**2022 AMERICAN COMMUNITY SURVEY CONTENT TEST**

|  | **Respondent** | **Person 2** | **Person 3** | **Person 4** | **Person 5** | **Person 6** |
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| **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 |

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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/spouseOpposite-sex unmarried partnerSame-sex husband/wife/spouseSame-sex unmarried partnerBiological son or daughterAdopted son or daughterStepson or stepdaughterBrother or sisterFather or motherGrandchildParent-in-lawSon-in-law or daughter-in-lawOther relativeRoommate or housemateFoster childOther 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: \_\_\_\_\_\_\_\_\_\_\_ |

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| * 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 |
| **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):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| * 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\_SKIPIf 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\_SKIPIf 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\_SKIPIf 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\_SKIPIf 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\_SKIPIf 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\_SKIPIf 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\_SKIPAfter asking race questions for all persons on roster, continue with detailed person questions. |

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| **I will now be asking a series of questions about you/<NAME>.****The next few questions deal with your/<NAME’s> place of birth and citizenship.****7. Where were you/was <NAME> born?****In the United States****Outside the United States*** If person was born in the United States, ask: **In what state were you born?**
* Enter the abbreviation for the person’s state of birth
* If U.S. but state unknown, enter US
 |  In the United StatesState:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Outside the United States |  In the United StatesState:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Outside the United States |  In the United StatesState:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Outside the United States |  In the United StatesState:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Outside the United States |  In the United StatesState:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Outside the United States |  In the United StatesState:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Outside the United States |
| **7\_SKIP*** If person was born in the United States, SKIP to Question 13a.
* Otherwise, go to Question 8.
 |
| **8. In what country were you/was <NAME> born?** | Country:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Country:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Country:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Country:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Country:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Country:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **9. Are you/Is <NAME> a citizen of the United States?****Yes****No** |  Yes No |  Yes No |  Yes No |  Yes No |  Yes No |  Yes No |
| **9\_SKIP*** If response is “Yes,” go to Question 10.
* If response is “No,” SKIP to Question 12.
 |
| **10. Were you/Was <NAME> born abroad of U.S. citizen parent or parents, or did you/<NAME> become a citizen by naturalization?****Born abroad of U.S. citizen parent or parents****Citizen by naturalization** |  Born abroad of U.S. citizen parent or parents Citizen by naturalization |  Born abroad of U.S. citizen parent or parents Citizen by naturalization |  Born abroad of U.S. citizen parent or parents Citizen by naturalization |  Born abroad of U.S. citizen parent or parents Citizen by naturalization |  Born abroad of U.S. citizen parent or parents Citizen by naturalization |  Born abroad of U.S. citizen parent or parents Citizen by naturalization |
| **11. In what year did you/<NAME> become a naturalized citizen of the United States?** |  |  |  |  |  |  |
| **12. When did you/<NAME> come to live in the United States? If you/<NAME> came to live in the United States more than once, give the latest year.** |  |  |  |  |  |  |
| **The next questions are about schooling and education.****13a. At any time IN THE LAST 3 MONTHS, have you/has <NAME> attended school or college? Include only nursery or preschool, kindergarten, elementary school, home school, and schooling that leads to a high school diploma or a college degree.****Yes****No** |  Yes No |  Yes No |  Yes No |  Yes No |  Yes No |  Yes No |
| **13a\_SKIP*** If response is “Yes,” go to Question 13b.
* If response is “No,” SKIP to Question 14.
 |
| **13b. Was that a public school or college, a private school or college, or home****school?****Public school or college****Private school or college or home school** |  Public school or college Private school or college or home school |  Public school or college Private school or college or home school |  Public school or college Private school or college or home school |  Public school or college Private school or college or home school |  Public school or college Private school or college or home school |  Public school or college Private school or college or home school |
| **13c. What grade or level were you/was <NAME> attending?****Nursery school or preschool****Kindergarten****Grade 1****Grade 2****Grade 3****Grade 4****Grade 5****Grade 6****Grade 7****Grade 8****Grade 9****Grade 10****Grade 11****Grade 12****College undergraduate years, that is a college freshman to senior****Graduate or professional school beyond a bachelor's degree, for example a Master's or PhD program or medical or law school** | Nursery school or preschoolKindergartenGrade 1Grade 2Grade 3Grade 4Grade 5Grade 6Grade 7Grade 8Grade 9Grade 10Grade 11Grade 12College undergraduate years, that is a college freshman to seniorGraduate or professional school beyond a bachelor's degree, for example a Master's or PhD program or medical or law school  | Nursery school or preschoolKindergartenGrade 1Grade 2Grade 3Grade 4Grade 5Grade 6Grade 7Grade 8Grade 9Grade 10Grade 11Grade 12College undergraduate years, that is a college freshman to seniorGraduate or professional school beyond a bachelor's degree, for example a Master's or PhD program or medical or law school  | Nursery school or preschoolKindergartenGrade 1Grade 2Grade 3Grade 4Grade 5Grade 6Grade 7Grade 8Grade 9Grade 10Grade 11Grade 12College undergraduate years, that is a college freshman to seniorGraduate or professional school beyond a bachelor's degree, for example a Master's or PhD program or medical or law school  | Nursery school or preschoolKindergartenGrade 1Grade 2Grade 3Grade 4Grade 5Grade 6Grade 7Grade 8Grade 9Grade 10Grade 11Grade 12College undergraduate years, that is a college freshman to seniorGraduate or professional school beyond a bachelor's degree, for example a Master's or PhD program or medical or law school  | Nursery school or preschoolKindergartenGrade 1Grade 2Grade 3Grade 4Grade 5Grade 6Grade 7Grade 8Grade 9Grade 10Grade 11Grade 12College undergraduate years, that is a college freshman to seniorGraduate or professional school beyond a bachelor's degree, for example a Master's or PhD program or medical or law school  | Nursery school or preschoolKindergartenGrade 1Grade 2Grade 3Grade 4Grade 5Grade 6Grade 7Grade 8Grade 9Grade 10Grade 11Grade 12College undergraduate years, that is a college freshman to seniorGraduate or professional school beyond a bachelor's degree, for example a Master's or PhD program or medical or law school  |

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| * Complete Question 14 for each person before moving on to the next question.
* Use flashcard for highest grade of school or degree completed.

**14. *Using this list,* what is the highest grade of school or degree you have/<NAME> has COMPLETED? If you are/<NAME> is currently enrolled, select the previous grade or highest degree received.**Less than grade 1Grade 1Grade 2Grade 3Grade 4Grade 5Grade 6Grade 7Grade 8Grade 9Grade 10Grade 11Grade 12, no diplomaRegular high school diplomaGED or alternative credentialSome college, no degreeAssociate’s degree (for example: AA, AS)Bachelor’s degree (for example: BA, BS)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)* Do not read “Vocational and technical license.”
 | Less than grade 1Grade 1Grade 2Grade 3Grade 4Grade 5 Grade 6Grade 7Grade 8Grade 9Grade 10Grade 11Grade 12, no diplomaRegular high school diplomaGED or alternative credentialSome college, no degreeAssociate’s degreeBachelor’s degreeMaster’s degreeProfessional degree beyond a bachelor’s degreeDoctorate degreeVocational and technical license | Less than grade 1Grade 1Grade 2Grade 3Grade 4Grade 5 Grade 6Grade 7Grade 8Grade 9Grade 10Grade 11Grade 12, no diplomaRegular high school diplomaGED or alternative credentialSome college, no degreeAssociate’s degreeBachelor’s degreeMaster’s degreeProfessional degree beyond a bachelor’s degreeDoctorate degreeVocational and technical license | Less than grade 1Grade 1Grade 2Grade 3Grade 4Grade 5 Grade 6Grade 7Grade 8Grade 9Grade 10Grade 11Grade 12, no diplomaRegular high school diplomaGED or alternative credentialSome college, no degreeAssociate’s degreeBachelor’s degreeMaster’s degreeProfessional degree beyond a bachelor’s degreeDoctorate degreeVocational and technical license | Less than grade 1Grade 1Grade 2Grade 3Grade 4Grade 5 Grade 6Grade 7Grade 8Grade 9Grade 10Grade 11Grade 12, no diplomaRegular high school diplomaGED or alternative credentialSome college, no degreeAssociate’s degreeBachelor’s degreeMaster’s degreeProfessional degree beyond a bachelor’s degreeDoctorate degreeVocational and technical license | Less than grade 1Grade 1Grade 2Grade 3Grade 4Grade 5 Grade 6Grade 7Grade 8Grade 9Grade 10Grade 11Grade 12, no diplomaRegular high school diplomaGED or alternative credentialSome college, no degreeAssociate’s degreeBachelor’s degreeMaster’s degreeProfessional degree beyond a bachelor’s degreeDoctorate degreeVocational and technical license | Less than grade 1Grade 1Grade 2Grade 3Grade 4Grade 5 Grade 6Grade 7Grade 8Grade 9Grade 10Grade 11Grade 12, no diplomaRegular high school diplomaGED or alternative credentialSome college, no degreeAssociate’s degreeBachelor’s degreeMaster’s degreeProfessional degree beyond a bachelor’s degreeDoctorate degreeVocational and technical license |
| 14­\_SKIP* If response to Question 14 ranges from “Less than grade 1” to “Grade 10” or is “Associate’s degree,” SKIP to Question 20.
* If response to Question 13a is “No” and response to Question 14 is “Grade 11,” SKIP to Question 16.
* If response to Question 13a is “Yes” and response to Question 14 is “Grade 11,” SKIP to Question 20.
* If response to Question 14 is “Grade 12, no diploma” or “Regular high school diploma,” SKIP to Question 16.
* If response to Question 14 is “GED or alternative credential,” SKIP to Question 17.
* If response to Question 14 is “Some college credit, no degree,” SKIP to Question 18.
* If response to Question 14 ranges from “Bachelor’s degree” to “Doctorate degree,” SKIP to Question 19.
* If response to Question 14 is “Vocational or technical license,” go to Question 15.

  |
| 15. Other than the vocational or technical license, what is the highest grade of school or degree you have/<NAME> has completed? | Less than grade 1Grade 1Grade 2Grade 3Grade 4Grade 5 Grade 6Grade 7Grade 8Grade 9Grade 10Grade 11Grade 12, no diplomaRegular high school diplomaGED or alternative credentialSome college credit, no degreeAssociate’s degreeBachelor’s degreeMaster’s degreeProfessional degree beyond a bachelor’s degreeDoctorate degree | Less than grade 1Grade 1Grade 2Grade 3Grade 4Grade 5 Grade 6Grade 7Grade 8Grade 9Grade 10Grade 11Grade 12, no diplomaRegular high school diplomaGED or alternative credentialSome college credit, no degreeAssociate’s degreeBachelor’s degreeMaster’s degreeProfessional degree beyond a bachelor’s degreeDoctorate degree | Less than grade 1Grade 1Grade 2Grade 3Grade 4Grade 5 Grade 6Grade 7Grade 8Grade 9Grade 10Grade 11Grade 12, no diplomaRegular high school diplomaGED or alternative credentialSome college credit, no degreeAssociate’s degreeBachelor’s degreeMaster’s degreeProfessional degree beyond a bachelor’s degreeDoctorate degree | Less than grade 1Grade 1Grade 2Grade 3Grade 4Grade 5 Grade 6Grade 7Grade 8Grade 9Grade 10Grade 11Grade 12, no diplomaRegular high school diplomaGED or alternative credentialSome college credit, no degreeAssociate’s degreeBachelor’s degreeMaster’s degreeProfessional degree beyond a bachelor’s degreeDoctorate degree | Less than grade 1Grade 1Grade 2Grade 3Grade 4Grade 5 Grade 6Grade 7Grade 8Grade 9Grade 10Grade 11Grade 12, no diplomaRegular high school diplomaGED or alternative credentialSome college credit, no degreeAssociate’s degreeBachelor’s degreeMaster’s degreeProfessional degree beyond a bachelor’s degreeDoctorate degree | Less than grade 1Grade 1Grade 2Grade 3Grade 4Grade 5 Grade 6Grade 7Grade 8Grade 9Grade 10Grade 11Grade 12, no diplomaRegular high school diplomaGED or alternative credentialSome college credit, no degreeAssociate’s degreeBachelor’s degreeMaster’s degreeProfessional degree beyond a bachelor’s degreeDoctorate degree |
| 15\_SKIP* If response to Question 15 ranges from “Less than grade 1” to “Grade 10” or is “Associate’s degree,” SKIP to Question 20.
* If response to Question 13a is “No” and response to Question 15 is “Grade 11,” go to Question 16.
* If response to Question 13a is “Yes” and response to Question 15 is “Grade 11,” SKIP to Question 20.
* If response to Question 14 is “Grade 12, no diploma” or “Regular high school diploma,” go to Question 16.
* If response to Question 14 is “GED or alternative credential,” SKIP to Question 17.
* If response to Question 14 is “Some college credit, no degree,” SKIP to Question 18.
* If response to Question 14 ranges from “Bachelor’s degree” to “Doctorate degree,” SKIP to Question 19.
 |
| 16. Did you/<NAME> receive a high school diploma, a GED or alternative credential? | Regular high school diplomaGED or alternative credentialNo diploma or GED | Regular high school diplomaGED or alternative credentialNo diploma or GED | Regular high school diplomaGED or alternative credentialNo diploma or GED | Regular high school diplomaGED or alternative credentialNo diploma or GED | Regular high school diplomaGED or alternative credentialNo diploma or GED | Regular high school diplomaGED or alternative credentialNo diploma or GED |
| 16\_SKIP* If response is “No diploma or GED,” SKIP to Question 20.
* Otherwise, go to Question 17.
 |
| 17. Did you/<NAME> complete any college credit?YesNo | YesNo | YesNo | YesNo | YesNo | YesNo | YesNo |
| 17\_SKIP* If response is “No,” SKIP to Question 20.
* Otherwise, go to Question 18.
 |
| 18. Did you/<NAME> complete 1 or more years of college credit?YesNo | YesNo | YesNo | YesNo | YesNo | YesNo | YesNo |
| 18\_SKIP* If Question 18 was asked, SKIP to Question 20.
 |
| **19. This question focuses on your/<NAME’s> BACHELOR’S DEGREE. What was the specific major or majors of any BACHELOR’S DEGREES you have/<NAME> has received? For example, chemical engineering, elementary teacher education or organizational psychology.*** If this person has more than one major or Bachelor's degree, ask for all major fields. Separate with commas.
 |  |  |  |  |  |  |
| **20. What is your/<NAME’s> ancestry or ethnic origin?**(For example: Italian, Jamaican, African-American, Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian and so on.) |  |  |  |  |  |  |
| **21a. Do you/Does <NAME> speak a language other than English at home?****Yes****No** | YesNo | YesNo | YesNo | YesNo | YesNo | YesNo |
| **21a\_SKIP*** If response is “No,” SKIP to Question 22a for that person.
* Otherwise, go to Question 21b for that person
 |
| **21b. What is this language?****(For example: Korean, Italian, Spanish, Vietnamese)** |  |  |  |  |  |  |
| **21c. How well do you/does <NAME> speak English-****Very well,****Well,****Not well,****or Not at all?** | Very wellWellNot wellNot at all | Very wellWellNot wellNot at all | Very wellWellNot wellNot at all | Very wellWellNot wellNot at all | Very wellWellNot wellNot at all | Very wellWellNot wellNot at all |
| **22a. Did you/<NAME> live in this <FILL BUILDING TYPE> 1 year ago?****Yes****No** | YesNo | YesNo | YesNo | YesNo | YesNo | YesNo |
| **22a\_SKIP*** If response is “Yes,” SKIP to Question 23a.
* Otherwise, go to Question 22b.
 |
| **22b. Did you/<NAME> live in-****the United States,****Puerto Rico,****or another country?** | United StatesPuerto RicoAnother country | United StatesPuerto RicoAnother country | United StatesPuerto RicoAnother country | United StatesPuerto RicoAnother country | United StatesPuerto RicoAnother country | United StatesPuerto RicoAnother country |
| **22b\_SKIP*** If response is “United States” or “Puerto Rico,” SKIP to Question 22d.
* Otherwise, go to Question 22c.
 |
| **22c. What was the foreign country?** | Foreign Country:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Foreign Country:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Foreign Country:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Foreign Country:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Foreign Country:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Foreign Country:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **22c\_SKIP*** If response is “Puerto Rico,” go to Question 22d.
* Otherwise, SKIP to Question 23a.
 |
| **22d. What was the street address?** | Last Street Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Last Street Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Last Street Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Last Street Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Last Street Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Last Street Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **22e. What was the city or town?** | Last City Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Last City Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Last City Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Last City Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Last City Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Last City Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **22f. What was the county/<FILL “municipio” IF PUERTO RICO>?** | Last County:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Last County:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Last County:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Last County:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Last County:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Last County:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **22f\_SKIP*** If person lived in Puerto Rico, SKIP to Question 22h.
* Otherwise, go to Question 22g.
 |
| **22g. What was the state?*** Enter the state abbreviation.
 | Last State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Last State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Last State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Last State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Last State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Last State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **22h. What was the ZIP Code?** | Last Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Last Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Last Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Last Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Last Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Last Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| * Complete Questions 23a – 24b for each person before moving on to the next person.

**I am now going to ask you some questions about your/<NAME’s> health insurance and health coverage. Do NOT include plans that cover only one type of service, such as dental, drug or vision plans.****23a. Are you/Is <NAME> currently covered by health insurance through a current or former employer, union, or professional association of yours or another family member/<[him/her] or another family member>?****Yes****No** |  Yes No |  Yes No |  Yes No |  Yes No |  Yes No |  Yes No |
| **23b. Are you/Is <NAME> currently covered by Medicare, for people age 65 or older or people with certain disabilities?****Yes****No** |  Yes No |  Yes No |  Yes No |  Yes No |  Yes No |  Yes No |
| **23c. Are you/Is <NAME> currently covered by Medicaid, the Children’s Health Insurance Program (CHIP) or any kind of government-assistance plan for those with low incomes or a disability?****Yes****No** |  Yes No |  Yes No |  Yes No |  Yes No |  Yes No |  Yes No |
| **23d. Are you/Is <NAME> currently covered by health insurance purchased directly from an insurance company, through a State or Federal Marketplace, HealthCare.gov, or a similar website by you or another family member/<[him/her] or another family member>?****Yes** **No** |  Yes No |  Yes No |  Yes No |  Yes No |  Yes No |  Yes No |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **23e. Are you/Is <NAME> currently covered by TRICARE or other military health care?****Yes** **No** |  Yes No |  Yes No |  Yes No |  Yes No |  Yes No |  Yes No |
| **23f. Are you/Is <NAME> currently covered through the VA or enrolled for VA health care?****Yes** **No** |  Yes No |  Yes No |  Yes No |  Yes No |  Yes No |  Yes No |
| **23g. Are you/Is <NAME> currently covered through the Indian Health Service?****Yes** **No** |  Yes No |  Yes No |  Yes No |  Yes No |  Yes No |  Yes No |
| **23h. Are you/Is <NAME> currently covered by any other health insurance or health coverage plan?****Yes** **No** |  Yes No |  Yes No |  Yes No |  Yes No |  Yes No |  Yes No |
| **23h\_SKIP*** If response was not “Yes” to any questions 23a through 23h, SKIP to Question 25a.
* Otherwise, go to Question 24a.
 |
| **24a. 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** |  Yes No |  Yes No |  Yes No |  Yes No |  Yes No |  Yes No |
| **24a\_SKIP*** If response is “No,” SKIP to Question 25a.
* Otherwise, go to Question 24b.
 |
| **24b. Do you/does<NAME> or another family member receive a tax credit or subsidy based on family income to help pay the premium?****Yes** **No** |  Yes No |  Yes No |  Yes No |  Yes No |  Yes No |  Yes No |
| * Complete all parts of Questions 25 (A-B), 26 (A-D), and 27 for each person before moving on to the next person.

**The next questions ask about difficulties you/<NAME> may have doing certain activities.****25a. Do you/does <NAME> have difficulty seeing, even if wearing glasses?****No difficulty****Some difficulty****A lot of difficulty****Cannot do at all** | No difficultySome difficultyA lot of difficultyCannot do at all | No difficultySome difficultyA lot of difficultyCannot do at all | No difficultySome difficultyA lot of difficultyCannot do at all | No difficultySome difficultyA lot of difficultyCannot do at all | No difficultySome difficultyA lot of difficultyCannot do at all | No difficultySome difficultyA lot of difficultyCannot do at all |
| **25b. Do you/does <NAME> have difficulty hearing, even if using a hearing aid?****No difficulty****Some difficulty****A lot of difficulty****Cannot do at all** | No difficultySome difficultyA lot of difficultyCannot do at all | No difficultySome difficultyA lot of difficultyCannot do at all | No difficultySome difficultyA lot of difficultyCannot do at all | No difficultySome difficultyA lot of difficultyCannot do at all | No difficultySome difficultyA lot of difficultyCannot do at all | No difficultySome difficultyA lot of difficultyCannot do at all |
| 25b\_SKIPIf person is at least 5 years old, ask Questions 26a through 26d for that person.* Otherwise, the interview is closed.
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| 26a. Do you/does <NAME> have difficulty walking or climbing stairs?**No difficulty****Some difficulty****A lot of difficulty****Cannot do at all** | No difficultySome difficultyA lot of difficultyCannot do at all | No difficultySome difficultyA lot of difficultyCannot do at all | No difficultySome difficultyA lot of difficultyCannot do at all | No difficultySome difficultyA lot of difficultyCannot do at all | No difficultySome difficultyA lot of difficultyCannot do at all | No difficultySome difficultyA lot of difficultyCannot do at all |
| 26b. Do you/does <NAME> have difficulty remembering or concentrating?**No difficulty****Some difficulty****A lot of difficulty****Cannot do at all** | No difficultySome difficultyA lot of difficultyCannot do at all | No difficultySome difficultyA lot of difficultyCannot do at all | No difficultySome difficultyA lot of difficultyCannot do at all | No difficultySome difficultyA lot of difficultyCannot do at all | No difficultySome difficultyA lot of difficultyCannot do at all | No difficultySome difficultyA lot of difficultyCannot do at all |
| 26c. Do you/does <NAME> have difficulty bathing or dressing?**No difficulty****Some difficulty****A lot of difficulty****Cannot do at all** | No difficultySome difficultyA lot of difficultyCannot do at all | No difficultySome difficultyA lot of difficultyCannot do at all | No difficultySome difficultyA lot of difficultyCannot do at all | No difficultySome difficultyA lot of difficultyCannot do at all | No difficultySome difficultyA lot of difficultyCannot do at all | No difficultySome difficultyA lot of difficultyCannot do at all |
| 26d. Using your/<his/her> usual language, do you/does <NAME> have difficulty communicating, for example understanding or being understood?**No difficulty****Some difficulty****A lot of difficulty****Cannot do at all** | No difficultySome difficultyA lot of difficultyCannot do at all | No difficultySome difficultyA lot of difficultyCannot do at all | No difficultySome difficultyA lot of difficultyCannot do at all | No difficultySome difficultyA lot of difficultyCannot do at all | No difficultySome difficultyA lot of difficultyCannot do at all | No difficultySome difficultyA lot of difficultyCannot do at all |
| 26d\_SKIPIf person is at least 15 years old, ask Question 27 for that person.* Otherwise, move onto the next person.
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| 27. Do you/does <NAME> have difficulty doing errands alone such as visiting a doctor’s office or shopping?**No difficulty****Some difficulty****A lot of difficulty****Cannot do at all** | No difficultySome difficultyA lot of difficultyCannot do at all | No difficultySome difficultyA lot of difficultyCannot do at all | No difficultySome difficultyA lot of difficultyCannot do at all | No difficultySome difficultyA lot of difficultyCannot do at all | No difficultySome difficultyA lot of difficultyCannot do at all | No difficultySome difficultyA lot of difficultyCannot do at all |
| 28. I will now be asking about your/<NAME’s> marital status. Are you/Is <NAME>-**Married,****Widowed,****Divorced,****Separated,****or Never married?** | MarriedWidowedDivorcedSeparatedNever married | MarriedWidowedDivorcedSeparatedNever married | MarriedWidowedDivorcedSeparatedNever married | MarriedWidowedDivorcedSeparatedNever married | MarriedWidowedDivorcedSeparatedNever married | MarriedWidowedDivorcedSeparatedNever married |