central city and surrounding suburbs or other central cities. This does not include rail systems that predominately offer intercity rail service, which is often referred to as subway, metro, or heavy rail.
 - Mark the "**Light rail, Streetcar, or trolley**" box if you rode light rail, streetcar, trolley, cable car, tramway or other vehicle that operates on tracks or rails. Such vehicles are often driven electrically via overhead wires.
 - Mark the "**Taxicab**" box if you took a limousine such as an airport limousine for which a fare is charged.
 - Mark the "**Motorcycle**" box if you rode a motorbike, moped, motor scooter, or similar vehicle that is motor driven.
 - Mark the "**Bicycle**" box if you rode a bicycle or other vehicle that is pedaled.
 - Mark the "**Walked**" box ONLY if you walked all the way to work and used no other means of transportation.
 - Mark the "**Worked at this address**" box if you worked on a farm where you live, or an office or shop in your own home.
 - Mark the "**Other method**" box if you took an airplane, helicopter, horse, horse and buggy, boat (other than public ferries), large motor home, dog sled, large truck or truck rig, All-Terrain Vehicle (ATV), Segway® or other self-balancing electric vehicle, skateboard, inline skates, or motorized chair.

Answer question 33 if you marked "Car, truck, or van" in question 32.

- 33.** If you were driven to work by someone who then drove back home or to a non-work destination, enter "1" in the box labeled "**Person(s).**"
- DO NOT** include persons who rode to school or some other non-work destination in the count of persons who rode in the vehicle.
- 34.** Give the time of day **your trip to work usually begins**. **DO NOT** give the time that you usually began your work.
- If you usually left to go to work sometime between 12:00 o'clock midnight and 12:00 o'clock noon, mark "**a.m.**"
- If you usually left to go to work sometime between 12:00 o'clock noon and 12:00 o'clock midnight, mark "**p.m.**"
- 35.** Travel time is from door to door. Enter a one-way commute time for your usual daily commute to work **LAST WEEK**. Include time waiting for public transportation or picking up passengers in a carpool.

Answer questions 36 through 39 if you did NOT work last week.

- 36a.** You are on *layoff* if you are waiting to be recalled to a job from which you were temporarily separated for business-related reasons.
- 36b.** If you work only during certain seasons or on a day-by-day basis when work is available, mark the **"No"** box.
- 36c.** If you were informed by your employer, either formally or informally, that you will be recalled within the next 6 months, mark the **"Yes"** box. Also mark the **"Yes"** box if you have been given, formally or informally, a specific date to return to work, even if that date is more than 6 months away.
- 37.** Mark the **"Yes"** box if you tried to get a job or start a business or professional practice at any time in the **LAST 4 WEEKS**; for example, registered at a public or private employment office, went to a job interview, placed or answered employment ads, or did anything toward starting a business or professional practice.
- 38.** If you were expecting to report to a job within 30 days, mark the **"Yes, could have gone to work"** box.
- Mark the **"No, because of own temporary illness"** box only if you expect to be able to work within 30 days.
- If you could not have gone to work because you were going to school, taking care of children, etc., mark the **"No, because of all other reasons (in school, etc.)"** box.
- 39.** Refer to the instructions for questions **30a–30b** to determine what to count as work. Mark the **"Over 5 years ago or never worked"** box if you: (1) never worked at any kind of job or business, either full or part time, (2) never worked, with or without pay, in a family business or farm, and (3) never served on active duty in the Armed Forces.

40a–40b.

Refer to the instructions for questions **30a–30b** to determine what to count as work. Include paid vacation, paid sick leave, and military service. Count every week in which you worked at all, even for an hour.

- 41.** If the hours worked each week varied considerably in the **PAST 12 MONTHS**, give an approximate average of the hours worked each week.

Answer questions 42 through 47 if you worked in the past 5 years.

- 42.** If you worked for a cooperative, credit union, mutual insurance company, or similar organization, mark the **"Non-profit organization (including tax-exempt and charitable organizations)"** box.

If you worked for a municipio agency, mark the **"Local government (for example: city or municipio)"** box. If you worked for a public school, college or university, mark the **"State government (including state colleges/universities)"** box.

Employees of foreign governments, the United Nations, and other international organizations should mark the **"Federal government civilian employee"** box.

43. If you worked for a company, business, or government agency, print the name of the company, not the name of your supervisor. If you worked for an individual or a business that had no company name, print the name of the individual you worked for. If you worked in your own un-named business, print "self-employed." If you marked "**Active duty** U.S. Armed Forces or Commissioned Corps," print the name of the branch of the Armed Forces. For Commissioned Corps, enter U.S. Public Health Service or NOAA Commissioned Corps.
44. Describe the business, industry, or individual employer named in question 43. If there is more than one activity, describe only the major activity at the place where you worked. Describe what is made, what is sold, or what service is given. **Enter descriptions like the following:** elementary school, residential construction.
45. Mark one box to indicate the main type of business or industry where you work or worked.
46. Describe the kind of work you did. If you were a trainee, apprentice, or helper, include that in the description.
Enter descriptions like the following: 4th grade teacher, entry-level plumber.
If possible, avoid single words such as: nurse, manager, and teacher.
47. Describe the most important activities or duties you performed for your job.
Enter descriptions like the following: instruct and evaluate students and lesson plans, assemble and install pipe sections and review building plans for work details.

Answer questions 48 through 49 if you are 15 years old or over.

Mark the "**Yes**" or "**No**" box for each type of income, and enter the amount received **IN THE PAST 12 MONTHS** for each "**Yes**" response.

If income from any source was received jointly, report the amount you earned or received, not the total amount you and the other person received jointly.

DO NOT include the following as income in any item:

- Refunds or rebates of any kind
- Withdrawals from savings of any kind
- Capital gains or losses from the sale of homes, shares of stock, etc.
- Inheritances or insurance settlements
- Any type of loan
- Pay in-kind such as food, free rent

- 48a. Include wages and salaries before deductions from **all** jobs. Be sure to include any tips, commissions, or bonuses. Owners of incorporated businesses should enter their salary here. Military personnel should include base pay plus cash housing and/or subsistence allowance, flight pay, uniform allotments, reenlistment bonuses.

48b. Report income from incorporated businesses under wages and salary (question **48a**), and not under self-employment. Include **nonfarm** profit (or loss) from self-employment in sole proprietorships and partnerships. Mark the "**Loss**" box if there is a loss. Exclude profit (or loss) of incorporated businesses you own.

Include **farm** profit (or loss) from self-employment in sole proprietorships and partnerships. Mark the "**Loss**" box if there is a loss. Exclude profit (or loss) of incorporated farm businesses you own. Also exclude amounts from land rented for cash but include amounts from land rented for shares.

48c. Include interest received or credited to checking and saving accounts, money market funds, certificates of deposit (CDs), IRAs, KEOGHs, and government bonds.

Include dividends received, credited, or reinvested from ownership of stocks or mutual funds.

Include profit (or loss) from royalties and the rental of land, buildings or real estate, or from roomers or boarders. Mark the "**Loss**" box if there is a loss. Income received by self-employed persons whose primary source of income is from renting property or from royalties should be included in **48b**. Include regular payments from an estate or trust fund.

48d. Include amounts, before Medicare deductions, of Social Security and/or Railroad Retirement payments you received as a retired person, as a dependent of deceased insured workers, and as a disabled worker.

48e. Include Supplemental Security Income (SSI) received as an elderly, blind, or disabled person. Note: SSI is a nationwide U.S. assistance program administered by the Social Security Administration that guarantees a minimum level of income for needy aged, blind, or disabled individuals. The Puerto Rico Community Survey questionnaire asks about the receipt of SSI; however, SSI is not a federally-administered program in Puerto Rico. The only way a resident of Puerto Rico can appropriately report SSI is if they lived in the United States at anytime during the past 12-month reference period and received SSI.

48f. Include any public assistance or welfare payments you received by check or electronic transfer from the Puerto Rico government or the municipio welfare office, even if received for only one month or less than a year. Include benefits received on behalf of children. These payments are sometimes referred to as Temporary Assistance for Needy Families (TANF), Aid to Families with Dependent Children (AFDC), Aid to Dependent Children (ADC), Welfare or welfare to work, General Assistance, General Relief, Emergency Assistance, and Diversion Payments. **Do not** include assistance received from private charities.

Do not include Supplemental Security Income (SSI), food assistance (such as food stamps and benefits from the Nutritional Assistance Program [PAN], or the Supplemental Nutrition Assistance Program [SNAP]), rental assistance, education assistance, child care assistance, transportation assistance, or assistance with heating or cooling costs or **any other** energy assistance (such as Low Income Home Energy Assistance Program, or LIHEAP).

48g. Include regular income from a company pension, union pension, Federal government pension, state government pension, Puerto Rico and municipio government pensions, U.S. military pension, U.S. Railroad pension, KEOGH retirement plan, SEP (Simplified Employee Pension) or any other type of pension, retirement account or annuity such as IRA, ROTH IRA, 401(k) or 403(b).

Include survivor income paid to spouses or children of a deceased person. Include regular income from a disability pension paid to those who are unable to work due to a disability.

Do not include Social Security or income that is "rolled over" or reinvested in another retirement account.

48h. Include Veterans' (VA) disability compensation and educational assistance payments (VEAP); unemployment compensation, worker's compensation, child support or alimony; and all other regular payments such as Armed Forces transfer payments, assistance from private charities, regular contributions from persons not living with you.

49. Add the total entries (subtracting losses) for **48a** through **48h** for the **PAST 12 MONTHS** and enter that number in the space provided. Mark the **"Loss"** box if there is a loss. Print the total amount in dollars.

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Su guía para

LA
**Encuesta Sobre
La Comunidad
De Puerto Rico**

Alojamientos de grupo

Esta guía provee información que le ayudará a completar el cuestionario. Esta guía es bilingüe. El texto en español empieza en la contracubierta de este folleto. Si necesita más ayuda, llame al número de teléfono que el Representante del Censo le indicó. Después de que haya completado el cuestionario, **por favor, devuélvalo en el sobre** que le hemos provisto. Un Representante del Censo regresará a recogerlo.

This guide is available in Spanish and English. For the English version, flip the guide over and begin on the back page.



Sus Respuestas son Confidenciales y Requeridas por Ley 3

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Sus Respuestas son Confidenciales y Requeridas por Ley

La Oficina del Censo de los EE. UU. está obligada por ley a mantener confidencial su información. A la Oficina del Censo no se le permite divulgar sus respuestas de manera que usted pudiera ser identificado. En conformidad con la Ley para el Fortalecimiento de la Seguridad Cibernética Federal del 2015, sus datos están protegidos contra los riesgos de seguridad cibernética mediante los controles aplicados a los sistemas que transmiten su información.

La misma ley que protege la confidencialidad de sus respuestas **requiere** que usted provea la información que se le pide según su mejor conocimiento.

De Qué Trata la Encuesta - Algunas Preguntas y Respuestas

¿Por qué hacemos una encuesta?

La Oficina del Censo está llevando a cabo la Encuesta sobre la Comunidad de Puerto Rico para proveer datos más actualizados que los que generalmente se recopilan sólo una vez cada 10 años durante el censo decenal.

¿Qué hace la Oficina del Censo con la información que usted provee?

La Encuesta sobre la Comunidad de Puerto Rico será la fuente de datos resumidos que ponemos a la disponibilidad del público y del gobierno federal, el gobierno de Puerto Rico y los gobiernos locales. Los datos ayudarán a los líderes de su comunidad en el gobierno, negocios y organizaciones sin fines de lucro a planear eficazmente.

¿Por qué se seleccionó este alojamiento de grupo (GQ) y cómo fue seleccionado?

Cada año, se seleccionan al azar las instalaciones de alojamientos de grupo (GQ) basada en una lista de muestra de todos los alojamientos de grupo de su área. Mientras más grande es el alojamiento de grupo, mayor es la probabilidad de ser seleccionado para participar en la encuesta una o más veces cada año. La persona contacto del GQ suministra una lista de todos los residentes que se quedan actualmente en el GQ. De esta lista, los representantes del Censo seleccionan residentes al azar para participar en esta encuesta. Una de las ventajas de la muestra al azar es que nos permite medir la población total sin tener que entrevistar a cada persona en cada GQ. Para que esto funcione, no podemos sustituir instalaciones o a individuos en la muestra; la muestra tiene que ser verdaderamente al azar. Su participación es muy importante para nosotros, porque nos permite producir información precisa de esta encuesta.

Por Qué la Oficina del Censo Hace Ciertas Preguntas

A continuación se indican las razones por las cuales hacemos algunas de las preguntas en la encuesta.

Nombre

Los nombres ayudan a asegurar que las personas seleccionadas en este lugar para la encuesta no se listen dos veces. Las identidades de los individuos se mantienen confidenciales.

Lugar de nacimiento

Esta pregunta provee información que se usa para estudiar tendencias a largo plazo de la movilidad de las personas y para estudiar patrones de migración y diferencias en el aumento de la población.

Empleo

Las respuestas a las preguntas sobre el empleo de las personas proveen información sobre la variedad y los tipos de empleo en las diferentes áreas del país. Utilizando esta información, las comunidades pueden desarrollar programas de entrenamiento, y los negocios y gobiernos locales pueden determinar la necesidad de nuevas oportunidades de empleo.

Ingreso

El ingreso ayuda a determinar cuán bien viven las familias o las personas. La información sobre ingreso hace posible comparar los niveles económicos de diferentes áreas y cómo los niveles económicos de una comunidad cambian a través del tiempo. Los fondos para muchos programas gubernamentales se basan en las respuestas a estas preguntas.

Educación

Las respuestas a las preguntas sobre educación en la encuesta ayudan a determinar el número de escuelas públicas, programas de educación y servicios de cuidado diurno nuevos que se requieren en una comunidad.

Impedimentos

Las preguntas sobre impedimentos proveen los medios de asignar fondos federales para servicios de salud y nuevos hospitales en muchas comunidades.

Cómo Completar el Cuestionario para la Encuesta Sobre la Comunidad de Puerto Rico

Use un bolígrafo de tinta azul o negra para completar el cuestionario. Por favor, marque la categoría o categorías según le apliquen a usted. Algunas preguntas le piden que escriba la información en letra de molde. Vea los **Ejemplos** a continuación.

Cerciórese de contestar todas las preguntas que le apliquen a usted. Lea las instrucciones y siga los pasos mientras completa el cuestionario. Estas instrucciones le ayudarán a comprender las preguntas y contestarlas correctamente. Si necesita ayuda, llame al número de teléfono que el representante del Censo le indicó.

Ejemplos de Entradas Escritas y Marcadas

13 a. **En su hogar, ¿habla usted un idioma que no sea inglés?**

Sí

No → *PASE a la pregunta 14a*

b. **¿Qué idioma es ese?**

coreano

Por ejemplo: coreano, italiano, español, vietnamés

23 **¿En qué año se casó usted la última vez?**

Año

2 0 0 8

Instrucciones para Completar las Preguntas de la Encuesta

Este cuestionario es un formulario bilingüe. Un lado está en español y el otro lado está en inglés.

1. Escriba en letra de molde su apellido, nombre e inicial (MI) en los espacios que se proveen.

Entre su número de teléfono, incluyendo el código de área, y la fecha de hoy en las casillas que se proveen.

2. Marque una de las dos casillas para indicar su sexo biológico.

3. Escriba su edad y el mes, día y año de nacimiento. Escriba su edad en su último cumpleaños. No redondee su edad si está a punto de cumplir años. Si usted no sabe su edad exacta, provea un estimado. Escriba "0" para los bebés que tengan menos de 1 año de edad.

Por favor, conteste la pregunta 4 sobre origen hispano y la pregunta 5 sobre raza. Para esta encuesta, origen hispano no es una raza.

4. Usted es de origen hispano, latino o español si su origen (ascendencia) es mexicano, mexicano americano, chicano, puertorriqueño, cubano, argentino, colombiano, costarricense, dominicano, ecuatoriano, guatemalteco, hondureño, nicaragüense, peruano, salvadoreño, de otros países hispanohablantes de Centro o Sudamérica, o de España.

El término *mexicano americano* se refiere a las personas de origen o ascendencia mexicana.

Si marca la casilla "**Sí, otro origen hispano, latino o español**", escriba en letra de molde el nombre del grupo específico.

Si usted no es de origen hispano, latino o español, conteste esta pregunta marcando la casilla "**No, no es de origen hispano, latino o español**".

Esta pregunta debe ser contestada por **todos** los individuos.

5. Marque todas las casillas para las razas apropiadas.

El concepto de raza, de acuerdo con el uso la Oficina del Censo, refleja la auto-identificación de las personas con la raza o las razas con las cuales se identifican.

La explicación que precede a la pregunta 4, "*Para esta encuesta, origen hispano no es una raza*", refleja la manera en que el gobierno federal trata el origen hispano y la raza como dos conceptos separados y distintos. Las personas que identifican su origen como hispano, latino o español pueden ser de cualquier raza.

Las personas pueden optar por proporcionar dos razas o más, ya sea marcando las casillas de respuesta de dos razas o más, escribiendo múltiples respuestas o mediante la combinación de marcar las casillas y escribir las respuestas.

Si usted marca la casilla "**India americana o nativa de Alaska**", escriba en el espacio provisto el nombre de la tribu o las tribus en las que está inscrito, o la tribu principal (por ejemplo, Navajo Nation, Blackfeet Tribe, Muscogee (Creek) Nation, Maya, Doyon, Native Village of Barrow Inupiat Traditional Government, etc.).

Si usted marca la casilla "**Otra asiática**", escriba el nombre del grupo o los grupos específicos en el espacio provisto (por ejemplo, paquistaní, camboyano, hmong, tailandés, laosiano, bangladés, etc.).

Si usted marca la casilla "**Otra de las islas del Pacífico**", escriba el nombre del grupo o los grupos específicos en el espacio provisto (por ejemplo, tongano, fiyiano, de las Islas Marshall, palauano, tahitiano, papú neoguineano, etc.).

Si usted marca la casilla "**Alguna otra raza**", escriba el nombre del grupo o los grupos específicos en el espacio provisto.

Esta pregunta debe ser contestada para **todos** los individuos.

6. *Para las personas que nacieron en los Estados Unidos:*

Marque la casilla "**En los Estados Unidos**" y luego escriba en letra de molde el nombre del estado donde usted nació. Si nació en Washington, D.C., escriba en letra de molde "Distrito de Columbia".

Para las personas que nacieron fuera de los Estados Unidos:

Marque la casilla "**Fuera de los Estados Unidos**" y luego escriba en letra de molde el nombre del país extranjero o Puerto Rico, donde usted nació. Use las fronteras actuales, no las fronteras que existían cuando usted nació. Por ejemplo, especifique República Checa o Eslovaquia, no Checoslovaquia; Corea del Norte o Corea del Sur, no Corea. Especifique el país particular, no la región. Por ejemplo, especifique Jamaica, no Antillas; Kenia, no África Oriental.

7. Si usted nació en Puerto Rico, marque la casilla "**Sí, nació en Puerto Rico**". Si usted nació en los Estados Unidos, el Distrito de Columbia, Guam, las Islas Vírgenes de los Estados Unidos o las Islas Marianas del Norte, marque la casilla "**Sí, nació en los Estados Unidos, el Distrito de Columbia, Guam, las Islas Vírgenes de los Estados Unidos o las Islas Marianas del Norte**". Aunque no esté listada, si usted nació en Samoa Americana, marque la casilla "**Sí, nació en los Estados Unidos, el Distrito de Columbia, Guam, las Islas Vírgenes de los Estados Unidos o las Islas Marianas del Norte**". Si usted nació fuera de los Estados Unidos (los 50 estados y el Distrito de Columbia) o en altamar y tiene por lo menos un padre o la madre era ciudadano(a) de los EE.UU. cuando usted nació, marque la casilla "**Sí, nació en el extranjero de padre o madre que es ciudadano(a) de los EE.UU.**". Marque la casilla "**Sí, es ciudadano(a) de los Estados Unidos por naturalización**" sólo si usted nació fuera de los Estados Unidos (50 estados y el Distrito de Columbia) y ha completado el proceso de naturalización y ahora es ciudadano(a) de los Estados Unidos. En la casilla a continuación escriba el año de cuatro dígitos en el cual usted completó el proceso formal de naturalización. Si usted no es ciudadano de los Estados Unidos, marque la casilla "**No, no es ciudadano(a) de los Estados Unidos**". Los Residentes Permanentes Legales (LPR) o personas que tienen una tarjeta de residente, u otros inmigrantes no naturalizados, o los visitantes a los EE.UU. no son ciudadanos de los Estados Unidos.
- 9a. Una *escuela pública* es cualquier escuela o universidad que está mantenida y administrada por el gobierno de Puerto Rico o el gobierno federal. Las escuelas son *privadas* si son mantenidas y administradas principalmente por organizaciones religiosas o grupos privados. *La enseñanza en el hogar (home school)* se aplica a la educación guiada por los padres fuera de una escuela pública o privada para los grados del 1 al 12.
- 9b. Solamente marque los grados a los cuales asistió en los **ÚLTIMOS 3 MESES**. Si el mes actual es un mes del verano, no marque los grados a los cuales asistirá en el futuro.

- 10. Marque UNA sola casilla** para indicar el grado o nivel escolar más alto que usted ha **COMPLETADO** o el **título más alto** que ha recibido.

Informe educación completada en un país extranjero o en escuelas sin grados, como el nivel equivalente de educación en el sistema regular estadounidense de educación.

Marque la casilla "**GED o examen equivalente**" si usted no recibió un diploma regular de escuela superior pero completó la escuela superior aprobando un examen de Equivalencia de Escuela Superior (GED, por sus siglas en inglés) u otro reconocimiento formal por una escuela superior o autoridad gubernamental.

Si usted no ha completado ningún curso universitario con crédito, marque el nivel más alto completado por debajo del nivel universitario. Si usted no ha completado suficientes créditos para ser contado(a) como que está en el segundo año, marque la casilla "**Algunos créditos universitarios, pero menos de 1 año de créditos universitarios**".

Para la categoría "**Título profesional más allá de un título de bachillerato universitario**", **no** incluya certificados o diplomas por adiestramiento en oficios específicos u ocupaciones tales como tecnología de computadoras y electrónica, asistente médico o cosmetología. **NO** incluya certificados adquiridos después del bachillerato universitario que están relacionados con adiestramiento ocupacionales en campos tales como la enseñanza, contabilidad e ingeniería.

- 11.** Conteste esta pregunta solamente si usted tiene un título de bachillerato universitario o uno más alto. Escriba en letra de molde el título específico de la concentración de estudio de su **BACHILLERATO UNIVERSITARIO**. Si usted tiene más de un título de bachillerato universitario o más de una concentración de estudio, escriba en letra de molde los nombres específicos de todas las concentraciones de estudios de cada título de bachillerato universitario que usted tiene.

- 12.** Escriba en letra de molde su ascendencia. La *ascendencia* se refiere a su origen étnico o descendencia, "raíces" o herencia. La *ascendencia* también puede referirse al país donde usted o sus padres o antepasados nacieron antes de su llegada a Puerto Rico. Conteste esta pregunta sin tener en cuenta su clasificación de raza, origen, hispano o lugar de nacimiento.

No informe un grupo religioso como su ascendencia.

Usted puede informar dos grupos de ascendencia (por ejemplo: alemán, irlandés).

- 13a.** Marque la casilla "**Sí**" si usted a veces o siempre habla en su hogar un idioma que no sea inglés.

Marque la casilla "**No**" si usted sólo habla inglés, o si sólo habla un idioma que no sea inglés en la escuela o está limitado a algunas expresiones o jerga en ese otro idioma.

- 13b.** Si usted habla más de un idioma que no sea inglés y tiene dificultad en determinar cuál se habla más, informe el idioma que usted aprendió a hablar primero.

- 14a.** Si usted no vivía en Puerto Rico o los Estados Unidos hace un año, marque la casilla "**No, fuera de Puerto Rico y los Estados Unidos**" y escriba en letra de molde el nombre del país extranjero, Islas Virgenes de los Estados Unidos, Guam, etc., donde vivía usted. Sea específico cuando escribía el nombre del país extranjero; por ejemplo, especifique República Checa o Eslovaquia, no Checoslovaquia; Corea del Norte o del Sur, no Corea. Especifique el país particular, no la región. Por ejemplo, especifique Jamaica, no Antillas; Kenia, no África Oriental. Luego, **PASE** a la pregunta **15**.

Si usted vivía en algún otro lugar en los Estados Unidos o Puerto Rico hace un año, marque la casilla "**No, en una dirección diferente en los Estados Unidos o Puerto Rico**".

- 14b.** Incluya el número de la casa o de la estructura, el nombre de la calle, el tipo de calle (por ejemplo, calle, carretera, avenida); y la dirección de la calle (si la orientación tal como "Norte" es parte de la dirección). Por ejemplo, escriba 1239 N. Main St. o 1239 Main St. N.W., solamente 1239 Main. Si usted vivía en Puerto Rico, la dirección también debe incluir el nombre de la urbanización o del edificio.

*Si la única dirección que es conocida es de un apartado postal, dé una descripción del lugar. Por ejemplo, escriba en letra de molde el nombre del edificio en el cual usted vivía, la intersección más cercana, el nombre de la instalación o base militar, o la calle más cercana, etc. **NO escriba el número de un apartado postal.***

Escriba en letra de molde el nombre del municipio si usted estaba en Puerto Rico. Si usted vivía en Louisiana, escriba en letra de molde el nombre de la parroquia en el espacio "**Nombre del municipio en Puerto Rico o condado de los Estados Unidos**". Si vivía en Alaska, escriba en letra de molde el nombre del distrito o área censal, si lo sabe. Si vivía en la ciudad de Nueva York y no sabe el nombre del condado, escriba en letra de molde el nombre del distrito. Si usted vivía en una ciudad independiente (no en un condado), o en Washington, D.C., deje en blanco el espacio "**Nombre del municipio en Puerto Rico o condado de los Estados Unidos**".

- 15.** Si usted recibió beneficios del gobierno para comprar alimentos utilizando una tarjeta de beneficios, marque la casilla "**Sí**".

- 16.** Marque la casilla "**Sí**" o "**No**" para cada parte de la pregunta **16**.

Si usted reporta cualquier otro tipo de plan de cobertura en la pregunta **16h**, especifique el tipo de cobertura o el nombre del plan en el espacio que se provee. **NO** incluya planes que cubran un solo tipo de cuidado médico (como planes dentales) o planes que solamente cubran a una persona en caso de un accidente o impedimento.

- 17.** Si usted tiene más de un tipo de seguro médico, responda a estas preguntas pensando en su seguro médico principal.

Conteste las preguntas 19a a la 19c si usted tiene 5 años de edad o más.

19a–19c.

Marque la casilla "**Sí**" o "**No**" en las partes a, b y c de la pregunta **19** para indicar si usted tiene una dificultad para llevar a cabo algunas de las actividades listadas debido a una condición física, mental o emocional.

Conteste las preguntas 20 a la 49 si usted tiene 15 años de edad o más.

21. Marque la casilla "**Casado(a) actualmente**" si usted está casado(a), sin importar si su esposo o esposa vive en el hogar, a menos que estén separados. Si su único matrimonio fue anulado, marque la casilla "**Nunca se ha casado**". Marque la casilla "**Divorciado(a)**" solamente si usted ha recibido una sentencia de divorcio.

22. Marque la casilla "**Sí**" solamente si usted ha recibido una sentencia de divorcio en los **PASADOS 12 MESES**.

23. No cuente matrimonios que fueron anulados.

24. Anote los cuatro dígitos del año en que usted se casó por última vez, incluso si usted ahora ha enviudado, se ha divorciado o se ha separado.

Conteste la pregunta 25 si usted es de sexo femenino y tiene entre 15 y 50 años de edad.

25. Marque la casilla "**Sí**" si usted ha dado a luz a un hijo vivo en los **ÚLTIMOS 12 MESES**, aun si el hijo falleció o si ya no vive con usted. No considere abortos naturales o hijos nacidos muertos, ni cualquier niño adoptado, menor en el hogar por el programa de hogares de crianza o hijastro.

27. El *servicio militar activo* significa servicio a tiempo completo como miembro del Ejército, la Fuerza Naval, la Fuerza Aérea, el Cuerpo de la Marina, los Guardacostas o como oficial nombrado de Servicios de Salud Pública o de la Administración Nacional Oceánica y Atmosférica, o sus predecesores, el Servicio Costero y Geodésico o la Administración de Servicios de Ciencias Ambientales. El *servicio militar activo* no incluye entrenamiento en *servicio militar activo*. El *servicio activo* también se refiere a los cadetes que asisten a una de las cinco Academias del Servicio Militar de los EE.UU. Para servicio militar en la Guardia Nacional o en la Reserva Militar, marque la casilla "**Servicio activo solamente para entrenamiento para la Reserva Militar o la Guardia Nacional**" si nunca ha sido movilizado, desplegado o llamado a servicio activo. Para servicio solamente como empleado(a) civil o voluntario(a) civil de la Cruz Roja, USO, Servicio de Salud Pública o Departamento de Defensa o Guerra, marque la casilla "**Nunca estuvo en el servicio militar**". Para servicio en la Marina Mercante, cuente solamente como servicio activo el servicio durante la Segunda Guerra Mundial y no otro período de servicio.

28. Marque todas las respuestas que apliquen.

29a. Marque la casilla "**Sí**" si usted tiene una clasificación de incapacidad relacionada con su servicio por el Departamento de Asuntos de Veteranos (VA).

29b. Marque la casilla "**0 por ciento**" si usted ha recibido una clasificación de incapacidad relacionada con el servicio de cero. **NO** marque la casilla de "**0 por ciento**" para indicar que no recibió ninguna clasificación.

30a-30b.

Cuenta como trabajo – Marque la casilla "Sí" si usted hizo:

- Trabajo para otra persona por salario, sueldo, pago a destajo, comisión, propinas o pagos en especie (por ejemplo, comida o albergue recibido como pago por trabajo hecho).
- Trabajo en su propio negocio, práctica profesional o finca.
- Cualquier trabajo en un negocio o finca de la familia, pagado o no, durante 15 horas o más a la semana.
- Cualquier trabajo a tiempo parcial, incluyendo el cuidar niños, repartir periódicos, etc.
- Servicio activo en las Fuerzas Armadas.

No cuenta como trabajo – Marque la casilla "No" si sus actividades se limitaban a lo siguiente:

- Quehaceres domésticos o jardinería en el hogar.
- Trabajo voluntario sin paga.
- Tareas completadas como estudiante.
- Trabajo desempeñado como residente o recluso de una institución (como un hogar de convalecencia o asilo o una instalación correccional).

- 31.** *Incluya el número del edificio o de la estructura; el nombre de la calle; el tipo de calle (por ejemplo, Calle, Carretera, Avenida); y la dirección de la calle (si la dirección, tal como "Norte", es parte de la dirección). Por ejemplo, escriba 1239 Calle Principal o 1239 Calle Principal, N.W. no solamente 1239 Calle Principal.*

*Si la única dirección que es conocida es de un apartado postal, dé una descripción del lugar de trabajo. Por ejemplo, escriba en letra de molde el nombre del edificio o centro comercial en el cual usted trabaja, la intersección más cercana, o la calle más cercana de donde se encuentra su lugar de trabajo, etc. **NO de un número de apartado postal.***

Si usted trabajó en una instalación o base militar que no tiene una dirección de calle, informe el nombre de la instalación o base militar y una descripción del lugar de trabajo (tal como el número del edificio, el nombre del edificio, la calle o intersección más cercana).

Si usted trabajó en varios lugares pero iba al mismo lugar cada día para empezar a trabajar, escriba en letra de molde la dirección de calle del lugar donde iba. Si usted no iba al mismo lugar cada día para empezar a trabajar, escriba en letra de molde la dirección del lugar donde trabajó la mayor parte del tiempo durante la semana anterior.

Si su empleador opera en más de un lugar (tal como una cadena de supermercados o sistema de escuelas públicas), escriba en letra de molde la dirección de calle del lugar o sucursal donde usted trabajó. Si no sabe la dirección de calle de una escuela, escriba en letra de molde el nombre de la escuela y una descripción del lugar (tal como la calle o intersección más cercana).

Si usted trabajó en un recinto de un colegio o universidad y no sabe la dirección de calle del lugar de trabajo, escriba en letra de molde el nombre del edificio donde trabajó y una descripción del lugar (tal como la calle o intersección más cercana).

Si usted trabajó en los Estados Unidos o en un país extranjero, Guam, etc., escriba en letra de molde el nombre del país extranjero.

- 32.** Marque solamente una casilla para indicar el método de transportación que usó para viajar **la distancia más larga** al trabajo **LA SEMANA PASADA**.
- Marque la casilla "**Automóvil, camión o van**" si usted manejó un station wagon, un automóvil de una compañía, camioneta ligera con capacidad para una tonelada o menos, cabina de camión, minibús o limusina privada (NO de alquiler).
 - Marque la casilla "**Tren subterráneo o elevado**" si usted viajó en el tren subterráneo o cualquier otro vehículo que opere sobre rieles o carriles y esté completamente separado de otro tránsito de vehículos o peatones.
 - Marque la casilla "**Tren de viajes largos o de cercanías**" si usted viajó en un servicio de trenes de viajes largos, como Amtrak, o un tren de cercanías (conocido también como tren metropolitano, tren regional o tren suburbano) que opere entre una ciudad central y los alrededores u otras ciudades centrales. Esto no incluye los sistemas de trenes que ofrecen principalmente servicio dentro de las ciudades, los cuales se conocen generalmente como subterráneo, metro o tren urbano.
 - Marque la casilla "**Carro público**" si usted viajó en automóvil, camión o van usado para transportación pública en rutas fijas. Estos son operado por compañías privadas.
 - Marque la casilla "**Taxi**" si usted viajó en limusina, tal como una limusina del aeropuerto por la cual hay que pagar.
 - Marque la casilla "**Motocicleta**" si usted viajó en motocicleta pequeña, ciclomotor, vespa o un vehículo similar que funcione con motor.
 - Marque la casilla "**Bicicleta**" si usted viajó en bicicleta o cualquier otro vehículo con pedales.
 - Marque la casilla "**Caminó**" SOLO si usted caminó todo el camino al trabajo y no usó otro medio de transportación.
 - Marque la casilla "**Trabajó en esta dirección**" si usted trabajó en una finca donde usted vive, o en una oficina o tienda en su propia casa.
 - Marque la casilla "**Otro método**" si usted viajó en avión, helicóptero, a caballo, en carruaje con caballo, embarcación (que no sea un ferri público), casa motorizada grande, trineo guiado por perros, camión grande, vehículo todoterreno (ATV), Segway® u otro vehículo eléctrico autoequilibrado, patineta, patines o silla motorizada.

Conteste la pregunta 33 si usted marcó "Automóvil, camión o van" en la pregunta 32.

- 33.** Si otra persona lo llevó al trabajo y luego regresó al hogar o condujo a un destino que no fuera el trabajo, entre "1" en la casilla para "Persona(s)".
NO incluya en el recuento de personas que viajaron en el vehículo a las personas que viajaron a la escuela u otro destino que no fuera el trabajo.
- 34.** Dé la hora del día en que **comienza su viaje al trabajo habitualmente**. **NO DÉ** la hora a la que empieza a trabajar habitualmente.
Si usted habitualmente salió para ir al trabajo en algún momento entre las 12 de la medianoche y las 12 del mediodía, marque "**a. m.**".
Si usted habitualmente salió para ir al trabajo en algún momento entre las 12 del mediodía y las 12 de la medianoche, marque "**p. m.**".
- 35.** El tiempo de viaje es de puerta a puerta. Entre el tiempo de viaje al trabajo **LA SEMANA PASADA**. Incluya la cantidad de tiempo que le tomo esperar por la transportación pública o para recoger a pasajeros en una sola dirección para el viaje "carpool".

Conteste las preguntas 36 a la 39 si usted no trabajó la semana pasada.

36a. Usted *está suspendido (on layoff)* o en cesantía si está esperando que lo llamen para regresar a un trabajo del que estaba temporariamente separado por motivos relacionados con la empresa.

36b. Si usted sólo trabaja durante ciertas temporadas o los días cuando hay trabajo disponible, marque la casilla "**No**".

36c. Marque la casilla "**Sí**" si su patrono le informó, formal o informalmente, que sería llamado de nuevo dentro de los próximos 6 meses. También marque "**Sí**" si le han indicado, formal o informalmente, una fecha específica para regresar al trabajo, aunque esa fecha esté seis meses en el futuro.

37. Marque la casilla "**Sí**" si usted intentó conseguir un trabajo o empezar un negocio o una práctica profesional durante cualquier momento en las **ÚLTIMAS 4 SEMANAS**; por ejemplo, si está registrado(a) en una oficina de empleo, fue a una entrevista de trabajo, puso o respondió a anuncios de empleo, o hizo algo para empezar un negocio o práctica profesional.

38. Si usted tenía intenciones de comenzar un trabajo dentro de 30 días, marque el cuadrado "**Sí, hubiera podido ir a trabajar**".

Marque la casilla "**No, debido a una enfermedad temporera propia**" sólo si usted espera trabajar dentro de 30 días.

Si usted no hubiera podido ir al trabajo porque asistía a la escuela, cuidaba a niños, etc., marque la casilla "**No, debido a otras razones (en la escuela, etc.)**".

39. Refiérase a las instrucciones para las preguntas **30a–30b** para determinar qué considerar como trabajo. Marque la casilla "**Hace más de 5 años o nunca trabajó**" si usted: (1) nunca trabajó en ningún tipo de trabajo o negocio, a tiempo completo o parcial, (2) nunca trabajó, con o sin paga, en un negocio o finca de la familia y (3) nunca estuvo en servicio activo en las Fuerzas Armadas.

40a–40b.

Refiérase a las instrucciones para las preguntas **30a–30b** para determinar qué considerar como trabajo. Incluya días de vacaciones pagados, días por enfermedad pagados y servicio militar. Cuente toda semana durante la cual la persona trabajó, aun si fuera por una hora.

41. Si las horas trabajadas cada semana difirieron considerablemente durante los **ÚLTIMOS 12 MESES**, dé un promedio aproximado de las horas trabajadas cada semana.

Conteste las preguntas 42 a la 47 si usted trabajó en los últimos 5 años.

- 42.** Si usted trabajó para una cooperativa, cooperativa de crédito, compañía de seguros mutuos o una organización similar, marque la casilla "empleado(a) de una **organización privada sin fines de lucro** (incluyendo las organizaciones exentas de impuestos y de caridad").

Si usted trabajó para una agencia de un municipio, marque la casilla "**Gobierno local (por ejemplo: ciudad o municipio)**". Si usted trabajó en una escuela pública, colegio universitario o universidad, marque la casilla "**gobierno estatal (incluyendo colegios/universidades estatales).**"

Los empleados de gobiernos extranjeros, las Naciones Unidas y otras organizaciones internacionales deben marcar la casilla "empleado(a) civil del **gobierno federal**".

- 43.** Si usted trabajó para una compañía, empresa o agencia gubernamental, escriba en letra de molde el nombre de la compañía, no el nombre de su supervisor Si trabajó para un individuo o una empresa que no tiene un nombre de compañía, escriba en letra de molde el nombre del individuo para el cual trabajó. Si trabajó en su propia empresa que no tiene nombre, escriba en letra de molde "empleado(a) por cuenta propia". Si usted marcó "**Servicio activo**" en las Fuerzas Armadas de los EE. UU.", escriba el nombre de la rama de las Fuerzas Armadas. Para los Cuerpos Comisionados, escriba Servicio de Salud Pública de los EE. UU. o Cuerpos Comisionados de NOAA.

- 44.** Describa la empresa, industria o patrono individual que se anotó en la pregunta 43. Si hay más de una actividad, solo describa la actividad principal en el lugar donde usted trabajó. Anote lo que se confecciona, lo que se vende o qué tipo de servicio se provee.

Anote descripciones como las siguientes: escuela primaria, construcción de residencias.

- 45.** Marque una casilla para indicar el principal tipo de negocio o industria donde trabaja o trabajó esta persona.

- 46.** Describa el tipo de trabajo que usted desempeñó. Si estaba en entrenamiento, era aprendiz o asistente, inclúyalo en la descripción.

Anote descripciones como las siguientes: Maestro de cuarto grado, plomero principiante..

Si es posible, evite escribir una sola palabra, como: enfermera, gerente y maestro.

- 47.** Describa las tareas o actividades más importantes que usted realizó en su trabajo.

Anote descripciones como las siguientes: impartir clases, evaluar a los estudiantes y planificar clases, ensamblar e instalar secciones de tuberías y revisar los detalles de trabajo de los planes de construcción.

Conteste las preguntas 48 a la 49 si usted tiene 15 años de edad o más.

Marque la categoría "**Sí**" o "**No**" para cada parte de las preguntas sobre ingreso y entre la cantidad recibida en los **ÚLTIMOS 12 MESES** para cada respuesta "**Sí**".

Si se recibió en conjunto ingreso de cualquier fuente, informe la cantidad que usted ganó o recibió; no la cantidad total que usted y la otra persona recibieron en conjunto.

NO incluya lo siguiente como ingreso en ninguna pregunta:

- Reembolsos o descuentos de cualquier tipo
- Retiros de cuentas de ahorros de cualquier tipo
- Plusvalías o minusvalías de la venta de casas o acciones
- Herencias o acuerdos con seguros
- Cualquier tipo de préstamo
- Pagos en especie, tales como comida o alquiler gratuito

48a. Incluya jornales y salarios antes de aplicarse las deducciones de **todos** los trabajos. Asegúrese de incluir cualquier propina, comisión o bono. Los propietarios de negocios constituidos en sociedad (incorporados) deben anotar sus salarios aquí. El personal militar debe incluir su paga básica más la asignación de dinero para vivienda o subsistencia, pago por tiempo de vuelo, asignaciones de dinero para uniformes y bonos por volver a alistarse.

48b. Indique el ingreso obtenido de negocios incorporados bajo la categoría de jornales, sueldos y salarios (la pregunta **48a**), y no bajo empleo por cuenta propia. Incluya ganancias (o pérdidas) de un empleo por cuenta propia en un negocio **no agrícola** de propiedad única o en sociedad. Marque la casilla "**Pérdida**" si hay alguna pérdida. No incluya ganancias (o pérdidas) de negocios incorporados que son propiedad suya.

Incluya las ganancias (o pérdidas) **agrícolas** de empleo por cuenta propia en empresas individuales o en sociedad. Marque la casilla "**Pérdida**" si hay alguna pérdida. No incluya ganancias (o pérdidas) de negocios agrícolas incorporados que son propiedad suya. Tampoco incluya cantidades por terreno alquilado por dinero en efectivo, pero incluya cantidades por terreno alquilado en aparcería.

48c. Incluya intereses recibidos o acreditados a cuentas corrientes y cuentas de ahorros, fondos del mercado monetario (money market), certificados de depósito (CD), cuentas de retiro individual (IRA), planes KEOGH y bonos del gobierno.

Incluya dividendos recibidos, acreditados o reinvertidos de la propiedad de acciones o fondos comunes de inversión.

Incluya ingresos (o pérdidas) de derechos de autor, alquiler de terreno, edificios o bienes raíces, o de inquilinos o pupilos. Marque la casilla "**Pérdida**" si hay alguna pérdida. El ingreso recibido por personas empleadas por cuenta propia cuya fuente principal de ingreso es el alquiler de propiedad o por derechos de autor debe incluirse en **48b**. Incluya pagos regulares de una herencia o de un fondo de fideicomiso.

48d. Incluya las cantidades, antes de las deducciones por Medicare, pagos del Seguro Social o retiro para personal de los ferrocarriles, dependientes de empleados asegurados fallecidos y empleados incapacitados.

48e. Incluya ingreso de Seguridad de Ingreso Suplemental (SSI) que recibió por ser una persona de edad avanzada, ciega o impedida. Nota: SSI [Seguridad de Ingreso Suplementario] es un programa nacional de asistencia de los Estados Unidos administrado por la Administración de Seguro Social que garantiza un nivel mínimo de ingreso para las personas con necesidades de edad avanzada, ciegas o con impedimentos. El cuestionario de la Encuesta sobre la Comunidad de Puerto Rico tiene la pregunta sobre el recibo de SSI; sin embargo, el SSI no es un programa administrado por el gobierno federal en Puerto Rico. La única manera que un residente de Puerto Rico puede reportar adecuadamente la SSI es si vivió en los Estados Unidos en cualquier momento durante los últimos 12 meses y recibió SSI.

48f. Incluya cualquier pago de asistencia pública o bienestar público (welfare) que usted recibió de la oficina de bienestar del gobierno de Puerto Rico o del municipio. A veces nos referimos a estos pagos como TANF (Ayuda Temporal a Familias Necesitadas), AFDC (Ayuda a Familias con Niños Dependientes), ADC (Ayuda a Niños Dependientes, el Bienestar o el Programa de Asistencia Social al Trabajo), Asistencia General, Ayuda General, Asistencia de Emergencia, y Pagos Adicionales para Necesidades Inmediatas. No incluya la asistencia recibida de instituciones benéficas privadas.

No incluya Seguridad de Ingreso Suplementario (SSI), asistencia para el pago de alimentos (tales como cupones de alimentos y beneficios del Programa de Asistencia Nutricional [PAN], o el Programa de Asistencia Nutricional Suplementario [SNAP]), asistencia para el pago de alquiler, asistencia para la educación, asistencia para el cuidado de niños, asistencia para pago de transportación o asistencia con los costos de calefacción o aire acondicionado o **cualquier otra** asistencia de energía [tal como el Programa de Asistencia de Energía para Hogares de Bajos Ingresos (LIHEAP)].

48g. Incluya ingresos regulares de la pensión de una compañía, pensión de un sindicato, pensión del gobierno federal, pensiones del gobierno de Puerto Rico y de los gobiernos de los municipios, pensión del las Fuerzas Armadas de los EE. UU., pensión de los trabajadores ferroviarios de los EE. UU., plan de retiro KEOGH, SEP (Pensión Simplificada para Empleado) o cualquier otro tipo de pensión, cuenta de retiro o anualidad como IRA, ROTH IRA, 401(k) o 403(b).

Incluya ingresos de sobrevivientes que se pagan a los cónyuges e hijos de la persona fallecida. Incluya ingresos regulares de una pensión por discapacidad que se paga a las personas que no pueden trabajar debido a unadiscapacidad.

No incluya el Seguro Social ni el ingreso que se "pasa a otra cuenta" o se reinvierte en otra cuenta de retiro.

48h. Incluya compensaciones de la Administración de Veteranos (VA) y el Programa de Asistencia Educativa para Veteranos (VEAP), compensación por desempleo, compensación laboral, pensión para hijos menores, pensiones alimenticias o pensión de su ex pareja, y todos los otros pagos recibidos regularmente, tales como pagos de transferencia de personal de las Fuerzas Armadas, asistencia de instituciones benéficas privadas, y contribuciones regulares de personas que no viven con usted.

49. Sume las cantidades totales (restando las pérdidas) en **48a a 48h** para los **ÚLTIMOS 12 MESES** y anote esta cantidad en el espacio provisto. Marque la casilla de pérdida si hay una "**Pérdida**" si hay alguna pérdida. Escriba la cantidad total en dólares.

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ACS-26(L)(GQ)(PR)(R)(2019)
(8-2017)



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau
Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

A message from the Director, U.S. Census Bureau ...

Dear Resident:

Thank You

On behalf of the U.S. Census Bureau, I thank you for participating in the Puerto Rico Community Survey. The success of the survey depends upon cooperation from you and the other residents selected for the survey. The U.S. Census Bureau is required by law to keep your information confidential. We are not permitted to publicly release your responses in a way that could identify you. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data.

Puerto Rico and local governments will use summarized information from this survey to make decisions that affect you and your community, and to develop programs that will provide many goods and services, including health care, education, and transportation. To learn more about the Puerto Rico Community Survey and to review the survey results, visit our Web site at census.gov/acs.

Your participation is greatly appreciated.

ACS-26(L)(GQ)(PR)(R)(2019)
(8-2017)



UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau
Washington, DC 20233-0001
OFFICE OF THE DIRECTOR

Un mensaje del Director de la Oficina del Censo de los EE. UU. ...

Estimado(a) residente:

Gracias

En nombre de la Oficina del Censo de los EE. UU., le agradezco su participación en la Encuesta sobre la Comunidad de Puerto Rico. El éxito de esta encuesta depende de la cooperación que recibimos de usted y de los otros residentes seleccionados para esta encuesta. La Oficina del Censo de los EE. UU. está obligada por ley a mantener confidencial su información. A la Oficina del Censo no se le permite divulgar sus respuestas de manera que usted pudiera ser identificado. En conformidad con la Ley para el Fortalecimiento de la Seguridad Cibernética Federal del 2015, sus datos están protegidos contra los riesgos de seguridad cibernética mediante los controles aplicados a los sistemas que transmiten su información.

El gobierno de Puerto Rico y los gobiernos locales usarán información resumida de esta encuesta para tomar decisiones que les conciernen a usted y su comunidad, y para elaborar programas que proporcionarán muchos bienes y servicios, incluso atención médica, educación y transportación. Para obtener más información acerca de la Encuesta sobre la Comunidad de Puerto Rico y para revisar los resultados de la encuesta, visite nuestro sitio en la Internet en census.gov/acs.

Le agradecemos mucho su participación.



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The Puerto Rico Community Survey

Group Quarters



Oficina del **Censo**
Estados Unidos
Puerto Rico

U.S. Department of Commerce
Economics and Statistics Administration
U.S. CENSUS BUREAU
census.gov

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What is the Puerto Rico Community Survey?

The Puerto Rico Community Survey is part of the decennial census program. It is a survey that collects and produces statistical information about the current social, economic, and housing characteristics of Puerto Rico. The Puerto Rico Community Survey provides this information each year. Previously, this information was available only once every 10 years when the U.S. Census Bureau conducted the decennial census.

Do the sampled group quarters and individuals have to answer the questions on the Puerto Rico Community Survey?

Yes. Your facility participation and your response to this survey is required by law (Title 13, United States Code, Sections 141, 193, and 221). The Census Bureau estimates the survey will take about 25 minutes to complete. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Paperwork Reduction Project 0607-0810, U.S. Census Bureau, 4600 Silver Hill Road, AMSD-3K138, Washington, DC 20233. You may e-mail comments to Paperwork@census.gov; use "Paperwork Project 0607-0810" as the subject.

The U.S. Office of Management and Budget (OMB) approved this survey and gave it OMB approval No. 0607-0810. Displaying this number shows that the Census Bureau is authorized to conduct this survey. Please use this number in any correspondence concerning this survey. Respondents are not required to respond to any information collection unless it displays a valid approval number from the OMB.

Do I have to answer these questions every year?

A random sample of group quarters (GQ) facilities in Puerto Rico and a random sample of the people staying at these sampled facilities are selected each year to participate in the Puerto Rico Community Survey. You will not be asked to complete the Puerto Rico Community Survey GQ questionnaire every year. You will be asked to complete the survey information only when you are randomly selected from all people staying at a sampled GQ. It is important that each sampled person respond to this mandatory survey so that the Census Bureau can produce characteristics about the GQ populations in your community and in Puerto Rico each year.

Why did you select this group quarters facility, and how did I get selected?

This GQ was selected from a sample of all GQs in your area. The GQ and individuals are randomly selected from this list each year, so we cannot substitute another GQ for this one.

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One of the advantages of a random sample is that we can use it to measure the whole population without having to actually interview every person at every GQ. But in order for it to work, we cannot substitute sampled facilities or individuals; the sample has to be truly random. Your participation is very important if we're going to be able to produce accurate statistics from this survey.

How will the Census Bureau use the information that I provide?

By law, the Census Bureau can only use your responses to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify you. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. The Census Bureau will also use this information to improve the Puerto Rico Community Survey, ultimately resulting in even better data for your community and the nation.

How do I benefit by answering the Puerto Rico Community Survey?

Federal agencies and communities in Puerto Rico say that they do not have the up-to-date information they need to better understand community issues, respond to needs, and allocate programs and resources. As one community leader stated, "Guessing is always fun, but seldom effective."

By responding to the Puerto Rico Community Survey questionnaire, you are helping your community establish community goals, identify community problems and solutions, locate facilities and programs, and measure the performance of programs.

The Puerto Rico Community Survey estimates are used by:

- Local governments for budgeting, evaluating programs, and planning for community development projects.
- Community programs, such as those for the elderly, scouts, libraries, banks, hospitals, and other community organizations to provide services to the community and to locate buildings, services, and programs.
- Transportation planners who use journey-to-work information when deciding to build new roads or add capacity to existing roads and to develop transit systems, such as light rail or subways, by projecting future ridership.

When will the results of the survey be available?

The previous years' results of the Puerto Rico Community Survey are released every Fall. Survey estimates are released each year for areas of 65,000 or more people. For smaller areas, results are available in the form of 3-year and 5-year estimates.

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Will the Census Bureau keep my information confidential?

Yes. Your answers are confidential by law under Title 13, United States Code, Section 9. This law specifies that the Census Bureau can use the information provided by the facility and residents for statistical purposes only and cannot publish or release information that would identify any group quarters or individual.

Where can I get assistance or find more information about the Puerto Rico Community Survey?

For questions or assistance with completing this survey, telephone the Census Bureau's New York Regional Office at **1-800-991-2520 (ext. 43433)**.

For more information about the Puerto Rico Community Survey, we encourage you to visit our Web site at:

census.gov/acs

or contact us by mail at the following address:

**American Community Survey
U.S. Census Bureau
4600 Silver Hill Road
Washington, DC 20233-7500**



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La Encuesta sobre la Comunidad de Puerto Rico

Alojamientos de Grupo



Oficina del **Censo** Estados Unidos Puerto Rico | U.S. Department of Commerce Economics and Statistics Administration U.S. CENSUS BUREAU **census.gov**

¿Qué es la Encuesta sobre la Comunidad de Puerto Rico?

La Encuesta sobre la Comunidad de Puerto Rico es parte del Programa del Censo Decenal del 2010. Es una encuesta que recopila y produce información estadística acerca de las características sociales, económicas y de vivienda actuales de Puerto Rico. La Encuesta sobre la Comunidad de Puerto Rico proporciona esta información cada año. Previamente, esta información estaba disponible únicamente una vez cada 10 años, cuando la Oficina del Censo de los Estados Unidos realizaba el censo decenal.

¿Tienen los Alojamientos de Grupo (GQ) y las personas en la muestra que contestar las preguntas que se hacen en la Encuesta sobre la Comunidad de Puerto Rico?

Sí. La ley requiere la participación de su institución y su respuesta a esta encuesta (secciones 141, 193 y 221 del título 13 del Código de los Estados Unidos). La Oficina del Censo calcula que tomará aproximadamente 25 minutos completar la encuesta. Envíe comentarios sobre el estimado de tiempo o cualquier otro aspecto relacionado con la recopilación de esta información a: Paperwork Reduction Project 0607-0810, U.S. Census Bureau, 4600 Silver Hill Road, AMSD-3K138, Washington, DC 20233. Usted puede enviar sus comentarios por correo electrónico a Paperwork@ census.gov; use "Paperwork Project 0607-0810" como el tema.

La Oficina de Administración y Presupuesto (OMB) de los Estados Unidos aprobó esta encuesta y le asignó el número de aprobación de OMB Número 0607-0810. Al mostrar este número se indica que la Oficina del Censo está autorizado para llevar a cabo esta encuesta. Por favor, use este número en cualquier correspondencia relacionada con esta encuesta. No se requiere que las personas respondan a ninguna recopilación de información a menos que ésta tenga un número de aprobación válido de la Oficina de Administración y Presupuesto (OMB).

¿Tengo que contestar estas preguntas cada año?

Cada año se selecciona una muestra al azar de las instalaciones de GQ en Puerto Rico y una muestra al azar de las personas que se quedan en las instalaciones seleccionadas para que participen en la Encuesta sobre la Comunidad de Puerto Rico. No se le pedirá que complete el cuestionario de la Encuesta sobre la Comunidad de Puerto Rico cada año. Se le pedirá que complete la información de la encuesta sólo cuando sea seleccionado al azar entre todas las personas que se quedan en el alojamiento de grupo seleccionado. Es importante que cada persona en la muestra responda a esta encuesta obligatoria para que la Oficina del Censo pueda producir características de la población de los GQ en su comunidad y en Puerto Rico cada año.

¿Por qué seleccionó este GQ y cómo fui seleccionado?

Este GQ fue seleccionado de una muestra de todos los GQ en su área. Los GQ y las personas se seleccionan al azar cada año de esta lista. Por esta razón no podemos sustituir otro GQ por éste. Una de las ventajas de una selección al azar es que podemos usarla para medir toda la población sin tener que entrevistar a cada persona en cada GQ. Para que esto funcione, no podemos sustituir instalaciones o a individuos en la muestra; la muestra tiene que ser verdaderamente al azar. Su participación es muy importante si vamos a producir estadísticas precisas de esta encuesta.

¿Cómo utilizará la Oficina del Censo la información que les doy?

Por ley, la Oficina del Censo solamente puede usar las respuestas para producir estadísticas. La Oficina del Censo de los EE. UU. está obligada por ley a mantener confidencial la información. A la Oficina del Censo no se le permite divulgar las respuestas de manera que un individuo pudiera ser identificado. En conformidad con la Ley para el Fortalecimiento de la Seguridad Cibernética Federal del 2015, los datos están protegidos contra los riesgos de seguridad cibernética mediante los controles aplicados a los sistemas que transmiten la información.

¿De qué manera me beneficia el contestar las preguntas de la Encuesta sobre la Comunidad de Puerto Rico?

Las agencias federales, Puerto Rico y las comunidades indican que no tienen la información actualizada que necesitan para entender mejor los asuntos comunitarios, responder a las necesidades y asignar programas y recursos. Como indicó un líder comunitario, "adivinar es divertido, pero rara vez efectivo".

Al contestar el cuestionario de la Encuesta sobre la Comunidad de Puerto Rico, usted está ayudando a su comunidad a establecer metas para la comunidad, identificar problemas de la comunidad y soluciones, establecer instalaciones y programas y evaluar el funcionamiento de programas. Los estimados de la Encuesta sobre la Comunidad de Puerto Rico los usan:

- Gobiernos locales para preparar presupuestos, evaluar programas y planificar proyectos de desarrollo comunitario.
- Programas comunitarios, tales como para las personas de edad avanzada, para niños y niñas escuchas, bibliotecas, bancos, hospitales, y otras organizaciones comunitarias para proveer servicios a la comunidad y para planificar o establecer edificios, servicios y programas.
- Planificadores de transportación usan la información sobre viaje al trabajo para proyectar el número de pasajeros y así tomar decisiones de construir nuevas carreteras o ensanchar carreteras existentes, y para desarrollar sistemas de tránsito, tales como trenes livianos o subterráneos.

¿Cuándo estarán disponibles los resultados de la encuesta?

Los resultados del año anterior de la Encuesta sobre la Comunidad de Puerto Rico se publican cada año entre agosto y noviembre. Los estimados de la encuesta se publican cada año para áreas con 65,000 personas o más. Para áreas más pequeñas, los resultados están disponibles en forma de estimados de 3 años y de 5 años.

¿Mantendrá la Oficina del Censo la información que proporciono estrictamente confidencial?

Sí. La sección 9 del título 13 del Código de los Estados Unidos estipula que sus respuestas son confidenciales. Esta ley especifica que la Oficina del Censo puede usar la información provista por la facilidad y los residentes para propósitos estadísticos solamente no puede publicar o divulgar información que pueda identificar algún alojamiento de grupo o individuo.

¿Cómo puedo conseguir ayuda o más información acerca de la Encuesta sobre la Comunidad de Puerto Rico?

Para preguntas o pedir ayuda para completar esta encuesta, llame por teléfono a la Oficina Regional de la Oficina del Censo en New York al **1-800-991-2520 (ext. 43433)**.

Para obtener más información acerca de la Encuesta sobre la Comunidad de Puerto Rico, le exhortamos a que visite nuestra página en la Internet en:

census.gov/acs

o, comuníquese por correo con nosotros a la siguiente dirección:

**American Community Survey
U.S. Census Bureau
4600 Silver Hill Road
Washington, DC 20233-7500**



Publicado en septiembre 2017
ACS-51(GQ)PR



8-17-2017 6-1/16 x 11.5" with 3 x 5" open window

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

6385-46(GQ)(PR) (8-2017)

AN EQUAL OPPORTUNITY EMPLOYER

Se Incluye el Cuestionario
de la Encuesta

**SU RESPUESTA
ES REQUERIDA POR LEY**

Survey Form Enclosed

**YOUR RESPONSE IS
REQUIRED BY LAW**

United States™
Census
Bureau
Puerto Rico

ACS Group Quarters Centralized Reinterview Instrument

Block: FAQs

Variable Name: H_GQTYPE

Info Pane:

| |
|--|
| <p>Group Quarters Type Codes and Descriptions</p> <p>[Fill: GQTYPE]</p> |
|--|

Skip Instructions: <Escape> [return to reinterview]

Block: FAQs

Variable Name: RIREASON

Info Pane:

| |
|---|
| <p><i>Reinterview Help Menu</i></p> <p>◆ Press F8 to proceed to the reinterview.</p> |
| <p><input type="radio"/> 1. Why are you calling me again?</p> <p><input type="radio"/> 2. Are you calling everyone or am I just lucky?</p> <p><input type="radio"/> 3. Don't you have anything better to do with my tax dollars? I'm too busy to answer your questions again.</p> <p><input type="radio"/> 4. Are you "checking up" on me? I told you the truth the first time you called.</p> <p><input type="radio"/> 5. Do I have to answer your questions?</p> <p><input type="radio"/> 6. Return to reinterview.</p> |

Skip Instructions:

| | |
|-----|---------------------------------|
| <1> | [go to RIREF1] |
| <2> | [go to RIREF2] |
| <3> | [go to RIREF3] |
| <4> | [go to RIREF4] |
| <5> | [go to RIREF5] |
| <6> | [return to reinterview] |

Block: FAQs

Variable Name: RIREF1

Info Pane:

Why are you calling me again?

Like any business, we're interested in maintaining the quality of our product, so each month we reinterview a few facilities who are in the survey to ensure we are efficiently and accurately collecting data.

- 1. Continue
- 2. Back to Reinterview Help Menu

Skip Instructions: <1> [return to **reinterview**]
<2> [go to **RIREASON**]

Block: FAQs

Variable Name: RIREF2

Info Pane:

Are you calling everyone or am I just lucky?

We are able to get a reliable measure of data quality by reinterviewing only a small percentage of the total facilities interviewed in the survey.

- 1. Continue
- 2. Back to Reinterview Help Menu

Skip Instructions: <1> [return to **reinterview**]
<2> [go to **RIREASON**]

Block: FAQs

Variable Name: RIREF3

Info Pane:

Don't you have anything better to do with my tax dollars?
I am too busy to answer your questions again.

[Fill: **RIREF3_DESCR**]

- 1. Continue
- 2. Back to Reinterview Help Menu

Skip Instructions: <1> [return to **reinterview**]
<2> [go to **RIREASON**]

Block: FAQs

Variable Name: RIREF4

Info Pane:

Are you “checking up” on me?
I told you the truth the first time you called.

The purpose of reinterview is not to check up on respondents. In order to ensure that we are efficiently and accurately collecting data, we reinterview a few facilities who are in the survey.

- 1. Continue
- 2. Back to Reinterview Help Menu

Skip Instructions: <1> [return to **reinterview**]
<2> [go to **RIREASON**]

Block: FAQs

Variable Name: RIREF5

Info Pane:

Do I have to answer your questions?

Your participation in this survey is voluntary. However, the information you provide will help us to ensure the efficiency and accuracy of our data collection procedures. Like any business, we’re interested in maintaining the quality of our product.

- 1. Continue
- 2. Back to Reinterview Help Menu

Skip Instructions: <1> [return to reinterview]
<2> [go to RIREASON]

Block: FAQs

Variable Name: H_PURPOSE

Info Pane:

Choose from the following topics of frequently asked questions:

◆ Press F8 to proceed to the reinterview.

- 1. What is the American Community Survey?
- 2. I have not heard of the ACS. How long have you been conducting it?
- 3. How can I see the results of the survey?
- 4. When will the results of the survey be available?
- 5. How do I benefit by answering the American Community Survey?
- 6. Does the sampled GQ and individual have to answer the questions on the American Community Survey?
- 7. Why did you select this facility and how did I get selected?
- 8. How will the Census Bureau use the information that I provide?
- 9. Will the Census Bureau keep my information confidential?
- 10. Can the police, the local government, or other regulatory agencies see my answers to the survey?
- 11. I am elderly, disabled, or otherwise unable to complete the American Community Survey questionnaire. What do I do?
- 12. Do I have to answer these questions every year?
- 13. Why does the American Community Survey ask one question about race and another question about Hispanic origin?
- 14. Where can I find more information about the American Community Survey or get assistance?
- 15. Return to Interview

Skip Instructions:

| | |
|------|-------------------------------------|
| <1> | [goto H PURPOSE1] |
| <2> | [goto H PURPOSE2] |
| <3> | [goto H PURPOSE3] |
| <4> | [goto H PURPOSE4] |
| <5> | [goto H PURPOSE5] |
| <6> | [goto H PURPOSE6] |
| <7> | [goto H PURPOSE7] |
| <8> | [goto H PURPOSE8] |
| <9> | [goto H PURPOSE9] |
| <10> | [goto H PURPOSE10] |
| <11> | [goto H PURPOSE11] |
| <12> | [goto H PURPOSE12] |
| <13> | [goto H PURPOSE13] |
| <14> | [goto H PURPOSE14] |
| <15> | [return to reinterview] |

Block: **FAQs**

Variable Name: HPURPOSE1

Info Pane:

[What is the American Community Survey?](#)

The American Community Survey is a survey conducted by the U.S. Census Bureau in every county, American Indian and Alaska Native Area, and Hawaiian Home Land. It replaced the long form in the decennial census and greatly simplified operations so that the focus of the decennial census is solely on counting the population.

The American Community Survey provides current demographic, social, economic, and housing characteristics every year. In the past, this information was only available every 10 years when the decennial census was conducted. Estimates from the American Community Survey help communities make informed decisions and is key to their future.

The American Community Survey does not count the population, but it does provide information that reflects what the population looks like and how it lives. That information is vital for states and local communities in determining how to plan for schools, roads, senior citizen centers, and other goods and services.

The U.S. Office of Management and Budget (OMB) approved this survey and gave is OMB approval No. 0607-0810. Please use this number in any correspondence concerning this survey. Respondents are not required to respond to any information collection unless it displays a valid approval number from O

- 1. Continue
- 2. Back to Reinterview Help Menu

Skip Instructions: <1> [return to reinterview]
 <2> [go to HPURPOSE]

Block: **FAQs**

Variable Name: HPURPOSE2

Info Pane:

[I have not heard of the American Community Survey. How long have you been conducting it?](#)

The American Community Survey began in 1996 in a sample of counties across the country. Today the survey is conducted in all U.S. counties and Puerto Rico Municipios.

- 1. Continue
- 2. Back to Reinterview Help Menu

Skip Instructions: <1> [return to reinterview]
 <2> [goto [H PURPOSE](#)]

Block: **FAQs**

Variable Name: HPURPOSE3

Info Pane:

[How can I see the results of the survey?](#)

This information is published on the Census Bureau's American FactFinder® web site at <<http://factfinder2.census.gov>>. The data are provided in several formats for everyone from beginners (who may just want to look at the data) to experienced researchers.

American FactFinder® provides

- Quick Tables that provide an overview of the data quickly.
- Geographic Comparison Tables that compare data for different places.
- Detailed Tables that provide more extensive data for more detailed research.

1. Continue
 2. Back to Reinterview Help Menu

Skip Instructions: <1> [return to reinterview]
 <2> [goto [H PURPOSE](#)]

Block: **FAQs**

Variable Name: HPURPOSE4

Info Pane:

[When will the results of the survey be available?](#)

The results of the American Community Survey are released every summer. Survey results are released each year for areas of 65,000 or more persons. For smaller areas, results are available in the form of 3-year and 5-year averages.

1. Continue
 2. Back to Reinterview Help Menu

Skip Instructions: <1> [return to reinterview]
 <2> [goto [H PURPOSE](#)]

Block: FAQs

Variable Name: HPURPOSE5

Info Pane:

How do I benefit by answering the American Community Survey?

Federal agencies, states, and communities say that they do not have the up-to-date information they need to better understand community issues, respond to needs, and allocate programs and resources.

By responding to the American Community Survey questionnaire, you are helping your community establish community goals, identify community problems and solutions, locate facilities and programs, and measure the performance of programs.

The American Community Survey data are used by:

- *Local governments* for budgeting, evaluating programs, and planning for community development projects;
- *Community programs*, such as those for the elderly, scout programs, libraries, banks, hospitals, and other community organizations, to provide services to the community and to locate buildings, services, and programs; and
- *Transportation planners* use journey to work information to make decisions to build new roads or add capacity to existing roads; and to develop transit systems, such as light rail or subways by projecting future ridership.

- 1. Continue
- 2. Back to Reinterview Help Menu

Skip Instructions: <1> [return to reinterview]

<2> [goto [H PURPOSE](#)]

Block: FAQs

Variable Name: HPURPOSE6

Info Pane:

Does the sampled GQ and individual have to answer the questions on the American Community Survey?

Yes, your response to this survey is required by law (Title 13, United States Code, Sections 141, 193 and 221). Title 13 as changed by Title 18, imposes a penalty for not responding. The survey is approved by the Office of Management and Budget. We estimate that the facility level survey will take about 15 minutes to complete and the questionnaire survey will take about 25 minutes to complete.

- 1. Continue
- 2. Back to Reinterview Help Menu

Skip Instructions <1> (return to interview at last question displayed)
 <2> (goto PURPOSE)

Block: **FAQs**

Variable Name: **HPURPOSE7**

Info Pane:

[Why did you select this facility and how did I get selected?](#)

This GQ was selected from a sample of all GQs in your area. The GQ and individuals are randomly selected from this list each year, so we can not substitute another GQ for this one. One of the advantages of a random sample is that we can use it to measure the whole population without having to actually interview every person at every GQ. But in order for it to work, we cannot substitute sampled facilities or individuals – the sample has to be truly random. Your participation is very important if we're going to be able to produce accurate statistics from this survey.

1. Continue
 2. Back to Reinterview Help Menu

Skip Instructions <1> (return to interview at last question displayed)
 <2> (goto PURPOSE)

Block: **FAQs**

Variable Name: **HPURPOSE8**

Info Pane:

[How will the Census Bureau use the information that I provide?](#)

The Census Bureau can only use the information you provide for statistical purposes and cannot publish or release information that would identify you. Your information will be used in combination with information from other individuals to produce statistical data for your community. Similar statistics will be produced for communities across the United States.

1. Continue
 2. Back to Reinterview Help Menu

Skip Instructions <1> (return to interview at last question displayed)
 <2> (goto PURPOSE)

Block: **FAQs**

Variable Name: **HPURPOSE9**

Info Pane:

Will the Census Bureau keep my information confidential?

Yes. Your answers are confidential by law under Title 13, United States Code, Section 9. This law specifies that the Census Bureau can use the information provided by individuals for statistical purposes only and cannot publish or release information that would identify any individual.

- 1. Continue
- 2. Back to Reinterview Help Menu

Skip Instructions: <1> [return to reinterview]
 <2> [goto [H PURPOSE](#)]

Block: **FAQs**

Variable Name: **HPURPOSE10**

Info Pane:**Can the police, the local government, or other regulatory agencies see my answers to the survey?**

No. The Census Bureau protects your information. The police cannot see it; no other government or regulatory agency can see it; and no court of law can see it. No one can see or use your individual responses to enforce any type of law.

If any Census Bureau employee were to violate these provisions, he or she would be subject to severe criminal sanctions imposed by Congress - up to 5 years' imprisonment and/or up to a \$250,000 fine, for any Census Bureau employee who violates those provisions (13 U.S.C., Section 214, as amended by Title 18 U.S.C., Sections 3559 and 3571).

- 1. Continue
- 2. Back to Reinterview Help Menu

Skip Instructions: <1> [return to reinterview]
 <2> [goto [H PURPOSE](#)]

Block: **FAQs**

Variable Name: **HPURPOSE11**

Info Pane:

I am elderly, disabled, or otherwise unable to complete the American Community Survey questionnaire. What do I do?

You may designate another person to help you or a Census Bureau representative may call you or may come to your house and assist you in completing the survey. Respondents may call 1-800-354-7271 for assistance. To produce the most accurate results, it is very important that every person selected for the survey participate.

- 1. Continue
- 2. Back to Reinterview Help Menu

Skip Instructions: <1> [return to reinterview]

 <2> [goto [H PURPOSE](#)]

Block: FAQs

Variable Name: HPURPOSE12

Info Pane:

Do I have to answer these questions every year?

No. Only a small sample of GQs is selected to participate in the American Community Survey. These GQs are selected at random and represent other GQs in the community. That is why it is so important that every sampled person from these sampled GQs respond to the survey.

- 1. Continue
- 2. Back to Reinterview Help Menu

Skip Instructions: <1> [return to reinterview]

 <2> [goto [H PURPOSE](#)]

Block: FAQs

Variable Name: HPURPOSE13

Info Pane:

[Why does the American Community Survey ask one question about race and another question about Hispanic origin?](#)

Race and Hispanic origin (or ethnicity) are considered distinct concepts and, therefore, require separate questions in censuses and surveys. Hispanics or Latinos may be of any race. The Office of Management and Budget issues the standards governing the collection of data on race and ethnicity and all federal agencies, including the Census Bureau, must follow these standards.

- 1. Continue
- 2. Back to Reinterview Help Menu

Skip Instructions: <1> [return to reinterview]

<2> [goto [H PURPOSE](#)]

Block: **FAQs**

Variable Name: **HPURPOSE14**

Info Pane:

[Where can I find more information about the American Community Survey or get assistance?](#)

There are several ways to obtain information about the American Community Survey:

For detailed information, we encourage you to visit our Web site at:

www.census.gov/acs/www or call the Census Bureau's Regional Office nearest to you as listed below:

| | |
|------------------|----------------|
| Atlanta, GA | 1-800-424-6974 |
| Chicago, IL | 1-800-865-6384 |
| Denver, CO | 1-888-209-7659 |
| Los Angeles, CA | 1-800-992-3530 |
| New York, NY | 1-800-991-2520 |
| Philadelphia, PA | 1-866-238-1374 |

If you need more information or have further questions about the survey, please call our Customer Services Center on 1-800-923-8282 or 301-763-INFO (4636).

- 1. Continue
- 2. Back to Reinterview Help Menu

Skip Instructions: <1> [return to reinterview]
 <2> [goto [H PURPOSE](#)]

Block: FAQs

Variable Name: KEY_REF

Info Pane:

| <u>Function Key Settings</u> | | | |
|-------------------------------------|--------------------|-----------|----------------------------|
| F1 | Item Specific Help | Shift-F1 | |
| F2 | | Shift-F2 | Original Interview FAQs |
| F3 | | Shift-F3 | Reinterview FAQs |
| F4 | Jump Menu | Shift-F4 | |
| F5 | | Shift-F5 | |
| F6 | | Shift-F6 | |
| F7 | Item notes/remarks | Shift-F7 | View Remarks/Items Notes |
| F8 | Return from skip | Shift-F8 | |
| F9 | | Shift-F9 | |
| F10 | Exit-skip to END | Shift-F10 | Display function keys |
| F11 | Calculator | Shift-F11 | Standard abbreviation list |
| F12 | Copy | Shift-F12 | Original CAPI notes |
| | | Ctrl-D | Don't know (D) |
| | | Ctrl-K | Function key description |
| | | Ctrl-R | Refusal (R) |
| | | Ctrl_F3 | |
| | | Ctrl-F7 | Reinterview notes |
| | | Ctrl-H | Show Info |
| | | Ctrl-M | Show Don't Know & Refusals |
| | | Ctrl-S | Save |
| | | Ctrl-F | Search |

Skip Instructions: <Escape> [return to reinterview]

Block: FAQs

Variable Name: H_ABBREV1

Info Pane:

| |
|---|
| Standard Abbreviation List |
| [Display the standard abbreviation list] |
| NOTE: This screen can be accessed at any time during the reinterview by pressing "Shift F11." |

Skip Instructions: <Shift-F11> [return to reinterview]

Block: FAQs

Variable Name: FIN

Info Pane:

| |
|------------------------------------|
| <i>This case is not completed.</i> |
| Enter 1 to continue, |
| |

Skip Instructions: <1> [goto APPT]

Block: FAQs

Variable Name: START

Info Pane:

| |
|---|
| American Community Survey <i>Group Quarters Reinterview</i> |
| Date: [Fill: RIDATE] Time: [Fill: TIME_C] |
| Reinterview Case Status: [Fill: OUTCOME and OUTCOME's description] |
| Original Interview Date: [Fill: INTDATE] |
| Original FR Code - Name: [Fill: ORIFR] "-" [Fill: FR_NAME] |
| Original Outcome: [Fill: ORIOUT and ORIOUT's description] |
| [Fill: TYPEA_SP / TYPEB_SP / TYPEC_SP / blank] |
| GQ Name: [Fill: GQNAME] |
| GQ Contact 1 Name: [Fill: CP1NAME] GQ Contact Title : [Fill: CP1TITL] |
| GQ Contact 2 Name: [Fill: CP2NAME] GQ Contact Title : [Fill: CP2TITL] |
| GQ Phone: [Fill: AREA]) [Fill: PREFIX]-[Fill: SUFFIX], ext.[Fill: EXTN] ([Fill: PHTYP]) |
| [Fill: "Second Phone:" SPHONE (SPHTYP) / blank] |
| GQ Address: [Fill: ADDRESS1 / ADDRESS2 / ADDRESS3 / ADDRESS4] |

GQ Type: [Fill: GQTYPE and GQTYPE's description]
 [Fill: "Best Time to Contact:" BESTTIME's description / "Best Time to Contact:" BESTTIM2 / blank]

[Fill: "Or" BESTTIM2 / blank]

[Fill: Spanish speaking@ / blank]

1. Continue
2. Quit - Attempt later

Skip Instructions: <1> [If ORIOUT_RSLT = B or C [goto CAPI_FRONT.START_1]
 <2> [go to CAPI_Back.**WRAP_UP**].

Block: CATI_Front

Variable Name: REACTOCAPI_RI_CT

Info Pane:

Skip Instructions: <1> [go to CATI_Back.**SHOW_CTRL**]

Block: CATI_Front

Variable Name: HELLO_TC_CT

Info Pane:

Hello, This is ... from the U.S. Census Bureau. May I please speak to [Fill: CP1NAME]?

Status: [Fill:] **Cutoff Date:** [Fill:]

- 1. This is correct person, or correct person called to the phone.
- 2. Person not available now. Call back later.
- 3. Person cannot be reached. Speak with another employee?
- 4. Person unknown at this number.
- 5. Person no longer works here.
- 6. Person deceased.
- 7. Person can be reached at another number.
- 8. Reinterview Noninterview

Skip Instructions: <1> [go to CATI_Front.**INTRO_TC_CT**].
 <2> [go to CATI_Back.**THANK_NONEMP**].
 <3, 5, 6, 7> [go to CATI_Front.**CP1_NAME_CT**].
 <4> [go to CATI_Front.**VERTELE_CT**].
 <8> [go to CATI_Front.**HELLO_PRB_RI_CT**].

Block: CATI_Front

Variable Name: HELLO_TCX_CT

Hello. This is ... from the U.S. Census Bureau.

Our records show that one of our interviewers recently contacted your facility.

We're doing a short quality control check to make sure that our interviewers are following correct procedures.

Can you or another employee answer a few questions to help us evaluate the interviewer's work?

Status: [Fill:] **Cutoff Date:** [Fill:]

- 1. Yes
- 2. No
- 3. Inconvenient time; schedule an appointment to callback.

Skip Instructions: <1> [go to CATI_Front.[ADDVER_CT](#)].
 <2> [go to CATI_Front.[HELLO_PRB_RI_CT](#)].
 <3> [go to CATI_Back.[APPT](#)].

Block: CATI_Front

Variable Name: HELLO_TN_CT

Info Pane:

Hello, This is ... from the U.S. Census Bureau. May I please speak to [Fill: CP1NAME]?

Status: [Fill:] **Cutoff Date:** [Fill:]

- 1. This is correct person, or correct person called to the phone.
- 2. Person not available now. Call back later.
- 3. Person cannot be reached. Speak with another employee?
- 4. Person unknown at this number.
- 5. Person no longer works there.
- 6. Person deceased.
- 7. Person can be reached at another number.
- 8. Reinterview Noninterview

Skip Instructions: <1> [go to CATI_Front.[INTRO_TN_CT](#)].
 <2> [go to CATI_Back.[THANK_NONEMP](#)].
 <3, 5, 6, 7> [go to CATI_Front.[CPI_NAME_CT](#)].

- <4> [go to CATI_Front.[VERTELE_CT](#)].
 <8> [go to CATI_Front.[HELLO_PRB_RI_CT](#)].

Block: CATI_Front

Variable Name: HELLO_TNX_CT

Info Pane:

Hello. I'm ... from the U.S. Census Bureau.

Our records show that one of our interviewers recently contacted your facility to verify the status of:
[\[Fill: GQNAME\]](#)

We're doing a short quality control check to make sure that our interviewers are following correct procedures.

Can you or another employee answer a few questions to help us evaluate the interviewer's work?

Status: [\[Fill: \]](#) **Cutoff Date:** [\[Fill: \]](#) :

1. Yes
 2. No
 3. Inconvenient time; schedule an appointment to callback.

- Skip Instructions:** <1> [go to CATI_Front.[INTROB_RI_CT](#)].
 <2> [go to CATI_Front.[HELLO_PRB_RI_CT](#)].
 <3> [go to CATI_Back.[APPT](#)].

Block: CATI_Front

Variable Name: INTRO_TC_CT

Info Pane:

Thank you for helping us recently with the [\[Fill: SURVEY_NAME\]](#).

We're doing a short quality control check, that may last 5 to 10 minutes, to make sure our interviewers are following correct procedures.

Is your address: [\[Fill: ADDRESS1\]](#)?

1. Yes
 2. No
 3. Refused to verify Address

- Skip Instructions:** < 1, 2, 3 > [go to CATI_Front.[INTROB_RI_CT](#)].

Block: CATI_Front

Variable Name: INTRO_TN_CT

Info Pane:

Thank you for recently helping us verify the status of: [Fill: GQNAME]

We're doing a short quality control check, that may last 5 to 10 minutes, to make sure our interviewers are following correct procedures.

1. Continue

Skip Instructions: <1> [go to CATI_Front.INTROB_RI_CT].

Block: CATI_Front

Variable Name: INTROB_RI_CT

Info Pane:

This call may be recorded for quality assurance purposes. Do I have permission to record this call?

- ◆ If the respondent does not wish to be recorded:
Click on the NICE stop recording button.
Read: I appreciate your concern. I am turning off the recording.

- 1. Yes; continue with the interview.
- 2. Inconvenient time; schedule an appointment to callback.
- 3. No; recording is turned off. Continue interview.

Skip Instructions: <1, 3> If ORIOUT_RSLT = 'INT', then [go to CAPI_Middle.RIRESP].
Else if ORIOUT_RSLT = B or C,
then [go to CAPI_Middle.CONTACT_N].
<2> [go to CATI_Back.APPT].

Block: CATI_Front

Variable Name: VERTELE_CT

Info Pane:

Excuse me. I need to verify your telephone number again.

Have I reached area code [Fill: (AREA) PREFIX-SUFFIX, ext. EXTN] / [CPPHON, ext. CPEXT]?

- 1. Yes
- 2. No. Exit instrument and redial.

3. Refused to verify

Skip Instructions: <1> If (HELLO_TC_CT = 4) [go to CAPI_Front.**ADDVER_CT**].
 Else if (HELLO_TN_CT=4) [go to
 CAPI_Front.**ADDVER_N_CT**].
 <2> [go to CAPI_Back.**THANK_SORRY**].
 <3> [go to CAPI_Back.**THANK_REF**]

Block: CATI_Front

Variable Name: ADDVER_CT

Info Pane:

I need to verify the name and address of your facility:

[Fill: GQNAME]

[Fill: ADDRESS1]

1. Same Address.
 2. Not same Address.
 3. Refused to verify.

Skip Instructions: <1> If (HELLO_TC_CT = 4) then [go to CATI_Front.**CP1_NAME**].
 Else [go to CATI_Front.**INTROB_RI_CT**].
 <2> [go to CAPI_Back.**THANK_SORRY**].
 <3> [go to CAPI_Back.**THANK_REF**].

Block: CATI_Front

Variable Name: CP1_NAME_CT

Info Pane:

Perhaps you can help me.

Our records show that one of our interviewers recently contacted your facility to verify the status of :

[Fill: GQNAME].

We're doing a short quality control check to make sure that our interviewers are following correct procedures.

Can you or someone else answer a few questions to help us evaluate the interviewer's work?

1. Yes

2. No

Skip Instructions: <1> [go to CATI_Front.[INTROB_RI_CT](#)].
 <2, R> [go to CATI_Back.[THANK_REF](#)].
 If (HELLO_TC_CT = 5) then
 go to CATI_Front.[HELLO_PRB_RI_CT](#)].

Block: CATI_Front

Variable Name: ADDVER_N_CT

Info Pane:

Perhaps you can help me. I'm trying to find out information about:

[Fill: GQNAME].

Can you or someone else help me?

1. Yes
 2. Inconvenient time; schedule an appointment to callback.
 3. No, but I have the phone number of someone who can.
 4. No.

Skip Instructions: <1> If HELLO_TN_CT = 4, then [go to
 CATI_Front.[INTROB_RI_CT](#)].
 <2> [go to CAPI_Back.[APPT](#)].
 <3> [go to CAPI_Front.[_INTRO_](#)].
 <4> [go to CAPI_Back.[THANK_YOU](#)].

Block: CATI_Front

Variable Name: HELLO_PRB_RI_CT

Info Pane:

Thank you for your cooperation. You've been very helpful.

- ◆ [Problem reinterviewing facility – Group Quarters not available or another problem](#)
[Make several attempts before selecting choice 8 or 9. Then contact your supervisor.](#)

1. Hard refusal.
 2. Respondent can't remember.
 3. GQ converted to a permanent business/storage

- 4. GQ converted to residential housing
- 5. GQ moved to a different location
- 6. GQ does not exist
- 7. Other problems with reinterview

Skip Instructions: <1-6> [go to CAPI_Back.**FALSIF**].
<7> [go to CATI_Back.**SHOW_CTRL**].

Block: CAPI_Front

Variable Name: **START**

Info Pane:

| | |
|--|--|
| [Fill: SURVEY_NAME] | |
| GROUP QUARTERS QUALITY CONTROL REINTERVIEW | |
| Date: [Fill: RIDATE] | Time: [Fill: TIME_C] |
| Reinterview Case Status: | [Fill: OUTCOME] - [Fill: OUTCOME_DESCRIP] |
| Original Interview Date: | [Fill: INTDATE] |
| Original James Bond ID: | [Fill: ORIUSERID] |
| Original Outcome: | [Fill: ORIOUT] "-" [Fill: ORIOUT_DESCRIP] |
| GQ Name: | [Fill: GQNAME] |
| GQ Contact 1 Name | ([Fill: CP1NAME] ,GQ Contact Title [FILL: CP1TITLE] |
| GQ Contact 2 Name | ([Fill: CP2NAME] ,GQ Contact Title [FILL: CP2TITLE] |
| GQ Phone | [Fill: CP1PHONE1 Fill: "Second Phone:" SPHONE (SPHTYP) / blank] |
| GQ Address: | [Fill: ADDRESS1] |
| GQ Type | [[Fill: GQTYPE] |
| <input type="radio"/> 1. Continue <input type="radio"/> 2. Quit – Attempt later | |

Skip Instructions: <1> [go to CAPI_Front.**START_1**]
<2> [go to CAPI_Back.**WRAP_UP**].

Block: CAPI_Front

Variable Name: **START_1**

Info Pane:

| CONTACT PERSON INFORMATION |
|---|
| GQ Contact Name: [Fill: CPNAME] |
| Title: [Fill: CPTITL] |
| Phone: [Fill: CPPHON], ext. [Fill: CPEXT] ([Fill: CPPHT]) |
| Address: [Fill: ADDRESS1 ADDRESS2 ADDRESS3 ADDRESS4] |
| Fill: NO CONTACT PERSON INFORMATION IS AVAILABLE@ / blank] |
| <input type="radio"/> 1. Continue |

Skip Instructions: goto METHOD

Block: CAPI_Front

Variable Name: METHOD

Info Pane:

| |
|---|
| ◆ Choose one of the following options to continue: |
| <input type="radio"/> 1. Telephone Reinterview |
| <input type="radio"/> 2. Personal Visit Reinterview |
| <input type="radio"/> 3. Quit - Attempt later |
| <input type="radio"/> 4. Reinterview Noninterview |
| <input type="radio"/> 5. RO/HQ Discretion – Type A (Contact Supervisor) |

Skip Instructions: <1> [go to CAPI_Front.**DIAL**].
 <2> [go to CAPI_Front.**CKSUP**].
 <3> [go to CAPI_Back.**WRAP_UP**].
 <4> [go to CAPI_Back.**STATUS_RI**].
 <5> [go to CAPI_Back.**RO_DISC**].

Block: CAPI_Front

Variable Name: DIAL

Info Pane:

Contact Name: [Fill: CPNAME]
Contact Address: [Fill: CPADD1
CPADD2
CPPO, CPST, CPZP5-CPZP4]

◆ **Dial this number:**

([Fill: AREA]) [Fill: PREFIX]-[Fill: SUFFIX], ext. [Fill: EXTN] ([Fill: PHTYP's description]) /
[Fill: CPPHON], ext. [Fill: CPEXT] ([Fill: CPPHT's description])

- 1. Someone answers
- 2. Enter new telephone number
- 3. Reinterview noninterview
- 4. Quit - Attempt later

Skip Instructions: <1> If (ORIOUT_RSLT = INT and CP1NAME empty)
then [go to CAPI_Front.[HELLO_TCX](#)].

If (ORIOUT_RSLT = INT and CP1NAME not empty)
then [go to CAPI_Front.[HELLO_TC](#)].

If (ORIOUT_RSLT = B or C and CP1NAME empty)
then [go to CAPI_Front.[HELLO_TNX](#)].

If (ORIOUT_RSLT = B or C and CP_NAME not empty) then [go
to CAPI_Front.[HELLO_TN](#)]

<2> [go to CAPI_Front.[_INTRO_](#)].
<3> [go to CAPI_Back.[STATUS_RI](#)].
<4> [go to CAPI_Back.[WRAP_UP](#)].

Block: CAPI_Front

Variable Name: [_INTRO_](#)

Info Pane:

◆ Enter 1 to update the telephone number.

Enter a text of at most 1 characters

Skip Instructions: If (ORIOUT_RSLT = INT) then [go to CAPI_Front.[NEWNUMBER_A](#)].
Else [go to CAPI_Front.[NEWNUMBER_CP](#)].

Block: CAPI_Front

Variable Name: NEWNUMBER_A

Info Pane:

◆ Record new number.

In Area Code: [Fill: AREA] ◆ Edit area code or press Enter for same.

New Number: [Fill: PREFIX]-[Fill: SUFFIX]

EXT: [Fill: EXTN]

Enter a text of at most 3 characters

Skip Instructions: <100 - 999> [go to CAPI_Front.[NEWNUMBER_P](#)]

Block: CAPI_Front

Variable Name: NEWNUMBER_P

Info Pane:

◆ Record new number.

In Area Code: [Fill: NEWNUMBER_A]

New Number: [Fill: PREFIX]-[Fill: SUFFIX] ◆ Edit prefix or press Enter for same.

EXT: [Fill: EXTN]

Enter a text of at most 3 characters

Skip Instructions: <100 - 999> [go to CAPI_Front.[NEWNUMBER_S](#)].

Block: CAPI_Front

Variable Name: NEWNUMBER_S

Info Pane:

◆ Record new number.

In Area Code: [Fill: NEWNUMBER_A]

New Number: [Fill: NEWNUMBER_P]-[Fill: SUFFIX] ◆ Edit suffix or press Enter for same.

EXT: [Fill: EXTN]

Enter a text of at most 4 characters

Skip Instructions: <0000 - 9999> [go to CAPI_Front.[NEWNUMBER_E](#)].

Block: CAPI_Front

Variable Name: NEWNUMBER_E

Info Pane:

◆ Record new number.

In Area Code: [Fill: NEWNUMBER_A]

New Number: [Fill: NEWNUMBER_P]-[Fill: NEWNUMBER_S]

EXT: [Fill: EXTN] ◆ Edit extension or press Enter for same.

Enter a text of at most 5 characters

Skip Instructions: <00000 - 99999, blank> [go to CAPI_Front.[_END_](#)]

Block: CAPI_Front

Variable Name: NEWNUMBER_CP

Info Pane:

◆ Record new number.

New Number: [Fill: CPPHON]

◆ Edit phone number or press Enter for same.

EXT: [Fill: CPEXT]

Enter the 10-digit phone number, using no hyphens (-).

Skip Instructions: <1001000000 - 9999999999> [go to CAPI_Front.[NEWNUMBER_CE](#)].

Block: CAPI_Front

Variable Name: NEWNUMBER_CE

Info Pane:

◆ Record new number.

New Number: [Fill: NEWNUMBER_CP]

EXT: [Fill: CPEXT] ◆ Edit extension or press Enter for same.

Enter a text of at most 5 characters

Skip Instructions: <00000 - 99999, blank> [go to CAPI_Front.[_END_](#)].

Block: CAPI_Front

Variable Name: _END_

Info Pane:

- | |
|---|
| <ul style="list-style-type: none"> ◆ Enter 1 to go back to Dial screen. ◆ You may have to press Enter twice to update the phone number entries. |
| <ul style="list-style-type: none"> ○ 1. Redial. |

Skip Instructions: <1> [go to CAPI_Front.**DIAL**].

Block: CAPI_Front

Variable Name: CKSUP

Info Pane:

- | |
|---|
| <ul style="list-style-type: none"> ◆ Contact your supervisor for authorization before conducting a personal visit. |
| <ul style="list-style-type: none"> ○ 1. Personal visit reinterview authorized ○ 2. Quit - Attempt later |

Skip Instructions: <1> If (ORIOUT_RSLT = INT and CP1NAME empty)
then [go to CAPI_Front.**HELLO_PCX**].
If (ORIOUT_RSLT = INT and CP1NAME not empty)
then [go to CAPI_Front.**HELLO_PC**].
If (ORIOUT_RSLT = B or C and CP_NAME = empty)
then [go to CAPI_Front.**HELLO_PNX**].
If (ORIOUT_RSLT = B or C and CP_NAME = not empty)
[go to CAPI_Front.**HELLO_PN**].
<2> [go to CAPI_Back.**WRAP_UP**].

Block: CAPI_Front

Variable Name: HELLO_TC

Info Pane:

Hello, I'm ... from the U.S. Census Bureau.

May I speak to [Fill: CP1NAME]?

- 1. This is correct person, or correct person called to the phone.
- 2. Person not available now. Call back later.
- 3. Person cannot be reached. Speak with another employee.
- 4. Person unknown at this number.
- 5. Person no longer works there.
- 6. Person deceased.
- 7. Person can be reached at another number.
- 8. Reinterview Noninterview.

Skip Instructions:

- <1> [go to CAPI_Front.[INTRO_TC](#)].
- <2> [go to CAPI_Back.[THANK_NONEMP](#)].
- <3, 5, or 6> [go to CAPI_Front.[CP1NAME](#)].
- <4> [go to CAPI_Front.[VERTEL](#)].
- <7> [go to CAPI_Back.[INTRO_](#)]
- <8> [go to CAPI_Back.[STATUS_RI](#)]

Block: CAPI_Front

Variable Name: HELLO_TCX

Info Pane:

Hello. This is ... from the U.S. Census Bureau.

Our records show that one of our interviewers recently contacted your facility.

We're doing a short quality control check to make sure that our interviewers are following correct procedures.

Can you or another employee answer a few questions to help us evaluate the interviewer's work?

- 1. Yes
- 2. No
- 3. Inconvenient time; schedule an appointment to callback.

Skip Instructions:

- <1> [go to CAPI_Front.[ADDVER](#)].
- <2> [go to CAPI_Back.[STATUS_RI](#)].
- <3> [go to CAPI_Back.[APPT](#)].

Block: CAPI_Front

Variable Name: VERTELE

Info Pane:

Have I reached area code [Fill: (AREA) PREFIX-SUFFIX, ext. EXTN] / [CPPHON, ext. CPEXT]?

- 1. Yes
- 2. No
- 3. Refused to verify

Skip Instructions: <1> [go to CAPI_Front.[ADDVER](#)].
 <2> [go to CAPI_Front.[WRNUM](#)].
 <3> [go to CAPI_Front.[REFNUM](#)].

Block: CAPI_Front

Variable Name: INTRO_TC

Info Pane:

Thank you for helping us recently with the [Fill: SURVEY_NAME].

We're doing a short quality control check, that may last 5 to 10 minutes, to make sure our interviewers are following correct procedures.

Is your address: [Fill: ADDRESS1]?

- 1. Yes
- 2. No
- 3. Refused to verify Address

Skip Instructions: <1, 2, 3> [go to CAPI_Middle.[RIRESP](#)].

Block: CAPI_Front

Variable Name: WRNUM

Info Pane:

I'm sorry. I must have dialed incorrectly. I'll try again.

- ◆ Enter 1 to go back to Dial screen.

◆ You may have to press Enter twice to go back to Dial screen.

○ 1. Redial.

Skip Instructions: <1> [go to CAPI_Front.**DIAL**].

Block: CAPI_Front

Variable Name: REFNUM

Info Pane:

I'm sorry. I'll dial again to be sure I've dialed correctly.

○ 1. After several attempts, wrap up case.

○ 2. Redial

Skip Instructions: <1> [go to CAPI_Back.**THANK_REF**].

<2> [go to CAPI_Front.**DIAL**].

Block: CAPI_Front

Variable Name: HELLO_TN

Info Pane:

Hello, I'm... from the U.S. Census Bureau.

May I speak to [Fill: CPNAME]?

○ 1. This is correct person, or correct person called to the phone.

○ 2. Person not available now.

○ 3. Person unknown at this number.

○ 4. Person no longer works there.

○ 5. Person deceased.

○ 6. Person can be reached at another number.

○ 7. Reinterview Noninterview

Skip Instructions: <1> [go to CAPI_Front.**INTRO_TN**].

<2> [go to CAPI_Back.**THANK_NONEMP**].

<3> [go to CAPI_Front.**VERTELE**].

<4, 5> [go to CAPI_Front.**CP1_NAME**].

<6> [go to CAPI_Front.**_INTRO_**].

<7> [go to CAPI_Back.**STATUS_RI**].

Block: CAPI_Front

Variable Name: HELLO_TNX

Info Pane:

Hello. I'm ... from the U.S. Census Bureau.

Our records show that one of our interviewers recently contacted your location to verify the status of:

[Fill: ADDRESS1]

We're doing a short quality control check to make sure that our interviewers are following correct procedures.

Can you or someone else answer a few questions to help us evaluate the interviewer's work?

- 1. Yes
- 2. No
- 3. Inconvenient time; schedule an appointment to callback.

Skip Instructions: <1> [go to CAPI_Middle.[CONTACT_N](#)].
 <2> [go to CAPI_Back.[STATUS_RI](#)].
 <3> [go to CAPI_Back.[APPT](#)].

Block: CAPI_Front

Variable Name: INTRO_TN

Info Pane:

Thank you for recently helping us verify the status of:

[Fill: ADDRESS1]

We're doing a short quality control check, that may last 5 to 10 minutes, to make sure our interviewers are following correct procedures.

◆ [Enter 1 to continue.](#)

- 1. Continue

Skip Instructions: <1> [go to CAPI_Middle.[CONTACT_N](#)].

Block: CAPI_Front

Variable Name: HELLO_PC

Info Pane:

Hello. I'm ... from the U.S. Census Bureau. Here is my identification card.

◆ Show ID card.

May I speak to [FILL: CP1NAME]?

- 1. Correct person available.
- 2. Person not available now.
- 3. Person unknown at this address.
- 4. Person no longer works there.
- 5. Person deceased.
- 6. Reinterview Noninterview.

Skip Instructions: <1> [go to CAPI_Front.[INTRO_PC](#)].
 <2, 4, 5> [go to CAPI_Front.[CPI_NAME](#)].
 <3> [go to CAPI_Front.[ADDVER](#)].
 <6> [go to CAPI_Back.[STATUS_RI](#)].

Block: CAPI_Front

Variable Name: HELLO_PCX

Info Pane:

Hello, I'm ... from the U.S. Census Bureau. Here is my identification card.

◆ Show ID card.

Our records show that one of our interviewers recently contacted your facility.

We're doing a short quality control check to make sure that our interviewers are following correct procedures.

Can you or another employee answer a few questions to help us evaluate the interviewer's work?

- 1. Yes
- 2. No
- 3. Inconvenient time; schedule an appointment to callback.
- 4. No one lives at this address.

Skip Instructions: <1> [go to CAPI_Front.[ADDVER](#)].
 <2, 4> [go to CAPI_Back.[STATUS_RI](#)].
 <3> [go to CAPI_Back.[APPT](#)].

Block: CAPI_Front

Variable Name: INTRO_PC

Info Pane:

Thank you for helping us recently with the [Fill: SURVEY_NAME].

We're doing a short quality control check, that may last 5 to 10 minutes, to make sure our interviewers are following correct procedures.

Is your address: [Fill: ADDRESS1]?

1. Yes
 2. No
 3. Refused to verify address

Skip Instructions: <1, 2, 3> [go to CAPI_Middle.**RIRESP**].

Block: CAPI_Front

Variable Name: HELLO_PN

Info Pane:

Hello. I'm... from the U.S. Census Bureau. Here is my identification card.

◆ Show ID card.

May I speak to [Fill: CP1NAME]?

1. Correct person available. 4. Person no longer works there.
 2. Person not available now. 5. Person deceased.
 3. Person unknown at this address. 6. Reinterview Noninterview.

Skip Instructions: <1> [go to CAPI_Front.**INTRO_PN**].
 <2, 4, 5> [go to CAPI_Front.**CP1_NAME**].
 <3> [go to CAPI_Front.**ADDVER_N**].
 <6> [go to CAPI_Back.**STATUS_RI**].

Block: CAPI_Front

Variable Name: HELLO_PNX

Info Pane:

Hello, I'm... from the U.S. Census Bureau. Here is my identification card.

◆ Show ID card.

Our records show that one of our interviewers recently contacted this location to verify the status of:

[Fill: ADDRESS1]

We're doing a short quality control check to make sure that our interviewers are following correct procedures.

Can you or someone else answer a few questions to help us evaluate the interviewer's work?

1. Yes
 2. No
 3. Inconvenient time; schedule an appointment to callback.

Skip Instructions: <1> [go to CAPI_Middle.[CONTACT_N](#)].
 <2> [go to CAPI_Back.[STATUS_RI](#)].
 <3> [go to CAPI_Back.[APPT](#)].

Block: CAPI_Front

Variable Name: ADDVER

Field Description: Address verification

Info Pane:

I need to verify that the address is:

[Fill: ADDRESS1]

1. Same Address.
 2. Not same Address.
 3. Refused to verify.

Skip Instructions: <1> If HELLO_TN=3 then [go to CAPI_Front.[ADDVER_N](#)]
 Else [go to CAPI_Middle.[RIRESP](#)]
 <2> [go to CAPI_Back.[THANK_SORRY](#)]
 <3> [go to CAPI_Back.[THANK_REF](#)]

Block: CAPI_Front

Variable Name: INTRO_PN

Info Pane:

Thank you for recently helping us verify the status of:

[Fill: ADDRESS1]

We're doing a short quality control check, that may last 5 to 10 minutes, to make sure our interviewers are following correct procedures.

◆ Enter 1 to continue.

1. Continue

Skip Instructions: [go to CAPI_Middle.[CONTACT_N](#)].

Block: CAPI_Front

Variable Name: CPI_NAME

Info Pane:

Perhaps you can help me.

Our records show that one of our interviewers recently contacted your facility to verify the status of :

[Fill: GQNAME].

We're doing a short quality control check to make sure that our interviewers are following correct procedures.

Can you or someone else answer a few questions to help us evaluate the interviewer's work?

1. Yes

2. No

Skip Instructions: <1> If ORIOUT_RSLT = INT then [go to CAPI_Middle.[RIRESP](#)].
If ORIOUT_RSLT = B or C
then [go to CAPI_Middle.[CONTACT_N](#)].
<2, R> [go to CATI_Back.[APPT](#)].

Block: CAPI_Front

Variable Name: ADDVER_N

Info Pane:

Perhaps you can help me.

I'm trying to find out information about: [Fill: GQNAME]

Can you or someone else help me?

- 1. Yes
- 2. Inconvenient time; schedule an appointment to callback.
- 3. No, but I have the phone number of someone who can.
- 4. No.

Skip Instructions: <1> [go to CAPI_Middle.**CONTACT_N**].
 <2> [go to CAPI_Back.**APPT**].
 <3> [go to CAPI_Front.**_INTRO_**].
 <4> [go to CAPI_Back.**THANK_YOU**]

Block: CAPI_Middle

Variable Name: **RIRESP**

Info Pane:

| Line No. | GQ Contact Name | GQ Type | Max Capacity |
|-------------|-----------------|-----------------|----------------------|
| [Fill: LNO] | [Fill: CP1NAME] | [Fill: GQ Type] | [Fill: Max Capacity] |
| • | • | • | • |
| • | • | • | • |

◆ Ask if necessary

◆ With whom am I speaking?

◆ Enter line of person you are speaking to (0) if person is not on roster.

Skip Instructions: <0 - maximum line number>

Block: CAPI_Middle

Variable Name: **RIRESPB_RI_CT**

Info Pane:

This call may be recorded for quality assurance. Do I have permission to record this call?

- ◆ If the respondent does not wish to be recorded:
 - Click on the NICE stop recording button.
 - Read: I appreciate your concern. I am turning off the recording.

- 1. Continue
- 2. Inconvenient time; schedule an appointment to callback.
- 3. No; recording is turned off. Continue interview

Skip Instructions: <1,3> If (CONTACT_N=1 or CONTACT_C=1)
 then [go to CAPI.middle.**PROX_PRESENT**].
 <2> [go to CAPI.back.**APPT**].

Block: CAPI_Middle

Variable Name: CONTACT_C

Info Pane:

Did an interviewer contact you on or about [Fill: INTDATE]] and ask questions about this Group Quarters?

- 1. Yes
- 2. No

Skip Instructions:

<1> If [MODE = 1 and (HELLO_TCX_CT =1 or HELLO_TNX_CT =1 or HELLO_TCX =1 or HELLO_PCX =1 or HELLO_TNX=1 or HELLO_PNX =1) and (CONTACT_C = 1, 2, D or CONTACT_N=1) or SPEAKTO=1]
 then go CAPI.Middle.**PROX_PRESENT**
 Else [goto CAPI.Middle.**ORMODE**]

<2, D> [(INTRO_TC=1,2,3) or (INTRO_PC=1,2,3)] [goto CAPI.Middle.**SOMEONE_ELSE**]

Else goto CAPI.Middle.**MAXCAP_1**

Block: CAPI_Middle

Variable Name: ORMODE

Info Pane:

| |
|--|
| Did the interviewer conduct the interview in person or over the telephone? |
| <input type="radio"/> 1. Personal visit only <input type="radio"/> 2. Telephone call only <input type="radio"/> 3. Both - Interviewer visited and called |

Skip Instructions: <1, 2, 3, D> [go to CAPI_Middle.[POLITE](#)].

Block: CAPI_Middle

Variable Name: POLITE

Info Pane:

| |
|---|
| Was the interviewer polite and professional? |
| <input type="radio"/> 1. Yes <input type="radio"/> 2. No |

Skip Instructions: <1, D, R > [If (CONTACT_C = 1 and (ORMODE = 2, D, or R) goto CAPI.Middle.[MAXCAP_1](#)]
 [If ORMODE = 1 or 3 goto CAPI.Middle.[LAPTOP](#)]
 [If ORIOUT_RSLT= B or C goto CAPI.Middle.[STATUS](#)]
 <2> [goto PO_NOTES]

Block: CAPI_Middle

Variable Name: PO_NOTES

Info Pane:

| |
|--|
| ◆ Enter comments from the reinterview respondent here. |
|--|

Skip Instructions:

[If (CONTACT_C = 1 and (ORMODE = 2 or D) goto CAPI.Middle.[MAXCAP_1](#)]

[If ORMODE = 1 or 3 goto CAPI.Middle.[LAPTOP](#)]

[If ORIOUT_RSLT= B or C goto CAPI.Middle.**STATUS**]

Block: CAPI_Middle

Variable Name: LAPTOP

Info Pane:

| |
|---|
| Did the interviewer use a laptop computer? |
| <input type="radio"/> 1. Yes <input type="radio"/> 2. No |

Skip Instructions:

<1, 2, D, or R> [If CONTACT_C = 1 goto CAPI_Middle **MAXCAP_1**] OR
 [If ORIOUT_RSLT = B or C goto CAPI_Middle **STATUS**]

Block: CAPI_Middle

Variable Name: MAXCAP_1

Info Pane:

| Line No. | GQ Contact Name | GQ Type | Maximum Capacity |
|-------------|-----------------|-----------------|------------------|
| [Fill: LNO] | [Fill: CP1NAME] | [Fill: GQ TYPE] | [Fill: MAXCAP] |
| • | [Fill: CP2NAME] | • | • |
| • | • | • | • |

Our records indicate that ♦Read maximum capacity in blue ♦ was the maximum number of people who could live or stay at:

[FILL: ADDRESS1]

Is this correct?

1. Yes
 2. No

Skip Instructions: <1, D, R> [go to CAPI_Middle.**GOTYPE 1**].
 <2> [go to CAPI_Middle.**MAXCAP 2**].

Block: CAPI_Middle

Variable Name: MAXCAP_2

Info Pane:

| Line No. | GQ Contact Name | GQ Type | Maximum Capacity |
|-------------|-----------------|-----------------|------------------|
| [Fill: LNO] | [Fill: CP1NAME] | [Fill: GQ TYPE] | [Fill: MAXCAP] |
| • | [Fill: CP2NAME] | • | • |
| • | • | • | • |

What was the maximum capacity of [Fill:GQNAME] on [Fill:INTDATE]?

[FILL: ADDRESS1]

Is this correct?

1. Yes
 2. No

Skip Instructions: <1, D, R> [go to CAPI_Middle.[GQTYPE_1](#)].

Block: CAPI_Middle

Variable Name: GQTYPE_1

Info Pane:

| Line No. | GQ Contact Name | GQ Type | Maximum Capacity |
|-------------|-----------------|-----------------|------------------|
| [Fill: LNO] | [Fill: CP1NAME] | [Fill: GQ TYPE] | [Fill: MAXCAP] |
| • | [Fill: CP2NAME] | • | • |

We recorded that [Fill: GQNAME] is a [Fill: GQTYPE1 and GQTYPE1's description] [Fill: GQTYPE2 and GQTYPE2's description] [Fill: GQTYPE3 and GQTYPE3's description]. Is this correct?

There could be up to three GQ types for a facility. If there are more than one GQ type, be sure to read all of the types to the respondent. There will be blank space if there is only one type.

1. Yes
 2. No

Skip Instructions: <1, D, R> [go to CAPI_Middle.[THANK YOU](#)]

<2> [go to CAPI_Middle.[GQTYPE_2](#)]

Block: CAPI_Middle

Variable Name: GQTYPE_2

Info Pane:

| Line No. | GQ Contact Name | GQ Type | Maximum Capacity |
|-------------|-----------------|-----------------|------------------|
| [Fill: LNO] | [Fill: CP1NAME] | [Fill: GQ TYPE] | [Fill: MAXCAP] |
| • | [Fill: CP2NAME] | • | • |

This is a list of places where people live, could live, or stay and/or receive services. Please select ONLY ONE category that best describes [Fill:GQNAME].

(Need radio buttons and numbers beside each category)

| | |
|--------------------------|---|
| 1. Educational Facility | 4. Health Care or Treatment Facility |
| 2. Correctional Facility | 5. Military |
| 3. Group Home | 6. Other Group Living Facility (include write in box) |

Add additional notes about the specific GQ Type by pressing Ctrl-F7.

Skip Instructions: <1, D, R> [go to CAPI_Middle.[THANK YOU](#)]

Block: CAPI_Middle

Variable Name: PROX_PRESENT

Info Pane:

| |
|---|
| Were you present during the original interview? |
| <input type="radio"/> 1. Yes |
| <input type="radio"/> 2. No |

Skip Instructions: <1> [go to CAPI.Middle.[ORMODE](#)].
 <2, D, R> If (CONTACT_C = 1) then [go to CAPI_Middle.[MAXCAP_1](#)]
 If (ORIOUT_RSLT = B or C) then [go to CAPI_Middle.[STATUS](#)]

Block: CAPI_Middle

Variable Name: SOMEONE_ELSE

Info Pane:

Could the interviewer have spoken to another person at [Fill:GQNAME]?

1. Yes
 2. No

Skip Instructions: <1> [go to CAPI_Middle.[SPEAKTO](#)]
 <2, D, R> If CONTACT_C = 2 or D [goto CAPI_Middle.[MAXCAP_1](#)]
 If ORIOUT_RSLT = B or C [goto CAPI_Middle.[STAT_PROBE](#)]

Block: CAPI_Middle

Variable Name: **SPEAKTO**

Info Pane:

May I speak to that person?

1. Yes
 2. No

Skip Instructions: <1> If (CONTACT_C = 2 or D) [go to CAPI_Middle.[RIRESP](#)]
 <2, D, R> If ((CONTACT_C = 2 or D) and ORIOUT_RSLT=INT)
 [go to CAPI_Middle.[MAXCAP_1](#)] else
 If (ORIOUT_RSLT=B or C) [go to CAPI_Middle.[STAT_PROBE](#)].

Block: CAPI_Middle

Variable Name: **CONTACT_N**

Info Pane:

Did an interviewer visit or call regarding:

[Fill: ADDRESS1 / ADDRESS2 / ADDRESS3 / ADDRESS4]?

1. Yes
 2. No

Skip Instructions: <1> If MODE=1 and (INTROB_RI_CT=empty or NEWRESP = 1)
[go to CAPI_Middle.[RIRESPB RI CT](#)]

Else if (HELLO_TNX = 1) OR (HELLO_PNX = 1) OR
then [go to CAPI_Middle.[PROX PRESENT](#)].
Else [go to CAPI_Middle.[ORMODE](#)].

<2, D, R> If (ORIOUT_RSLT = B or C)
go to CAPI_Middle.[STAT PROBE](#).
Else [go to CAPI_Middle.[SOMEONE ELSE](#)].

Block: CAPI_Middle

Variable Name: STATUS

Info Pane:

Our records show that on [Fill: INTDATE], [Fill: GQNAME] was [Fill: ORIOUT's description].

Is this information correct?

1. Yes
 2. No

Skip Instructions: <1> [go to CAPI_Back.[THANK YOU](#)].
<2, D, R> [go to CAPI_Middle.[STAT PROBE](#)]

Block: CAPI_Middle

Variable Name: STAT_PROBE

Info Pane:

Original Outcome: [Fill: ORIOUT] - [Fill: ORIOUT's description]
[Fill: TYPEB_SP / TYPEC_SP / blank]

Original Interview Date: [Fill: INTDATE]

What was the status of [Fill: GQNAME] on or about [Fill: INTDATE]?

- ◆ Enter reported status.
- ◆ Explain any discrepancy between reported status and original outcome.

Skip Instructions: [go to CAPI_Back.[THANK YOU](#)].

Block: CAPI_Back

Variable Name: THANK_SORRY

Info Pane:

I'm sorry. I have the wrong address or telephone number. Thank you for your help.

◆ Attempt to contact the correct [Fill GQ Name] now or at a later time.

1. Continue

Skip Instructions: <1> [go to CAPI_Back.[STATUS RI](#)].

Block: CAPI_Back

Variable Name: THANK_YOU

Info Pane:

Thank you for your cooperation. You've been very helpful.

1. Continue

Skip Instructions: <1> [go to CAPI_Back.[RI OUTCM](#)].

Block: CAPI_Back

Variable Name: THANK_REF

Info Pane:

I'm sorry to have bothered you.

1. Continue

Skip Instructions: <1> [go to CAPI_Back.[RI OUTCM](#)].

Block: CAPI_Back

Variable Name: THANK_NONEMP

Info Pane:

Thank you for your help, but I need to speak to an employee. I'll try back later.

◆ Enter 1 to continue.

1. Continue

Skip Instructions: <1> [go to CAPI_Back.[STATUS RI](#)].

Block: CAPI_Back

Variable Name: APPT

Info Pane:

I would like to schedule a date to complete the quality check. What Date and Time would be best to call or visit?

Today is: [Fill: RIDATE].

◆ Enter (2) to add a Date and Time

◆ Enter (1) if you don't intend to follow up on this case.

1. Will not followup on this case
2. Add appointment date and time

Skip Instructions: <1> [go to CAPI_Back.[RI OUTCM](#)].

<2> [go to CAPI_Back.[APPTDATE](#)].

Block: CAPI_Back

Variable Name: APPTDATE

Info Pane:

What Date and Time would be best to contact [Fill: CPNAME] in order to conduct the quality check?

Today is: [Fill: RIDATE]

◆ Enter Appointment Date

Make appointment for better time
Appointment Date
Appointment Time
Appointment Notes

| |
|--|
| |
|--|

Skip Instructions: [go to CAPI_Back.[APPTIME](#)].

Block: CAPI_Back

Variable Name: APPTIME

Info Pane:

| |
|---|
| <p>What Date and Time would be best to contact [Fill: CPNAME] in order to conduct the quality check?</p> <p>Today is: [Fill: RIDATE]</p> <p>◆ Enter Appointment Date</p> |
| <p>Make appointment for better time</p> <p>Appointment Date</p> <p>Appointment Time</p> <p>Appointment Notes</p> |

Skip Instructions: [go to CAPI_Back.[APPTNOTES](#)].

Block: CAPI_Back

Variable Name: APPTNOTES

Info Pane:

| |
|--|
| <p>I would like to schedule a date to complete the quality check. What Date and Time would be best to call or visit?</p> <p>Today is: [Fill: RIDATE].</p> <p>◆ Enter Date and Time</p> <p>◆ Enter (1) if you don't intend to follow up on this case.</p> |
|--|

Skip Instructions: [go to CAPI_Back.[RI OUTCM](#)].

Block: CAPI_Back

Variable Name: CBTHANK

Info Pane:

Thank you for your help.

We will call or visit again at the time suggested.

1. Continue

Skip Instructions: <1> [go to CAPI_Back.[READYWRAP](#)]

Block: CAPI_Back

Variable Name: STATUS_RI

Info Pane:

This case is not completed.

◆ Make several attempts to contact respondent/contact person before selecting reinterview noninterview.

1. Quit - Complete later

2. Reinterview Noninterview

Skip Instructions: <1> [go to CAPI_Back.[READYWRAP](#)].

<2> [go to CAPI_Back.[NONINT](#)].

Block: CAPI_Back

Variable Name: RI_OUTCM

Info Pane:

Original Outcome: [FILL: ORIOUT] - [FILL: ORIOUT's description]
[Fill: TYPEA_SP/TYPEB_SP/TYPEC_SP/blank]

Original Interview Date: [FILL: INTDATE].

◆ Was the original outcome correct?

1. Yes
 2. No
 3. Reinterview Noninterview

Skip Instructions: 1 [goto CAPI_Back.FALSIF]
2 [goto CAPI_Back.FALSIF]
3 [goto goto CAPI_Back.NONINT]

Block: CAPI_Back

Variable Name: RIOUT_NOTES

Skip Instructions: If [(DISCREPANCY[1] = 1) or (DISCREPANCY[5] = 5) or (DISCREPANCY[10] = 10)], then [go to CAPI_Back.FALSIF2].
Else [go to CAPI_Back.FALSIF].

Block: CAPI_Back

Variable Name: NONINT

Info Pane:

◆ Which outcome describes this reinterview case?

1. Type A Noninterview.
 2. Type B Noninterview.
 3. Type C Noninterview.

Skip Instructions: <1> [go to CAPI_Back.TYPEA].
<2> [go to CAPI_Back.TYPEB].
<3> [go to CAPI_Back.TYPEC].

Block: CAPI_Back

Variable Name: NONINT

Info Pane:

◆ Which outcome describes this reinterview case?

- 1. Type A Noninterview.
- 2. Type B Noninterview.
- 3. Type C Noninterview.

Skip Instructions: <1> [go to CAPI_Back.[TYPEA](#)].
 <2> [go to CAPI_Back.[TYPEB](#)].
 <3> [go to CAPI_Back.[TYPEC](#)].

Block: CAPI_Back

Variable Name: TYPEA

Pane:

◆ Which Type A outcome describes this reinterview case?

1. GQ Refusal ~ GQ Contact cites Legal Restrictions.
2. Unable to locate GQ.
3. GQ Refusal ~ All Other Non-Legal Issues
4. Other Type A - Specify in the Reinterview Notes.

Skip Instructions: <1-4> [go to CAPI_Back.[FALSIF](#)].

Block: CAPI_Back

Variable Name: TYPEB

Info Pane:

◆ Which Type B outcome describes this reinterview case?

1. Natural Disaster

Skip Instructions: 1 [go to CAPI_Back.[FALSIF](#)].

Block: CAPI_Back

Variable Name: TYPEC

Info Pane:

◆ Which Type C outcome describes this reinterview case?

1. GQ No Longer Exists
2. GQ Converted To HU(S)
3. Domestic Violence Shelter
4. No Residents In GQ During Survey Period.
5. GQ Out Of Scope ~ Other Specify In The Interview Notes.

Skip Instructions: <1-5> [go to CAPI_Back.[FALSIF](#)].

Block: CAPI_Back

Variable Name: FALSIF

Info Pane:

[Fill: “Your reinterview indicates the following discrepancies:”
code and description of each code listed in DISCREPANCY array /
“Your reinterview did not indicate any discrepancies.”]

◆ Do you suspect falsification?

1. Yes
 2. No
 3. Unable to determine

Skip Instructions: <1> If (HELLO_PRB_RI_CT = <1-7>) OR (RI_OUTCM = 2 or 3) OR (RI_OUTCM = 1 and only one element in DISCREPANCY array ≥ 1) then [go to CAPI_Back. [READYWRAP](#)].
 Else if (RI_OUTCM = 1 and all elements in DISCREPANCY array blank) then [go to CAPI_Back. [NO DISCREP](#)].
 Else if (RI_OUTCM = 1 and two or more elements in DISCREPANCY array ≥ 1) then [go to CAPI_Back. [SF RIDISP](#)].

<2> If(HELLO_PRB_RI_CT = <1-7>) OR (RI_OUTCM = 1 and all elements in DISCREPANCY array blank) OR (RI_OUTCM = 1 and one element in DISCREPANCY array AND (DISCREPANCY [6] empty) and[(DISCREPANCY[1] empty) and (DISCREPANCY[5] empty) and DISCREPANCY[10] empty]) OR (RI_OUTCM = 2 and ORIOUT_RSLT = (B or C)) OR (RI_OUTCM = 3) then [go to CAPI_Back [READYWRAP](#)].
 Else [go to CAPI_Back. [DISCREP NOTES](#)]

<3> If (HELLO_PRB_RI_CT = <1-7>) OR
 (RI_OUTCM = 2 and ORIOUT_RSLT = (B or C)) OR
 (RI_OUTCM = 3) OR (RI_OUTCM = 2 and RIOUT_RSLT=INT
 and DISCREPANCY[2] = 2 and all other elements in
 DISCREPANCY array blank) OR
 (RI_OUTCM = 2 and ORIOUT_RSLT=INT and only one element
 in DISCREPANCY array ≥ 1) OR
 (RI_OUTCM = 1 and all elements in DISCREPANCY array
 blank) OR If (RI_OUTCM = 1 and only one element in
 DISCREPANCY array ≥ 1) OR (NONINT = (1, 2, 3, or 4) and
 RI_OUTCM blank) then [go to CAPI_Back, [READYWRAP](#)].
 Else [go to CAPI_Back, [NSF RIDISP](#)].

Block: CAPI_Back

Variable Name: FALSIF2

Info Pane:

[Fill: "Your reinterview indicates the following discrepancies:"
 code and description of each code listed in DISCREPANCY array]

◆ Falsification is suspected. Be sure to enter all proper notes explaining the situation.

1. Continue

Skip Instructions: <1> [go to CAPI_Back, [READYWRAP](#)]

Block: CAPI_Back

Variable Name: DISCREP_NOTES

Info Pane:

[Fill: DISCREP_NTS]

Skip Instructions: <1> If (only one element in array DISCREPANCY ≥ 1)
 then [go to CAPI_Back, [READYWRAP](#)].
 Else [go to CAPI_Back, [NSF RIDISP](#)].

Block: CAPI_Back

Variable Name: NSF_RIDISP

Info Pane:

Your reinterview detected multiple discrepancies.

◆ Enter the code of the detected discrepancy below which best describes this case.

1. The reinterview respondent said no one contacted this facility regarding this survey.
2. The original status was incorrect.
3. The group quarter type(s) were incorrect.
4. This case was a Type A in the original interview. The original status was incorrect.
5. This case was a Type B or Type C noninterview when it should have been an Interview or Type A.
6. The reinterview respondent indicated that the original status was incorrect.
7. The maximum capacity was incorrect.
8. Not all survey questions were asked during the interview.
9. The FR conducted a telephone interview instead of a personal visit interview, as required.
10. The FR did not use a laptop.
11. The FR entered a bad telephone number for this case.

Skip Instructions: <2-4, 6-11> [go to CAPI_Back.[READYWRAP](#)]

Block: CAPI_Back

Variable Name: RO_DISC

Info Pane:

◆ Caution: Obtain supervisor's permission before selecting an option below.

◆ Which of the following options describes this reinterview case?

- 1. Hard to interview original case
- 2. More than 50 miles from nearest reinterviewer and no phone number
- 3. Observed during the original interview
- 4. Personal visit needed, but not authorized
- 5. Case management or ROSCO problems - Obtain HQ approval
- 6. Sample adjustment - Obtain HQ approval
- 7. Other RO discretion - Specify in the Reinterview Notes

Skip Instructions: <1-7> [go to CAPI_Back.[READYWRAP_UP](#)].

Block: CAPI_Back

Variable Name: NO_DISCREP

Info Pane:

- ◆ Explain why you suspect falsification in the Reinterview Notes now.
- ◆ Press Ctrl-F7 to access Reinterview Notes.
- ◆ Enter 1 when done with your explanation in the Reinterview Notes

1. Continue

Skip Instructions: <1> [go to CAPI_Back.[READYWRAP](#)

Block: CAPI_Back

Variable Name: SF_RIDISP

Info Pane:

Your reinterview detected multiple discrepancies.

- ◆ Enter the code of the discrepancy below which best describes the primary reason you suspect falsification.

1. The reinterview respondent said no one contacted this facility regarding this survey.
2. The original status was incorrect.
3. The group quarter type(s) were incorrect.
4. This case was a Type A in the original interview. The original status was incorrect.
5. This case was a Type B or Type C noninterview when it should have been an Interview or Type A.
6. The reinterview respondent indicated that the original status was incorrect.
7. The maximum capacity was incorrect.
8. Not all survey questions were asked during the interview.
9. The FR conducted a telephone interview instead of a personal visit interview, as required.
10. The FR did not use a laptop.
11. The FR entered a bad telephone number for this case.

Skip Instructions: <1-11> [go to CAPI_Back.[READYWRAP_UP](#)].

Block: CAPI_Back

Variable Name: READYWRAP

Info Pane:

This case is complete and ready to be transmitted. [fill: **READY**]

1. Continue

Skip Instructions: <1> [go to CAPI_Back.**WRAP_UP**].

Block: CAPI_Back

Variable Name: **WRAP_UP**

Info Pane:

OUTCOME: [fill: OUTCOME]

RI_DISP: [fill: RI_DISP]

1. Continue

Skip Instructions: <1> [exit instrument]