|  | **Respondent** | **Person 2** | **Person 3** | **Person 4** | **Person 5** | **Person 6** |
| --- | --- | --- | --- | --- | --- | --- |
| **1a. Let’s create a list of everyone, including people not related to you, living or staying at this address.**  **What is your name?**  (**What is the name of the next person living or staying here?**)   * Make sure to include the respondent if he/she is staying there. | First name (or initial):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | First name (or initial):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | First name (or initial):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | First name (or initial):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | First name (or initial):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | First name (or initial):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **The following questions are to make sure everyone is included.**  **The people you have listed so far are…**   * Read all names.   **1b. Other than these people, is there anyone else staying here such as…**   * + **Babies**   + **Grandchildren**   + **Foster children**   + **Any other children, related or unrelated to you**   + **Roommates**   + **People or families who have no other place to stay?** * Do not include overnight or weekend guests who have a residence somewhere else. * List additional names to the right. | Additional Person 1:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Additional Person 2:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Additional Person 3:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Additional Person 4:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Additional Person 5:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Additional Person 6:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| No additional persons | | | | | |

**2022 AMERICAN COMMUNITY SURVEY CONTENT TEST**

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| * Copy names from 1a and 1b.   **The following questions are to make sure everyone we have listed should be included in this survey.**  **I have…**   * Read all names.   **1c. Do any of these people live somewhere else now, such as a college student or someone in the Armed Forces on deployment?**   * MARK “No” for:   (1) children in boarding school or summer camp   * MARK “Yes” for:   (1) children in shared custody who are not currently staying at  the sample address, regardless of the length of stay;  (2) persons who are away NOW for more than two months^  ^ - The two-month period is not anchored by a specific  reference date, but can encompass the two months prior to  the interview or the two months following the interview  date. | Respondent:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No | Person 2:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No | Person 3:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No | Person 4:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No | Person 5:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No | Person 6:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No |
| Additional Person 1:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No | Additional Person 2:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No | Additional Person 3:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No | Additional Person 4:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No | Additional Person 5:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No | Additional Person 6:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No |

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| * Copy names from 1a and 1b, but OMIT anyone with a “Yes” response to 1c.   **I have listed…**   * Read all remaining names.   **1d. Are any of these people staying here for a short visit or for an overnight stay?**   * MARK “No” for:   (1) children in shared custody who are currently staying at the  sample address, regardless of where they usually stay;  (2) commuter workers who stay in some other residence closer  to work when their family residence is the sample address.   * MARK “Yes” for:   (1) Commuter workers who stay at the sample address to be closer to work;  (2) Persons who have some other residence. | Respondent:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No | Person 2:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No | Person 3:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No | Person 4:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No | Person 5:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No | Person 6:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No |
| Additional Person 1:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No | Additional Person 2:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No | Additional Person 3:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No | Additional Person 4:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No | Additional Person 5:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No | Additional Person 6:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No |

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| * Copy names with a “Yes” response to 1d.   **I have listed…**   * Read names with a “Yes” response to 1d.   **1e. Are you/Is <Name> staying here for MORE than two months^?**   * MARK “Yes”:   (1) persons who are staying MORE than two months^;  (2) children in shared custody who are currently staying at  the sample address, regardless of where they usually stay;  (3) commuter workers who stay at the sample address to be  closer to work    ^ - The two-month period is not anchored by a specific  reference date, but can encompass the two months prior to  the interview or the two months following the interview  date. | Respondent:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No | Person 2:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No | | Person 3:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No | | Person 4:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No | | Person 5:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No | | Person 6:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No |
| Additional Person 1:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No | Additional Person 2:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No | | Additional Person 3:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No | | Additional Person 4:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No | | Additional Person 5:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No | | Additional Person 6:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No |
| * Generate the final roster using the first 1-6 names remaining in the order they were mentioned:   - Copy names from 1a and 1b  - OMIT anyone with a “Yes” response to 1c.  - OMIT anyone with a “No” response to 1e. | **Respondent:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Person 2:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | **Person 3:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | **Person 4:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | **Person 5:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | **Person 6:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| * Ask as topic-based, that is, ask question for each person before moving to next question. * Use flash card for relationships.   **2a. Of the people you named, who owns or rents this place?**   * Fill in response as Householder. When listing non-householders as Persons 2-6, maintain order established in final roster.   **2b.*****Using this list on my screen,* how is <NAME>/are you related to <FILL “YOU” IF RESPONDENT IS HOUSEHOLDER / HOUSEHOLDER NAME>?**  Opposite-sex husband/wife/spouse  Opposite-sex unmarried partner  Same-sex husband/wife/spouse  Same-sex unmarried partner  Biological son or daughter  Adopted son or daughter  Stepson or stepdaughter  Brother or sister  Father or mother  Grandchild  Parent-in-law  Son-in-law or daughter-in-law  Other relative  Roommate or housemate  Foster child  Other nonrelative | **Householder:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Person 2:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Opposite-sex husband/wife/ spouse  Opposite-sex unmarried partner  Same-sex husband/wife/ spouse  Same-sex unmarried partner  Biological Son/Daughter  Adopted Son/Daughter   Stepson/ Stepdaughter  Brother/Sister  Father/Mother  Grandchild  Parent-in-law  Son/daughter-law  Other relative  Roommate/ Housemate  Foster child  Other nonrelative | **Person 3:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Opposite-sex husband/wife/ spouse  Opposite-sex unmarried partner  Same-sex husband/wife/ spouse  Same-sex unmarried partner  Biological Son/Daughter  Adopted Son/Daughter   Stepson/ Stepdaughter  Brother/Sister  Father/Mother  Grandchild  Parent-in-law  Son/daughter-law  Other relative  Roommate/ Housemate  Foster child  Other nonrelative | | **Person 4:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Opposite-sex husband/wife/ spouse  Opposite-sex unmarried partner  Same-sex husband/wife/ spouse  Same-sex unmarried partner  Biological Son/Daughter  Adopted Son/Daughter   Stepson/ Stepdaughter  Brother/Sister  Father/Mother  Grandchild  Parent-in-law  Son/daughter-law  Other relative  Roommate/ Housemate  Foster child  Other nonrelative | | **Person 5:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Opposite-sex husband/wife/ spouse  Opposite-sex unmarried partner  Same-sex husband/wife/ spouse  Same-sex unmarried partner  Biological Son/Daughter  Adopted Son/Daughter   Stepson/ Stepdaughter  Brother/Sister  Father/Mother  Grandchild  Parent-in-law  Son/daughter-law  Other relative  Roommate/ Housemate  Foster child  Other nonrelative | | **Person 6:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Opposite-sex husband/wife/ spouse  Opposite-sex unmarried partner  Same-sex husband/wife/ spouse  Same-sex unmarried partner  Biological Son/Daughter  Adopted Son/Daughter   Stepson/ Stepdaughter  Brother/Sister  Father/Mother  Grandchild  Parent-in-law  Son/daughter-law  Other relative  Roommate/ Housemate  Foster child  Other nonrelative | |
| * UNRELATED HOUSEHOLD CHECK: * IS ENTIRE HOUSEHOLD UNRELATED (relationships for ALL household members are “ Roomer/Boarder”,” Housemate/Roommate”,” Foster child”, or “ Other non-relative“) ?    Yes   No | | | | | | | | | | |
| * Ask or verify:   **3.** **Are you/Is <FILL HOUSEHOLDER>/Is <FILL OTHER NAME> male or female?** | **Householder:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   Male   Female | **Person 2:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   Male   Female | **Person 3:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   Male   Female | | **Person 4:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   Male   Female | | **Person 5:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   Male   Female | | **Person 6:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   Male   Female | |
| **4a.** **What is your/<FILL HOUSEHOLDER’s>/<FILL OTHER NAME’s> date of birth?**   * Enter birth month. * Enter birth day. * Enter birth year (Enter 4 digits - ex: 1964). | Birth Month: \_\_\_\_\_\_\_  Birth Day: \_\_\_\_\_\_\_\_\_  Birth Year: \_\_\_\_\_\_\_\_ | Birth Month: \_\_\_\_\_\_\_  Birth Day: \_\_\_\_\_\_\_\_\_  Birth Year: \_\_\_\_\_\_\_\_ | Birth Month: \_\_\_\_\_\_\_  Birth Day: \_\_\_\_\_\_\_\_\_  Birth Year: \_\_\_\_\_\_\_\_ | | Birth Month: \_\_\_\_\_\_\_  Birth Day: \_\_\_\_\_\_\_\_\_  Birth Year: \_\_\_\_\_\_\_\_ | | Birth Month: \_\_\_\_\_\_\_  Birth Day: \_\_\_\_\_\_\_\_\_  Birth Year: \_\_\_\_\_\_\_\_ | | Birth Month: \_\_\_\_\_\_\_  Birth Day: \_\_\_\_\_\_\_\_\_  Birth Year: \_\_\_\_\_\_\_\_ | |
| **4b. Would you say you are/<Name> is <FILL AGE>?**  (If no: **What is your best estimate of your/<NAME’s> age?**)   * Make sure the respondent gives the age in completed years as of today. Do not round the age up if the person was close to having a birthday. If the exact age is not known, an estimate will do. Do not enter age in months. For babies less than 1 year old, enter 0 as the age. |  Yes   No: \_\_\_\_\_\_\_\_\_\_\_ |  Yes   No: \_\_\_\_\_\_\_\_\_\_\_   |  Yes   No: \_\_\_\_\_\_\_\_\_\_\_   | |  Yes   No: \_\_\_\_\_\_\_\_\_\_\_   | |  Yes   No: \_\_\_\_\_\_\_\_\_\_\_   | |  Yes   No: \_\_\_\_\_\_\_\_\_\_\_   | |
| * Complete all parts of question 5 (A-C) for each person before moving on to the next person.   5a. Are you/Is <NAME> of Hispanic, Latino, or Spanish origin?  If response is “Yes, of Hispanic, Latino, or Spanish origin,” ask Question 5b. If not, check appropriate box and move to next person. | **Householder:**    No, not of Hispanic, Latino, or Spanish origin  Yes, of Hispanic, Latino, or Spanish origin | **Person 2:**    No, not of Hispanic, Latino, or Spanish origin  Yes, of Hispanic, Latino, or Spanish origin | **Person 3:**    No, not of Hispanic, Latino, or Spanish origin  Yes, of Hispanic, Latino, or Spanish origin | | **Person 4:**    No, not of Hispanic, Latino, or Spanish origin  Yes, of Hispanic, Latino, or Spanish origin | | **Person 5:**    No, not of Hispanic, Latino, or Spanish origin  Yes, of Hispanic, Latino, or Spanish origin | | **Person 6:**    No, not of Hispanic, Latino, or Spanish origin  Yes, of Hispanic, Latino, or Spanish origin | |

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| **5b.** **Are you/Is <NAME> Mexican, Mexican American, or Chicano; Puerto Rican; Cuban; or of some other Hispanic, Latino, or Spanish Origin?**  If response is “Yes, another Hispanic, Latino, or Spanish origin,” ask Question 5c. Otherwise, check appropriate box and move to next person.  **5c. What is that origin or origins? For example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.?**  Enter the group(s) provided by the respondent in the “Yes, another Hispanic, Latino, or Spanish origin” write-in box. | Yes, Mexican, Mexican American, or Chicano  Yes, Puerto Rican  Yes, Cuban  Yes, another Hispanic, Latino, or Spanish origin(s):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Yes, Mexican, Mexican American, or Chicano  Yes, Puerto Rican  Yes, Cuban  Yes, another Hispanic, Latino, or Spanish origin(s):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Yes, Mexican, Mexican American, or Chicano  Yes, Puerto Rican  Yes, Cuban  Yes, another Hispanic, Latino, or Spanish origin(s):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Yes, Mexican, Mexican American, or Chicano  Yes, Puerto Rican  Yes, Cuban  Yes, another Hispanic, Latino, or Spanish origin(s):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Yes, Mexican, Mexican American, or Chicano  Yes, Puerto Rican  Yes, Cuban  Yes, another Hispanic, Latino, or Spanish origin(s):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Yes, Mexican, Mexican American, or Chicano  Yes, Puerto Rican  Yes, Cuban  Yes, another Hispanic, Latino, or Spanish origin(s):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| * Complete all parts of Question 6 (A-G) for each person before moving on to the next person. * Flashcard: “RACE”   **6a.** ***Using this list,* choose one or more races.**  **Are you/Is <NAME> White, Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, or Some other race?** | **Householder:**    White  Black or African American  American Indian or Alaska Native  Asian  Native Hawaiian or Other Pacific Islander  Some other race | | | **Person 2:**    White  Black or African American  American Indian or Alaska Native  Asian  Native Hawaiian or Other Pacific Islander  Some other race | | **Person 3:**    White  Black or African American  American Indian or Alaska Native  Asian  Native Hawaiian or Other Pacific Islander  Some other race | | **Person 4:**    White  Black or African American  American Indian or Alaska Native  Asian  Native Hawaiian or Other Pacific Islander  Some other race | | | **Person 5:**    White  Black or African American  American Indian or Alaska Native  Asian  Native Hawaiian or Other Pacific Islander  Some other race | | **Person 6:**    White  Black or African American  American Indian or Alaska Native  Asian  Native Hawaiian or Other Pacific Islander  Some other race | |
| 6a\_SKIP  If person has a response of “White” to Question 6a, ask Question 6b for that person.  Otherwise, SKIP to 6b\_SKIP. | | | | | | | | | | | | | | |
| **6b.** **What is your/<NAME’s> White origin or origins? For example, German, Irish, English, Italian, Lebanese, Egyptian, etc.**  Enter the group(s) provided by the respondent in the corresponding write-in box in this row. |  | | |  | |  | |  | | |  | |  | |
| 6b\_SKIP  If person has a response of “Black or African American” to Question 6a, ask Question 6c for that person.  Otherwise, SKIP to 6c\_SKIP. | | | | | | | | | | | | | | |
| **6c.** **What is your/<NAME’s> Black or African American origin or origins? For example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.**  Enter the group(s) provided by the respondent in the corresponding write-in box in this row. | **Householder:**    Origin(s):   | | | **Person 2:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Origin(s):   | | **Person 3:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Origin(s):   | | **Person 4:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Origin(s):   | | | **Person 5:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Origin(s):   | | **Person 6:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Origin(s):   | |
| 6c\_SKIP  If person has a response of “American Indian or Alaska Native” to Question 6a, ask Question 6d for that person.  Otherwise, SKIP to 6d\_SKIP. | | | | | | | | | | | | | | |
| **6d. What is your/<NAME’s> American Indian or Alaska Native enrolled or principal tribe or tribes? For example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.**  Enter the group(s) provided by the respondent in the corresponding write-in box in this row. | **Householder:**    Tribe(s):   | | | **Person 2:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Tribe(s):   | | **Person 3:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**    Tribe(s):   | | **Person 4:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**    Tribe(s):   | | | **Person 5:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**    Tribe(s):   | | | **Person 6:**    Tribe(s):   |
| 6d\_SKIP  If person has a response of “Asian” to Question 6a, ask Question 6e for that person.  Otherwise, SKIP to 6e\_SKIP. | | | | | | | | | | | | | | |
| **6e.** **You may choose one or more Asian groups. Are you/Is <NAME> Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japanese, or of some other Asian origin?**  If Chinese, Filipino, Asian Indian, Vietnamese, Korean, or Japanese, check the appropriate box.  If response is “Other Asian,” ask Question 6f. Otherwise, check appropriate box and move to next person.  **6f. What is that origin or origins? For example, Pakistani, Cambodian, Hmong, etc.?**  Enter the group(s) provided in the corresponding Other Asian write-in space in this row. | Chinese  Filipino  Asian Indian  Vietnamese  Korean  Japanese  Other Asian:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Chinese  Filipino  Asian Indian  Vietnamese  Korean  Japanese  Other Asian:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Chinese  Filipino  Asian Indian  Vietnamese  Korean  Japanese  Other Asian:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Chinese  Filipino  Asian Indian  Vietnamese  Korean  Japanese  Other Asian:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Chinese  Filipino  Asian Indian  Vietnamese  Korean  Japanese  Other Asian:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Chinese  Filipino  Asian Indian  Vietnamese  Korean  Japanese  Other Asian:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 6f\_SKIP  If person has a response of “Native Hawaiian or Other Pacific Islander” to Question 6a, ask Question 6g for that person.  Otherwise, SKIP to 6g\_SKIP. | | | | | | | | | | | | | | |
| **6g.** **You may choose one or more Pacific Islander groups. Are you/Is <NAME> Native Hawaiian, Samoan, Chamorro, or of some other Pacific Islander origin?**  If Native Hawaiian, Samoan, or Chamorro, check the appropriate box.  If response is “Other Pacific Islander,” ask Question 6h. Otherwise, check appropriate box and move to next person.  **6h. What is that origin or origins? For example, Tongan, Fijian, Marshallese, etc.?**  Enter the group(s) provided in the corresponding Other Pacific Islander write-in space in this row. | | **Householder:**    Native Hawaiian  Samoan  Chamorro  Other Pacific Islander:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | **Person 2:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Native Hawaiian  Samoan  Chamorro  Other Pacific Islander:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **Person 3:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Native Hawaiian  Samoan  Chamorro  Other Pacific Islander:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **Person 4:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Native Hawaiian  Samoan  Chamorro  Other Pacific Islander:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Person 5:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Native Hawaiian  Samoan  Chamorro  Other Pacific Islander:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **Person 6:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Native Hawaiian  Samoan  Chamorro  Other Pacific Islander:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| 6h\_SKIP  If person has a response of “Some Other Race” to Question 6a, ask Question 6i for that person.  Otherwise, SKIP to 6i\_SKIP. | | | | | | | | | | | | | | |
| **6i. What is your/<NAME’s> other race or origin?**  Enter the group(s) provided by the respondent in the corresponding write-in box in this row. | |  | | |  | |  | |  |  | |  | | |
| 6i\_SKIP  After asking race questions for all persons on roster, continue with housing questions. | | | | | | | | | | | | | | |
| **Now I am going to ask about this place…**   * Use flashcard for building types.   **7. *Using this list,* which best describes this building?**   * Self-propelling RVs or motorhomes should be included in the category "Boat, RV, van, etc." Towable RVs, such as travel trailers or fifth-wheel trailers, should be included in the category "Mobile home."   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. | | | Mobile home  One-family house detached from any other house  One-family house attached to one or more houses  Building with 2 apartments  Building with 3 or 4 apartments  Building with 5 to 9 apartments  Building with 10 to 19 apartments  Building with 20 to 49 apartments  Building with 50 or more apartments  Boat, RV, van, etc. | | | | | | | | | | | | |

|  |  |
| --- | --- |
| **8.** **About when was this <FILL BUILDING TYPE> first built?**  * If the building was built in the year 2000 or later, enter the specific year.   **2000 or later\_\_\_\_\_\_\_\_\_**  **1990-1999**  **1980-1989**  **1970-1979**  **1960-1969**  **1950-1959**  **1940-1949**  **1939 or earlier** | 2000 or later: Enter year built: \_\_\_\_\_\_\_\_\_\_  1990-1999  1980-1989  1970-1979  1960-1969  1950-1959  1940-1949  1939 or earlier |
| **9a.** **In what year did you/<FILL HOUSEHOLDER> move into this <FILL BUILDING TYPE>?** | Year: \_\_\_\_\_\_\_\_\_\_ |
| **9b.In what month was that?** | Month: \_\_\_\_\_\_\_\_\_\_ |
| **9b\_SKIP**   * If building type is a HOUSE or a MOBILE HOME, ask Questions 10 and 11. * Otherwise, SKIP to Question 12a. | |
| **10. Is this <FILL BUILDING TYPE>…**  **On less than 1 acre,**  **Between 1 and 9.9 acres,**  **or 10 or more acres?** | Less than 1 acre  Between 1 and 9.9 acres  10 or more acres |
| **10\_SKIP**  * If response is “Less than 1 acre,” SKIP to Question 12a. * Otherwise, go to Question 11a. | |
| **11a. IN THE PAST 12 MONTHS, were there any sales of agricultural products from this property?** **Yes**  **No** | Yes  No |
| **11a\_SKIP**  * If response is “No,” SKIP to Question 12a. * Otherwise, go to Question 11b. | |
| **11b. How much were the sales?** **$1 - $999**  **$1,000 - $2,499**  **$2,500 - $4,999**  **$5,000 - $9,999**  **$10,000 or more** | $1 - $999  $1,000 - $2,499  $2,500 - $4,999  $5,000 - $9,999  $10,000 or more |
| **The next questions are about the number and kinds of rooms at this place. Rooms must be separated by built-in archways or walls that extend out at least 6 inches and go from floor to ceiling.****12a. How many separate rooms are in this <FILL BUILDING TYPE> not counting bathrooms, porches, balconies, foyers, halls or unfinished basements?**  * INCLUDE bedrooms, kitchens, etc. | Number of rooms: \_\_\_\_\_\_\_\_\_\_ |
| **12b.How many of the rooms would you list as bedrooms if this <FILL BUILDING TYPE> were for sale or rent?** | Number of bedrooms: \_\_\_\_\_\_\_\_\_\_ |
| **13a. Does this <FILL BUILDING TYPE> have hot and cold running water?** | Yes  No |
| **13b. Does this <FILL BUILDING TYPE> have a bathtub or shower?** | Yes  No |
| **13c. Does this <FILL BUILDING TYPE> have a sink with a faucet?** | Yes  No |
| **13d. Does this <FILL BUILDING TYPE> have a stove or range?** | Yes  No |
| **13e. Does this <FILL BUILDING TYPE> have a refrigerator?** | Yes  No |
| **14. What is the MAIN type of sewage disposal for this <FILL BUILDING TYPE>?**  **Public sewer**  **Septic system or cesspool, or**  **Another type of sewage disposal** | Public sewer  Septic system or cesspool  Another type of sewage disposal |
| **15. Can you or any member of this household both make and receive phone calls when at this <FILL BUILDING TYPE>? Include calls using cell phones, land lines, or other phone devices.**  **Yes**  **No** | Yes  No |
| **16a. At this <FILL BUILDING TYPE>, do you or any member of this household own or use a desktop or laptop-computer?** | Yes  No |
| **16b. At this <FILL BUILDING TYPE>, Do you or any member of this household own or use a smartphone?** | Yes  No |
| **16c. At this <FILL BUILDING TYPE>, Do you or any member of this household own or use a tablet or other portable wireless computer?** | Yes  No |
| **16d. At this <FILL BUILDING TYPE>, Do you or any member of this household own or use some other type of computer?** | Yes  No |
| **16d\_SKIP**   * If response to Question 16d is “No,” SKIP to Question 17. * Otherwise, go to Question 16e. | |
| **16e. What is this other type of computer?** | Other computer type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **17. At this <FILL BUILDING TYPE>, do you or any member of this household have access to the Internet?**  **Yes**  **No** | Yes  No |
| **17\_SKIP**  * If response to Question 17 is “No,” SKIP to Question 20. * Otherwise, go to Question 18. | |
| **18. At this <FILL BUILDING TYPE>, Do you or any member of this household pay a cell phone company or Internet service provider to access the Internet?**  **Yes**  **No** | Yes  No |
| **18\_SKIP**   * If response to Question 18 is “No,” SKIP to Question 20. * Otherwise, go to Question 19. | |
| **19a. Do you or any member of this household have access to the Internet using a cellular data plan for a smartphone or other mobile device?** | Yes  No |
| **19b. Do you or any member of this household have access to the Internet using a broadband or high speed Internet service such as cable, fiber optic, or DSL service installed in this <FILL BUILDING TYPE>?** | Yes  No |
| **19c. Do you or any member of this household have access to the Internet using a satellite Internet service installed in this <FILL BUILDING TYPE>?** | Yes  No |
| **19d. Do you or any member of this household have access to the Internet using a dial-up Internet service installed in this <FILL BUILDING TYPE>?** | Yes  No |
| **19e. Do you or any member of this household have access to the Internet using some other service?** | Yes  No |
| **19e\_SKIP**   * If response to Question 19e is “No,” SKIP to Question 20. * Otherwise, go to Question 19f. | |
| **19f. What is this other type of Internet service?** | Other Internet type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **20. How many cars, vans, and trucks of one-ton capacity or less are kept at home for use by members of this household?**  **(If a business vehicle is available for personal use, it should be included.)**  **None**  **1**  **2**  **3**  **4**  **5**  **6 or more** | None  1  2  3  4  5  6 or more |
| **21. Are any of the following types of electric vehicles kept at home for use by members of this household?**   * Read one at a time:   **A plug-in electric vehicle?**  **Another type of electric vehicle?** | Plug-in electric vehicle:  Yes  No  Another type of electric vehicle:  Yes  No |
| **22a. To heat this <FILL BUILDING TYPE>, which fuel do you use MOST—**  **Gas,**  **Electricity,**  **Fuel oil or kerosene,**  **Coal or coke,**  **Wood,**  **Solar energy,**  **or Some other fuel?** | Gas  Electricity  Fuel oil or kerosene  Coal or coke  Wood  Solar energy   Some other fuel  No fuel used |
| **22a\_SKIP**   * If response to 22a is “Gas,” go to Question 22b. * Otherwise, SKIP to Question 23. | |
| **22b. Is it natural gas from underground pipes serving the neighborhood?**  **Yes**  **No** |  Yes  No |
| **22b\_SKIP**   * If response to Question 22b is “Yes,” SKIP to Question 23. * Otherwise, go to Question 22c. | |
| **22c. Is it a gas such as propane or butane?**  **Yes**  **No** |  Yes  No |
| **23. Does this <FILL BUILDING TYPE> use solar panels that generate electricity?**  **Yes**  **No** | Yes  No |
| **The next few questions deal with general utility use…**  **24a. Does anyone in this household pay for electricity?**  **Yes**  **No** | Yes  No |
| **24a\_SKIP**   * If response to 24a is “No,” SKIP to Question 24c. * Otherwise, go to Question 24b. | |
| **24b.** **LAST MONTH, what was the cost of electricity for this <FILL BUILDING TYPE>?**   * Estimate last month's cost in dollars. * If electricity and gas are paid together, enter the combined amount under electricity and enter that it includes gas in Question 24f. | Cost of Electricity: $\_\_\_\_\_\_\_\_\_\_ |
| **24b\_SKIP**  * If Question 24b was asked, SKIP to Question 24d. * Otherwise, go to Question 24c. | |
| **24c. Are the electricity costs included in the rent or condominium fee or is there no charge for electricity?****Included in rent or condominium fee****No charge for electricity** | Included in rent or condominium fee  No charge for electricity |
| **24d. Does anyone in this household pay for gas?** **Yes**  **No** | Yes  No |
| **24d\_SKIP**  * If response to 24d is “No,” SKIP to Question 24f. * Otherwise, go to Question 24e. | |
| **24e.** **LAST MONTH, what was the cost of gas for this <FILL BUILDING TYPE>?**   * Estimate last month's cost in dollars. | Cost of Gas: $\_\_\_\_\_\_\_\_\_\_ |
| **24e\_SKIP**  * If Question 24e was asked, SKIP to Question 24g. * Otherwise, go to Question 24f. | |
| **24f. Are the gas costs included in the rent or condominium fee, or included in the electricity payment, or is there no charge for gas?****Included in rent or condominium fee****Included with electricity payment recorded above****No charge for gas** | Included in rent or condominium fee  Included in electricity payment recorded above  No charge for gas |
| **24g. Does anyone in this household pay for water and sewer?** **Yes**  **No** | Yes  No |
| **24g\_SKIP**  * If response to 24g is “No,” SKIP to Question 24i. * Otherwise, go to Question 24h. | |
| **24h.** **IN THE PAST 12 MONTHS, what was the cost of the water and sewer for this <FILL BUILDING TYPE>?**  * Estimate past 12 months’ cost in dollars. | Water and Sewer Cost: $\_\_\_\_\_\_\_\_\_\_ |
| **24h\_SKIP**  * If Question 24h was asked, SKIP to Question 24j. * Otherwise, go to Question 24i. | |
| **24i. Are the water and sewer costs included in the rent or condominium fee,****or is there no charge for water and sewer?****Included in rent or condominium fee****No charge for water and sewer** | Included in rent or condominium fee  No charge for water and sewer |
| **24j. Does this household use other fuels like oil, coal, kerosene, wood or any other fuel?****Yes****No** | Yes  No |
| **24j\_SKIP**  * If response to Question 24j was “No,” SKIP to Question 25. * Otherwise, go to Question 24k. | |
| **24k. Does anyone in this household pay for other fuels like oil, coal, kerosene, wood or any other fuel?****Yes****No** | Yes  No |
| **24k\_SKIP**  * If response to Question 24k is “No,” SKIP to Question 24m. * Otherwise, go to Question 24L. | |
| **24L.** **IN THE PAST 12 MONTHS, what was the cost of other fuels like oil, coal, kerosene, wood, or any other fuel for this <FILL BUILDING TYPE>?**  * Estimate past 12 months’ cost in dollars. | Cost of Other Fuels: $\_\_\_\_\_\_\_\_\_\_ |
| **24L\_SKIP**  * If Question 24L was asked, SKIP to Question 25. * Otherwise, go to Question 24m. | |
| **24m. 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?****Included in rent or condominium fee****No charge for other fuels** | Included in rent or condominium fee  No charge for other fuels |
| **25. In 2019, 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** | Yes  No |
| **The next few questions refer to this <FILL BUILDING TYPE>.****26a. Is this <FILL BUILDING TYPE> part of a condominium?** **Yes**  **No** | Yes  No |
| **26a\_SKIP**  * If response to 26a is “No,” SKIP to Question 27. * Otherwise, go to Question 26b. | |
| **26b. Is there a condominium fee?** **Yes**  **No** | Yes  No |
| **26b\_SKIP**  * If response to 26b is “No,” SKIP to Question 27. * Otherwise, go to Question 26c. | |
| **26c. What is the MONTHLY condominium fee?**  * Estimate monthly amount in dollars. | Monthly Condo Fee: $\_\_\_\_\_\_\_\_\_\_\_\_ |
| **27. Do you or does someone in this household own this <FILL BUILDING TYPE> with a mortgage or loan including home equity loans, own it free and clear, rent it, or occupy it without having to pay rent?**  **Own with a mortgage or loan including home equity loans**  **Own free and clear**  **Rent**  **Occupy without having to pay rent** |  Own with a mortgage or loan including home equity loans   Own free and clear   Rent   Occupy without having to pay rent |
| **27\_SKIP**If response to Question 27 is “Rent,” go to Question 28a.  * Otherwise, the interview is closed. | |
| **28a. What is the MONTHLY rent for this <FILL BUILDING TYPE>?**  * Estimate monthly rent in dollars. | Monthly Rent: $\_\_\_\_\_\_\_\_\_\_ |
| **28b. Does the MONTHLY rent include any meals?** **Yes** **No** |  Yes   No |
| **Overcount Follow-up** **We are conducting research to understand why people stay in more than one place. Earlier in the survey you indicated that <Name(s) from Additional Person(s)> sometimes live(s) somewhere else or is (are) only staying here for a short time.** **Could you briefly explain <Name(s) from Additional Person(s)> 's living situation?** | Explanation: \_\_\_\_\_\_\_\_\_\_ |